AB0181

EXPLORING THE ROLE OF IL-6 BLOCKADE IN PATIENTS WITH ACTIVE RHEUMATOID ARTHRITIS AND CHRONIC PERIODONTITIS

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Background: Recent data have renewed the interest in common pathobiologic pathways in autoimmune rheumatic conditions and periodontal disease, especially on dual impact of innovative anti-rheumatic drugs in modulating both inflammatory and immune articular as well as periodontal damage. Although consistent data about TNF inhibitors and chronic periodontitis are already published, the influence of IL-6 blockade.

Objectives: We aimed to explore the influence of weekly subcutaneously IL-6 receptor inhibitor tocilizumab on periodontal health in a local cohort of patients with rheumatoid arthritis (RA) and chronic periodontitis (PD).

Methods: We performed a prospective longitudinal 6 months study in 68 patients with moderate-to-severe RA starting tocilizumab (TCZ) in accordance to local recommendations. Extensive rheumatologic (clinical activity, inflammatory, serological biomarkers) and dental (plaque index PI, gingival index GI, bleeding on probing BOP, pocket probing depth PPD, clinical attachment level CAL) assessments were done. Changes in RA activity and periodontal status were reassessed after 3 and 6 months.

Results: 51 RA and concomitant t of 68 patients in our initial cohort were finally analyzed. Aggressive periodontal disease was reported particularly in disease subsets with excessive inflammatory (serum C reactive protein level) and serologic biomarkers (anti-citrullinated peptide antibodies ACPA). Furthermore, significant correlations between periodontal status, clinical disease activity and ACPA levels were also demonstrated ($p < 0.05$). We also noticed consistent improvement was noticed in both RA-related parameters and periodontal inflammation (GI and sites with bleeding of probing) after only 3 months ($p < 0.05$), while PPD improved after 6 months; overall, CAL presented only slight changes without statistical any significance as well as teeth count and plaque levels ($p > 0.05$).

Conclusion: IL-6 inhibition is able to improve periodontal outcomes in patients with RA and concomitant PD, essentially related to dramatic decrease in serum inflammatory mediators.

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AB0182

HEMOGLOBIN RATE AS A PREDICTOR OF SUBCLINICAL LEFT VENTRICULAR SYSTOLIC DYSFUNCTION IN RHEUMATOID ARTHRITIS

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Background: The role of rheumatoid arthritis as an ischemic heart disease and heart failure risk factor is well acknowledged even if the physiopathological pathways are still debated. The effect of anemia on myocardial deformation has already been established and a hemoglobin level below 9g/dL was associated

with a significantly lower global longitudinal strain (GLS) patients with no history of CVD or chronic inflammatory diseases.[1]

Objectives: In the present study, we looked into the effect of anemia and hemoglobin on the myocardial impairment in RA patients.

Methods: We conducted a monocentric cross-sectional study between march 2019 and september 2019 on 36 RA patients without any history of cardiovascular disease and non-altered left ventricular ejection fraction in the outpatient population of the rheumatology department of the military hospital of Tunis matched with 36 healthy control subjects. Both groups underwent conventional echocardiography and STE to measure GLS; subclinical left ventricular systolic dysfunction was defined as a GLS $> -18\%$, and a complete blood cell count; anemia was defined as Hemoglobin levels $< 12\text{g/dL}$ for women and $< 13\text{g/dL}$ for men.

Results: Myocardial deformation study revealed that rheumatoid arthritis patients had a significantly worse GLS than healthy controls ($18.99 \pm 2.81\%$ vs $20.42 \pm 1.33\%$; $P = .015$). We also observed that third of the RA patients had subclinical left ventricular systolic dysfunction.

In our report 36% of RA patients were anemic. In our univariate analysis anemia was found to be significantly correlated with GLS ($r = -0.368$, $P = .027$) and hemoglobin was found to be the best predictor of subclinical LVSD in our ROC curve analysis ($\text{AUC} = 0.752$, 95% CI: $0.577-0.927$, $P = .02$). In our multivariate analysis anemia was the only factor that was independently related to subclinical LVSD (OR: 11.39, 95% CI: $1.57-82.89$, $P = .016$).

Figure 1. ROC curve analysis for Hemoglobin as a predictor of subclinical left ventricular systolic dysfunction

Conclusion: To our knowledge, this is the first study to look into the relationship between GLS and anemia among RA patients, and now it is safe to say that anemia is yet another added burden on the myocardial function in RA patients that needs to be taken into account when discussing therapeutic action.

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AB0183

T-CELL LARGE GRANULAR LYMPHOCYTE LEUKEMIA IN PATIENTS WITH FELTY'S SYNDROME

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Background: Felty's syndrome (FS) is a rare subtype of seropositive rheumatoid arthritis (RA) and is characterized by neutropenia and splenomegaly. Some researchers suggest that FS and T-cell large granular leukemia (T-LGLL) may have common pathogenetic relationships [1].

Objectives: to characterize the clinical and laboratory manifestations of FS, to evaluate the frequency of T-LGLL and Sjogren's syndrome (SS) in this group of patients with RA, neutropenia and splenomegaly (pts).

Methods: We observed 18 pts with ACRP-positive (100%) and RF-positive (94.5%) RA diagnosed according to ACR 2010 criteria, who also had neutropenia and hepatosplenomegaly. All 18 pts underwent T-LGLL diagnostics using blood smears and phenotyping of peripheral lymphocytes for the presence of granular lymphocytes, determination of T-cell clonality using the rearrangement of the γ -chain of the T-cell receptor of lymphocytes by PCR, histological/