	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							
SLE diagnosis	Subsequent	Subsequent	No	Subsequent	No	Subsequent	Concomitant
Time (in months)	24	48	-	60	No	6	0
Clinical manifestations	Serositis	Oral aftosis	-	Cutaneous	No	Acute cutaneous lupus (NET-like)	Fever
	Lymphopenia	Lymphopenia	-	subacute lupus	-	Arthritis	Serositis
Autoimmunity	ANA 1/640	ANA 1/80	-	Negative ANA	-	ANA 1/320	ANA 1/640
	Positive DNA	RNP+	-	Ro+	-	RNP+	Ro/La+
		Positive DNA	-		-		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.