Conclusion: In this study, we demonstrated that serum IL-1 theta levels were significantly elevated in patients with BD. The high levels of serum IL-1 theta, in active and inactive patients with BD suggest that IL-1 theta may play a significant role of in the pathogenesis of BD.

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FRI0491 IS THERE A RELATIONSHIP BETWEEN VOGT-KOYANAGI-HARADA AND INFLAMMATORY RHEUMATOLOGICAL DISEASES

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Background: Vogt-Koyanagi-Harada Disease (VKHD) is a systemic autoimmune disease characterized by bilateral granulomatous panuveitis associated with systemic symptoms, including neurological, dermatological and audiovestibular systems. Due to its systemic nature, it may accompany with other autoimmune conditions. However, there is a considerably limited number of reports on the association of VKHD and rheumatologic diseases.

Objectives: To investigate the relationship between VKHD and inflammatory rheumatological diseases.

Methods: Patients who had bilateral granulomatous uveitis and fulfilled the 2001 revised diagnostic criteria for VKHD were included in our study. All patients were systematically reviewed in terms of the presence of any rheumatological manifestations including connective tissue diseases, spondyloarthritis (SpA), vasculitis, Behçet's disease and sarcoidosis.

Results: Demographic findings: There were fifteen patients in the study (86,7%,female), the mean age at diagnosis was 31,2 ± 11,1 years.

Comorbidities: Six patients (4 hashimoto thyroiditis, 2 diabetes mellitus) had comorbid diseases.

Rheumatological findings: Mechanical back pain in 4 patients, 1 patient had morning stiffness without any other SpA related features; 2 patients had inflammatory arthralgias in small joints, 4 patients had sicca symptoms, 1 patient had arthritis in knee joint, 3 patients had oral aphthae and 1 patient had photosensitivity.

Laboratory tests and autoantibodies: The acute phase reactants were within normal ranges. The mean CRP value at the time of diagnosis was 2,7 ± 3,2mg/L and ESR was 14,4 ± 9,2mm/h. Two (15,3%) out of 13 patients had high serum ACE levels. RF, anti-CCP and anti-dsDNA were negative in all patients. ANA was positive (>1/160 titers) in 4 patients (28,6%) and 3 patients had a titer above 1/320. Anti-ENA profile was positive in 2 patients with anti-SS-B and anti-histone components. MPO-ANCA was positive in one patient.

HLA test: HLA-B27 was negative in all patients. HLA-B51 and B18 were positive in 2 patients.

Radiographic findings: One patient had heel enthesitis on X-ray, 4 patients had bilateral grade 1 and one patient had unilateral grade 2 sacroiliitis. None of them fulfilled the Modified New York criteria for radiographic sacroiliitis. Hand X-rays of all patients were normal. One patient had reticular density on chest X-ray.

Pathergy: The pathergy test was negative in all patients.

Capilleroscopy: Four patients had pathological capilleroscopy findings (3 patient tortuous loops, 1 patient tortuous loops and microhemorrhages).

Conclusion: This study suggests that; 1) inflammatory arthralgias and sicca symptoms were the most common rheumatological findings, 2) the frequency of SpA related features were not increased in VKHD, 3) increased autoantibody frequency, particularly in high titers of ANA could be seen in VKHD possibly reflecting the autoimmune nature of the disease, 4) even though there were signs of rheumatic diseases, none of the patients were grouped into any rheumatologic diagnostic classification.

Demographic findings and rheumatological manifestations in VKHD patients

	VKHD patients (n=15)
Females, n (%)	13 (86,7)
Age, yrs (mean ± std)	34,6 ± 12,6
Age of diagnosis, yrs (mean±std)	31,2 ± 11,1
CRP baseline (mean±std)	2,7 ± 3,2mg/L
ESR baseline (mean±std)	14,4 ± 9,2mm/H
High ACE levels, n(%)	2/13 (15,3)
RF positivity, n(%)	0/14 (0)
Anti-CCP positivity, n (%)	0/6 (0)
ANA positivity, n(%)	4/14 (28,6)
ANA pattern, n(%)	Homogeneous (2)
	Nuclear (1)
	Homogeneous
	speckled (1)
Anti-dsDNA positivity, n(%)	0/11 (0)
Anti-ENA profile positivity, n(%)	2/14 (14,2)
ANCA positivity, n(%)	1/12 (8,3)
Pelvis X-Ray abnormality, n(%)	5/12 (41,7)
Sacroiliitis (n)	Bilateral grade 1 (4)
	Unilateral grade 2 (1)
Capilleroscopy abnormality, n(%)	4/9 (44,5)
Pathergy, n (%)	0/12 (0)

