POS1224

RHEUMATIC MANIFESTATIONS IN COVID-19 PATIENTS - SINGLE-CENTER EXPERIENCE AMIDST THE PANDEMIC

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Background: Recently evolved from a monochromic flu-like disease to a poly-syndromic "spectrum of disease", our understanding of coronavirus disease 2019 (COVID-19) is still far from being complete [1]. Hyperinflammation involving not only the lungs but also the musculoskeletal system, skin, cardiovascular, genitourinary systems is immune-mediated resembling the flares of a full-blown rheumatic disease [2,3].

Objectives: To describe the prevalence and type of rheumatic manifestations in a cohort of COVID-19 patients hospitalized in the COVID-19 rheumatology department in University Hospital St. Marina, Varna, Bulgaria.

Methods: In the present single-center cohort study, a retrospective database analysis was performed among all COVID-19 patients hospitalized from 1 Dec 2020 to 22 Jan 2021. All 243 patients (age 19 - 93 years) were treated for moderate or severe SARS-CoV-2 infection confirmed by laboratory tests, including positive polymerase chain reaction (PCR) test, and imaging modality. Inpatient treatment included antibiotics, dexamethasone, anticoagulants, and antiviral drug remdesivir (optional). Detailed disease history and clinical examination were carried out by a fully certified rheumatologist and/or specialist in internal medicine.

Results: Among all 243 COVID-19 patients, those with prominent self-reported myalgia and arthralgia were 26% (n = 63) and 21.3% (n = 52), respectively. We had 4 (1.6%) cases of newly developed cutaneous vasculitis and 2 (0.8%) cases of severe Raynaud's phenomenon after SARS-CoV-2 infection onset. Two patients experienced severe muscle weakness, had elevated creatine phosphokinase, and were diagnosed with inflammatory myopathy secondary to COVID-19. Lupus-like syndrome was observed in 2 (0.8%) patients.

Conclusion: Rheumatic manifestations are part of the heterogeneous spectrum of COVID-19 disease. Amidst the COVID-19 crisis, each newly onset rheumatic manifestation warrants exclusion of SARS-CoV-2 infection. Therefore, a rheumatologist should be a part of a multidisciplinary approach towards the COVID-19 treatment.

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INFLUENCE OF COLCHICINE PRESCRIPTION IN COVID19-RELATED HOSPITAL ADMISSIONS: A SURVIVAL ANALYSIS

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Background: Severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2), triggers the innate immune system, leading in severe cases, an excessive immune response, which can lead to high levels of pro-inflammatory cytokines promoting a "cytokine storm".

To modulate this exaggerated inflammatory response, several clinical trials with already approved and well-known therapeutic agents that inhibit the inflammatory response, are being carried out. However, none of these drugs seems to achieve the desired results when treating COVID19.

Colchicine, a drug often used in the management of patients with Rheumatic and Musculoskeletal diseases (RMDs), is one of the several drugs that are being currently tested for efficacy in COVID19 due to its anti-inflammatory effects.

Objectives: To analyze association between colchicine prescription and COVID19-related hospital admissions in patients with Rheumatic and Musculoskeletal diseases (RMDs).

Methods: Patients attending a rheumatology outpatient clinic from a tertiary care center in Madrid, Spain, from 1st September 2019 to 29th February 2020 were included.

Patients were assigned as exposed or unexposed based on whether they were prescribed with colchicine in their last visit to the clinic during the 6 months before the start of the observation period. Treatment changes during the observation period were also considered. The primary outcome was COVID19-related hospital admissions occurring between March 1st and May 20th, 2020. Secondary outcome included COVID19-related mortality. Several weighting techniques for data balancing, based and non-based on the propensity score, followed by Cox regressions were performed to estimate the association of colchicine prescription on both outcomes.

Results: 9,379 patients entered in the study, with 406 and 9,002 exposed and unexposed follow-up periods, respectively. Generalized Boosted Models (GBM) and Empirical Balancing Calibration Weighting (EBCW) methods showed the best balance for COVID19-related hospital admissions. Colchicine prescription did not show a statistically significant association after covariable balancing (p-value = 0.195 and 0.059 for GBM and EBCW, respectively). Regarding mortality, the low number of events prevented a success variable balancing and analysis.

Conclusion: Colchicine prescription does not play a significant protective or risk role in RMD patients regarding COVID19-related hospital admissions. Our observations could support the maintenance of colchicine prescription in those patients already being treated, as it is not associated with a worse prognosis.

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THE COURSE OF CORONAVIRUS DISEASE 2019 (COVID-19) IN PATIENTS WITH SJOGREN'S SYNDROME TREATED WITH ANTI-CD20 MONOCLONAL ANTIBODY (RITUXIMAB)

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Background: The severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) disease 2019 (COVID-19) raised concern for the outcomes in people with different rheumatic diseases and management of these patients. There was an anxiety that biologic therapies, especially anti-B-cell depletion strategies, could lead to more severe disease course and lack of protective antibodies formation.