Table 1. Adverse events with isoniazid at months 1 and 3 and after month 3

Adverse events, n (%)	Month 1 (n=232)			Month 3 (n=222)			After month 3 (n=214)		
	Total	Requiring switching	Requiring suspension	Total	Requiring switching	Requiring suspension	Total	Requiring switching	Requiring suspension
Hepatotoxicity	38 (16.4)	6 (2.6)	0	33 (14.9)	5(2.3)	2 (0.9)	16 (7.5)	2 (0.9)	0
Gastrointestinal side effects	4 (1.3)	3 (1.3)	1 (0.4)	3 (1.5)	0	3 (1.5)	2 (0.9)	0	1 (0.5)
Cutaneous toxicity	2 (0.9)	1 (0.4)	0	0	0	0	0	0	0
Dizziness	1 (0.4)	1 (0.4)	0	0	0	0	0	0	0
Total	44 (19)	11 (4.7)	1 (0.4)	36 (16.2)	5 (2.3)	5(2.2)	18 (8.4)	2 (0.9)	1 (0.5)

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POS1343

ABNORMAL ELECTROCHEMICAL SKIN CONDUCTANCE VALUES IN PATIENTS WITH AA AMYLOIDOSIS

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Background: Clinical manifestations are scarce in AA amyloidosis (AAA) and, contrary to other types of amyloidosis, involvement of the peripheral nervous system was rarely reported in AAA. However, the usual absence of hypertension despite chronic renal failure and the digestive involvement may be secondary to dysautonomia, but the autonomic nervous system has rarely been studied in AAA (1). Measure of the electrochemical skin conductance (ESC) is a simple and reproducible method to evaluate the function of eccrine sweat glands, which are innervated by small non-myelinated C fibers, and patients with AL and hereditary transthyretin amyloidoses show decreased ESC values (2,3).

Objectives: To evaluate ESC values by Sudoscan in patients with AAA.

Methods: Patients diagnosed as having AAA based on positive immunohistochemistry with an anti-serum amyloid A antibody followed at the national reference center for AAA in Tenon Hospital between July, 2017 and September, 2020, were routinely assessed for ESC with FDA approved Sudoscan (Impeto Medical, Paris, France). An ESC value above 60 microSiemens (μS) or 70 μS were considered normal for hands or feet, respectively. Categorical variables are reported as percentages and continuous variables are expressed as means±standard deviation. Correlations between age, body mass index (BMI), hemoglobin levels, C-reactive protein levels, estimated glomerular filtration rate using the Chronic Kidney Disease Epidemiology Collaboration equation (defined as 0 for dialysis patients) and ESC values were calculated using the nonparametric Spearman test. GraphPad Prism Version 7 software (GraphPad Software, San Diego, California, USA) was used for statistical analyses. A p-value <0.05 was considered as statistically significant.

Results: Overall, 32 patients (16 women) were included, with a mean age of 57.4±13.6 years and a mean BMI of 25.2±6.8kg/m². Six (19%) had diabetes mellitus, and 5 (16%) had a kidney transplantation. The main causes of AAA were: monogenic autoinflammatory diseases (n=11, 34%, including 9 patients with familial Mediterranean fever), chronic and/or recurrent infections (n=5, 16%), obesity (n=3, 9%) and undefined (n=3, 9%). The mean hands' ESC values was normal at 65.5±21.1 μS, although 8 (25%) patients had ESC values below 60 μS, including 2 diabetic patients. In contrast, the mean feet's ESC values was abnormal at 62.7±23.7 μS, including half of the patients with ESC values below 70 μS (2 diabetic patients). Eight patients had abnormal ESC values only for feet, and 1 had abnormal values only for hands. Apart from a significant correlation between feet and hands' ESC values (p<0.0001), only the estimated glomerular filtration rate was significantly associated with hands' ESC values (p<0.01).

Conclusion: To our knowledge, this is the first study to assess ESC in AAA. Feet's ESC values were moderately impaired in half of the patients with AAA. Therefore, this study reinforces the previously reported alterations in the autonomic nervous system in patients with AAA that should probably be searched for in these patients. In addition, the identification of an alteration of the ESC values cannot allow to distinguish the type of amyloidosis.

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POS1344

EVALUATING THE MULTIVISCERAL INVOLVEMENT ON ADULT-ONSET STILL'S DISEASE TO RETRIEVE IMAGING-BASED DIFFERENCES IN PATIENTS WITH AND WITHOUT MACROPHAGE ACTIVATION SYNDROME; RESULTS FROM A SINGLE-CENTRE OBSERVATIONAL STUDY

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Background: Adult-onset Still's disease (AOSD) is a rare systemic inflammatory disorder usually affecting young adults, burdened by life-threatening complications, mainly macrophage activation syndrome (MAS), a secondary form of hemophagocytic lymphohistiocytosis [1]. In this context, the importance of an accurate assessment of AOSD is suggested to promptly recognise the multivisceral involvement of the disease which is associated with life-threatening complications. The assessment of the most aggressive subsets of the disease could guide the clinicians when to apply additional resources but avoiding unnecessary expenditures in patients with a less severe clinical picture.

Objectives: In this study, we aimed at describing the multivisceral involvement of the disease to retrieve imaging-based differences in AOSD patients with and without MAS.

Methods: The present evaluation has been designed as a cross-sectional study to descriptively compare the multivisceral involvement in AOSD patients with and without MAS. Patients admitted to our Institution, who underwent a total body CT scan, were selected from our historical cohort and assessed. Clinical and CT scan characteristics of AOSD patients with and without MAS were compared. Clinical and CT scan characteristics of AOSD patients with and without MAS were analysed by parametric or non-parametric t tests for all continuous variables, and chi squared test was used for categorical ones, as appropriate. Furthermore, possible correlations among radiological outcomes with laboratory markers and systemic score were estimated by using a point-biserial coefficient correlation.

Results: This study evaluated 39 AOSD patients (men 64.1%), mean age of 48.8±16.6 years). Out of those, 14 patients (35.9%) were complicated by MAS. These patients showed higher values of ferritin [AOSD: 770.0 (1306.5) ng/mL vs MAS: 2926.3 (4918.5) ng/mL p=0.003] and systemic score (AOSD: 4.6±1.4 vs MAS: 6.9±1.7, p<0.0001). AOSD patients with MAS presented a higher prevalence of lung disease than others (AOSD: 56.0% vs MAS 85.7% p=0.048). Lung disease correlated with the systemic score (coefficient 0.491, p=0.003). AOSD patients with MAS were more frequently characterised by hepatomegaly (AOSD: 12.0% vs MAS: 50.0% p=0.019) and splenomegaly (AOSD: 16.0% vs MAS 50.0% p=0.033), respectively, than others. Hepatomegaly correlated with CRP (coefficient 0.421, p=0.016), ferritin (coefficient 0.397, p=0.020), and systemic score (coefficient 0.391, p=0.022). Furthermore, the presence of splenomegaly correlated with the systemic score (coefficient 0.439, p=0.009). CT scan features of abdominal effusions were more frequently observed in AOSD patients with MAS than those without this complication (AOSD: 12.0% vs 57.1% p=0.007).