	Patient 1	Patient 2	Patient 3	Patient 4	Patient 5	Patient 6	Patient 7
Gender	Woman	Woman	Woman	Woman	Woman	Woman	Woman
Age at onset	40	24	13	18	21	46	53
Previous autoimmune disease	Raynaud's phenomenon	No	Autoimmune thyroiditis	No	Suppurative hidrosadenitis	No	No
Course	Self-limiting	Self-limiting	Self-limiting	Self-limiting	Self-limiting	Flair	Self-limiting
Autoimmunity	Negative	ANA 1/80	Negative	Negative	Negative	Negative	ANA 640, Ro/La+
Autoimmune disease during follow-up	Subsequent	Subsequent	No	Subsequent	No	Subsequent	Concomitant
SLE diagnosis	24	48	-	60	No	6	0
Time (in months)	24	48	-	60	No	6	0
Clinical manifestations	Serositis	Oral aftosis	-	Cutaneous	No	Acute cutaneous	Fever
	Lymphopenia	Lymphopenia	-	subacute lupus	-	lupus (NET-like)	Serositis
Autoimmunity	ANA 1/640	ANA 1/80	-	Negative ANA	-	Arthritis	ANA 1/640
	Positive DNA	RNP+	-	Ro+	-	ANA 1/320	Ro/La+
		Positive DNA	-		-	RNP+	Positive DNA
Treatment	Hidroxicloroquine	Hidroxicloroquine	No	Hidroxicloroquine	No	Hidroxicloroquine	Hidroxicloroquine

Background: Kikuchi-Fujimoto disease (KFD) is a rare entity characterized by adenopathies and fever. It raises a broad differential diagnosis that includes lymphoproliferative disorders, infections and systemic autoimmune diseases, and diagnostic confirmation is always by histology, which shows histiocytic necrotizing lymphadenitis. Although its course is generally benign and self-limited, it can be associated both at the time of diagnosis and during follow-up with systemic autoimmune diseases, the most frequent of which is systemic lupus erythematosus (SLE).

Objectives: To describe the clinical and analytical characteristics of patients diagnosed with KFD and the development of systemic autoimmune disease.

Methods: Patients diagnosed with KFD during the 1990s and 2020s are collected in a regional hospital (Granollers General Hospital). The clinic is documented at the diagnosis of EKF, the appearance of systemic autoimmune disease during follow-up and its clinical and analytical characteristics.

Results: A total of 7 patients with EKF were diagnosed. All of them women with a mean age at diagnosis of 30 years. Diagnosis was made in all cases with compatible clinical symptoms, fever and lymphadenopathy, and lymph node biopsy confirming histiocytic necrotizing lymphadenitis. At the time of diagnosis, a patient was also diagnosed with SLE. During the follow-up, 4 of the 6 remaining patients developed clinical manifestations compatible with SLE (3 of them with systemic manifestations and a case of subacute cutaneous lupus. The mean time of onset of SLE was 34 months (between 6 months and 5 years). All of them received treatment with hydroxychloroquine, with good response to treatment. The clinical and analytical characteristics are presented in Table 1 below.

Conclusion: In our center, 5 of the 7 patients (71%) diagnosed with EKF developed manifestations compatible with SLE. The importance of the diagnosis of EKF lies precisely in the possible association with systemic autoimmune disease, the most common being SLE, so it is recommended that patients be monitored to identify those who develop associated autoimmune disease.

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AB1052

EVALUATION OF SYMPTOMS, DEPRESSION AND ANXIETY LEVELS IN YOUNG WOMEN WITH IDIOPATHIC GRANULOMATOUS MASTITIS

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Background: Idiopathic granulomatous mastitis (IGM) is a rare, chronic, inflammatory disease of the breast characterized by lobulocentric granulomas, and diagnostic and therapeutic procedures are challenging for patients [1]. Glucocorticoids, immunosuppressive drugs, surgical and conservative treatment are used for the treatment of the disease [2]. These patients have many risk factors for delayed wound healing after surgical intervention, fistula formation, secondary infection and frequent postoperative recurrence for anxiety and depression [3].

Objectives: The aim of this study was to investigate the anxiety and depression levels and influential effects of clinical and sociodemographic characteristics of patients with IGM.

Methods: 32 female patients enrolled to the study and who diagnosed as histopathologically proven IGM were included in this study. The sociodemographic and clinical characteristics of the patients were recorded and Beck depression inventory as well as health anxiety inventory were applied to the patients. In the same period, a control group consisting of age and sex matched people without any chronic disease was formed from health employees and their relatives. Correlation and logistic regression analyzes were performed between clinical and sociodemographic characteristics and scale scores.

