Table 1. Albumin and LDH, and associations to oncological response and rheumatic irAE development

	Oncological non-responders	Oncological responders	p-value
Albumin (g/L)	33.4	35.2	< 0.001
LDH (units/L)	262	237	0.16
	No rheumatic irAE	Rheumatic irAE	p-value
Albumin (g/L)	34.0	34.9	0.41
LDH (units/L)	254	238	0.57

Disclosure of Interests: None declared

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FRI0603 SARCROIDOSIS IN A TERTIARY HOSPITAL

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Background: Sarcoidosis (S) is a systemic granulomatous disease of unknown etiology. The most frequent affectation is pulmonary, ocular and cutaneous, although sarcoidosis can damage other organs, such as the musculoskeletal system.

Objectives: To describe the clinical characteristics and the radiological pattern, in a cohort with predominant pulmonary S, as well as to establish the relationship between the angiotensin converting enzyme (ACE) levels and the S course (chronification or remission).

Methods: This is a retrospective descriptive study of patients treated in our hospital, since 2008 to 2018, with diagnosis of S. The data was obtained through the review of medical records. The delay in the diagnosis of S was defined as the difference in months between the initial diagnostic suspicion and the final diagnosis of S.

We use Chi-square tests to study the association between ACE levels and the course of the disease.

Results: Fifty-five patients (31 women) were included, with a mean age of 52 ± 12 years. The first diagnosis was: 85% S, 10% lymphoma and 4% tuberculosis. The median of months for the definitive diagnosis of S was 5.5 months.

Extrapulmonary clinical manifestations in table 1.

The ACE is increased in 38 patients (70%). Simple x-ray and high resolution tomography of chest were done in all patients. Pulmonary stage 2 was the most frequent (51%), followed by stage 3 (16%), stage 0 (14%) and stage 4 (9%).

In 90% of the patients, histological confirmation was obtained by trans-bronchial (47%), cutaneous (11%) or lymph node biopsy (29%).

94% of the patients have been treated with oral glucocorticoids, 52% associate immunosuppressive therapy (Methotrexate 27% and Azathioprine 14%) or biological treatment (1 patient with Adalimumab and another with Infliximab). In 54% of the patients the S had a chronic course and in 43% S remitted.

Increased levels of ACE were associated with clinical remission of the disease and normal levels with chronicity (p: 0.013).

EXTRATHORACIC CLINICAL MANIFESTATIONS	N(%)
Skin	15(27)
Neurological	4(7)
Cardiac	8(14)
Renal	2(4)
Ocular	7(13)
Monoarthrititis	3(5)
Poliarthrititis	6(11)
Bilateral swelling in ankles	6(11)
Hepatosplenomegaly	8(14)

Conclusion: The results of our study resembles, in general, what has been published in the literature. In our study, elevated ACE is associated with remission of the disease, contrary to the published, in which increased levels of ACE in symptomatic patients may reflect disease activity.

Disclosure of Interests: None declared

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FRI0604

SYSTEMIC SARCROIDOSIS. STUDY OF 381 PATIENTS FROM A TERTIARY UNIVERSITY HOSPITAL IN THE NORTH OF SPAIN

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Background: Sarcoidosis is a systemic granulomatous disease characterized by the presence of non-necrotizing granulomas in different parenchyma.

Objectives: To describe demographic, clinical and analytical features in a cohort of patients with Sarcoidosis diagnosis from northern Spain during the last twenty years.

Methods: Descriptive study of 381 patients diagnosed with sarcoidosis during the period 01/01/1999 to 01/01/2019. Biopsy and/or clinical and compatible imaging tests were required for the diagnosis of sarcoidosis. Demographic parameters, clinical manifestations, complementary tests and treatment were registered. Results are expressed as mean±SD or as median and interquartile range (IQR) as appropriate.

Results: 381 patients (192 female/191 male, ratio 1:1), with a mean age 45.5±15.4 years at disease onset, and with 94.8% of Spanish nationality. 33% were smokers at diagnosis and 6.3% had tuberculosis (Table 1). The sarcoidosis incidence rate in our population was 3.3 cases/100000 p/year, similar to other national series¹.

