rest of clinical and immunological features were similar to previously described in other series. 

References:


Disclosure of Interests: None declared

DOI: 10.1136/annrheumdis-2020-eular.4972

AB1045 CLINICAL, ANALYTICAL AND RADIOLOGICAL CHARACTERISTICS OF A COHORT OF PATIENTS WITH SARCOIDOSIS.

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Background: Sarcoidosis is a systemic disease whose etiology is unknown. It is characterized by the formation of granulomas in any tissue of the organism. Ganglionic, pulmonary and cutaneous involvement is the most prevalent.

Objectives: 1. Describe clinical characteristics of a cohort of patients with sarcoidosis diagnosed.

2. Define the association between the ACE’s number at diagnosis, radiological lung stage, treatment and course of disease.

3. Evaluate if the extrapolmonary involvement is related to the course of the disease.

Methods: Descriptive retrospective study of patients with S diagnosis treated in our Hospital in 2019. Data were obtained by reviewing medical records. Chi square tests and Fisher’s exact test have been performed to establish the differences described in the results.

Results: 102 patients diagnosed with sarcoidosis have been included, (51% females) with an average age of 56±11 years. Suspected diagnosis at the onset of disease was S in 70.6% of patients, followed by suspected lymphoma (20.6%). The average time for the definitive diagnosis of S was 9.5 months. 70.6% of the patients had elevated ACE titles at the beginning. According to the clinical manifestations, 18.6% of the patients presented fever at the beginning and 66.7% extrathoracic clinical manifestations. 72.5% have lymph node adenopathies, and in 91% there is thoracic involvement (most frequent pulmonary stage is stage II). A biopsy was performed in 84.3% of the patients, the lung biopsy being the most performed (52.3%). 88.2% of patients received corticosteroid treatment at the onset of the disease (currently under treatment with corticosteroids 37.3%). 50% of patients are treated with immunosuppressants, Methotrexate was the most used. S patients are treated with biological therapy (AntiTNF).

Regarding the course of the disease, 51% of the patients have a chronic course, 45.1% are in remission and 3.9% have suffered a relapse of the disease. In this study, no significant relationship was found between the ACE values at the onset of the disease, the pulmonary stage and the course of the disease.

According to our data, patients presenting with extrathoracic clinical manifestations need more frequently corticosteroid treatment (p = 0.017) with respect to patients who do not have an extrathoracic clinic. In addition, patients with an extrathoracic clinic present more frequently a chronic course of the disease than those who do not (p = 0.019).

Conclusion: The results described in this study are similar to those found in the literature. The differences found can be explained because patients presenting with extrathoracic clinical manifestations have a more complicated management and need more treatment than those with only pulmonary involvement, even patients with radiological stage I do not usually need treatment, only surveillance.

Disclosure of Interests: None declared

DOI: 10.1136/annrheumdis-2020-eular.6444

AB1047 IGG4-RELATED DISEASE PRESENTATION REQUIRES ADMISSION TO THE EMERGENCY DEPARTMENT IN THE MAJORITY OF CASES

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Background: IgG4-related disease (IgG4-RD) is generally considered a chronic fibro-inflammatory condition with insidious presentation and subclinical course. Our clinical experience, however, suggests that a sizable proportion of patients experience multiple accesses to the emergency department (ED), either at disease onset or during the disease course.

Objectives: In the present study we aimed (i) to assess the prevalence of acute manifestations of IgG4-RD at disease onset requiring referral to the ED, and (ii) to calculate the diagnostic delay from the initial acute presentation.

Methods: We revisited our database and identified patients admitted to the ED because of symptoms later attributed to IgG4-RD onset (Group 1) and those that were referred to our outpatient clinic without previous urgent manifestations (Group 2). Acute manifestations were clustered based on the anatomical district affected by IgG4-RD. Epidemiological, clinical, and serological features of Group 1 and Group 2 were compared.

Results: The study included 141 patients with IgG4-RD. 76 (54%) presented to the ED at disease onset. The most common clinical manifestations requiring admission to the ED were jaundice (53%), abdominal pain (41%), and fever (10%). Gastrointestinal involvement was the most frequent cause of referral to the ED (71% of cases), followed by involvement of the retroperitoneum (14.5%), and of the nervous system (6.6%). A diagnostic delay was significantly more frequent in Group 1 (Head, neck, salivary and lacrimal gland involvement was more frequent in Group 2). The diagnostic delay was significantly shorter in Group 1 than in Group 2.

Conclusion: Clinical manifestations associated with IgG4-RD onset require referral to the ED in the majority of cases. This finding contrasts with the general view of IgG4-RD as a condition with non-acute presentation.