of NSAIDs is characterized by lower pain intensity than against colchicine or glucocorticoids.

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**AB0092**

**BUROSUMAB (ANTI-FGF23 MONOCLONAL ANTIBODY) IN THE TREATMENT OF A PATIENT WITH RECURRENT TUMOR INDUCED OSTEOCALCIA.

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**Background:** Tumor-induced Osteomalacia (TIO) is a rare paraneoplastic syndrome caused by tumoral overproduction of fibroblast growth factor 23 (FGF23), resulting in hyperphosphaturia, hypophosphatemia and osteomalacia. Surgery is the only curative treatment, but tumor can locally recur, even after years from primary surgery. Furthermore, some tumors cannot be removed by surgery due to their location.

**Objectives:** To describe a case of a 53-year-old woman affected by recurrent TIO after two surgical attempts of removal treated with Burosumab.

**Methods:** We describe the case of a 53 years old woman with TIO treated with Burosumab, an anti-FGF23 monoclonal antibody at present approved for X-linked hypophosphatemic rickets only.

**Results:** A 46-year-old Caucasian female was referred to our Bone Unit after experiencing several fractures in different sites. She reported being in good health until three years prior consultation. At the time of symptoms onset, she experienced a progressive muscle pain, enabling her to stand for a long period. During imaging evaluation for atrumatic fracture of right great trochanter, the MRI abdomen and \( ^{99m} Tc-FDG -\) PET-CT showed a metabolite pre-sacral lesion. She unsuccessfully underwent to an exploratory laparotomy of that lesion. Then, she suffered from atrumatic intertrochanteric fracture of right femur, surgically treated. Furthermore, she experienced several ribs fractures at the time of first evaluation, lab works showed: serum YH-Resorbate (PS) 1.2 mg/dL (reference range (RR) 2.5-4.5 mg/dL), urinary phosphate of 24h (PU) 842mg/24h, alkaline phosphatase (ALP) 565 UI (RR<300), 1,25(OH)\_2 vitamin D\_3 27 ng/mL (RR 25-45 pg/mL), normal serum and 24h-urinary Calcium.

**Background:** We describe the case of a 53-year-old woman affected by recurrent TIO treated with Burosumab. Burosumab could be a promising therapy in the medical treatment of TIO.

**Results:** There were 682 gout patients recruited with 94% male, mean age 44.16±15 years, and median gout duration 4 (2.7) years. The mean sUA was 9.0±2.3mg/dL. Tophi presented in 166 (24.3%) patients with 31 (4.5%) patients diagnosed by ultrasound. In patients with gout duration <3 years, 3-4.9 years, 5-9.9 years and ≥10 years, the prevalence of tophi were 6.7, 19.4, 38.8, and 49.6%, respectively. b) Tophus patients were characterized by older age (48±16 vs. 42±15 years), longer gout duration [7(4, 10) vs. 3(1, 5) years], more ever involved joints [11(4, 24) vs. 3(2, 5)] and more flare times in the last year [11(4, 24) vs. 3(2, 6)]. For comorbidities, tophus patients presented higher prevalence of uricollithiasis (36% vs. 23%), hypertension (54% vs.40%) and diabetes (20% vs. 11%) but less hypertriglyceridemia (19% vs. 32%, all P<0.05). c) Compared with patients without tophi, tophus patients consumed more red meat (>300g/d; 12% vs. 6%), seafood (>2 times/w; 18% vs. 13%), hotpot (>1 time/w; 17% vs. 10%) and alcohol (>84g/d: 23% vs. 9%). d) Dependent variables of multivariate logistic regression analysis included age, gender, gout duration, diuretics, BMI, sUA, serum creatinine, urine pH, hypertriglyceridemia, hypertension, diabetes, coronary heart disease, uricolithiasis, alcohol consumption, hotpot, red meat, and seafoods. Gout duration, sUA, serum creatinine and urine pH were positively correlated with tophi, while hypertriglyceridemia was negatively associated with tophi. For dietary factors, heavy alcohol consumption (>84g/d day<1g/day OR=2.64, 95%CI: 1.43-7.493) and hotpot (>1 time/w<1 time/w, OR=2.164, 95%CI: 1.21-7.847) were positively correlated with tophi.

**Conclusion:** Our data suggest tophi should not be ignored in gout patients with short duration. Heavy alcohol consumption and hotpot are associated with the formation of tophi.

**Disclosure of Interests:** None declared

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**AB0094**

**CALCIFIC TENDINITIS OF THE ROTATOR CUFF: PERISTOSIN ENRICHMENT IS ASSOCIATED WITH A BETTER RESPONSE TO ULTRASOUND-GUIDED PERCUTANEOUS LAVAGE.

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**Background:** Calcific tendonitis of the rotator cuff is a frequent cause of chronic shoulder pain. It is due to apatite deposits within the tendons. Little data are currently available about proteins associated to crystals within deposits.

**Objectives:** The aim of the study was to quantify 6 proteins in calcic powders obtained from patients who have undergone an ultrasound-guided percutaneous lavage (UGPL) of their calcification and to look for correlations between their concentration and patient characteristics.

**Methods:** Calcific powders were obtained from patients included in the CALCECHO trial whose main objective was to compare post-procedure pain between two groups: methylprednisolone or placebo injected at the end of the lavage. Based on preliminary data from group and literature data, the following proteins have been selected and quantified by ELISA: Pigment-epithelium Derived Factor (PEDF), Osteopontin (OPN), Peristosin (POSTN), Activin A (ACT A), Osteo-protegerin (OPG) and Bone Morphogenic Protein-2 (BMP-2). The level of each protein was expressed in μg per μg of the total proteins present in the sample. These proteins have been selected for their link to the mineralization. Correlations between the level of each protein and radiographic and ultrasound appearance of the calcific deposits were sought. We also looked for correlations between level of each protein and duration of pain or response to UGPL (Mann-Whitney test).

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