Disclosure of Interests: None declared

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FRI0492 CLINICAL AND LABORATORY DATA AND ALGORITHM OF MANAGEMENT OF ADULT PATIENTS WITH OLIGO-ARTICULAR VARIANTS OF JIA

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Background: The oligo-articular JIA is a disease that begins in childhood and can lead to joint damage and disability in adulthood with significant social losses.

Objectives: The aim of this study was to evaluate the clinical and laboratory status and to develop an algorithm of management adult patients with oligo articular variant of JIA, depending on the detection of RF or/and A-CCP, ANA, HLA-B27.

Methods: The study included 168 adult patients from different regions of Ukraine who were diagnosed with JIA in childhood between 1984 and 2014 without severe comorbidities. Inclusion criteria were: age 16 to 60 years; duration of the disease > 3 years. Among patients with JIA were identified 64 patients with oligo-articular variant: 44 (26,2%) - with persistent oligo-arthritis, and 20 (11,9%) with extended oligo-arthritis. The disease activity was evaluated by DAS28 and JADAS-10. The questionnaires SF-36, HAQ, TAS-20, PHQ-9 were analyzed and remote articular JADI-A and extra-articular JADI-E damages were evaluated. Statistical studies were performed using IBM SPSS Statistics version 25.0.0.0 software, the results were considered to be reliable at 5% critical level (P <0.05). The distribution of quantitative variables was tested by the Shapiro-Wilk test. Quantitative variables with a normal distribution were expressed as mean ± SD, quantitative variables that showed a non-normal distribution were expressed with a median (P25-P75), also performed correlative analysis of the variables

Results: It was found that patients with active JIA in 26.5% have depression according to the PHQ-9, while patients in remission have no signs of depression. Most adult patients with JIA (86.4%) have elevated and high levels of alexithymia. The predictors of JIA remission in adulthood are male sex (OR = 0.453; 95% CI 0.253-3.556); arthritis of more than 3 joints (OR = 0.459; 95% CI 0.347-0.770); wrist arthritis in childhood (OR = 0.082; 95% CI 0.009-0.739) and JADAS-10 in the disease onset (OR = 0.758; 95% CI 0.589-0.896) <6 points, treatment with IB in the history (OR = 0.767; 95% CI 0.054-0.811) and the duration of DMARDS treatment (OR = 0.741; 95% CI 0.636-0.863) > 1.5 years. The negative correlation of JADI-A and the patient's physical well-being PCS (r = -0.27, p <0.05) and physical functioning (r = -0.24, p < 0.05), pain intensity (r = -0.24, p <0.05), general health (r = -0.24, p <0.05), vital activity (r = -0.19, p <0.05), social functioning (r = -0.27, p <0.05), mental health (r = -0.22, p <0.05) according to SF-36. The severity of extra-articular damages JADI-E correlated with PCS (r = -0.22, p <0.05) and physical functioning (r = -0.28, p <0.05), pain intensity (r = -0.20, p <0.05), general health (r = -0.23, p <0.05), and mental health (r = -0.23, p <0.05), but also had a positive correlation with HAM-A (r = 0.25, p <0.05), depression scale (r = 0.28, p <0.05) and PHQ-9 (r = 0.28, p <0.05). Significantly lower level of physical health was established in patients who requires prosthetics (p <0.001) compared to those who did not need prosthetics.

Conclusion: Based on the obtained results, algorithms of management of adult patients with JIA oligoarthritis were developed, depending on the detected