CHARACTERISTIC ULTRASOUND FEATURES OF SALIVARY GLAND LYMPHOMA IN PATIENTS WITH PRINCIPAL SJOGREN’S SYNDROME

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Background: Lymphoma was one of the most severe complications of primary Sjögren’s syndrome (pSS). Lymphomas often develop in organs where pSS is active, such as salivary glands. The enlargement of salivary glands is considered a predictive factor in previous studies. It is clarified that salivary gland ultrasound can visually and clearly demonstrate the parenchyma structure, which is a feasible method for SS diagnosis. However, there are no specific ultrasound features of salivary gland lymphoma and no early ultrasonographic alarming system have been reported.

Objectives: To describe the characteristic ultrasound features and assess ultrasonographic value of salivary gland lymphoma in patients with pSS.

Methods: We followed a cohort of 63 patients with pSS from March 2017 to September 2019 and salivary gland ultrasound was performed every three months. All patients were examined by grey-scale and color Doppler ultrasonography (US). The size, echostucture and vascularity of salivary glands were analyzed. US-guided core-needle biopsy (US-CNB) was used for the diagnosis of salivary gland lymphoma.

Results: In 63 patients with pSS, parotid enlargement occurred in 11 patients and none of them had submandibular gland enlargement. During the follow-up, 2 patients with parotid enlargement demonstrated recovery of size and echo-structure improved. The remaining 9 patients had permanent parotid swelling and echostructure unchanged. US-CNB was performed in these 9 patients and histological and immunohistochemical findings of the cores suggested parotid lymphoma. Compared with other patients, these 9 patients revealed marked, permanent parotid enlargement of the unilateral or bilateral or asymmetric parotid. The parotid lymphoma ultrasonography was characterized by multiple, relatively large, well-demarcated hypoechoic (>6mm) with increased vascularity.

Conclusion: Ultrasonographic assessment of salivary gland helped to alarm the occurrence of lymphoma in pSS patients. Marked, permanent and asymmetric parotid enlargement with multiple, relatively large, well-demarcated hypoechoic in echostucture seemed to be characteristic for parotid lymphoma in pSS patients.

References:

Disclosure of Interests: None declared

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ROLE OF CYTOKINES (INTERLEUKIN 17 AND 23) IN PSYCHIATRIC COMORBIDITIES ASSOCIATED WITH BECHET’S DISEASE

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Background: Behcet’s disease (BD) is a chronic multi-systemic autoinflammatory disease associated with increase prevalence of psychiatric comorbidity (Ilhan et al. 2016). Pro-inflammatory cytokines have been reported to be elevated in patients with depression and anxiety. IL-23/IL-17 axis has been shown to play a remarkable role in pathogenesis of BD, depression and anxiety (Sugita et al. 2012, Gheita et al. 2015). However, the relation between the serum level of interleukin (IL)-17 and IL-23 and incidence of cognitive impairment, depression and anxiety in Behcet patients is still unknown.

Objectives: To evaluate the serum levels of IL-17 and IL-23 in Egyptian patients with BD and evaluate the correlations between the level of inflammatory cytokines and psychiatric manifestations as cognitive impairment, depression and anxiety.

Methods: Study design and recruitment

In a case control study, we recruited 45 BD patients, who fulfilled the modified International Criteria for Behcet’s Disease (ITR-ICBD 2014) from the Rheumatology and Rehabilitation Department, Assiut University hospital. Thirty apparently healthy sex and age matched subjects were recruited, served as controls. This study was approved by the Ethical Committee of the Assiut University, Egypt. Informed consent was obtained from all participants.

Study methodology

All patients and controls were assessed for cognitive impairment, depression and anxiety using memory assessment scale, Hamilton depression rating scale and Hamilton anxiety rating scale respectively.
Serum levels of proinflammatory cytokines such as IL-17 and IL-23 were measured by enzyme-linked immunosorbent assay (ELIZA).

**Results:** Psychiatric manifestations in BD has significant lower score in all components of MAS and high prevalence of depression and anxiety in HDRS and HARS respectively compared with control group (p < 0.001). Severe depression was found in 82.9% of BD patients. Moreover, our data showed 46.7% of BD patients have moderate anxiety compared to the control group.

**Serum Levels of IL-17 and IL-23**

The serum level of IL-17 and IL-23 levels were significantly higher among BD patients than in healthy control (<0.000).

There was no significant correlation between those cytokines and cognitive impairment, depression and anxiety.

**Conclusion:** Elevated level of IL-17 and IL-23 were observed in BD patients. However, our results do not support an association between serum IL-17 and IL-23 levels and cognitive dysfunction, depression, and anxiety.

**References:**


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**OBSTETRICAL OUTCOME AND TREATMENTS DURING PREGNANCY IN SERONEGATIVE PRIMARY APS: DATA FROM EUROPEAN RETROSPECTIVE STUDY**


**Methods:**

Inclusion criteria were: (1) thrombotic arterial and/or venous; and/or obstetrical primary clinical APS (Sydney criteria); (2) absence of conventional antiphospholipid antibodies; and/or systemic APL among IgA ACL, IgA antiB2GPI, anti-vimentin G/M, anti-annexin G/M, and anti-cardiolipin IgG/M gene (rs17375018) polymorphism in Behcets disease: j Rheumatol Res Ther 14(3): R99.

**Results:**

Objectives: To evaluate the systemic treatment of BD according to clinical phenotypes. Study of all consecutive 111 patients diagnosed with definitive or possible BD by expert rheumatologists in a well-defined population of Northern Spain, between 1980 and 2019. Most of them met the International Criteria for BD (ICBD) (1).

**Results:** We studied 111 patients (62 women/49 men), mean age at diagnosis 36.8±13.2 years. After a mean follow-up of 81.4±85 months, all patients required systemic treatment (TABLE 1-2). Biological therapy (n=28) was indicated by ocular manifestations (n=13: 46.4%) persistent, severe and refractory oral ulcers (n=10, 35.7%), neurological (n=2: 7%), and cutaneous involvement (1, 3.6%). Adalimumab and Infliximab were the biological therapies most frequently used.

**Conclusion:** Most patients with BD required oral corticosteroids and colchicine. Most had half required conventional IS. Up to a third required biologic therapy, especially by ocular involvement. Most patients had clinical improvement.

**References:**


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