

THU0661

RISK OF PSORIASIS, CROHN'S DISEASE, ULCERATIVE COLITIS AND ANKYLOSING SPONDYLITIS IN PATIENTS WITH UVEITIS: A NATIONWIDE, POPULATION-BASED COHORT STUDY

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Background: A recent study showed that the risk of ankylosing spondylitis (AS) was increased in patients with uveitis.(1)

Objectives: The study aimed to test the risk of psoriasis (PsO), Crohn's disease (CD), ulcerative colitis (UC) and AS in uveitis patients.

Methods: The data source of this study was the 2003–2012 claims data from the Taiwanese National Health Insurance Research Database. We identified 4,943 incident patients with uveitis defined as having ≥ 2 ambulatory or ≥ 1 inpatient visits with a diagnosis of ICD-9-CM 360.12, 364.00–364.02, 364.04–364.05 or 364.3 made by an ophthalmologist from 2006 to 2012 after excluding those having prior PsO (ICD-9-CM 696.1), PsA (ICD-9-CM 696.0), CD (ICD-9-CM 555), UC (ICD-9-CM 556) or AS (ICD-9-CM 720) and randomly selected 49,430 non-uveitis individuals matching (1:10) uveitis cases for age, sex and the year of the index date from a one million representative population. We estimated the incidence rates of PsO (diagnosed by dermatologists), CD, UC and AS for the uveitis and non-uveitis cohorts, and the incidence rate ratios (IRR) and hazard ratios (HRs) after adjusting for sex, age, Charlson comorbidity index and concomitant medications.

Results: No incident case of CD was identified in uveitis patients and non-uveitis individuals. Compared with non-uveitis individuals, patients with uveitis had significantly higher incidence rates of PsO (IRR, 8.82; 95% CI, 6.80–11.43), CD (IRR, 7.23; 95% CI, 1.21–43.27) and AS (IRR, 171.69; 95% CI, 143.15–205.93). However, after adjusting for potential confounders, uveitis patients had a significantly higher risk of developing PsO and AS, but not CD.

Conclusion: This nationwide, population-based cohort study revealed that uveitis patients had an increased risk of PsO and AS, but not CD.

REFERENCES:

- [1] Varkas G, Vastesaeger N, Cypers H, Colman R, Renson T, Praet LV, et al. Association of Inflammatory Bowel Disease and Acute Anterior Uveitis, but Not Psoriasis, With Disease Duration in Patients With Axial Spondyloarthritis: Results From Two Belgian Nationwide Axial Spondyloarthritis Cohorts. *Arthritis Rheumatol.* 2018;70(10):1588-96.

Table 1. The associations between covariates with psoriasis, ankylosing spondylitis, Crohn's disease and traffic accident shown as adjusted hazard ratios with 95% confidence intervals estimated by Cox regression analyses

Covariate	Psoriasis	Ankylosing spondylitis	Crohn's disease
Uveitis	13.73 (10.30–18.31)	232.22 (192.29–280.44)	4.06 (0.46–36.13)
Age	1.02 (1.01–1.03)	0.96 (0.96–0.96)	0.99 (0.94–1.05)
Male	2.37 (1.82–3.09)	1.83 (1.66–2.03)	1.01 (0.17–6.18)
Charlson comorbidity index	0.97 (0.85–1.11)	0.56 (0.51–0.62)	1.45 (0.96–2.18)
Concomitant medication			
DMARD	0.39 (0.24–0.63)	1.32 (1.19–1.47)	0.65 (0.04–10.37)
Immunosuppressant	0.55 (0.17–1.76)	0.29 (0.21–0.40)	5.76 (0.43–77.61)
Corticosteroid	0.57 (0.43–0.74)	0.55 (0.49–0.60)	2.45 (0.24–24.55)

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THE FREQUENCY OF MULTIPLE MYELOMA IN PATIENTS WITH ELEVATED ACUTE PHASE RESPONSE AND LOW BACK PAIN IN A RHEUMATOLOGY OUTPATIENT CLINIC

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Background: Multiple myeloma (MM), is a malignant hematological monoclonal neoplasm of plasma cells. Main clinical findings of MM are anemia, bone pain, elevated erythrocyte sedimentation rate and CRP levels, M-spike on protein electrophoresis, monoclonal protein in serum or urine. Anemia, low back pain and elevated acute phase reactants are frequently seen symptoms of patients who admit to a rheumatology outpatient.

Objectives: We aimed in this study to evaluate the frequency of plasma cell malignancies in patient with elevated acute phase reactants and low back pain.

Methods: 4100 rheumatology patients from rheumatology outpatient clinic are screened retrospective for >50 age, elevated ESR, anemia and back pain or hip pain. 548 patients (312 female and 236 male, mean age: 61 \pm 6) fulfilled these criteria and these patients are screened with protein electrophoresis for monoclonal gammopathies. If M-spike is seen in protein electrophoresis, patients are evaluated for lambda and kappa chains in serum and urine.

Results: 3 patients were diagnosed for multiple myeloma. All three patients had moderate to severe anemia (Hgb<8 g/dl) and ESR>70 mm/h. Two patients are classified as rheumatoid arthritis and one patient had no inflammatory rheumatological diseases. 7 patients were diagnosed as MGUS and 5 patients from this group is diagnosed as rheumatoid arthritis and 2 patient polymyalgia rheumatica. In MGUS patient group mean ESR level was 44 \pm 9 mm/h and mean Hgb level was 10,8 \pm 6 g/dl.

Conclusion: We found no increased frequency for MM in rheumatology outpatient clinic. Patients >50 years with high ESR and moderate to severe anemia should be screened with protein electrophoresis for monoclonal gammopathies.

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- [1] A population study to define the incidence and survival of multiple myeloma in a National Health Service Region in UK. Pheko KJ et al. *Br J Haematol.* (2004)

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DO ANTIBODIES DIRECTED AGAINST HUMAN CILIARY BODY TISSUE PREDICT THE DEVELOPMENT OF UVEITIS IN JIA- A PRELIMINARY STUDY

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Background: Eleven -30% of Juvenile Idiopathic arthritis (JIA) children develop uveitis. JIA associated uveitis is completely asymptomatic and thus all children with oligo/extended oligo and polyarticular JIA require regular slit lamp examination by an ophthalmologist— a time consuming and distressing procedure particularly for small children. If not diagnosed early, or inadequately treated, it may lead to glaucoma, cataracts, persistent cystoid macular oedema and ultimately results in visual impairment and blindness. Whilst Anti- nuclear antibody positivity is found more commonly in those with uveitis, it is not sufficiently sensitive or specific as a screening tool. However the presence of these antibodies and the detection of B cells in the inflammatory infiltrate around the ciliary body in JIA Uveitis suggests a significant role for humeral mediated immune dysregulation in the pathogenesis of JIA

Objectives:

1. Does the serum from Children with JIA associated uveitis contain antibodies directed against the ciliary body tissue of the human eye?
2. Could these be used to identify JIA patients at risk of developing uveitis?

Methods: Whole human globe were formalin fixed paraffin embedded and 4um sections were obtained. Following blocking with Goat sera blocking,