abdominal pain, and arthralgias can be observed in both disorders and this may lead to misdiagnosis.

Objectives: To investigate FD prevalence in mild and severe FMF patients.

Methods: A total of 66 FMF patients, according to the Tel-Hashomer criteria, were included in the study. Patients were grouped into mild (Group 1) and severe (Group 2) subsets according to the severity score. α -GLA enzyme activity and mutations in the GLA gene were performed. Demographic features, clinical findings, MEFV mutations and treatments were recorded.

Results: The clinical and demographic characteristics of the patients were given in Table 1. In severe form, 27 patients were using biological drug and 40.7% had amyloidosis. Symptoms related to FD including hypohidrosis, acroparesthesias, and painful neuropathies, were not different between the groups. Only one patient in group 1 had a low GLA enzyme activity (0.1 nmol/h/ml; Normal >2.5) which also had mutations in the GLA gene but MEFV mutation test was negative. (Table 2). This patient was a 39-year-old female with recurrent abdominal pain, distal extremity pain and the presence of fever during the attacks. She was heterozygous for R301Q. In detailed history, she reported mild acroparesthesias, hypohidrosis, and tinnitus.

Table 1. Demographic and clinical findings

	All patients n: 66	Group 1 n: 32	Group 2 n: 34	p-value
Age, median (min./max.)	34 (17/64)	27 (17/59)	36 (18/64)	0.192
Male, n (%)	36 (54.5)	14 (43.8)	22 (64.7)	0.137
Disease duration, median (min./max.)	20.5 (1/57)	12.5 (2/50)	25 (1/57)	0.006
Family history of FMF, n (%)	41 (62.1)	22 (68.8)	19 (57.6)	0.443
Alpha-galactosidase A (nmol/h/ml), median (min./max.)	5.9 (0.1/16)	5.6 (0.1/9.6)	6 (3.1/16)	0.330
Abdominal pain, n (%)	58 (87.9)	31 (96.9)	27 (79.4)	0.030
Fever, n (%)	54 (81.8)	25 (78.1)	29 (85.3)	0.532
Arthritis, n (%)	34 (51.5)	10 (31.3)	24 (70.6)	0.003
Pleuritis, n (%)	31 (47)	19 (59.4)	12 (35.3)	0.083
Painful neuropathy, n (%)	23 (34.8)	13 (40.6)	10 (29.4)	0.440
Acroparesthesias, n (%)	9 (13.6)	6 (18.8)	3 (8.8)	0.240
Angiokeratomas, n (%)	0 (0)	0 (0)	0 (0)	-
Cardiac abnormalities	1 (1.5)	1 (3.1)	0 (0)	0.485
Tinnitus, n (%)	4 (6.1)	3 (9.4)	1 (2.9)	0.274
Hearing loss, n (%)	2 (3)	2 (6.2)	0	0.086
Hypohidrosis, n (%)	2 (3)	1 (3.1)	1 (2.9)	0.965
Cornea verticillata, n (%)	0 (0)	0 (0)	0 (0)	-
Proteinuria, n (%)	13 (19.7)	2 (6.3)	11 (32.4)	0.012
Colchicine dosing (mg/day), median (min./max.)	2 (1/3)	1 (1/2)	2 (1/3)	<0.001

Table 2. MEFV mutant alleles and GLA mutations

	All patients n: 66	Group 1 n: 32	Group 2 n: 34
Alpha -galactosidase A (GLA) gene mutations, n (%)	1 (1.5)	1 (3.1)	0 (0)
M694V mutations, n (%)	47 (35.6)	17 (26.5)	30 (44.1)
Non-M694V mutations, n (%)	36(27.2)	20 (31.2)	16 (23.5)

Conclusion: In this study, we showed the following: 1) the FD rate in the total FMF group was 1.5% (3.1% in group 1), 2) none of the patients in the severe FMF subset had abnormal enzyme activity or mutations related with FD, 3) symptoms related with FD such as hearing loss, hypohidrosis, acroparesthesias, and painful neuropathies also noted in FMF patients particularly in the milder group. Based on our results, FD should be considered in the differential diagnosis of FMF particularly in patients with atypical symptoms.

