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Table 1. Associated diseases in 130 patients with JAK2 (V617F) mutation. Data are n (%)

Myeloproliferative neoplasms (MPN)	130 (100)
Essential thrombocythemia (ET)	64 (49.2)
Polycythemia vera (PV)	46 (35.4)
Undifferentiated MPN	12 (9.2)
Primary myelofibrosis (PMF)	8 (6.5)
Non-rheumatic IMID	44 (33.8)
Diabetes mellitus	22 (50)
Asthma	10 (22.7)
Psoriasis	6 (13.6)
Crohn disease	2 (4.5)
Autoimmune thyroiditis	2 (4.5)
Rheumatic IMID	10 (7.7)
Rheumatoid arthritis	4 (40)
Polymyalgia rheumatica	3 (30)
Sjögren disease	1 (10)
Antiphospholipid syndrome	1 (10)
Adult-onset Still's disease	1 (10)
Malignancies different of MPN	44 (33.8)
Solid tumours // Hematologic malignancies // Skin cancer	22 (50) // 13 (29.5) // 9 (20.4)
Deep vein thrombosis/Venous thromboembolism (DVT/VTE) events	35 (26.9)

Figure 1. Associated diseases accordingly to the subtype of Myeloproliferative neoplasm. Data are n.

ABBREVIATIONS: DVT/VTE: Deep vein thrombosis/ Venous thromboembolism. ET: Essential Thrombocythemia, IMID: Immune Mediated Diseases, PV: Polycythemia Vera; MPN: Myeloproliferative Neoplasms; PMF: Primary myelofibrosis; UMPN: Undifferentiated myeloproliferative neoplasms.

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AB0826

IMPORTANCE OF PRECONCEPTION CARE AND PLANNING FOR PREGNANCY IN WOMEN OF CHILDBEARING AGE COMPLICATED WITH CONNECTIVE TISSUE DISEASES

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Background: Previous reports showed that connective tissue disease (CTD) have a high risk for adverse pregnancy outcomes (APOs) such as preterm birth, light-for-date, or preeclampsia¹. It was revealed that these APOs were associated with high disease activity or treatment agents, particularly in glucocorticoid². Some patients, who have no or insufficient preconception care and became unplanned pregnant, exacerbate the underlying disease, and lead to disappointing pregnancy outcomes. Therefore, preconception care and planning for pregnancy is very important to control disease activities and manage the appropriate treatment agents, including glucocorticoid, immunosuppressants, biologics, hydroxychloroquine, and anticoagulants³.

Objectives: We investigate whether the presence or absence of preconception care before pregnancy affects clinical disease course and pregnancy outcomes.

Methods: We examined 200 CTD women who delivered their newborns in our institution from March 2006 to January 2021. We analyzed the association between preconception care and the clinical course of underlying diseases during pregnancy or pregnancy outcomes.

Results: Of all 200 cases, 133 (55.9%) cases had preconception care in our institution, while the others had no or insufficient preconception care. We showed the comparison of treatment agents and pregnancy outcomes between the cases with and without preconception care in Table 1. There was no significant difference in the rate of glucocorticoid use and the mean prednisolone dose during pregnancy between these two groups. However, the rate of increased dose of glucocorticoid or pulse therapy was significantly higher in the cases without preconception care. As for pregnancy outcomes, there was no significant difference in the live birth rate. On the other hand, the gestational weeks at delivery were significantly shorter, and the rate of preterm birth was higher in the cases without preconception care. In addition, the rate of the hospitalization of neonatal intensive care unit (NICU) was also significantly higher in the cases without preconception care.

Conclusion: We revealed that preconception care before pregnancy reduced the need for intensified treatment such as increasing dose of glucocorticoid or pulse therapy. The rate of preterm birth and NICU hospitalization was also shown to decrease. Therefore, it is important for our rheumatologists to provide an appropriate preconception care for CTD women of childbearing age and to make a plan for pregnancy.

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Table 1. Comparison of treatment agents and pregnancy outcomes between the cases with and without preconception care