Most frequent clinical manifestations were as follow: pulmonary symptoms (72.3%), general symptoms (37.3%), skin involvement (31%), joint manifestations (27.9%), ophthalmological manifestations (13.0%), digestive disorders (9.3%), neurological symptoms (6.5%), nephrological (4.7%) and cardiological involvement (1.6%) (Table 1). In addition, 11.5% of the patients had a Löfgren syndrome, 0.5% a Heerfort syndrome and up to 11.5% had mediastinal adenopathy as an incidental finding in simple chest radiography.

A simple chest radiograph was performed in all patients. 83.7% presented abnormal patterns: stage I (41.4%), stage II (32%), stage III (7.6%) and stage IV (3.8%). In addition, 29.9% and 10.5% of patients presented pathological scintigraphy and PET respectively. Biopsy was performed in 81.9%, with a mediastinal approach in 43.3% (Table 2).

After a median follow-up of 11.0 [6.0-17.0] years, we observed that up to 32% of patients never received treatment. In the remaining 68%, the main treatment was oral glucocorticoids with a mean dose of 43.4±19.1 mg/day. Other treatments used were conventional immunosuppressants and biological agents (table 2).

Table 1.

	Patients diagnosed with sarcoidosis (N=381)
DEMOGRAPHIC PARAMETERS	
Sex, n (%)	191 (50.1) / 190 (49.9)
Age at disease onset (years), mean ± SD	45.5 ± 15.4
Current age (years), mean ± SD	59.0 ± 16.3
Follow-up, median [IQR]	11.0 [6.0-17.0]
Nationality (Spanish), n (%)	363 (94.8)
Smokers, n (%)	126 (33.1)
Asthma, n (%)	24 (6.3)
Tuberculosis, n (%)	24 (6.3)
Tumours, n (%)	23 (6.0)
CLINICAL MANIFESTATIONS	
Pulmonary symptoms, n (%)	277 (72.3)
- Dyspnea, n (%)	103 (26.8)
- Cough, n (%)	35 (9.1)
- Pleuritic pain, n (%)	10 (2.6)
- Adenopathy, n (%)	129 (33.7)
Ocular involvement, n (%)	50 (13.0)
- Uveitis, n (%)	36 (9.4)
- VMA, n (%)	5 (1.3)
- Exophthalmos, n (%)	2 (0.5)
- Others, n (%)	7 (1.8)
Skin involvement, n (%)	119 (31.1)
- Erythema nodosum, n/N (%)	72 (18.8)
- Lupus pernio, n/N (%)	7 (1.8)
- Parotid gland hypertrophy, n/N (%)	7 (1.8)
- Granulomatous dermatitis, n/N (%)	33 (8.6)
Joint involvement, n (%)	107 (27.9)
- Arthralgia, n (%)	66 (17.2)
- Arthritis, n (%)	40 (10.4)
- Sarcoidosis myopathy, n (%)	1 (0.3)
Digestive disorders, n (%)	36 (9.3)
- Hypertransaminasemia, n/N (%)	20 (5.2)
- Hepatic granulomas, n/N (%)	13 (3.3)
- Other granulomas, n/N (%)	3 (0.8)
Neurological symptoms, n (%)	25 (6.5)
- Headache, n (%)	13 (3.5)
- Meningitis, n (%)	2 (0.5)
- Neuropathy, n (%)	6 (1.5)
- Others, n (%)	4 (1.0)
Cardiological manifestations, n (%)	6 (1.6)
- Dilated cardiomyopathy, n (%)	4 (1.0)
- Pericarditis, n (%)	1 (0.3)
- SMI, n (%)	1 (0.3)
Nephrological manifestations, n (%)	18 (4.7)
- Acute renal failure, n (%)	12 (3.1)
- Chronic kidney disease, n (%)	5 (1.3)
- Lithiasis, n (%)	1 (0.3)
Systemic symptoms, n (%)	143 (37.3)
- Fever, n (%)	36 (9.4)
- Generalized syndrome, n (%)	107 (27.9)
Lymphadenopathy as incidental finding, n (%)	44 (11.5)
Löfgren syndrome, n (%)	44 (11.5)
Heerfort syndrome, n (%)	2 (0.5)