**AB0794**

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

Z. El Quall1, A. Elkebir2, K. Nassar1, M. Karkouri2, S. Janani1, 1University Hospital of Ibn Rochd, Department of Rheumatology, Casablanca, Morocco; 2University Hospital of Ibn Rochd, Department of Anatomical Pathology, Casablanca, Morocco

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

**Objectives:** To study the contribution of LSGB to the diagnosis of Sjögren'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 baseline data. The mean age was 53 (22–85). The indications were subjective eye and mouth dryness in 40% of cases, the search for amyloidosis 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 Sjögren syndrome in 3.6% of cases. The stages of Chisholm and Masson for sialadenitis found were: stage I at 50.6%, stage II at 25.4%, 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 eye 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 high diagnostic interest in these two pathologies, with a sensitivity of 92–75% and a specificity of 90–100% for Sjögren's syndrome, and a sensitivity of 48–80% and a specificity of 93–100% for amyloidosis (2). LSGB remains a simple investigation test, contributing to the diagnosis of Sjögren's syndrome, amyloidosis, and sarcoidosis.

**REFERENCES:**


**Disclosure of Interests:** None declared

**DOI:** 10.1136/annrheumdis-2021-eular.2755

**AB0795**

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

Y. Gorbunova1, T. Popkova1, T. Panafidina1, N. Demir2, E. Nasonov2, A. Lilia1, 1VA Nasonova Research Institute of Rheumatology, Department of Systemic Rheumatic Diseases, Moscow, Russian Federation; 2VA Nasonova Research Institute of Rheumatology, Department of Osteoporosis, Moscow, Russian Federation

**Background:** A redistribution of body fat (abdominal obesity) is quite common in RA patients. Such parameters as body mass index (BMI) and waist circumferences and disease-modifying anti-rheumatics (DMARD). Pts were seropositive for EULAR criteria, 2010), 57 [46,5; 52,0] years old, naïve to treatment with glucocorticoids and disease-modifying anti-rheumatics (DMARDs). Pts were seropositive for EULAR criteria, 2010), 57 [46,5; 52,0] years old, naïve to treatment with glucocorticoids and disease-modifying anti-rheumatics (DMARDs).

**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 baseline data. The mean age was 53 (22–85). The indications were subjective eye and mouth dryness in 40% of cases, the search for amyloidosis 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 Sjögren syndrome in 3.6% of cases. The stages of Chisholm and Masson for sialadenitis found were: stage I at 50.6%, stage II at 25.4%, 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 eye 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 high diagnostic interest in these two pathologies, with a sensitivity of 92–75% and a specificity of 90–100% for Sjögren’s syndrome, and a sensitivity of 48–80% and a specificity of 93–100% for amyloidosis (2). LSGB remains a simple investigation test, contributing to the diagnosis of Sjögren’s syndrome, amyloidosis, and sarcoidosis.

**Disclosure of Interests:** None declared

**DOI:** 10.1136/annrheumdis-2021-eular.3115

**AB0796**

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

I. Hoffmann1, P. Oelzner2, F. Marcus2, M. Förster2, J. Böttcher2, G. Wolf1, A. Pfeil1; 1Jena Friedrich Schiller University Jena, Department of Internal Medicine III, Jena, Germany; 2Jena University Hospital – Friedrich Schiller University Jena, Department of Internal Medicine I, Jena, Germany; 3Jena University Hospital – Friedrich Schiller University Jena, Institute of Diagnostic and Interventional Radiology, Jena, Germany

**Background:** Intestinal lung disease (ILD) in inflammatory rheumatic diseases (IRD) is associated with increased mortality. Moreover, the lung is one of the most effected 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 was 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 a lung function test, chest x-ray and HR-CT of the lung in the detection of ILD. Consequently, screening methods were required to detect ILD in IRD.

**Results:** 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 used.

**Disclosure of Interests:** None declared

**DOI:** 10.1136/annrheumdis-2021-eular.799

**AB0796**

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

I. Hoffmann1, P. Oelzner2, F. Marcus2, M. Förster2, J. Böttcher2, G. Wolf1, A. Pfeil1; 1Jena Friedrich Schiller University Jena, Department of Internal Medicine III, Jena, Germany; 2Jena University Hospital – Friedrich Schiller University Jena, Department of Internal Medicine I, Jena, Germany; 3Jena University Hospital – Friedrich Schiller University Jena, Institute of Diagnostic and Interventional Radiology, Jena, Germany

**Background:** Intestinal lung disease (ILD) in inflammatory rheumatic diseases (IRD) is associated with increased mortality. Moreover, the lung is one of the most effected 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 was 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 a lung function test, chest x-ray and HR-CT of the lung in the detection of ILD. Consequently, screening methods were required to detect ILD in IRD.

**Results:** 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 used.

**Disclosure of Interests:** None declared

**DOI:** 10.1136/annrheumdis-2021-eular.799