	Preconception care (+) (n=113)	Preconception care (-) (n=89)	P value
Treatment agents during pregnancy			
Glucocorticoid use (n (%))	64 (56.6)	50 (56.2)	1.00
Mean glucocorticoid dose (mg/day)	6.3±3.9	8.4±6.1	0.09
Dose-up of glucocorticoid (n (%))	11 (9.7)	26 (29.2)	<0.01*
Glucocorticoid pulse therapy (n (%))	0 (0)	8 (9.0)	0.01*
Immunosuppressant (n (%))	14 (12.5)	4 (4.5)	0.08
Hydroxychloroquine (n (%))	7 (6.2)	6 (6.7)	1.00
Anticoagulant therapy (n (%))	21 (18.8)	16 (17.8)	1.00
Pregnancy outcome			
Spontaneous abortion (n (%))	8 (7.1)	6 (6.7)	1.00
Live birth (n (%))	100 (88.5)	78 (87.6)	1.00
Gestational weeks at delivery (week)	38.7±1.4	37.3±3.5	0.01*
Birth weight of newborn (gram)	2888.8±453.7	2678.4±732.6	0.25
Adverse pregnancy outcomes (n (%))	26 (26.0)	28 (35.0)	0.20
Preterm birth (n (%))	5 (5.0)	19 (23.8)	<0.01*
Light-for-date (n (%))	10 (10.0)	9 (11.3)	0.81
Hypertensive disorder (n (%))	5 (5.0)	8 (10.0)	0.25
NICU management (n (%))	13 (13.0)	24 (30.0)	<0.01*

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AB0827

SERUM NESPHATIN-1 IN PATHOGENESIS RHEUMATOID ARTHRITIS

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Background: Interest in highly specialized tissue cytokines contributed to the discovery of new biologically active molecules. Nesfatin-1 (NF) - discovered in 2006 as an anorexigenic factor. NF-1 is believed to be involved in the regulation of energy homeostasis by regulating appetite and water intake. The role of NF-1 in the pathogenesis of inflammatory diseases is poorly understood. Recently, studies have found a relationship between an increased level of NF-1 and inflammatory markers in various pathologies.

Objectives: Study of the level of nesfatin-1 in the blood serum of healthy people, determination of the correlation between the level of NF-1 with the severity of clinical symptoms and classic markers of inflammation in patients with RA.

Methods: 120 persons were examined: 90 patients with RA and 30 healthy people. All patients underwent a complete clinical and laboratory examination. Plasma NF-1 levels were determined using commercial test systems (RaiBio-tech, cat # EIA-NESF) according to the manufacturer's instructions. Patients with various forms of RA were comparable in age to the group of healthy individuals. Statistical processing of clinical examination data was carried out using the "STATISTICA 10.0 for Windows" software package. Quantitative data were processed statistically using the parametric Student's t-test, qualitative data using the non-parametric chi-square test. The significance of differences between groups was determined using analysis of variance. The results were considered statistically significant at $p < 0.05$.

Results: The average level of NF-1 in blood serum in healthy individuals was 31.79 ± 3.21 ng / ml ($M \pm \sigma$). The level of normal NF-1 values in healthy individuals, defined as $M \pm 2\sigma$, ranged from 25.3 to 37.83 ng / ml. There was no significant difference in the levels of circulating NF-1 and BMI in healthy individuals and patients with RA ($p > 0.05$). The inverse relationship of a lower level of NF-1 with an increase in BMI was not significant.

Group 1 (66 patients with RA) with increased serum NF-1 levels (> 37.83 ng / ml), and group 2 (44 patients) with normal values (< 37.83 ng / ml). A high level of NF-1 was characteristic for patients with high activity according to DAS28, RF seropositive, ACP-positive, with extra-articular manifestations, who had been ill for 10 years or more. A reliable relationship between the level of NF-1 in the blood serum and laboratory parameters of RA activity - ESR, CRP, was shown, and secondary synovitis was more common. Our data show a direct correlation between the NF-1 level of the pro-inflammatory markers of RA.

Conclusion: The positive correlation between the level of NF-1 and classical markers of inflammation, such as CRP and ESR, confirms the involvement of NF-1 in the pathophysiology of inflammation in RA. This is also evidenced by the correlation of a high level of NF-1 in the blood serum with a more severe clinical picture of RA. It is known that NF-1 can promote the release of pro-inflammatory cytokines such as interleukin-8 (IL-8), interleukin-6 (IL-6), and macrophage inflammatory protein-1a (MIP-1a) in the chondrocytes of RA patients.

It is necessary to further study the role of NF-1 in the pathogenesis of systemic inflammatory reactions and the possibility of targeting pro-inflammatory cytokines, the possibility of regulating the level of NF-1 by drugs.

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AB0828 INFLUENCE OF SEASONAL VARIATIONS ON EMERGENCY RHEUMATOLOGY CONSULTATIONS

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Background: The influence of the seasons on the onset of diseases has been demonstrated in epidemiological studies, particularly in infectious pathologies. In rheumatology, recent studies have suggested the role of seasons in the disease activity of rheumatoid arthritis (1,2). However, no epidemiologic data exist on the influence of seasons in urgent rheumatology consultations, all causes combined.

Objectives: To study the influence of seasonal variations on urgent rheumatology consultations received in the Department of Rheumatology of the University Hospital of Ibn Rochd in Casablanca.

