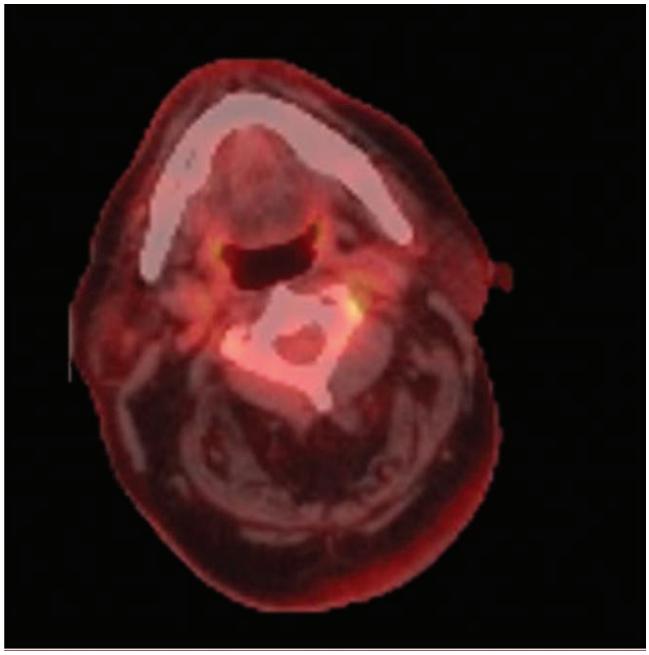

Figure 1. Fused axial image of a PET-CT scan demonstrating increased uptake in the region of the left vertebral artery within the vertebral foramen.

A diagnosis of GCA-related cerebellar stroke with vertebral vasculitis was made and, with glucocorticoids, the patient made a good clinical recovery. His inflammatory joints pain also improved in parallel.

Conclusion: Stroke or transient ischemic stroke are rare complications, reported in 2.8-16% of patients with active GCA. Most studies report strokes as occurring between the onset of GCA symptoms and 4 weeks after commencement of glucocorticoids[1-3]. Vertebrobasilar territory is involved in 60–88% of cases of GCA-related stroke[1-3]. In contrast, the vertebrobasilar territory is affected only in 15-20% of atherosclerotic strokes[1,2]. One study reported fatal outcomes in 11 out of 40 patients (28%) with GCA-related stroke, 7 within 2-13 days of stroke[2]. To conclude, this case demonstrates that high-dose glucocorticoids with slower tapering were able to control GCA-related stroke due to vertebral vasculitis in patient with EORA on background methotrexate and sulfasalazine.

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POS1462

CAUSES OF DEATH IN PATIENTS WITH RHEUMATIC AND AUTOIMMUNE DISEASES: A 15-YEAR-OLD AUTOPSY-BASED STUDY.

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Background: Patients with rheumatic and autoimmune diseases have susceptibility to fatal outcomes and may seem less deadly than they actually are.
Objectives: To describe the main causes of death as determined by autopsy findings, in patients with rheumatic and autoimmune diseases in a central hospital of the Colombian north-east. Stress the importance of autopsy as a teaching, research tool and education in medicine.
Methods: A retrospective, descriptive study of the database from the Pathology Department at UIS in Bucaramanga, Colombia. A total of 4,430 autopsies were performed between January 2004 and December 2019 in patients whose death occurred at Hospital Universitario de Santander or other hospitals in the Bucaramanga metropolitan area. Perinatal autopsy cases were excluded (2,181) and 2,249 autopsy protocols were analyzed, of which 47 corresponded to patients with a rheumatic and autoimmune disease (Figure 1).

