more frequent reason for consultation in the elderly population, while arthralgia was more frequent in the young population. Young subjects more frequently had peripheral joints complaints. Degenerative and tumor pathologies were more common in the elderly population, while inflammatory, septic, and tendon pathologies were more prominent in the young population. Regarding treatments, non-steroidal anti-inflammatory drugs were more prescribed in young subjects, while the other treatments had a homogeneous distribution in the two groups.

Conclusion: In our emergency unit, the epidemiological distribution of our patients according to age matches the general epidemiological characteristics of rheumatological pathologies: inflammatory causes are more frequent in young ages, while degenerative pathologies are found at a later age.

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Table 1. Patients' characteristics depending on age

	≥ 65 years (81 cases) 19,9%	< 65 years (326 cases) 80,1%
Sex-ratio M/F	0,50	0,38
Social coverage		
Public health assistance scheme	32 (39,5%)	122 (37,42%)
Public/Private insurance	21 (25,92%)	91 (27,91%)
Without	28 (34,57%)	113 (34,66%)
Profession	Précisé = 45	Précisé = 162
Without	36 (80%)	104 (64,2%)
Retirees	7 (15,55%)	4 (2,47%)
Farmer	1 (2,22%)	1 (0,62%)
Intermediate professions	1 (2,22%)	18 (11,11%)
Higher intellectual professions	0	12 (7,41%)
Employees	0	9 (5,55%)
Traders and craftsmen	0	9 (5,55%)
Workers	0	5 (3,09%)
Reason for consultation		
Back pain	35 (43,2%)	137 (48,15%)
Radiculalgia	22 (27,16%)	55 (16,87%)
Arthralgias	34 (41,97%)	165 (50,61%)
Arthritis	10 (12,34%)	37 (11,35%)
Joint involvement		
Axial	41 (50,61%)	170 (52,15%)
Peripheral	53 (65,43%)	248 (76,07%)
Duration of symptoms		
Acute (< 3 weeks)	21 (25,92%)	73 (22,39%)
Chronic (≥ 3 weeks)	60 (74,08%)	253 (77,61%)
Diagnoses		
Osteoarthritis	30 (58,82%)	89 (48,9%)
Knee osteoarthritis	21 (41,17%)	50 (27,47%)
Lumbar osteoarthritis	16 (31,37%)	44 (24,17%)
Septic	2 (3,92%)	11 (6,04%)
Metabolic	6 (13,35%)	9 (4,94%)
Inflammatory	1 (1,96%)	22 (12,08%)
Tumor	3 (5,88%)	2 (1,09%)
Tendinopathies	3 (9,68%)	29 (15,93%)
Treatments		
Analgesics	47 (71,21%)	155 (63,52%)
NSAIDs	19 (28,78%)	118 (48,36%)
Corticosteroids	1 (1,51%)	2 (0,82%)
Local treatments	18 (27,27%)	72 (29,5%)
Symptomatic slow-acting drugs	19 (28,78%)	49 (20,08%)
DMARDs	0 (0%)	2 (0,82%)

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AB0830

ADVERSE PERINATAL OUTCOMES AND CONGENITAL DEFECTS IN MEXICAN WOMEN WITH AUTOIMMUNE RHEUMATIC DISEASES

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Background: Pregnancy in women with autoimmune rheumatic diseases (ARD) is associated with an increase in the risk of adverse perinatal outcomes and birth defects. Many factors have been attributed to these including medication

employed and maternal autoantibodies. The national prevalence of congenital anomalies in newborns in Mexico is estimated to be 73.9 per 10,000 births but the rate of these in Mexican women with ARD is unknown.

Objectives: This study aims to describe the frequency of adverse perinatal outcomes and congenital defects in Mexican women with ARD.

Methods: We performed a descriptive and prospective study that included all pregnant patients with ARDs from the clinic of pregnancy and rheumatic diseases in the University Hospital "Dr. José Eleuterio González" who gave birth between February 2019 to November 2020. Demographic information, pregnancy outcome, and congenital defects were prospectively evaluated. Congenital defects were clinically confirmed by a clinical geneticist.

Results: A total of 40 women were taken in the final analyses. The ARD diagnosis is shown in graphic 1. Rheumatoid arthritis was the most frequent diagnosis that had an adverse perinatal outcome with 4 (40%) and congenital defects in 2 (40%). No complications or birth defects were reported in 25 (62.5%). The adverse perinatal outcome was reported in 10 (25%) women and congenital defects in 5 (12.5%). The most frequent adverse perinatal outcomes were preterm birth 6 (15%) and the second most frequent miscarriage 3 (7.5%) (Table 1 below).

Conclusion: We found a high frequency (12.5%) of adverse perinatal outcomes and congenital defects in Mexican women with ARD. Multidisciplinary groups and clinics are needed to adequately serve this complex population and reduce morbidity and mortality. A multidisciplinary approach before, during, and after pregnancy in patients with ARD may improve morbidity and mortality.

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Graphic 1. Percentage of adverse perinatal outcomes and congenital defects due to rheumatic disease.

Table 1. Frequency and percentages of adverse perinatal outcomes and congenital defects.

	Adverse perinatal outcome (n=10) 25%	Congenital defects (n=5) 12.5%
Preterm birth	6 (15%)	-
Miscarriage	3 (7.5%)	-
Stillbirth	1 (2.5%)	-
Congenital heart disease*	-	1 (2.5%)
Congenital cardiac block with pacemaker placement	-	1 (2.5%)
Krabbe's disease	-	1 (2.5%)
Preauricular appendix	-	1 (2.5%)
Diabetic fetopathy	-	1 (2.5%)

*Tetralogy of Fallot

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