Methods: We conducted a retrospective study on the 2019 emergency consultations register of the Department of Rheumatology of the University Hospital of Ibn Rochd, Casablanca. The seasons were divided as follows: winter from December to February, spring from March to May, summer from June to August, and fall from September to November. The studied parameters were age, sex, reasons for consultation, affected joints, and diagnoses.

Results: 407 emergency consultations were carried out, with an average patient age of 50.7 years (range 14 - 88), and a sex ratio M/F of 0.4. The characteristics of the patients throughout the seasons is summed up in Table 1. The distribution of consultations by season was as follows: 29.5% in winter, 26.3% in spring, 25.4% in summer, and 18.8% in fall. The average age of the consultants depending on the season was homogeneous. The most frequent reasons for emergency consultation were respectively back pain (48.6%), polyarthralgia (23.1%), followed by arthritis (12.0%). Back pain slightly predominant in the cold seasons (fall, winter). Polyarthralgias had a winter peak. Arthritis presented a bimodal distribution in seasons of transition (spring, fall). The knees and lumbar spine were

the most frequently involved joints throughout the year, with no major differences between the seasons. The most frequent diagnoses over the year were degenerative (51%), inflammatory (8.6%), infectious (7.3%), metabolic (6.7%), and tumor (2.1%) pathologies, respectively. Osteoarthritis flares were less frequent in spring and summer. Inflammatory pathologies have not experienced a seasonal peak. Gout flares and infectious pathologies peaked in the spring. Finally, tumor pathologies peaked in the fall.

Conclusion: Seasonal variations seem to have an impact on the distribution of the reasons for consultation as well as the diagnoses made in the context of the rheumatologic emergencies. The cold seasons seemed to favor the onset of back pain and polyarthralgia, while the seasons of transition were conducive to the development of arthritis.

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Table 1. Characteristics of the patients throughout the seasons

	Winter n = 120 (29.5%)	Spring n = 107 (26.3%)	Summer n = 104 (25.4%)	Fall n = 76 (18.8%)	Total n = 407 (100%)
Age	51,2 (16 – 86)	51,6 (14 – 84)	51,3 (16 – 88)	48 (16 – 79)	50,7 (14 – 88)
Sex-ratio M/F	0,25	0,44	0,6	0,36	0,4
Reasons for consultation					
Arthritis (%)	8,3	15	11,5	14	12,0
Polyarthralgia (%)	30	21,5	20,2	18,5	23,1
Back pain (%)	51,7	44,9	45,2	54,0	48,6
Joint involvement					
Shoulder (%)	33,3	21,5	22,1	22,4	27,2
Hand (%)	16,7	20,0	15,4	13,2	16,5
Knee (%)	49,2	41,0	48,1	46,1	46,2
Ankle (%)	13,3	14,0	13,5	14,5	13,8
Cervical spine (%)	6,0	10,3	9,6	7,9	8,4
Lumbar spine (%)	44,2	39,3	38,0	47,0	41,8
Diagnoses					
Osteoarthritis (%)	53,4	43,9	47,5	56,8	50,2
Knee osteoarthritis (%)	31,5	22,8	28,8	38,6	30,0
Lumbar osteoarthritis (%)	28,8	22,8	30,5	31,8	28,3
Septic (%)	2,7	7,0	1,7	2,3	3,4
Gout (%)	5,5	10,5	5,1	6,8	6,7
Inflammatory (%)	9,6	8,8	6,7	6,8	9,9
Tumor (%)	1,3	1,8	1,7	4,5	2,1

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AB0829 WHAT ARE THE DIFFERENCES BETWEEN YOUNG AND ELDERLY SUBJECTS IN URGENT RHEUMATOLOGY CONSULTATIONS?

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Background: The pattern of rheumatological diseases shows significant differences depending on age. It is commonly admitted that inflammatory rheumatic diseases is the prerogative of young people (1), while degenerative pathology is more important in older ages (2). In the context of the emergency, little epidemiological data exist about the differences between young and old populations.

Objectives: To study the influence of age on emergency rheumatology consultations received in the Department of Rheumatology of the University Hospital of Ibn Rochd.

Methods: We conducted a retrospective study on the 2019 emergency consultations register of the Department of Rheumatology of the University Hospital of Ibn Rochd, Casablanca. Patients were divided in 2 groups: young subjects included patients aged less than 65 years, and the elderly subjects included people aged 65 and above. The studied parameters were gender, medical coverage, socio-professional category, reasons for consultation, joint involvement, duration of symptoms, diagnoses, and treatments.

Results: 407 emergency consultations were carried out, including 81 in the elderly (19.9%) and 326 in young subjects (80.1%). The characteristics are summed up in Table 1. Although we noted a female predominance in both groups, men were more represented in the elderly group. Radiculalgia was a