Disclosure of Interests: None declared
DOI: 10.1136/annrheumdis-2020-eular.6524

AB0523 TAKAYASU ARTERITIS AND SACROILIITIS: A CASE-CONTROL STUDY

E. Regola¹, G. Bosio², F. Franceschini¹, P. Toniati¹. ¹ASST Spedali Civili and University of Brescia, Rheumatology and Clinical Immunology Unit, Brescia, Italy; ²ASST Spedali Civili of Brescia, Nuclear Medicine Unit, Brescia, Italy

Background: A possible shared immunopathogenesis between Spondyloarthritis (SpA) and Takayasu Arteritis (TA) has been hypothesized and some clinical cases about SpA in TA patients have been reported (1). In clinical practice the diagnosis of sacroiliitis may be performed by X-ray, Computed Tomography (CT) or Magnetic Resonance Imaging (MRI). In particular, CT findings of sacroiliitis include contour irregularities, joint space alterations, joint erosion, subcondral bone changes (osteoporosis or sclerosis), enthesitis, ankylosis. Meanwhile, TA patients perform routinely FDG-PET/CT scans for monitoring disease activity.

Objectives: This study aims to understand if there is an increased incidence of sacroiliitis in TA patients.

Methods: We collected retrospectively imaging data from FDG-PET/CT scans of 28 TA patients and 28 controls, matched for sex and age. Controls were selected among patients performing FDG-PET/CT in our Nuclear Medicine Unit, excluding patients with bone tumors, bone metastasis and thyroid cancers. The majority of controls were affected by lymphoma in complete remission. An expert rheumatologist read the CT-scans of sacroiliac joints.

Results: No patients or controls demonstrated FDG-uptake in sacroiliac joints. In the control group we detected sacroiliac sclerosis in two cases: one due to degenerative changes, one to sacroiliitis (1/28, 4%). In the TA group four patients presented CT alterations suggestive for sacroiliitis: one bilateral erosion, one bilateral sclerosis, two monolateral sclerosis (4/28, 14%). One of these patients complained an inflammatory back pain.

Conclusion: In our cohort of TA patients we demonstrated an increased prevalence of sacroiliitis, diagnosed by CT scan. Only one patient reported an inflammatory back pain, while three patients had radiological signs of previous sacroiliitis. These findings highlight the importance of looking for spondyloarthropathy in TA patients even if asymptomatic.

References:

[1] Guzel Esen S, Joint Bone Spine, 2019

Disclosure of Interests: None declared

DOI: 10.1136/annrheumdis-2020-eular.3940

AB0524 ANCA ASSOCIATED VASCULITIS IN GRAN CANARIA: THE IMPORTANCE OF THE INTERSTITIAL LUNG DISEASE

F. J. N6voa Medina¹, F. Rubi6o², B. Tejera-Segura¹, B. Romero D6az³, S. Mach6n Garc6a¹, I. Rua-Figueroa². ¹Complejo Hospitalario Universitario Insular Materno Infantil de Gran Canaria, Rheumatology, Las Palmas de Gran Canaria, Spain; ²Hospital de Gran Canaria "Dr. Negr6n", Rheumatology, Las Palmas de Gran Canaria, Spain; ³Complejo Hospitalario Universitario Insular Materno Infantil de Gran Canaria, Radiology, Las Palmas de Gran Canaria, Spain

Background: ANCA-associated vasculitis (AAV) are a heterogeneous group of systemic diseases that needs a better knowledge and approach due to the high mortality it presents.

Objectives: Describe the clinical characteristics of patients with AAV assessed by the Rheumatology services in two university hospitals in Gran Canaria in the last decade, as well as clinical differences between the AAV subtypes.

Methods: Characteristics of 34 patients diagnosed with AAV between January 2011 - December 2018 were collected retrospectively. The patients met ACR classification criteria and consensus criteria from Chapel Hill-2012. Variables are compared using the χ^2 test for dichotomous variables or the t-Student test for continuous variables. For non-continuous variable, Mann-Whitney U or a logarithmic transformation was used

Results: 21 (61.7%) patients were women. We found 14 granulomatosis with polyangiitis (GPA 41.2%), 10 microscopic polyangiitis (MPA) and 10 eosinophilic granulomatosis with polyangiitis (EGP) (29.4%). They presented an average follow-up time ($\pm$ SD) of 46.3 months ($\pm$ 26.8). Patients with MPA presented an older age at diagnosis and a higher proportion were diagnosed with age > 65 years ($p = 0.003$).

The mean ($\pm$ SD) of the BVAS index of activity at diagnosis was 15.7 ($\pm$ 7.9). 80.5% of the patients presented positivity against ANCA: 34.4% c-ANCA and 65.5% (Clinical manifestations in Table 1).

