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CONTRIBUTION OF LABIAL SALIVARY GLAND BIOPSY: EXPERIENCE OF THE DEPARTMENT OF RHEUMATOLOGY OF THE UNIVERSITY HOSPITAL OF IBN ROCHE (ABOUT 57 CASES)

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Background: Labial salivary gland biopsy (LSGB) is a histological examination indicated for the diagnostic workup of systemic diseases such as Sjogren's syndrome, amyloidosis, or sarcoidosis.

Objectives: To study the contribution of LSGB to the diagnosis of Sjogren's syndrome, amyloidosis, and sarcoidosis.

Methods: We conducted a retrospective study of LSGB histopathological reports and clinical data of patient medical records collected in the Department of Rheumatology of the University Hospital of Ibn Rochd, Casablanca, between January 2019 and June 2020. Histology assessed Chisholm and Masson's sialadenitis score, looked for amyloidosis, and sarcoidotic granulomas.

Results: A total of 57 LSGBs were performed, of which 2 were excluded from our study due to the lack of complete data. The average age was 53 (22 – 85). The indications were subjective eyes and mouth dryness in 40% of cases, the search for sarcoidosis and amyloidosis in 23.6% of cases, the assessment of a dryness syndrome in the context of chronic inflammatory rheumatism in 18.2% of cases, isolated dryness of the mouth in 14.5% of cases, and the search for amyloidosis in the context of a known primary Sjogren syndrome in 3.6% of cases. The stages of Chisholm and Masson for sialadenitis found were: stage I at 50.6%, stage II at 24.5%, stage III at 11.3%, and stage IV at 7.5%. Among the LSGBs performed for dryness syndrome, stages III and IV were found in 18.2% of cases among subjective eyes and mouth dryness, in 12.5% of cases among isolated mouth dryness, and in 20% of cases among chronic inflammatory rheumatisms. Three cases of AA amyloidosis (5.5%) were diagnosed. No sarcoidosis granulomas were found.

Conclusion: LSGB is a simple and frequent investigation. The Chisholm stage most often found in our series was stage I, followed by stages II, III, and IV respectively. This is consistent with the results of the study of Baeteman et al. (1). In addition, amyloidosis was only found in our series in 5.5% of cases, also matching with the results of Baeteman et al. (4.2%). Their study showed that LSGB has a great diagnostic interest in these two pathologies, with a sensitivity of 95-75% and a specificity of 90-100% for Sjogren's syndrome, and a sensitivity of 48-80% and a specificity of 93-100% for amyloidosis (2). LSGB remains a simple investigation study, contribute to the diagnosis of Sjogren's syndrome, amyloidosis, and sarcoidosis.

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DYNAMIC CHANGES IN QUANTITATIVE INDICES OF BODY COMPOSITION BY DUAL-ENERGY X-RAY ABSORPTIOMETRY IN PATIENTS WITH EARLY RHEUMATOID ARTHRITIS ON DIFFERENT THERAPEUTIC REGIMENS

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Background: A redistribution of body fat (abdominal obesity) is quite common in RA patients. Such parameters as body mass index (BMI) and waist circumference do not distinguish or quantify fat and lean (muscle) mass. For that purpose, dual-energy X-ray absorptiometry (DXA) is usually used.

Objectives: To compare quantitative body composition in patients with early RA at baseline and after 24 weeks of therapy with different regimens.

Methods: The study included 37 pts (31 women & 6 men) with early RA (ACR/EULAR criteria, 2010), 57 [45, 52.0] years old, naive to treatment with glucocorticoids and disease-modifying antirheumatic drugs (DMARDs). Pts were seropositive for IgM RF (76%) and anti-CCP (92%), with highly active RA (DAS28 5.5 [5.1; 6.0]; SDI 32.4 [22.4; 42], CDI 29.0 [19.7; 39.5] scores, and median disease duration of 6.0 [5.5; 15.5] months. Methotrexate (MTX) 10 [10-15] mg/week subcutaneously

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THE EVALUATION OF LUNG DISEASE PROCEDURE AT THE ONSET OF INFLAMMATORY RHEUMATIC DISEASES WITH INTERSTITIAL LUNG DISEASE

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Background: Intestinal lung disease (ILD) in inflammatory rheumatic diseases (IRD) is associated with increased mortality. Moreover, the lung is one of the most affected organs on IRD. Consequently, screening methods were required to detect ILD in IRD.

Objectives: The objective of the following study is to evaluate the diagnostic value of lung function test, chest x-ray and HR-CT of the lung in the detection of ILD at the onset of IRD.

Methods: The study is designed as a case-control study and includes 126 patients with a newly diagnosed IRD. It was matched by gender, age and the performance of lung function test and chest x-ray. The sensitivity and specificity were verified by crosstabs and receiver operating characteristic (ROC) curve analysis. The study cohort was divided in two groups: Group I (ILD group: n = 63) and Group II (Control group: n = 63). If possible, all patients received a lung function test and optional a chest x-ray. Patients with pathological findings in the screening tests (chest x-ray or reduced diffusing capacity for carbon monoxide (DLCO) < 80 %) maintained a high-resolution computer tomography (HR-CT) of the lung. Additionally, an immunological bronchioalveolar lavage was performed in the ILD group as gold standard for the detection of ILD.

Results: The ILD group had higher BMI compared to the control group. Other examined parameter of lung function test and chest x-ray. The sensitivity and specificity were verified by crosstabs and receiver operating characteristic (ROC) curve analysis. The study cohort was divided in two groups: Group I (ILD group: n = 63) and Group II (Control group: n = 63). If possible, all patients received a lung function test and optional a chest x-ray. Patients with pathological findings in the screening tests (chest x-ray or reduced diffusing capacity for carbon monoxide (DLCO) < 80 %) maintained a high-resolution computer tomography (HR-CT) of the lung. Additionally, an immunological bronchioalveolar lavage was performed in the ILD group as gold standard for the detection of ILD.

Conclusion: In general, RA patients on treatment tend to gain weight by week 24. Patients who failed on MTX monotherapy by week 24 were switched to combination therapy had higher fat mass at baseline. Mediations used for RA treatment produce multidirectional effects on quantitative parameters of body composition: MTX monotherapy triggers some increase of lean mass, while combination of MTX and SDMARD results in weight gain and increase of total fat mass. These data need to be confirmed in large-scale studies with longer follow-up period.

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