findings of enthesitis (1). Each parameter at every site was scored as 1 if present and 0 if absent. Grading of Power Doppler signals was done as per definition by Kiris et al (2); Grade 0-no signal, Grade 1- separate dot signals or short linear signals, Grade 2- vascularity involving less than half of the enthesis, Grade 3-vascularity involving more than half of the enthesis. US enthesitis score was calculated by adding 1 point for each positive finding and the grade of PD. PD score was calculated by adding the grade of PD. Presence of clinical and US detected enthesitis was correlated with parameters of disease activity by Spearman's correlation coefficient.

Results: The mean age of patients was 14.3 ± 3.2 years with mean duration of disease 34.6 ± 4.9 months. Male: Female ratio was 7.5:1. Clinical enthesitis was seen in 36 of the 51 patients (70.5%) while US detected enthesitis in all ($p < 0.0001$). The mean JADAS score, BASDAI and BASFI were 17.1 ± 10.2 , 4.1 ± 2.4 and 37.2 ± 27.2 respectively, indicating active disease. The US enthesitis score correlated positively with JADAS ($r = 0.3$, $P = 0.03$), BASDAI ($r = 0.39$, $P = 0.005$) and BASFI ($r = 0.38$, $P = 0.006$). PD score correlated positively with BASFI ($r = 0.33$, $P = 0.02$), but did not correlate with JADAS ($r = 0.22$, $P = 0.1$), BASDAI ($r = 0.24$, $P = 0.08$).

Conclusion: Ultrasound is more sensitive in detecting enthesitis in JIA-ERA than clinical assessment. The US enthesitis score correlated positively with disease activity which has implications for treatment.

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Disclosure of Interests: None declared

DOI: 10.1136/annrheumdis-2019-eular.2884

FRI0581 COMPARISON OF CLINICAL CHARACTERISTIC IN ADULTS AND CHILDREN WITH GOUT

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Background: The incidence of gout in China is increasing in adults as well as children. The clinical manifestations of juvenile gout are not well described due to the limited number of cases in the past. Delineating the features of adult and juvenile gout may help pediatric providers recognize gout more effectively.

Objectives: We aim to describe and compare the clinical characteristic of adults and children with gout.

Methods: A total of 51 juvenile gout patients (age ≤ 18 years) and 337 adult gout patients in our hospital from Jan 2016 to Dec 2018 were enrolled in the study. Clinical parameters and laboratory data of the 2 groups were analyzed.

Results: The average age of onset in children with gout was 15.0 ± 1.9 years and the youngest patient was 8 years old. Compared to the adult group, juvenile gout patients displayed lower BMI (23.0 ± 3.8 vs. 25.6 ± 3.5 kg/m², $P < 0.001$) but higher serum uric acid levels (9.98 ± 2.65 vs. 8.09 ± 2.47 mg/dL, $P < 0.001$). Interestingly, systemic inflammation was less prominent in children compared to adult as illustrated by lower C-reactive protein levels (7.1 ± 13.5 vs. 23.7 ± 40.7 mg/L, $P = 0.004$) and lower erythrocyte sedimentation rate (12.7 ± 12.9 vs. 33.1 ± 34.2 mm/hr, $P < 0.001$). Renal function impairment was rare in children compared to adults (serum creatinine 98.73 ± 19.04 vs 120.38 ± 34.58 μ mol/L, $P < 0.001$). In terms joint manifestations, juvenile gout was associated with greater finger joint involvement (23.53% vs. 6.82% , $P < 0.001$) and less knee involvement (11.76% vs. 41.84% , $P < 0.001$) compared to adults. Ankle involvement was slightly more common in the pediatric group (49.02% vs. 30.56% in adults, $P = 0.009$) while MTP was similarly affected (50.98% vs. 32.94% , $P = 0.012$). In addition, tophi was found in four cases (7.8%) in the juvenile group compared to 113 cases in adults (33.5%), suggesting that although less common, advanced features of gout can also occur in children.

Conclusion: Juvenile gout is associated with higher serum uric acid levels and greater involvement of finger joints. Correlations with BMI and systemic inflammation were less prominent compared to gout in adults. These findings will help clinicians better recognize gout in children.

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Disclosure of Interests: None declared

DOI: 10.1136/annrheumdis-2019-eular.5463

Other orphan diseases

FRI0582 NON-INFECTIOUS UVEITIS AS A MANIFESTATION OF THE IMMUNE RECONSTITUTION INFLAMMATORY SYNDROME IN PATIENTS INFECTED BY HIV

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Background: Immune reconstitution inflammatory syndrome (IRIS) is a paradoxical clinical worsening of an already known condition or the new onset of an inflammatory manifestation that is presumably related with the immune reconstitution after starting highly active anti-retroviral therapy (HAART) in patients infected by the human immunodeficiency virus (HIV). **Objectives:** The aim of this study is to describe the clinical characteristics, presentation and response to immunosuppressive treatment in patients with uveitis secondary to ocular IRIS in our cohort of patients infected by HIV.

Methods: Retrospective review of clinical charts of patients diagnosed with HIV and non-infectious uveitis. Data collected included: demographics, anatomic classification of the uveitis, phenotypic diagnosis of the uveitis, other systemic immune-mediated disorders (IMD), time from HIV diagnosis to uveitis, CD4 count, viral load, treatment and complications of treatment and time of follow-up.

Results: Nine-teen patients (17 males) were included in the study. The mean age at the time of HIV diagnosis was 35.4 ± 9.6 years. The time lag between HIV diagnosis and the onset of uveitis was 9 ± 8.9 years. Mean CD4 count was 649 ± 292 cells/ml, while the viral load was undetectable in 13 out of 17 cases. In 2 patients, there were a worsening of a previous IMD and in 6 patients another IMD was diagnosed prior to or concurring with the uveitis diagnosis (3 cases of reactive arthritis). The most common anatomic classification of the uveitis was anterior (13 cases). The use of immunosuppressive therapies to control either the ocular syndrome or the additional IMD was necessary in 6 patients (including biologics in 4 cases) during the follow-up. Only one patient had a complication of the immunosuppressive treatment. The mean follow-up was 43.8 months (range: 0.6 - 115.7).

Conclusion: Non-infectious uveitis could be the first manifestation of immune-mediated systemic disease in patients with well-controlled HIV infection. Immunosuppression appeared to be a safe therapeutic option in our cohort of patients.

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Disclosure of Interests: Ester Carreño Speakers bureau: Abbvie and Allergan, Andrea Maria Alvear Torres: None declared, Nelida Muñoz: None declared, Francisco Javier de la Hera Fernandez: None declared, SHEILA