TABLE 1. INITIAL CLINICAL MANIFESTATIONS

	ALL THE PATIENTS (n=34)	GPA (n=14)	MPA (n=10)	EGP (n=10)	p value
Otolaryngological involvement		13(92.9%)	2(20%)	6(60%)	0.001
Interstitial lung disease	5 (14.7%)	0	5 (50%)	0	
Renal involvement					0.027
- Reno-pulmonary syndrome	6 (17.6%)	3 (21.4%)	2 (20%)	1 (10%)	
- Renal Involvement	10 (29.4%)	3 (21.4%)	6 (60%)	1 (10%)	
- glomerulonephritis					
- Basal proteinuria >1 gr/24 hs	13 (38.2%)	4 (28.5%)	7 (70%)	1 (10%)	
Alveolar pulmonary hemorrhage not associated with renal involvement	2 (5.8%)	0	1 (10%)	1 (10%)	
Manifestations Peripheral Nervous System	10 (29.4%)	2 (14.2%)	4 (40%)	4 (40%)	
Cardiomyopathy	3 (8.8%)	0	0	3 (30%)	
Eye involvement (scleritis/conjunctivitis/keratitis/uveitis)	6 (17.6%)	6 (42.8%)	0	0	0.01

21 (61.7%) patients received cyclophosphamide and 3 (8.8%) patients received rituximab as induction treatment. Azathioprine was the most commonly used maintenance treatment (41.1%). 16 (47%) patients had renal involvement. An improvement in proteinuria was observed, both in GPA ($p=0.008$) and in MPA ($p=0.03$) (Renal outcomes in Table 2). No patient received kidney transplant.

TABLE 2. RENAL OUTCOMES

	GPA (n= 6)	MPA (n=8)	p VALUE
Basal serum creatinine, mean (SD), mg/dl	2.07 (1.1)	3.08 (2.06)	0.3934
Basal proteinuria, mean (SD), mg/dl	2264 (1391.5)	2731.2 (1334.7)	0.8348
Last serum Creatinine, mean (SD), mg/dl	2,2 (1.4)	2,1 (1.5)	0.5577
Last proteinuria, mean (SD), mg/dl	485 (457.9)	326 (110.4)	0.4704

Interestingly, 5 patients (14.7%), all of them MPA, presented interstitial lung disease (ILD), 3 of them (60%) prior to systemic involvement (9, 10 and 82 months). 3 patients had an usual interstitial pneumonitis (UIP) pattern, none had a non-specific interstitial pneumonia (NSIP) pattern and two had other patterns.

15 patients had 17 relapses. Five (14.7%) patients had serious infections. Eight (23.5%) patients died: 4 due to progression of ILD, 2 due to vasculitis manifestations.

Conclusion: ILD can be considered a relatively frequent manifestation of this group of diseases. A high percentage of patients had recurrences. Mortality remains high in AAV and in our series ILD is a frequent cause of death.

Disclosure of Interests: Francisco Javier N6voa Medina Speakers bureau: I have been paid as a speaker for a few medical talks, Francisco Rubi6o: None declared, Beatriz Tejera-Segura Speakers bureau: I have been paid as a speaker for a few medical talks, Beatriz Romero D6az: None declared, Sergio Mach6n Garc6a: None declared, I6nigo Rua-Figueroa: None declared

DOI: 10.1136/annrheumdis-2020-eular.3268

AB0525 NATURAL HISTORY OF CRYOGLOBULINEMIA FROM 2000 TO 2018 FROM THE LABORATORY POINT OF VIEW: AN ANALYSIS OF CRYOGLOBULIN CHARACTERISTICS IN A SINGLE CENTER.

G. Sandri¹, A. Spinella¹, P. Natali², D. Debbia², D. Campioli², A. Bari³, G. Amati¹, G. Galassi⁴, M. Mazzoli⁴, G. Alfano⁵, F. Fontana⁵, T. Trenti², M. T. Mascia¹. ¹Chair and Complex Operational Unit of Rheumatology, University of Modena and Reggio Emilia, Modena, Italy; ²Department of Laboratory Medicine and Anatomical Pathology, AOU and AUSL of Modena, Modena, Italy; ³Complex Structure of Oncology and Hematology, AOU of Modena, Modena, Italy; ⁴Department of Neuroscience, AOU of Modena, Modena, Italy; ⁵Complex Structure of Nephrology and Dialysis, AOU of Modena, Modena, Italy

Background: Big data refers to large amounts of information. With today's ever-improving technologies created by the automation and digitization, it becomes easier to convert data into relevant information, which can be used to provide better patient management, especially when it occurs a rare condition such as cryoglobulinemia (CRG).

CRG is due to an immunoglobulins (Ig) that precipitate at low temperatures. There are 3 types of CRG: type I: monoclonal Ig; type II: monoclonal Ig + polyclonal Ig; type III: 2 polyclonal Ig.