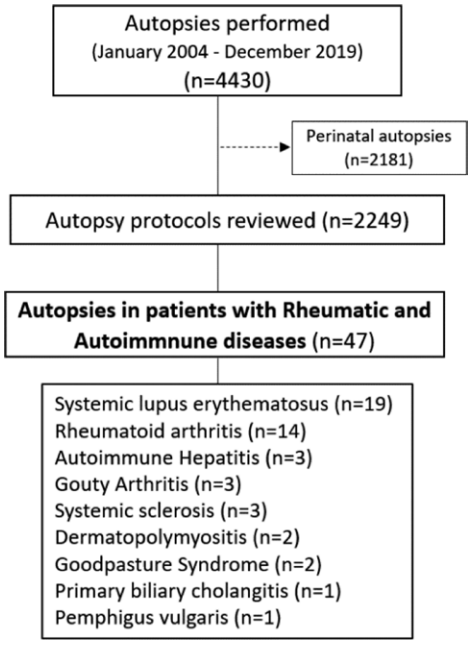

Figure 1. Flowchart of case selection

Results: A total of 47 cases were included, 27 (57.5%) were female and 20 (42.5%) were male. The mean age was 39 years old with a range from 13 to 69 years old. The most common disease was systemic lupus erythematosus (40.5%) and rheumatoid arthritis (29.8%), followed by autoimmune hepatitis and gouty arthritis with 3 cases (6.4%) each one. The most common cause of death determined by the autopsy findings was infections (66%) of which more than half were due to opportunistic pathogens, with tuberculosis being the predominant cause with 12 cases. The second cause was organic compromise due to disease activity (23.4%), and lastly other causes (10.6%) such as pulmonary embolism or myocardial infarction, which conditions more likely to present in patients with a rheumatic and autoimmune disease. A detailed description of the case series is displayed in Table 1. Almost all patients were receiving immunosuppressive therapy. The most used agents were prednisone (85%), methotrexate (19%), and azathioprine (15%). The other immunosuppressive medications were cyclophosphamide and tumor necrosis factor inhibitors in 2 cases each one.

Table 1. Causes of death determined at autopsies findings.

Disease n (%)	SLE	RA	AH	GA	SSc	DMPM	GS	Others*
Cause of death	19 (40,5)	14 (29,8)	3 (6,4)	3 (6,4)	2 (4,2)	2 (4,2)	2 (4,2)	2 (4,2)
Pneumonia (CAP)	5 (26,2)	3 (21,4)	1 (33,3)	-	1 (50)	-	-	-
Septic shock	2 (10,5)	2 (14,3)	-	-	-	-	-	-
Opportunistic Infection	5 (26,2)	6 (42,9)	-	2 (66,6)	1 (50)	2 (100)	-	1 (50)
Renal failure	3 (16)	-	-	-	-	-	2 (100)	-
Respiratory failure	-	-	-	-	-	-	-	-
Hepatic failure	-	-	2 (66,6)	-	-	-	-	1 (50)
MODS	3 (16)	-	-	-	-	-	-	-
Pulmonary embolism	1 (5,1)	1 (7)	-	-	-	-	-	-
Myocardial infarction	-	2 (14,3)	-	1 (33,3)	-	-	-	-

*Others: Primary biliary cholangitis 1 case and Pemphigus vulgaris 1 case. SLE= Systemic lupus erythematosus; RA= Rheumatoid arthritis; AH= Autoimmune Hepatitis; GA= Gouty Arthritis; SSc= Systemic sclerosis; DMPM= Dermatopolymyositis; GS= Goodpasture Syndrome; CAP= Community-acquired Pneumonia; OI= opportunistic infections; MODS= Multiple organ dysfunction syndrome.

Conclusion: The causes of death in our autopsy series match previous studies in these population. The leading cause of death were infections and most cases occurred in young and middle-aged women. These results support previous reports regarding the importance of infections as a cause of death in patients with rheumatic and autoimmune diseases and the fatal outcomes of a severe activity of the uncontrolled disease. It is a challenge for the clinician to treat patients with these conditions and to achieve a balance between obtaining an effective treatment (usually high doses of immunosuppressive drugs) and minimizing the risks of adverse events related to the medications, such as infections.

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POS1463 TUBERCULOSIS AS A FATAL OUTCOME IN PATIENTS WITH RHEUMATIC DISEASES: AN AUTOPSY-BASED STUDY

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Background: Tuberculosis (TB) is still a worldwide health problem and patients with rheumatic disease (RD) have an increased risk of this infection and fatal outcomes.

Objectives: We aim to report an autopsy case series in patients with an RD whose deaths were caused by TB in a high-level hospital of the Colombian north-east and stress the importance of autopsy as a teaching and research tool.

Methods: A retrospective, descriptive study of the database from the Pathology Department at UIS in Bucaramanga, Colombia. A total of 3390 autopsies were performed between January 2009 and December 2019 in patients whose death occurred at Hospital Universitario de Santander. A total of 1713 autopsy reports were analyzed, of which 10 corresponded to patients with RD whose deaths were caused by Mycobacterium tuberculosis.

Results: A total of 12 patients with a premortem diagnosis of RD were included who additionally had autopsy findings consistent with a mortal infection by a Mycobacterium tuberculosis. Nine cases (75%) were male and 3 were female (25%). The mean age was 49 years old with a range from 32 to 69 years old. The most common RD was rheumatoid arthritis (33,3%) followed by systemic lupus erythematosus, dermatopolymyositis and gouty arthritis with 2 cases (16,6%) each one. In 9 cases the autopsy findings were extrapulmonary TB, of which more than half were disseminated and only 3 cases were exclusively pulmonary TB. All patients were receiving immunosuppressive therapy. The most commonly used therapies were prednisone (100%), methotrexate (25%), and anti-TNF agents (16,6%). A detailed description of the reported cases is displayed in Table 1 and Figure 1.