Results: A total of 32 patients and 32 age and sex matched volunteers were included in the study. A significant difference was found between the Beck depression inventory and health anxiety inventory scores between the patient and control groups. There was a strong correlation between breast mass size and Beck depression inventory (r: 0.83, p: 0.01), in addition moderate correlation was found between breast mass size and health anxiety (r: 0.39, p: 0.05). In the logistic regression model (χ^2 : 12.274, R²: 0.469, p: 0.01) created by the retrospective elimination method, presentation with fistula (OR: 9.24), bilateral lesion (OR: 7.25) and disease duration (for each month OR:1.29) were found to be significant.

Conclusion: Studies show that patients with IGM experience severe anxiety and have a high risk of developing depression [4], similar in breast cancer even though the method and assessment tools are different than breast cancer. In this study, it was determined that IGM increases anxiety and depression levels in young female patients during both diagnosis and treatment. For this reason, it is thought that psychosocial evaluation of patients from the time of diagnosis, referring them to psychiatric treatment if necessary may improve the quality of life of the patients.

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AB1053

EFFECTIVENESS OF METHOTREXATE IN IDIOPATHIC GRANULOMATOUS MASTITIS TREATMENT

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Background: Idiopathic granulomatous mastitis (IGM) is a rare inflammatory disease of the breast [1], for which there is a lack of consensus on the treatment protocol [2, 3]; it requires long-term follow-up and is associated with a high rate of relapse after surgical treatment. In this study, we report on the largest single-center cohort of idiopathic granulomatous mastitis treated with steroids + methotrexate.

Objectives: We present this study believing that our experience with patients with IGM and use of steroid + methotrexate treatment in them will contribute to the literature.

Methods: We retrospectively examined the data of 33 patients histopathologically diagnosed with idiopathic granulomatous mastitis who were evaluated by our Rheumatology or General Surgery Clinics between 2013 and 2016.

Results: Of the 33 female patients (age: 38.64 ± 6.9 years), 24 were admitted with an initial diagnosis of Idiopathic granulomatous mastitis, whereas 9 were admitted after surgical treatment. The breast symptoms and laboratory values of the patients before and after the steroid and methotrexate treatment are shown in Table 1. Remission was achieved in 87.9% patients with steroid + methotrexate treatment, and there were no relapses during the 24-month follow-up.

Table 1. Pre- and post-treatment laboratory and clinical findings.

	Pre-treatment	Post-treatment	P value
ESR (mm/h)	42.45±28.88	17.24±11.31	<0.001*
CRP (mg/L)	24.72±35.32	5.37±6.5	0.004*
Mass Size (mm)	36.94±16.40	10.79±15.01	<0.001*
Fistula (n)	15/33 (45%)	2/33(6%)	<0.001**
Nipple discharge(n)	17/33(52%)	1/33(3%)	<0.001**

ESR: Erythrocyte sedimentation rate; CRP: C-reactive protein; *Paired T Test;**Chi-Square test.

Conclusion: Methotrexate has so far been added to IGM treatment in order to decrease steroid dosage or to treat relapses, and it has been reported to be effective in case study and a limited number of studies with few patients [2, 4, 5]. Steroid + methotrexate treatment used by us in patients with IGM, which is a rare disease and for which no consensus exists regarding the treatment protocol, is effective and reliable in providing clinical improvement and long-term remission. Therefore, this treatment appears to be successful owing to long-term remission outcomes and very low relapse rates, without the patients having to undergo a surgical procedure and experience the associated anxiety and complications.

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AB1054 CLINICAL CHARACTERISTICS OF PATIENTS WITH UVEITIS FROM AN AUTOIMMUNE OCULAR DISEASE UNIT

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Background: The eye, particularly the uvea due to its substantial vascularization, can be a target for various immune reactions. Etiology is unknown in most cases of inflammatory ocular disease. Occasionally, ocular symptoms may be the first manifestation of some systemic diseases and its appearance, therefore, can lead us to the diagnosis and institution of treatment that, if performed early, can avoid irreversible sequelae.

Aim: Describe the experience at 12 months of an autoimmune ocular disease unit.

Objectives: to describe the clinical characteristics of patients diagnosed with uveitis and its association with systemic disease.

Methods: Retrospective, descriptive study. We included patients diagnosed with uveitis attending the Autoimmune Eye Disease Unit from January 2019 to December 2019. Qualitative variables were expressed as frequencies and percentages and quantitative variables as means and standard deviation.

