and eye orbit may also be affected.

ocular manifestation, especially anterior uveitis (n=18; 52.9%). Ocular surface inflammation, mean age 44.8±16 years. Uveitis (n=34; 82.9%) was the most common result.

Methods:

Objectives:

Conventional and biological immunosuppressants (IS) are frequently needed for sarcoidosis. Topical and systemic corticosteroids are the first-line treatment.

Results:

were included.

DOI:

A cut-off level for each cytokine was set at 20% above the maximum values of both non-NS group and HC. Using this, the ratio of patients in NS group over were:

- INFγ, 57% had level over 6.2 pg/mL in CSF, and 50% had level over 21.6 pg/mL in plasma.
- IL12/IFNγ, 71% had level over 16.7 pg/mL in CFS.
- CXCL10, 79% had level over 1614 pg/mL in CFS.
- CCL22, 79% had level over 49.8 pg/mL in CFS.

Conclusion:

In NS patients, INF γ was elevated in both CSF and plasma, and multiple cytokines, chemokines and vascular biomarkers were elevated in CSF.

Disclosure of Interests:

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Helle Nielsen: None declared

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SAT0512

OCULAR INVOLVEMENT AND TREATMENT IN SARCOIDOSIS. STUDY OF 41 PATIENTS OF A SERIES OF 383 PATIENTS FROM A SINGLE UNIVERSITY HOSPITAL

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Background:

The eye is a common and potential severe complication of sarcoidosis. Topical and systemic corticosteroids are the first-line treatment. Conventional and biological immunosuppressants (IS) are frequently needed (1-5).

Objectives:

To assess the frequency, clinical and treatment of ocular involvement of sarcoidosis.

Methods:

Study of a large cohort (n=383) of systemic sarcoidosis from a single university hospital. All consecutive patients diagnosed with sarcoidosis from January 1, 1999 to January 2019 according to the ATS/EAS/ERSOG criteria (Eur Respir J 1999;14:735-737) were included.

Results:

41 (22 women/19 men) of 383 (10.7%) patients had ocular involvement, mean age 44.8±16 years. Uveitis (n=34; 82.9%) was the most common ocular manifestation, especially anterior uveitis (n=18; 52.9%). Ocular surface and eye orbit may also be affected (Table). In addition to topical and systemic corticosteroids, conventional (n=23; 56.1%) and biologic (n=14; 34.1%) IS drugs were required. Adalimumab and Infliximab were the most used biological treatments (Table). Cystoid macular edema (CME) and Retinal Vasculitis was observed in both cases in 3 (73%) patients, 2 of them (66.7%) required biological treatment. Papillitis appeared in 7 (17.1%) cases, biological treatment was needed in 3 (42.9%) patients. The most frequent sequestrations were cataract (n=9, 21.9%), intraocular hypertension (n=12; 2.2%) and pupil alterations (n=4; 0.7%). The average of the best corrected visual acuity was 0.6×0.3 at diagnosis and 0.7×0.3 after one year follow up.

Conclusion:

Ocular involvement of sarcoidosis is a rare frequent and potential severe complication, especially if panuveitis is presented.

References:


Disclosure of Interests:

Monica Calderón-Goercke: None declared.
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SAT0513

ASSOCIATION OF SERUM OMENTIN LEVELS WITH COLCHICINE RESISTANCE IN FAMILIAL MEDITERRANEAN FEVER

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Background:

Omentin is an anti-inflammatory adipokine, which plays important roles in the adjustments of glucose metabolism, cardiovascular homeostasis, atherosclerosis (1).

Objectives:

To investigate the omentin levels in Familial Mediterranean fever (FMF) patients and to assess the association with markers of subclinical inflammation in FMF patients such as serum amyloid A (SAA), erythrocyte sedimentation rate (ESR) and C-reactive protein (CRP).

Methods:

This cross-sectional study included 54 consecutive adult FMF patients (27 male, 27 female) and 28 healthy individuals (16 male, 12 female). The demographic and clinical features and MEFV gene mutations were recorded. The FMF patients were separated into three groups: 1) attack-free group, 2) active attack group and 3) colchicine-resistant group. Serum omentin levels were compared between the FMF patients and the healthy control group.

Results:

Serum omentin and SAA levels were higher in the study group than in the control group (108.05(19.97-343.22) vs. 199.5(42.98-339.41) p<0.05, 3.69(1.18-22.75) vs. 131.05(9.35-36) p<0.001 (Table 1). When the FMF patients were examined as separate groups, serum omentin values were lower in the colchicine resistant group than in the groups without resistance (Table 2). The correlation analysis showed a negative correlation between omentin and SAA levels (r = -0.240, p = 0.030).

Table. Ocular manifestations of sarcoidosis and treatment with corticosteroids, conventional and biological IS.

<table>
<thead>
<tr>
<th>OCULAR INVOLVEMENT</th>
<th>CONVENTIONAL IS</th>
<th>BIOLOGICAL IS</th>
</tr>
</thead>
<tbody>
<tr>
<td>SURFACE (n=%)</td>
<td>3(73)</td>
<td>1(23.3)</td>
</tr>
<tr>
<td>-CGN, n%</td>
<td>2(66.7)</td>
<td>1(50)</td>
</tr>
<tr>
<td>-PUK, n%</td>
<td>2(66.7)</td>
<td>1(50)</td>
</tr>
<tr>
<td>-UVETIS, n%</td>
<td>34(69.2)</td>
<td>25(73.5)</td>
</tr>
<tr>
<td>-Anterior uvetitis, n%</td>
<td>18(62.9)</td>
<td>14(60)</td>
</tr>
<tr>
<td>-Posterior uvetitis, n%</td>
<td>4(11.7)</td>
<td>2(50)</td>
</tr>
<tr>
<td>-Periph. ulcerative keratitis, n%</td>
<td>8(22)</td>
<td>6(20)</td>
</tr>
<tr>
<td>EYE ORBIT (n%)</td>
<td>4(11.7)</td>
<td>2(50)</td>
</tr>
<tr>
<td>-Proposis, n%</td>
<td>2(50)</td>
<td>1(50)</td>
</tr>
<tr>
<td>-Strabismus, n%</td>
<td>2(50)</td>
<td>1(50)</td>
</tr>
<tr>
<td>TOTAL, n%</td>
<td>41(100)</td>
<td>29(70.7)</td>
</tr>
</tbody>
</table>

TCS: topical corticosteroids; OCS: oral corticosteroids; MD: maximum dose; IVMP: intravenous methylprednisolone; CIS: conventional immunosuppressors; BT: biologic therapy; CGN: conjunctival granuloma/nodule; PUK: peripheral ulcerative keratitis