of the last indicator had a direct correlation with stage II of the node ($r=0.41$, $p<0.05$), and with the level of LEP ($r=0.28$, $p<0.05$), and an inverse correlation with the number of nodes ($r=-0.24$, $p<0.05$). The level of LEP increased in 35 patients (52.23%), had a direct correlation with QI ($r = 0.46$, $p<0.05$), the affected area ($r = 0.31$, $p<0.05$), the concentration of CRP ($r=0.36$, $p<0.05$) and an inverse correlation with the number of nodes ($r = -0.33$, $p<0.05$).

Conclusion: it is obvious that in case of ILP there is a need to increase knowledge about the markers of inflammatory activity (ESR, CRP, TNF- α and LEP) which correlated with the area of the lesion, VAS pain intensity and temperature increase.

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AB1016

RATE OF PREDEFINING DISEASE ACTIVITY, REMISSION AND RELAPSE OF ADULT-ONSET STILL'S DISEASE: SYSTEMATIC LITERATURE REVIEW

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Background: Adult-onset Still's disease (AOSD) is a rare, multisystem and auto-inflammatory disorder. Although several scoring systems are proposed to describe AOSD disease activity, there is no agreement on the definition of disease activity, remission or relapse of AOSD.

Objectives: Aim of this literature review was to determine the rates of defining "disease activity", "remission" and "relapse" of AOSD.

Methods: We performed a systematic review (May 2019) on Pubmed by using the MeSH word "Adult-onset Still's disease"; results were restricted to human studies and English language. We excluded case reports, reviews and studies including less than 10 patients; 215 articles were recruited for final assessment. Of this 215 article, we reached the full-texts of the 181 articles. Final assessment was done with 181 articles. In these articles, we searched whether the definitions of disease activity, remission or relapse were made or not.

Results: Total of 181 articles were included to analysis. Mean age was 37.2 ± 6.6 and 73.6% of patients was female. Articles were divided to 4 main groups according to main focus related to AOSD: Observational studies, laboratory studies, genetic studies and clinical trials. Diagnosis of AOSD was according to Yamaguchi criteria in 159 (87.8%) of articles and Yamaguchi criteria was the most commonly used criteria set. Disease activity was defined in 96 (54.1%) of articles. Remission and relapse were defined in 52 (28.7%) and 18 (10%) of articles, respectively. Most commonly used definition of disease activity was the "systemic score" which was defined by Pouchet et al. Rates of defining "disease activity", "remission" and "relapse" according to 4 main groups were given in Table 1.

Table 1. Rates of disease activity, remission and relapse reporting based on 4 main article groups

Article group	n (%)	Disease activity (n,%)	p	Remission (n,%)	p	Relapse (n,%)	p
Observational Studies	70 (38.7)	18 (25.7)	<0.001	17 (24.3)	<0.001	8 (11.4)	<0.001
Laboratory Studies	72 (39.8)	46 (63.9)		15 (20.8)		2 (2.8)	
Genetic Studies	17 (9.4)	5 (29.4)		2 (11.8)		0 (0)	
Clinical Trial	22 (12.2)	14 (63.6)		18 (81.8)		8 (36.4)	

Conclusion: In recent years, new treatment options become available for AOSD. However, data about how to measure the AOSD activity is largely missing. Definitions of disease activity, remission or relapse are missing in the most of the studies, including clinical trials, in current literature. Future studies are needed for this issue.

Table 1. Baseline characteristics and follow up treatment

N° patient	1	2	3	4	5	6	7
Age (years)	70	43	64	69	54	57	54
Sex	M	F	M	F	M	M	M
BMI (kg/m2)	31.8	29.7	23.4	19	40.4	39	30
Cause of neuropathy	Undetermined	MODY	Type 1 Diabetes	Amyloidosis	Type 2 Diabetes	Type 2 Diabetes	Type 2 Diabetes
PET-CT (SUL max) before treatment	R =7.1. L = 4.9	3.5	3.9	R = 2.9. L = 3.1	R = L = 3.7	3.1	6.6
Number of injections	1	2	3	3	1	1	1
Number of new flare	0	0	2	0	0	0	0
Follow up after denosumab (months)	34	22	19	21	10	4*	3**
Radiography	stable	stable	stable	ND	stable	ND	ND
PET-CT (SUL max) after treatment	R=4.3. L=3.	R=L=0	ND	ND	R=L=2.5	ND	ND

L, left; R, right. MODY, Maturity-Onset Diabetes of the Young;

* Assessment is scheduled on february 2020 (** march 2020)

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AB1017

ANTI RANK LIGAND IN ACUTE CHARCOT NEURO-OSTEOARTHROPATHY OF THE FOOT: A PROMISING TREATMENT

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Background: Acute Charcot neuroarthropathy (CN) of the foot is a rare and severe complication of peripheral neuropathy leading to joint destruction. Usual treatment rely on standard pressure offloading and no pharmacological treatment is available. Inflammation and increased osteoclastic activity via receptor activator of nuclear factor (RANK) ligand are major features of acute CN.

Objectives: To assess clinical, metabolic and radiographic effect of denosumab, a fully human monoclonal antibody against RANK ligand, in acute CN.

Methods: In this open study, we included all consecutive patients with acute CN treated with denosumab 60mg in our mixed rheumatology/diabetes clinic dedicated to diabetic foot. Diagnosis of acute CN was based on clinical presentation and supported by biology, radiography, magnetic resonance imaging (MRI). Baseline and follow-up assessment included clinical examination and emission tomography-computed tomography (PET-CT).

Results: Seven patients with acute CN were treated with denosumab between 2017 and 2019 (age from 43 to 70 years). Five were diabetic. All patients received denosumab, because of failure of standard pressure offloading, with evolving joint destruction of midfoot. CN evolves since a median of 6 months (2 to 20) at denosumab initiation. All patients clinically improved after denosumab injection (table). After a mean follow-up of 16 months, only 1/7 patients had a new flare. In the 4 patients with available follow-up X-ray, structural damage remained stable. In all 3 patients with available PET-CT evolution, the maximum standardized uptake lean value (SUL max) decreased.

Three patients were retreated, with a mean interval of 6 months: One patients because of persistent clinical and biological inflammation (CRP 17 mg/L), one because of relapse due to intensive walking, and one due to an associated osteoporosis.

No adverse event and hypocalcemia was observed.

Conclusion: One to three injection of denosumab 60mg was efficient in preventing flare and further bone destruction in a 16 months medium follow up. These results justify the conduction of a randomized control study to assess the efficacy of denosumab as the first-line pharmacological therapy in acute CN.

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