Results: A total of 40 patients were included, 72.5% were women (26/40). Mean age of disease onset was 38 ± 17.2 years and the average diagnostic delay was 19.4 ± 46.8 months. The most frequent chief complaint was decrease in visual acuity, cited in 43.8% of the consults (25/57). Involvement was bilateral in 55% of cases (22/40). In order of decreasing frequency, diagnosis found were: Anterior uveitis in 47.5% (19/40), panuveitis in 35% (14/40), posterior uveitis in 10% (4/40) and intermediate uveitis in 7.5% (3/40). There was a recurrence (2 or more episodes of uveitis) in 65.7% (25/38) of patients and 58.8% (20/34) of them presented some sequelae. Prior to their first episode of uveitis, 12.5% (5/40) of patients had already been diagnosed with an autoimmune disease, the most common of which was spondyloarthritis (3/5). Meanwhile, 33.3% (13/39) were diagnosed with a systemic disease from their first episode of uveitis. Regarding laboratory tests, 46.4% (13/28) of patients presented acute phase

TABLE 2.

	Full term pregnancy	Multiple gestation	Preconception CZP exposure	Labor complications	Maternal infections	Neonatal infections (< 6 m after birth)	Congenital malformations	Breast-feeding
Neonates, n/N	15/15	2/15	5/15	0/15	1/15	0/15	0/15	6/15

reactants, 13% (3/23) had positive serum antibodies and 41.6% (5/12) were HLA-B27 positive. Concerning treatment, 76.3% of patients required systemic corticosteroids (29/38) and 75% received at least one immunosuppressive drug (30/40). Out of this group, 30% needed a second immunosuppressive drug. Response to treatment was good in 63.6% of patients (21/33), partial in 18.1% (6/33), poor despite treatment in 6% (2/33) and poor due to lack of adherence in 12.1% (4/33).

Conclusion: In our cohort, there was a predominance of female, middle-aged patients with bilateral involvement. Anterior uveitis was the most frequent diagnosis. In one-third of patients, the first episode of uveitis led to diagnosis of a systemic disease. Most of our patients presented some type of sequel or local complication and required systemic treatment with corticosteroids and immunosuppressants.

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AB1055 CERTOLIZUMAB PEGOL: A SAFE AND EFFICIENT TREATMENT IN PATIENTS WITH UVEITIS DURING PREGNANCY.

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Background: Anti-TNFα agents are useful in uveitis (1-5). Certolizumab pegol (CZP) differs from other anti-TNFα agents due to its limited placental transfer.

Objectives: To assess efficacy and safety of CZP in women with uveitis during pregnancy.

Methods: Multicenter study of women with uveitis under CZP during pregnancy and their neonates.

Results: 14 women (23 eyes); mean age 34.3±5.5 yrs (TABLE 1). Pattern of uveitis: 10 anterior, 2 posterior, 1 intermediate, 1 panuveitis. Uveitis was bilateral in 9 and chronic in 7. CZP was started before conception in 10 patients and after in 4. All patients obtained or maintained ocular remission throughout pregnancy (FIGURE). Prednisone was reduced from a mean dose of 21.7±19.7 mg/day to 4.1±3.8 mg/day at 6 months (p=0.03), leading to complete discontinuation in 4. 15 healthy infants were born. Only 1 woman presented a mild infection. No infections or malformations were found in neonates after a follow-up of 6 months. 6 infants were breastfed and all received scheduled vaccinations without complications (TABLE 2).

TABLE 1.

	Age	Underlying disease	Immunosuppressants before CZP	Combined treatment
1	34	SpA	MTX, AZA, ADA	AZA
2	37	SpA	MTX, AZA, IFX, ADA, GOL	
3	39	SpA	AZA, ADA	AZA
4	46	SpA	CyA, ETN, ADA, IFX, GOL	
5	32	SpA	SSZ, ADA	SSZ
6	36	SpA	MTX, HCQ, ADA	
7	40	SpA	MTX, LFN, HCQ, IFX, ADA, GOL	HCQ
8	31	Idiopathic	MTX, MMF, CyA, ADA	
9	33	Idiopathic	MTX, AZA, ADA, ETN	
10	32	RA	MTX	AZA
11	23	Vogt-Koyanagi-Harada	AZA, ADA	AZA
12	36	Juvenil Idiopathic Arthritis	ADA	
13	32	Punctate inner choroidopathy	ADA	
14	29	Behcet	CyA, IFX, ADA	