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AB1013 CYCLOPHOSPHAMIDE VS AZATHIOPRINE FOR THE TREATMENT OF CONNECTIVE TISSUE RELATED INTERSTITIAL LUNG DISEASE

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Background: Interstitial lung disease (ILD) is a common morbidity and mortality reason for connective tissue disorders (CTD). Data related to treatment options in the literature is limited

Objectives: To describe the role of azathioprine (AZA) in the first line treatment of connective tissue disease related interstitial lung disease CTD-ILD, comparing with cyclophosphamide (CYC)

Methods: Between 2009 and 2019 all interstitial lung disease patients admitting rheumatology or pulmonology department were retrospectively evaluated. Among those patients, as an first line regimen treated with either azathioprine or cyclophosphamide were included. Primary end point was FVC percentage change at 6th month.

Results: Among 328 CTD-ILD, 57 patients had AZA treat and 79 patients had CYC for the first line treatment. Patients treated with AZA tend to have limited disease and older age. CYC treatment had a mean of 2,41% increase in FVC but in AZA -1,44% decrease in FVC predicted (p:0,041) 5 major CTD groups were defined (systemic sclerosis (SSc), rheumatoid arthritis (RA), primer sjögren syndrome (pSS), dermatomyositis/ polymyositis (PM/DM), autoimmune features of interstitial lung disease (IPAF)). AZA had similar efficacy in, PM/DM and IPAF groups but worse outcome in SSc, RA and pSS compared to CYC.

Conclusion: AZA treatment might be an option patients with limited disease extent and the diagnosis of PM/DM or IPAF. CYC was a better treatment in SSc, RA and pSS patients

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Table 1. CYC: treatment responses of cyclophosphamide and azathiopurine regimens AZA: azathiopurine CYC: cyclophosphamide, AZA: azathiopurine CTD: connective tissue disease, SSc: Systemic Sclerosis, RA: Rheumatoid Arthritis, pSS: primary sjogren syndrome, DM/PM/ASS: Dermatomyositis / Polymyositis/Antisynthetase Syndrome, IPAF: Idiopathic interstitial fibrosis with autoimmune features, FVC: forced vital capacity

	AZA(n:43)	CYC (n:72)	p
Progression(overall)	39,3%	15,3%	0,013
SSc (n:47)	60%	11,9%	0,029
RA(n:16)	62,5%	25%	>0,05
pSS(n:16)	71,4%	11,1%	0,035
DM/PM/ASS(n:14)	11,1%	-	>0,05
IPAF(n:20)	28,6%	23,1%	>0,05
FVC change (overall) (lt)	-1,129±0,741	0,024±0,249	0,189
SSc (n:47)	-0,086±181	0,025±0,351	0,286
RA(n:16)	-0,553±1,521	-0,22±0,262	0,341
pSS(n:16)	-0,328±0,242	0,014±0,313	0,167
DM/PM/ASS(n:14)	-0,0089±0,370	0,120±0,037	0,316
IPAF(n:20)	0,123±0,320	0,120±0,101	0,981
FVC change (overall) (%)	-1,44±10,65	2,41±7,55	0,041
SSc (n:47)	-3,00±3,67	2,23±8,27	0,031
RA(n:16)	-3,50±9,65	-1,75±4,65	0,654
pSS(n:16)	-6,71±15,97	3,33±8,35	0,027
DM/PM/ASS(n:14)	0,00±11,85	4,40±2,70	0,313
IPAF(n:20)	2,06±9,04	5,28±6,70	0,380

Disclosure of Interests: None declared

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AB1014 CLINICAL AND LABORATORY PHENOTYPES IN PATIENTS DIAGNOSED WITH SARCOIDOSIS IN A VETERAN'S HOSPITAL

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Background: Sarcoidosis is a disease which affect any organ or tissue in the body, but is predisposed to lung involvement in up to 90% of cases. Its cause is not yet established, although a multicausal model with genetic, environmental and infectious factors is proposed.

Objectives: Determine the clinical, paraclinical characteristics and survival of patients diagnosed with Sarcoidosis treated at the Central Military Hospital.

Methods: Historical cohort study of patients who were diagnosed with Sarcoidosis at the Central Military Hospital in the last 5 years. A review of medical records, laboratory results and radiological studies was performed and verification of survival status free of mortality was documented by independent outcomes group. A descriptive analysis was done using standard methods and non-parametric survival was calculated using the Kaplan Meyer method with confidence interval in STATA 15.

Results: Twenty patients with confirmatory biopsy of sarcoidosis. Average age 44 ± 15.3 years, 55% (11/20) of the patients were men. Dyspnea was the most frequent reason for consultation 50% (10/20), S. Löfgren 10% (2/20), the lung was the most frequent location 65% (13/20), mild hypercalcemia and normal enzyme converting angiotensin levels were found. 60% of patients had grade 1 commitment on the chest radiograph. 60% (12/20) of the patients received immunosuppressive treatment. The overall survival at 5 years was 92% (95% CI 57-99).

Conclusion: Sarcoidosis is a disease of young patients with a slight predominance in men. Pulmonary involvement is the most frequent, followed by mediastinal nodal involvement. Most patients received steroid treatment at some time in their life. The long-term survival of the disease is more than 90%, which indicates its benign course.

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AB1015 FEATURES OF CLINICAL AND LABORATORY ACTIVITY IN IDIOPATHIC LOBULAR PANNICULITIS.

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Background: The pathological process of idiopathic lobular panniculitis (ILP) comes from disorganization of the adipose tissue which leads to its fibrosis and atrophy. It is assumed that the disease is of immunopathological nature, as evidenced by disorders of lipid peroxidation, high CIC, excess production of leptin (LEP), IL-2 and TNF. The latter is considered a key cytokine involved in the development of the disease.

Objectives: to establish the relationship between the clinical picture and immuno-inflammatory parameters (CRP, LEP and TNF) in patients with ILP.

Methods: We examined 67 patients (9 men, 58 women) with the ILP diagnosis verified in the Institute in 2007-2017. The age of patients ranged from 20 to 76, the average duration of the disease was 78.91[48.50] months. In addition to general clinical examination we performed immunological, histological studies, computed tomography of the chest, tuberculin samples. To determine the body mass index of patients, the values of the Quetelet index (QI) were used.

Results: The disease was found in all age groups, but more than half of the patients (57%) were in the most active working age of 45-60. ILP started with painful induration of various localization, except for the face, and increased temperature reaction of the body. The mean value of QI 24.10±12.01 cm/kg corresponded to normal body weight (p=0.180). 41 patients (61.19%) demonstrated normal QI and preobesity at the age before 45 in 30.3% of cases (p=0.36). Obesity of degree II and III was recorded for 7 patients (10.44%). QI correlated with the age of patients (r=0.43, p<0.05). ESR correlated with VAS pain intensity (r=0.29, p<0.05), lesion area (r=0.50, p<0.05), temperature increase (r=0.68, p<0.05), and CRP level (r=0.68, p<0.05). The concentration of CRP correlated with VAS pain intensity (r=0.46, p<0.05), lesion area (r=0.57, p<0.05), stage II node (r=0.41, p<0.05) and TNF-α concentration (r=0.32, p<0.05). The increase