research and possibly search for new parameters of the ILP activity are needed.

Disclosure of Interests: None declared

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FRI0589

IS THERE AN OVERLAP OF ANTINEUTROPHIL CYTOPLASMIC ANTIBODY-ASSOCIATED VASCULITIDES WITH IGG4-RELATED DISEASE OR NOT?

Abdulsamet Erden, Ertuğrul Çağrı Bölek, Gözde Kübra Yardımcı, Şule Apraş Bilgen, Omer Karadag, Hacettepe University Vasculitis Centre, Hacettepe University Vasculitis Centre. *Hacettepe University Vasculitis Center, Ankara, Turkey*

Background: Pseudotumor orbita, pachymeningitis, periaortitis could be seen in both ANCA-associated vasculitis and IgG4-RD. Sometimes it may be difficult to differentiate these two entities. The co-occurrence/concurrence of Antineutrophil cytoplasmic antibody (ANCA)-associated vasculitides (AAV) and IgG4-related disease (IgG4-RD) was recently published by a collaborative EUVAS group [1].

Objectives: Firstly, we aimed to investigate ANCA positivity of our IgG4-RD cohort. Secondly, a literature review of co-occurrence/concurrence of AAV and IgG4-RD was done.

Methods: Data of totally 62 patients with IgG4-RD in Hacettepe Vasculitis Center Database was used. Patients were diagnosed with IgG4-RD according to comprehensive diagnostic criteria [2]. Dataset of patients including demographic data, clinical characteristics, and imaging and laboratory findings of IgG4-RD was re-evaluated in terms of AAV and ANCA test.

At next step, we performed a systematic literature review of the PUBMED database covering the time period until April 2018. Relevant publications were searched using the MeSH terms "IgG4-related disease and Eosinophilic Granulomatosis with Polyangiitis", "IgG4-related disease and Anti-Neutrophil Cytoplasmic Antibody-Associated Vasculitis" and "IgG4-related disease and Granulomatosis with Polyangiitis".

Results: Totally 29 (46.7%) of our patients had ANCA results. Out of 29 patients 15 (51.7%) were considered as probable, 10 (34.5%) as definite and 4 as possible (13.8%) for IgG4-RD. Three (10.3%) of these patients had ANCA positivity. All of these ANCA titers were in low degree positivity (MPO-ANCA 1/100, MPO-ANCA 1/32 and PR3 ANCA 1/100). These three patients didn't have any findings of vasculitis and didn't have granuloma in their biopsy. When we evaluate these three patients with regards to meeting the Ig G4- RD criteria, 1 was definite, 1 was probable and 1 was possible.

In literature review, we found 17 cases that having both features of IgG4-RD and AAV (Table). These cases were re-evaluated according to the 'Comprehensive Diagnostic Criteria for IgG4-RD'. Diagnoses of IgG4-RD were definite in 11 cases (64.7%), probable in 2 cases (11.8%) and possible in 4 cases (23.5%). ANCA were positive in 15 of 17 patients (88%). ANCA were directed against proteinase 3 (PR3-ANCA) in 6 patients and were directed against myeloperoxidase (MPO-ANCA) in 5 patients. Other four cases had both MPO-ANCA and PR3-ANCA. All PR3-ANCA positive cases have high titers of ANCA, whereas only one MPO-ANCA positive case has high titers of ANCA.

Conclusion: None of our IgG4-RD patients have any overlap with ANCA-associated vasculitis. Only in 3 patients (10.3%), ANCA positivity was detected without any histopathologic evidence. Just two patients of literature review, seemed to be full compatible with both diseases. Even though ANCA-associated vasculitis and IgG4-RD share clinical features, we think this might be as co-occurrence instead of a histopathologic link.

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Disclosure of Interests: None declared

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Table: Distribution of Demographic, Clinical, Features in Seventeen Patients at Literature

Author	No. of Patients	Age (mean)	Sex (M/F)	ANCA	ANCA Titers	ANCA Specificity	ANCA Positive Cases	ANCA Negative Cases
Erden et al.	29	51.7	15/14	PR3-ANCA	1/100	1/32	1/100	1/100
...	...	...	...	...	...	...	...	...

FRI0590

UVEITIS SECONDARY TO CHECKPOINT INHIBITORS

JAVIER GARCÍA, Eugenio Perez-Blazquez. *HOSPITAL 12 DE OCTUBRE, MADRID, Spain*

Background: The introduction of immunotherapy (immune checkpoint inhibitors, ICI) has led to a revolution in oncological treatments. The inhibitors of CTLA4 (ipilimumab), of PD1 (pembrolizumab, nivolumab) and of the ligand of PD1 (atezolizumab, avelumab, durvalumab) regulate T activation and its effector function, being effective for the treatment of various types of cancer¹. However, this effect leads to a series of immune-mediated adverse events, among which uveitis of autoimmune mechanism have been described in about 1% of treatments².

Objectives: Methods: descriptive study of retrospective review of the cases of a tertiary hospital with about 1000 treatments between the beginning of 2014 and the end of 2018.

Results: A series of 4 cases of uveitis of autoimmune origin associated with ICI is presented (see table). The series described has characteristics similar to the information previously reported in the literature², with an incidence of around 0.4%, according to the previously described, with frequencies of ocular toxicity around 1%, being the uveitis is the most frequent form of presentation. The time of presentation of uveitis since the beginning of treatment has been in all cases in the first 6 months. The forms of presentation described before, ranges from anterior uveitis (AU) to panuveitis and often papilledema, usually bilateral, as are all those described in our series. In addition, 50% are AU (grade 2) and the other 50% panuveitis with papilledema (grade 3). In all the cases described, treatment was interrupted, a half it could be reintroduced without recurrence of uveitis. All the patients received topical treatment, the more severe systemic corticosteroids at doses of 0.5-1 mg/kg in accordance with the recommendations. The final prognosis was good, with preservation of VA in all cases, and topical and systemic treatment could be withdrawn in all patients. A patient treated with Ipilimumab presented synchiae as a complication.