AB1048  RHUPUS SYNDROME IN A TERTIARY HOSPITAL
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Background: Rhupus syndrome (RhS) is a rare combination of rheumatoid arthritis (RA) and systemic lupus erythematosus (SLE). Different studies describe RhS cases that begin with erosive arthritis and the presence of rheumatoid factor (RF) and/or anti-CCP and then the SLE symptoms.

Objectives: Despite the fact that RhS shows a low prevalence, it would be useful to know clinical characteristics of RhS patients since their therapy and outcome differ from those having RA or SLE alone.

Methods: Retrospective study with systematic revision of electronic clinical records of RhS patients was performed. Demographic, clinical and immunological data were collected.

Results: Eight RhS patients were included (all fulfilled SLICC 2012 criteria for SLE and ACR 2010 for RA). Mean age was 67.3 (45-84) years (7 were female). In 3 cases RA was the first diagnosis with a mean evolution of 4.5 years until SLE diagnosis. In contrast, in 5 cases SLE was the first diagnosis with a mean evolution of 72 years until RA diagnosis. Photosensitivity and arthritis were the predominant clinical manifestations. One patient presents pericarditis and other case showed rheumatoid nodules in elbows. Renal, pulmonary or neurological affection was not reported.

Conclusions: Unlike other series, only the 37.5% of our RhS cases begins with polyarticular serositis arthritis. The 62.5% started with SLE symptoms as haematological alterations, cutaneous and serological manifestation, and showed longer progression to have polyarticular affection. Thus, RhS diagnosis is earlier in patients that begin with RA symptoms. 4 RhS patients were refractory to DMARDs treatments, where biological/UKA inhibitors therapies are needed.

Disclosure of Interests: None declared

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AB1050  CLINICAL IMPLICATIONS OF ULTRASONOGRAPHY (US) IN DIAGNOSIS AND MONITORING DISEASE ACTIVITY OF RELAPSING POLYCHONDRITIS (RP) AND COMPARATIVE INVESTIGATION BY US BETWEEN AURICLE OF RP, REPEATED TRAUMA, CELLULITIS AND HEALTHY SUBJECT
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Background: US of auricular and nasal cartilage in RP possibly facilitates evaluation of auricular lesions and monitoring of disease activity, especially when we consider the treatment response and the timing of drug tapering.

Objectives: To assess the clinical implications of ultrasonography (US) in monitoring disease activity and diagnosing relapsing polychondritis (RP).

Methods: Firstly, auricular (n=5) and nasal (n=1) chondritis of six patients with RP were assessed by US before and after treatments. The relationship between US findings and serum markers were evaluated. Moreover, the comparisons of US findings between the auricle of patients with RP (n=5), repeated trauma (n=5), cellulitis (n=2) and healthy subjects (n=5) were also assessed.

Results: US finding before treatment showed low-echoic swollen auricular and nasal cartilage with increased power Doppler signals (PDS) in all cases of RP. US findings corresponded to biopsy findings. After treatment, the swollen ear and nose completely resolved. Then, US findings also showed dramatic reductions in swollen auricular and decrease in PDS. Although serum markers completely improved, US finding remained in 1 of 6 cases, and this case showed flare due to PSL tapering. Finally, RP could be differentiated from the damage of repeated trauma and cellulitis by the presence or absence of PDS and subperiosteal serous effusion.

Conclusion: US of auricular and nasal cartilage in RP possibly facilitates evaluation of auricular lesions and monitoring of disease activity, especially when we consider the treatment response and the timing of drug tapering.

Disclosure of Interests: None declared

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