Disclosure of Interests: None declared

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SAT0544

USE OF BIOLOGICAL DMARDS IN PATIENTS WITH ADULT-ONSET STILL'S DISEASE: RESULTS FROM TURKBIO REGISTRY

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Background: Adult-onset Still's disease (AOSD) is a rare multisystemic inflammatory disorder, and is diagnosed by exclusion. AOSD is generally treated with nonsteroidal antiinflammatory drugs, corticosteroids, and conventional disease modifying antirheumatic drugs (cDMARDs). Biological disease modifying antirheumatic drug (bDMARD) therapy are recommended in AOSD patients who are

refractory to traditional therapy, and bDMARDs is becoming increasingly important in AOSD treatment.

Objectives: To evaluate the use of bDMARDs and drug survival in AOSD patients.

Methods: TURKBIO registry is the Turkish version of Danish DANBIO rheumatological database which has been established in 2011. All patients with AOSD who received biological agents registered in TURKBIO registry between dates of October 2011 and October 2019 were included in this study. The demographic data, response of therapy, frequency of using and switching biological agents were collected.

Results: As of October, 21 AOSD patients were recruited. Mean age of patients was 34.6±7.3 (min-max: 24-49) years, mean disease duration was 9.3±7.4 (min-max: 1-22) years, and 57.1% of patients was female. Mean duration from onset to start of bDMARDs was 7±6.1 (min-max: 0.5-21) years. It was observed that 13 patients (61.9%) received tocilizumab (TCZ), 6 patients (28.6%) received IL-1 inhibitors (5 anakinra and one canakinumab), 2 patients (9.5%) received certolizumab and one patient (4.8%) received etanercept as a first-line bDMARDs. The most frequently used biological agents in current treatment were as follows: 52.4% of patients received TCZ and 33.3% received IL-1 inhibitors (4 anakinra, 3 canakinumab), and the most frequently used concomitant drugs were methotrexate (47.6%) and hydroxychloroquine (14.3%). The switching rate was 33.3%, and in half of them the reason of switching was adverse events. The median drug survival for bDMARDs was 28.6 months (Table).

Table. Demographic, laboratory features and management of AOSD

(median;25-75)	n=21
Age (year)	34.7 (28.3-40.6)
Gender (Female) n(%)	12 (57.1)
Disease duration (year)	8 (2-17)
Duration from onset to start of bDMARDs (year)	6 (1.5-10)
ESR (on onset)	44 (21-66)
CRP (on onset)	65 (3.1-108)
Current bDMARDs n(%)	
Tocilizumab	11(52.4)
IL-1 inhibitors	7 (33.3)
Etanercept	1 (4.8)
Certolizumab	2 (9.5)
Concomitant cDMARD n(%)	
Methotrexate	10 (47.6)
Leflunomide	4 (19)
Sulfasalazine	1 (4.8)
Hydroxychloroquine	3 (14.3)
bDMARDs Survival (months)	28.6 (5.5-75)
Switching Rate n(%)	7 (33.3)
Adverse Event n(%)	3 (14.3)

Conclusion: This is the first evaluation of AOSD patients who used biological agents from TURKBIO registry. According our data, TCZ and anti-IL1 agents were the most frequent biological choices. The limitation of this study was the low number of the patients with AOSD who used biological agents.

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Diagnosics and imaging procedures

SAT0545

ULTRASONOGRAPHIC ENTHESEAL AND JOINT INVOLVEMENT IN PATIENTS WITH ACUTE ANTERIOR UVEITIS: A MONOCENTRIC CROSS-SECTIONAL STUDY.

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Background: Few studies have been investigating ultrasonographic (US) changes at peripheral entheses and joints in patients with anterior acute uveitis (AAU)¹ and none has been comparing non granulomatous uveitis (AAGU) with granulomatous uveitis (AAGU).

Objectives: To investigate prevalence of US entheses and joints abnormalities in a consecutive series of AAU patients and to compare US findings in AAGU HLA-B27 positive and HLA-B27 negative, with AAGU patients.