Table 1. Description of the reported cases

Case	Sex	Age	RD	IST	Autopsy findings
1	Male	32	RA	PRED, MTX, Anti-TNF	Disseminated tuberculosis
2	Male	37	DMPM	PRED	Disseminated tuberculosis
3	Female	42	SLE	PRED	Disseminated tuberculosis
4	Male	43	DMPM	PRED, MTX	Pulmonary tuberculosis
5	Male	45	GA	PRED	Meningeal tuberculosis
6	Male	45	RA	PRED	Meningeal tuberculosis
7	Male	49	GA	PRED	Pulmonary tuberculosis
8	Male	53	PV	PRED, AZA	Pulmonary tuberculosis
9	Female	56	RA	PRED, Anti-TNF	Miliary tuberculosis
10	Male	57	SLE	PRED	Disseminated tuberculosis
11	Male	60	RA	PRED, MTX	Pulmonary tuberculosis and tuberculous endocarditis
12	Female	69	SSc	PRED	Pulmonary and meningeal tuberculosis

RD= Rheumatic Disease; RA= Rheumatoid Arthritis; DMPM= Dermatopolymyositis; SLE= Systemic Lupus Erythematosus; GA= Gouty Arthritis; PV= Pemphigus Vulgaris; SSc= Systemic Sclerosis; IST= Immunosuppressive therapy; PRED= Prednisone; MTX= Methotrexate; Anti-TNF= Tumor Necrosis Factor Inhibitor; AZA= Azathioprine.

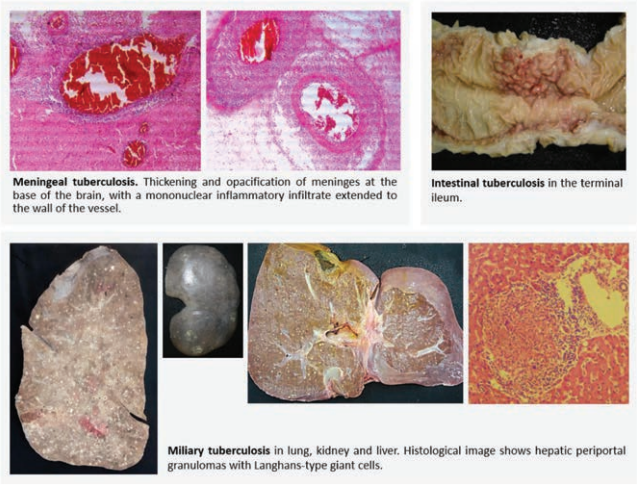

Figure 1. Pictures of some autopsy findings of the reported cases

Conclusion: TB remains one of the leading causes of death worldwide and patients with RD have an increased risk of TB as compared to the general population. In patients with rheumatic conditions, TB most commonly presents in its extrapulmonary form likely from the reactivation of latent infection, hence we stress the importance of screening for the most prevalent infections before the initiation of immunosuppressive therapy. The diagnosis and early treatment of latent TB infection are vital to preventing the progression of the disease and avoid fatal outcomes related to this infection.

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POS1464 TOXOPLASMOTIC CHORIORETINITIS IN A PATIENT WITH RHEUMATOID ARTHRITIS

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Background: Biological disease-modifying antirheumatic drugs (bDMARD) are one of the most effective in the treatment of rheumatoid arthritis. Infectious complications are one of the most common complications of this type of therapy. Before the therapy is started, patients are examined for tuberculosis, human immunodeficiency virus and hepatitis B and C, but the spectrum of chronic infections is much wider, for example toxoplasmosis infection is widespread. Toxoplasma gondii mainly affects the brain, lungs, liver and organ of vision.

Objectives: To present a clinical case of toxoplasma chorioretinitis in a patient with rheumatoid arthritis.

Methods: Case report. The patient was treated and examined based on real clinical practice.

Results: A 59-year-old woman was admitted to the rheumatology department with symmetric arthritis of the hand joints, long morning stiffness duration (up to 4 hours). The diagnosis of rheumatoid arthritis was previously verified according to the ACR / EULAR 2010 criteria (three years ago). She received treatment in accordance with the clinical guidelines of the Ministry of Health of the Russian Federation: methotrexate 12.5 mg per week with a subsequent increase in dosage to 20 mg per week. Due to the increase in transaminases, the dosage of methotrexate was reduced to 17.5 mg per week, the daily intake of glucocorticosteroids (prednisone 7.5 mg per day). Nevertheless she had high disease activity (Disease Activity Score (DAS28) 5.54, Clinical Disease Activity Index (CDAI) 26.6, Simplied Disease Activity Index (SDAI) 30.12). Considering the continued high activity of the disease against the background of ongoing therapy lasting more than 6 months,