Epidemiology, risk factors for disease or disease progression

AB1205

PARADOXICAL BIOLOGICS-INDUCED AUTOIMMUNE DISEASES

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Background: Biological therapies have revolutionized the management of rheumatic diseases. This study analyzes the paradoxical autoimmune inflammatory manifestations that these therapies can induce. They are described as paradoxical because these are diseases in which the same biological drugs have proven effective.

Objectives: The aim of this study is to carry out a descriptive analysis of paradoxical biologics-induced autoimmune manifestations.

Methods: A retrospective research was carried out during January 2017 and March 2018 at Hospital Universitario Donostia.

Computerized medical records were reviewed. The following variables were recorded: underlying disease; type of developed manifestation; the triggering biologic drug and its duration; concomitant treatment with disease-modifying antirheumatic drugs (DMARDs), previous biological treatments; the adopted measure and the resolution of the complication or not.

Qualitative variables are recorded in absolute value and in percentage. The quantitative variables are recorded with the mean and standard deviation. The data has been analyzed with the SPSS Statistics 20 program.

Results: Twenty-six cases were analyzed. The most common triggering drugs were infliximab (30.8%), adalimumab (30.8%) and etanercept (15.4%). The most common underlying diseases were spondyloarthritis (42.3%), rheumatoid arthritis (34.6%) and Crohn's disease (11.5%). The most developed complications were cutaneous affectations (76.9%), psoriasis specifically. Statistical significant difference regarding the molecules causing the complication, has only been found in the previous use of biologic drugs (p 0.003), number of treatment dropouts (p 0.048) and number of resolved complications (regardless of the adopted measure) (p 0.041).

Conclusion: Infliximab and adalimumab are the drugs that presented the most paradoxical manifestations, probably because they are the oldest and most used ones. The difference found in previously used biologics, could be due to the fact that new drugs are less frequently presented as the first option. Psoriasis is the most frequently developed complication. The difference found in the number of abandonments of the biologic treatment and the solution of the complication might be more associated with the complication itself, rather than with the responsible molecule. There is no consensus on the measures to be taken when

facing the complication. The severity of the manifestation should be assessed, as well as the control of the underlying disease. Most complications resolve overtime.

Disclosure of Interests: None declared

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AB1206

OCULAR SARCOIDOSIS AND CLUSTERS OF CLINICAL ASSOCIATIONS. STUDY OF A SERIES OF 383 PATIENTS WITH SYSTEMIC SARCOIDOSIS FROM A SINGLE UNIVERSITY HOSPITAL

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Background: Sarcoidosis is an inflammatory disease which can affect multiple organs. The most frequent affected organs are lungs, skin and eyes (1-5). Ocular involvement is a severe complication.

Objectives: To assess the association of ocular sarcoidosis with other clinical domains.

Methods: Study of a large cohort of systemic sarcoidosis from a single tertiary university hospital. All consecutive patients were diagnosed with systemic sarcoidosis from January 1, 1999 to January 1, 2019 according the ATS/ERS/WASOG criteria (6).

Results: 41 (22 women/19 men) of 383 (10.7%) patients had ocular involvement, mean age 44.8±16 years. Lung was the most common affected organ associated with ocular sarcoidosis ($n=36$; 87.8%) followed by skin ($n=14$; 34.1%), joints ($n=12$; 29.3%) and neurological affection ($n=8$; 19.5%).

Ocular sarcoidosis presents a higher percentage of renal and neurological affection compared to organs affected in general sarcoidosis of our larger cohort (12% vs 6% and 19.5 vs 7%; respectively) (FIGURE).

Conclusion: The proportion of clinical domains affected in ocular sarcoidosis is mostly similar to global sarcoidosis, except the neurological (which almost is threefold) and renal (which doubles) affection. Hence, the importance of being aware of neurological and renal complications when ocular affection is present.

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Table 1

	Infliximab n 8 (31.8%)	Adalimumab n 8 (30.8%)	Etanercept n 4 (15.4%)	Certolizumab n 2 (7.7%)	Golimumab n 2 (7.7%)	Abatacept n 1 (3.8%)	Tocilizumab n 1 (3.8%)	Total n 26 (100.0%)	p value
Underlying disease									0.789
Rheumatic (%)	6 (75.0)	5 (62.5)	4 (100.0)	2 (100.0)	2 (100.0)	1 (100.0)	1 (100.0)	21 (80.0)	
Digestive (%)	2 (25.0)	3 (37.5)	0	0	0	0	0	5 (19.2)	
Type of developed manifestation									0.235
Hematologic (%)	0	1 (12.5)	0	0	0	0	0	1 (3.8)	
Neurologic (%)	2 (25.0)	0	0	0	0	0	0	2 (7.7)	
Digestive (%)	0	0	0	0	1 (50.0)	0	0	1 (3.8)	
Cutaneous (%)	6 (75.0)	6 (75.0)	4 (100.0)	2 (100.0)	1 (50.0)	0	1 (100.0)	20 (76.9)	
Other (%)	0	1 (12.5)	0	0	0	1 (100.0)	0	2 (7.7)	

Table 2

	Infliximab n 8	Adalimumab n 8	Etanercept n 4	Certolizumab n 2	Golimumab n 2	Abatacept n 1	Tocilizumab n 1	Total n 2	p value
The triggering biologic drug and its duration (months)	43.25 (SD 44.81)	10.93	75.50 (SD 66.08)	4.50	11.00	6.00	5.00	30.66	0.635
Concomitant treatment with DMARDs (%)	2 (25.0)	2 (25.0)	1 (25.0)	1 (50.0)	0	0	1 (100.0)	7 (26.9)	0.811
Previous biological treatment (%)	0	2 (25.0)	1 (25.0)	2 (100.0)	2 (100.0)	1 (100.0)	1 (100.0)	9 (34.6)	0.003
Suspension as the adopted measure (%)	5 (62.5)	7 (87.5)	0	2 (100.0)	1 (50.0)	1 (100.0)	1 (100.0)	17 (65.4)	0.048
Resolution of the complication (%)	3 (37.5)	8 (100.0)	1 (25.0)	1 (50.0)	1 (50.0)	1 (100.0)	1 (100.0)	16 (64.0)	0.041