Discipline: Endocrinology Department, Mahdia, Tunisia.

Methods: We report a retrospective analysis including 14 cases of MAS seen in The Internal Medicine Department at Taher Star Hospital, Mahdia, Tunisia over a period of 10 years.

Results: They were 21 females (63.6%) and 12 males (36.4%) with an average age of 45.2 ± 18 years. Cerebral venous thrombosis was the most frequent localization identified in 10 patients (30.3%), followed by gastrointestinal thrombosis in 9 cases (27.3%), vena cava thrombosis in 9 cases (27.3%) and upper limb thrombosis in 5 cases (15.2%). The risk factors were respectively: age (42.4%), obesity (42.4%), smoking (30%), prolonged downtime (24.2%), surgical interventions (6.1%) and pregnancy (3%). An etiology was identified in 21 patients (66.6%), dominated by constitutional thrombophilia (27.3%), followed by BVL (15.1%) and Behçet’s disease (16.4%). Rare causes were neoplasia in one case (3%), scleroderma in one case (3%) and inflammatory bowel disease in one case (3%). The etiological investigation was negative in 36.3% of cases. Treatment was based on heparin therapy followed by vitamin K therapy. Progression without accident or recurrence was observed in 25 patients (75.5%). Complications were dominated by recurrence in 12.1% of cases, post-thrombotic disease in 6% of cases and pulmonary embolism in 3% of cases. We reported one death related to a hemorrhagic event.

Conclusion: USVT is a multifactorial pathology that involves both acquired and constitutional risk factors. Heparin therapy with an early relay by antivitamin K remains the treatment of choice today. The duration of treatment depends on the etiology, the recurrence of venous thrombosis and the risk of hemorrhagic complications.

Disclosure of Interests: None declared

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AB0779 A RARE CASE OF A SOLITARY PLASMOCYTOMA OF A LUMBAR VERTEBRA

D. Khalifa1, H. Achi1, N. Ben Chekaya1, M. Brahem1, M. Younes1, Taher Star Hospital, Rheumatology, Mahdia, Tunisia

Background: Solitary plasmacytoma is a rare tumour that represents around 2 to 5% of all plasma cell dyscrasias. It normally affects soft tissue but rarely the bone. Diagnosis is based on histology, the absence of bone marrow involvement. Objectives: To draw attention to think of solitary plasmacytoma of bone when dealing with a vertebral fracture in the absence of the CRAB criteria of multiple myeloma. Methods: We report a rare case of a vertebral fracture of the 4th lumbar vertebra (L4) revealing a solitary plasmacytoma of bone.

Results: A 67-year-old female patient presented to our rheumatology department with back and left radicular pain of brutal onset, 15 days prior to her visit. Pain was severe and awakened her at nights. On examination, mobilities of the spine were unchanged but on palpation she had exquisite pain of L4. Laboratory tests showed a normal sedimentation rate of 15mm in the first hour, a negative c-reactive protein, normal calcium and kidney tests. X-rays of lumbar spine showed a vertebral fracture with a destruction over 50% of the vertebral size and cortical rupture. MRI of the spine showed the absence of other lesions or lesions or fractures or spinal cord compression and showed the total destruction of the anterior vertebral body of L4 (Figure 1). Protein electrophoresis was in normal range and 24h urinary proteinuria was negative. Other tests ruled out gynecological, thyroid, and renal neoplasms. Sternal puncture showed a rich bone marrow of normal cells without further infiltration. Bone biopsy of the detected lesion showed tumour cells made of mature plasmocytes confirming the diagnosis of solitary plasmacytoma of the bone. The patient was treated with radiation therapy. The evolution after 24 months showed a stabilised lesion and the absence of progression to multiple myeloma.

Figure 1. T2 weighted MRI showing the vertebral fracture of L4.