erythema, all of which are associated with an FMF attack did not differ between two groups ($p>0.05$) apart from arthritis (76.3% in Group 1 and 59.1% in Group 2, $p<0.05$) (Table 1).

Conclusion: In patients with FMF related amyloidosis, M694V homozygosity is associated with lower FMD values and higher cIMT, FGF23 and PTX3 levels. In summary, the data demonstrate that a genotype-phenotype association exists in terms of endothelial dysfunction and atherosclerosis in FMF patients with amyloidosis.

Table 1.

	Group 1 (n=76)	Group 2 (n=93)	Total (n=169)	p
Clinical Findings	n (%)	n (%)	n (%)	
Dialysis	2 (2.6)	3 (3.2)	5 (3.0)	1.00*
Kidney transplantation	5 (6.6)	4 (4.3)	9 (5.3)	0.73*
Kidney biopsy	68 (89.5)	85 (91.4)	153 (90.5)	0.67
	Median	Median	Median	
	(Min-max)	(Min-max)	(Min-max)	
Age (years)	36.5 (19.0-49.0)	35.0 (22.0-49.0)	36.0 (19.0-49.0)	0.16
Age of amyloidosis (years)	20.0 (13.0-31.0)	20.0 (15.0-26.0)	20.0 (13.0-31.0)	0.86
BMI (kg/m ²)	26.0 (21.0-32.0)	27.0 (19.0-32.0)	26.6 (29.0-32.0)	0.89
HOMA	2.2 (1.2-7.3)	2.4 (1.1-8.4)	2.4 (1.1-8.4)	0.40
Proteinuria (g/24h)	7.6	4.6	5.4	<0.001

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POS1376

UVEITIS IN 1449 PATIENTS WITH INFLAMMATORY BOWEL DISEASE. STUDY FROM A SINGLE UNIVERSITY CENTER

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Background: Inflammatory bowel disease (IBD), which includes Crohn's disease (CD), and Ulcerative colitis (UC) are related to Spondyloarthritis (SpA). Ocular manifestations (OM) are well-established in axial SpA but not in IBD. It has been classically reported that whereas uveitis with axial SpA is predominantly anterior, unilateral, acute, and non-recurrent; in IBD it is bilateral, posterior, insidious, and chronic (1).

Objectives: In a large unselected series of IBD, our aim was to assess **a)** epidemiology and clinical features of uveitis associated to IBD, **b)** to compare patients who developed uveitis and those who did not, and **c)** its relationship with biological treatment used in IBD.

Methods: Study of all consecutive patients from a single University Hospital during the last 40 years with: **a)** IBD (CD and UC), and **b)** uveitis according to Standardization Uveitis Nomenclature (SUN) Working Group. Demographic features, clinical findings, occurrence of other extraintestinal manifestations and treatment were recorded.

Results: We studied 1449 (714 women/735 men) patients with IBD, mean age of 55.2±15.9 years. Uveitis was present in 23 (1.6 %) (38 eyes) of 1448 IBD patients. The most common pattern of uveitis was typically anterior (n=18; 78.3%), unilateral (n=19; 82.6%), acute (n=19; 82.6%), and non-recurrent (n=12; 52.2%).

The comparative study between patients with and without uveitis showed a significant predominance of women (Table 1) in patients with uveitis, as well as erythema nodosum, hidradenitis suppurativa and joint involvement.

Regarding IBD severity, in terms of surgical interventions, and conventional and biological immunosuppressive treatments, there were no significant differences.

Conclusion: Although uveitis is more infrequent in IBD than in axial SpA, it is also anterior, unilateral, acute, and non-recurrent in contrast with published data from selected series. Patients with uveitis do not seem to represent more severe phenotype of IBD.

REFERENCES:

[1] Lyons & Rosenbaum JT. Arch Ophthalmol 1997; 115:61-4.

Table 1. General features of 1448 patients with IBD with and without uveitis.				
	Overall (n=1449)	Uveitis (n=23)	Non uveitis (n=1426)	p
Main general features				
Age, years, mean±SD	55.2±15.9	49.1±14.6	55.2±15.9	0.8
Sex, women/men, n, (% of women)	714 / 735 (49.3)	17 / 6 (73.9)	697 / 729 (48.9)	0.02*
IBD duration, years, mean±SD	13.2 ± 9.7	17.4 ± 10.2	13.1 ± 8.9	0.08
IBD Severity				
Surgical Interventions, n (%)	289 (19.9)	2 (8.7)	284 (19.9)	0.7
Conventional Immunosuppressive drugs, n (%)	878 (60.6)	14 (60.9)	863 (60.5)	0.5
Biological Therapy, n (%)	384 (26.5)	7 (30.4)	378 (26.5)	0.9
TNFi monoclonal antibodies	384 (26.5)	7 (30.4)	378 (26.5)	0.9
Ustekinumab	27 (1.9)	1 (4.3)	27 (1.9)	0.5
Other	23 (1.6)	1 (4.3)	22 (1.6)	0.3
Extraintestinal manifestations				
Cutaneous manifestations, n (%) (TOTAL)				
Erythema nodosum, n (%)	125 (8.6)	9 (39.1)	121 (8.7)	0.1
Pyoderma gangrenosum, n (%)	26 (1.8)	6 (26.1)	24 (1.7)	0.009*
Hidradenitis suppurativa, n (%)	13 (0.9)	1 (4.3)	13 (0.9)	0.7
Joint involvement, n (%) (TOTAL)	2 (0.1)	1 (4.3)	1 (0.1)	0.0001*
Axial pattern, n (%)	131 (9)	10 (43.5)	121 (8.5)	0.0001*
Peripheral pattern, n (%)	65 (4.5)	4 (17.4)	58 (4.1)	0.0001*

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POS1377

SOME PARAMETERS OF ENDOTHELIAL FUNCTION IN PATIENTS WITH IDIOPATHIC AVASCULAR NECROSIS

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Background: Avascular necrosis (AN) is a disease, which is the result of blood flow disturbance and necrosis of the bone tissue. It affects predominantly men of working age and steadily progresses to secondary osteoarthritis. AN is a multifactorial disease. In the context of vascular hypothesis it is of particular interest to evaluate homocysteine and its metabolism in patients with AN.

Objectives: The aim of the present study was to evaluate some parameters of endothelial function in patients with AN of the femoral head or femoral condyles in order to determine possible treatment and prevention options.

Methods: We included 53 patients with AN of the femoral head or femoral condyles into the study. The patients were aged 49 (35-62) years, 58,49% (n=31) were male. The inclusion criteria was diagnosis of AN confirmed by X-Ray, CT or MRI. The exclusion criteria were: traumatic AN, Legg-Calve-Perthes disease, connective tissue systemic diseases. We recruited 51 patients into the control group. The groups were comparable by age and gender. In order to analyse endothelial function in the groups we investigated the following serum parameters: homocysteine, vitamin B12, folate. In order to analyse the data obtained we used non-parametric statistics.