Finally, a higher percentage of AOSD patients with MAS showed a significant lymph node enlargement, either mediastinal or abdominal, than others on CT scan (AOSD: 36.0% vs MAS 71.4% $p=0.048$). The presence of lymphadenomegaly correlated with the systemic score (coefficient 0.368, $p=0.032$).

Conclusion: Our findings showed a higher prevalence of multiorgan involvement in AOSD patients with MAS, suggesting imaging-based differences, although other studies are needed to fully assess this issue. Pulmonary disease, hepatomegaly, splenomegaly, lymph nodes enlargement, and abdominal effusions were associated with these more aggressive patients.

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POS1345 PULMONARY ARTERY PSEUDOANEURYSMS IN BEHCET'S DISEASE

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Background: Pulmonary artery pseudoaneurysms (PAP) is a serious complication of Behcet's Disease (BD).

Objectives: The aim of this work is to analyze, through 4 observations, the clinical, para-clinical and therapeutic aspects of PAP.

Methods: Matériels et méthodes:

Retrospective study including 4 cases of PAA among 150 patients who satisfied the criteria of the International Study Group on BD, followed in the Internal Medicine and Radiology Departments at Tahar Sfar Hospital Mahdia TUNISIA.

Results: Résultats:

Four men, with an average age of 27 years (20-34). PAPs were inaugural, and multiple (>3) in 3 cases and associated with pulmonary embolism in 2 cases. Hemoptysis was the main clinical symptom. All patients were treated with high-dose corticosteroid therapy combined with monthly boluses of cyclophosphamide in addition to colchicine. Two patients had undergone arterial embolization. Surgery was indicated for 2 patients, one of whom died after surgery as a result of massive hemoptysis. The others had a favorable outcome.

Conclusion: PAP severity justifies the necessity of early diagnosis and management. The thoracic angio-CT is the imaging of choice for diagnosis. The treatment is based on a corticosteroid therapy and immunosuppressive association with possibly a selective embolization.

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POS1346 CLINICAL ASSOCIATIONS OF ANTI-RO52 ANTIBODIES IN PATIENTS WITH SYSTEMIC AUTOIMMUNE RHEUMATIC DISEASES

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Background: Anti-SSA/Ro antibodies (Abs) can target Ro60 and Ro52 antigens. The presence of anti-Ro60 Abs has been widely described in patients with systemic autoimmune rheumatic diseases (SARDs). However, the clinical implication of anti-Ro52 Abs for the diagnosis and management of SARDs remains unclear.

Objectives: To assess the clinical associations of anti-Ro52 antibodies in patients with high clinical suspicion of SARDs.

Methods: We retrieved the clinical records of all patients with positive anti-Ro52 Abs tested in our hospital between November 2017 and September 2020. Patients were divided into 3 groups: 1) anti-Ro52+Ro60+ 2) anti-Ro52+Ro60- 3) anti-Ro52+Ro60+ with other Abs. A comparative study between groups was performed.

Results: 57 patients (43 women/14 men; mean age 62.1±13.6 years) with anti-Ro52+ Abs were identified. Final diagnosis were: undifferentiated connective tissue disease (UCTD) (n=13), anti-synthetase/overlap myositis (n=12), Sjögren's syndrome (n=7), interstitial pneumonia with autoimmune features (IPAF) (n=6), scleroderma (n=4), systemic lupus erythematosus (n=2), dermatomyositis (n=2), other systemic inflammatory diseases (n=3). In 8 (14%) patients the diagnosis of inflammatory diseases was finally ruled out. 27 patients were classified in the Ro52+Ro60+ group, 11 in the Ro52+Ro60- group and 19 Ro52+ with other Abs. Patients with Ro52+Ro60- were younger and more often women than patients with Ro52+Ro60+. Interstitial lung disease (ILD) was less frequent in patients with Ro52+Ro60- (Table 1). Isolated Ro52 Abs were more frequently

associated with UCTD, while IPAF was more commonly found in patients with anti-Ro52+Ro60+ Abs (Table 1 and Figure 1).

Figure 1.

Conclusion: Anti Ro52 Abs determination has clinical implications in the diagnosis of SARDs.

Table 1.

	Anti-Ro52+Ro60+ (n=27)	Anti-Ro52+Ro60- (n=11)	Anti-Ro52+Ro60+ with other Abs (n=19)
Age (years), mean ± SD	65.7 ± 10.0	53.8 ± 18.0*	61.7 ± 13.6
Sex (females), n (%)	19 (70.4)	10 (90.9) *	14 (73.7)
Clinical manifestations at anti-Ro52 determination, n (%)			
Arthralgias/arthritis	18 (66.7)	7 (63.6)	14 (73.7)
Raynaud's phenomenon	9 (33.3)	4 (36.4)	9 (47.4)
Myopathy	4 (14.8)	1 (9.1)	2 (10.5)
Final diagnosis, n (%)			
Systemic lupus erythematosus	0 (0)	0 (0)	2 (10.5)
Sjögren's syndrome	3 (11.1)	1 (9.1)	4 (21.1)
Scleroderma	1 (3.7)	0	3 (15.8)
Undifferentiated connective tissue disease	3 (11.1)	7 (63.6) **	3 (15.8)
Overlap myositis	7 (25.9)	1 (9.1)	4 (21.1)
Dermatomyositis	1 (3.7)	0	1 (5.3)
IPAF	5 (18.5) **	0	0
Other systemic inflammatory diseases	3 (11.1)	0	0
Non inflammatory disease	4 (14.8)	2 (18.2)	2 (10.5)
Comorbidities, n (%)			
ILD	11 (40.7)	1 (9.1) **	7 (36.8)
Malignancy	5 (18.5)	1 (9.1)	0 (0.0)

* $p < 0.05$ (Ro52+Ro60+ vs Ro52+Ro60-)

** $p < 0.05$ (Ro52+Ro60+ vs Ro52+Ro60- with other Abs)

Disclosure of Interests: None declared

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POS1347 IMPACT OF CANAKINUMAB AND ANAKINRA ON PATIENT-REPORTED OUTCOMES IN ADULT-ONSET STILL'S DISEASE PATIENTS

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Background: Adult-onset still's disease (AOSD) is a rare systemic inflammatory disease. Interleukin-1 (IL1) blockade has shown to be crucial for the management of refractory AOSD patients. The IL1 inhibitors anakinra and canakinumab are both effectively used in clinical practice for the management of AOSD. No data are available on the impact of these therapies on patient-reported outcomes (PROs).

Objectives: To assess the impact of ANK and CNK therapies on PROs of AOSD patients.

Methods: Medical records of AOSD patients followed up at our Institution who had been treated with both ANK and CNK were identified. Disease features were retrospectively collected. All patients were initially treated with ANK and