are known such as endocardial fibroelastosis, dilated cardiomyopathy, and valvular insufficiency. The early clinical diagnosis in utero is essential to be specified due to myocardial tissue damages can be reversible. In the prevention and in the confirmed cardiac involvement the first line therapies are chloroquine, dexamethasone and intravenous immunoglobulins, and also a regular foetal echocardiography is of essential importance.

Objectives: Main objective of this report is description of successful treatment of an anti-SS-A antibody exposed foetus with cardiac manifestation.

Methods: Case report of a 25-year-old pregnant woman and her baby. The mother was diagnosed with Sjogren's syndrome in 2013. In previous case history there were two late foetal deaths at the 23rd and 33rd gestational age in 2016 and 2017, respectively as a consequence of foetal bradycardia. During her 2nd pregnancy the mother received chloroquine and azathioprine. At present she was admitted to our Institute in October 2019 at 23rd weeks of gestation without any compliant and any abnormality of pregnancy. Foetal development was normal. Mother received azathioprine and chloroquine from the beginning of pregnancy and dexamethasone from the 16th weeks of gestation. Foetal echocardiography was performed at the 16th gestational week, and every week thereafter. Reflective areas, reflecting oedema and inflammation, appeared at 24th gestational week, localised to the left atrium.

Results: The case was referred, and the combo therapy was completed with 1 mg/maternal kg intravenous immune globulin, dexamethasone dose was increased to 4 mg for a week, then decreased to 2 mg. Intratect was given every 2nd week. Progression was stopped as according to control foetal echocardiography after the 2nd infusion. After 4th IVIG the involved area of myocarditis decreased significantly, localised to anterior wall of left atrium and the atrial primum septum. However, at 32nd g. week pericardial fluid was visualised in maximum 9 mm width without signs of pericardial tamponade.

At the end of last December, the baby was born at the 35th gestational week with 50 cm and 2570 g and no signs of any congenital anomaly. Pericardial fluid was 4 mm maximum. Her development is normal.

Conclusion: Neonatal lupus with various cardiac manifestations may develop in anti-SS-A antibody exposed babies. Therefore, these pregnancies require stringent gynaecologic and cardiologic controls. Although congenital heart block is the most frequent complication developing between the 18-28th gestational weeks, other manifestations also may occur. High dose intravenous immune globulin therapy can be effective even after failure to combined traditional immune suppressant therapy.

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THU0596

ABNORMAL RIGHT VENTRICLE RESERVE ON EXERCISE PREDICTS PULMONARY HYPERTENSION IN MIXED CONNECTIVE TISSUE DISEASE: A CASE REPORT

J. Su¹, W. Su¹, W. Long¹. ¹Sichuan Academy of Medical Sciences & Sichuan Provincial People's Hospital, Affiliated Hospital of University of Electronic Science and Technology of China, Department of Rheumatology and Immunology, Chengdu, China

Background: Pulmonary hypertension is one of the most common complications in patients with mixed connective tissue disease (MCTD). Patients are usually at the late stage and have irreversible right heart dysfunction when diagnosed as pulmonary hypertension with the rest echocardiography. Early detection of right heart dysfunction before pulmonary hypertension is essential to ensure that patients receive timely and appropriate treatment for this progressive disease. We aimed to use exercise stress echocardiography to detect early right heart dysfunction in patients with CTD and without pulmonary hypertension.

Objectives: To present a clinical case of MCTD with normal right ventricular (RV) function at resting but presenting RV dysfunction on exercise, who developed pulmonary hypertension after one-year follow-up.

Methods: Case report. The patient was subject to the treadmill exercise stress echocardiography. The autoantibodies including anti-nRNP/Sm, anti-Ro-52, and antinuclear antibody (ANA) were detected. The patient was followed-up to one year.

Results: A 31-year-old female patient was admitted to our department in 2018, with a history of MCTD for five years. Autoantibodies testing revealed that the patient was positive for anti-nRNP/Sm (+++), anti-Ro-52 (+++), and ANA (1:3200). Echocardiography revealed no obvious cardiac dysfunction. However, the velocity of tricuspid valve regurgitation was 3.0m/s following treadmill exercise stress. The patient was followed-up to one year. Then, she developed occult pulmonary hypertension with the velocity of tricuspid valve regurgitation of 3.3m/s following treadmill exercise stress. Accordingly, MTX and prednisone were switched to MTX, prednisone, hydroxychloroquine (HCQ) and beraprost.

Conclusion: This study showed that treadmill exercise echocardiography could detect right heart dysfunction early before diagnosed as pulmonary hypertension with rest echocardiography in patients with MCTD in its early stage.

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THU0597

CORNEAL MELT - DON'T ALWAYS BLAME RHEUMATOID ARTHRITIS

A. Munir¹, C. Sheehy¹. ¹Waterford University Hospital, Department of Rheumatology, Waterford, Ireland

Background: Corneal melt is a rare inflammatory disease of the peripheral cornea; it may lead to perforation of the globe and visual failure. Corneal melt can be a manifestation of systemic vasculitis in patients with RA and other conditions, such as cancer. Without early and aggressive treatment it may be associated with a poor visual outcome and a high mortality. It has been reported in patients with stable RA.

Objectives: A case report in a patient with long standing but well controlled Rheumatoid Arthritis (RA) and metastatic disease.

Methods: A 75 year old male with a background of sero positive Rheumatoid Arthritis for more than 10 years presented to the Eye Casualty with a two week history of a painful left red eye. His other medical history was significant for Stage IIB poorly differentiated cancer of the left lower lobe. Left lower lobectomy with a patch of diaphragm resected. Intratumoural lymphovascular invasion noted. He completed Adjuvant Carboplatin/Vinorelbine chemotherapy September, 2017. He had DVT proximal left leg 22nd of September, 2017. Follow up CT in 2018 demonstrated a right renal upper pole lesion for which he was awaiting biopsy with metastatic lung disease vs primary renal carcinoma. His RA was well controlled on Methotrexate 10mg weekly. He had been treated by the ophthalmology team for left marginal Keratitis for the prior 2 months with steroid eye drops without significant improvement. On presentation to ED, he described sharp eye pain, waking him from the sleep, associated with watery discharge and photophobia. Examination showed corneal melt in left eye involving 25% of inferior portion of the cornea and spastic entropion with injecting eye lashes. He had no active joints and there were no other signs of vasculitis. CRP was 4.1. He had a negative ANA and ANCA; viral swabs were negative. He was admitted under the medical team. Intravenous Methyl Prednisolone was started. The patient felt better after 5 days of Methyl Prednisolone. Left temporary tarsorrhaphy was done by Ophthalmology. Cyclophosphamide was initiated after discussion with Oncologist pending the result of the renal biopsy. Patient was discharged after 5 days of admission in the hospital

Results: The renal biopsy was positive for metastatic Squamous cell carcinoma of lung. Cyclophosphamide was withdrawn and he was started on Carboplatin/Gemcitabine. The corneal melt improved with complete resolution of his visual symptoms.

Conclusion: In this case, although the history of RA was felt by the ophthalmology team to be the most likely association with the corneal melt, we would argue the oncological diagnoses were likely the driving force behind the presentation.

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THU0598

A CASE REPORT ON A RARE PRESENTATION OF GOUT INVOLVING THE PATELLAR TENDON

A. Munir¹, C. Sheehy¹. ¹Waterford University Hospital, Rheumatology, Waterford, Ireland