Table 2. Distribution of patients according to organ involvement.

Organ involvement	Number (%)
Primary sclerosing cholangitis	1 (1.4)
Musculoskeletal	1(1.4)
Submandibular gland	1(1.4)
Central nervous system	1 (1.4)
Multisystem involvement	9 (12.86%)

Figure 1. Right eye proptosis **Figure 2.** CT abdomen showing hydronephrosis due to retroperitoneal fibrosis

Disclosure of Interests: None declared

DOI: 10.1136/annrheumdis-2020-eular.870

AB1031 DYSKERATOTIC CELLS IN PERSISTENT PRURITIC SKIN LESIONS AS A PROGNOSTIC FACTOR IN ADULT-ONSET STILL'S DISEASE.

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Background: Adult-onset Still's disease (AOSD), a systemic inflammatory disorder, is characterized by high fever, evanescent rash, arthritis, and hyperferritinemia. AOSD is also reported to be associated with other skin lesions, including persistent pruritic papules and plaques.

Objectives: This study aimed to assess the significance of dyskeratotic skin lesions in Japanese AOSD patients.

Methods: We retrospectively assessed the histology of persistent pruritic skin lesions and evanescent rashes and the relationship between dyskeratotic cells, serum markers, and outcomes in 20 Japanese AOSD patients, comparing AOSD histology with that of dermatomyositis (DM), drug eruptions, and graft-versus-host disease (GVHD).

Results: Persistent pruritic lesions were characterized by scattered single keratinocytes with an apoptotic appearance confined to the upper layer of the epidermis and horny layer without inflammatory infiltrate. In contrast to AOSD, the histology of DM, drug eruption, and GVHD demonstrated dyskeratotic cells in all layers of the epidermis with inflammatory infiltrate. AOSD with evanescent

rash showed no dyskeratotic cells. The dyskeratotic cells in pruritic AOSD lesions stained positive for ssDNA and terminal deoxynucleotidyl transferase-mediated dUTP nick end-labeling, indicating apoptosis. Serum IL-18 was significantly higher in AOSD patients with dyskeratotic cells than those without, and generally required higher doses of glucocorticoids, immunosuppressants, and biologic agents. Two of ten AOSD patients with dyskeratotic cells died from haemophagocytic lymphohistiocytosis.

Conclusion: Persistent pruritic AOSD skin lesions are characterized by dyskeratotic cells with apoptotic features, involving the upper layers of the epidermis. There may be a link to elevated IL-18. This dyskeratosis may be a negative prognostic indicator.

Disclosure of Interests: None declared

DOI: 10.1136/annrheumdis-2020-eular.4072

AB1032 CONTRIBUTION OF BONE BIOPSY DURING REVEALATORY BONE METASTASES

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Background: Bone metastases (BM) are tumor cells that originate in a primary malignant tumor and are localized remotely in bone tissue. They more or less faithfully reproduce the morphological and biological characteristics of the primary tumor. Histological analysis is essential to confirm the diagnosis of BM and to identify the primary tumor if possible and sometimes to help in the selection of treatment.

Objectives: The aim of this work is to study the contribution of bone biopsy during revealing BM in diagnostic strategy and therapeutic decision.

Methods: We retrospectively studied the files of 105 patients hospitalized in a Rheumatology department for BM revealing from January 2000 until December 2015. For each patient we collected epidemiological and anatomopathological data to arrive at the diagnosis of primary neoplasm and histological type.

Results: The patients were divided into 86 men (81.9%) and 19 women (18.1%) with a sex ratio (M / F) of 4.52. The average age of our patients was 64.91 ± 13.29 years. Pain was the most frequent reason for consultation found in 97.1%. This pain was either of bone site (61.9%) or of radicular topography (41.9%). Bone swelling or a pathological fracture revealed BM in 4.8% and 8.6% of the cases, respectively. The onset of neurological damage was noted in 13.3% of the cases.

Histologically, the bone biopsy performed in 64 patients made it possible to specify the histological type (carcinoma, adenocarcinoma) in 64% of the cases and to lead to primary cancer in 57.8%. A non-radio-guided percutaneous bone biopsy was performed in 44 patients (68.75%) including 41 osteo-medullary biopsy in iliac crest (BOM) and 3 in the sternum, a bone biopsy directed under scanner in 16 cases (25%) and a surgical bone biopsy in 4 cases.

The BOM was positive in 21 cases (51.2%) showing a poorly or moderately differentiated adenocarcinoma or carcinoma. It allowed referral to a primitive in 20 cases: a prostatic origin in 11 cases, a pulmonary origin in 5 cases, a digestive origin in 2 cases, a mammary origin in one case and a neuroblastoma in one case.

Conclusion: Thanks to improved sampling and immunohistochemistry techniques, the precise histological type and location of the primary tumor could be identified, thereby improving the quality of care for patients with increased life expectancy.

Disclosure of Interests: None declared

DOI: 10.1136/annrheumdis-2020-eular.6285

AB1034 DEPRESSION AND ANXIETY IN FAMILIAL MEDITERRANEAN FEVER

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Background: Familial Mediterranean Fever (FMF) is a hereditary autoinflammatory disease characterized by recurrent attacks of fever, peritonitis, pleuritis, arthritis, and skin eruption (1). It is shown by studies that chronic diseases like diabetes mellitus, chronic heart disease, hypertension which other than inflammatory – rheumatologic disease increase depression and anxiety (2). There are a few studies evaluating depression and anxiety in FMF patients, and these results are conflicting (3,4).