Conclusion: Prevalence of long COVID was 12%. Non-caucasian ethnicity, higher education, treatment with cyclophosphamide, symptoms of COVID – 19, severe disease and ICU hospitalization days were related to long COVID.

REFERENCES:

Disclosure of Interests: None declared


AB1102

A RARE CASE OF ACUTE INFAMMATORY DEMYLINATING POLYRADICULOPATHY FOLLOWING THE SECOND DOSE OF PFIZER COVID-19 VACCINE

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Background: We present a case of a 36 year-old female who developed Acute Immune-mediated Demyelinating Polyneuropathy (AIDP) after receiving the second dose of Pfizer COVID-19 vaccine. Objectives: To report a rare auto-immune complication of COVID-19 vaccination. To educate and inform physicians about the approach to diagnosing AIDP and narrowing down its etiology.

Methods: Case report and literature review

Results: A 36 year-old female with no significant past medical history presented to the hospital with progressive bilateral paresthesia. She started to experience numbness and tingling sensation in her extremities 1 week after receiving the second dose of Pfizer COVID-19 vaccine. Following 5 days of symptoms onset, she was no longer able to hold onto objects and experienced difficulty ambulating without assistance. Physical exam was notable for decreased distal sensation to touch and pain in all 4 limbs, otherwise, the rest of her neurological and musculoskeletal evaluation was normal. MRI-head showed small scattered foci of increased FAIR signal in the white matter, suggesting an underlying inflammatory process.

Conclusion: EMG was performed and showed evidence of acute diffuse sensorimotor neuropathy with mixed axonal and demyelinating features. These results along with the clinical features allowed us to diagnose our patient with Acute Immune-mediated Demyelinating Polyneuropathy (AIDP). Extensive autoimmune workup, including anti-GM1, GD1b, Gq1b, ANA, DS-DNA, RF, CCP, and C/P ANCA, were unremarkable. She had positive anti-Ro abt but did not have any clinical or physical features that would suggest Sjogren’s Syndrome. Vitamin levels (B12, folate, thiamine) were found to be normal. Infectious workup of serum and CSF which included hepatitis serology, Campylobacter jejuni serology, Lyme atb, CMV atb, EBV atb were all negative. Despite medication tapering, anti-GM1, GD1b, Gq1b, ANA, DS-DNA, RF, CCP, and C/P ANCA, were unremarkable. Anti-GM1 antibodies were positive.

Summary: A rare case of acute immune-mediated demyelinating polyradiculopathy following the second dose of Pfizer COVID-19 vaccine is presented. Clinical features, laboratory workup, and imaging studies were consistent with AIDP. Physicians should be made aware of this rare complication of COVID-19 vaccination.

Disclosure of Interests: None declared


AB1103

THE EFFECT OF COVID-19 PANDEMIC IN A LARGE SERIES OF PATIENTS WITH TAKAYASU ARTERITIS

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Background: Patients with inflammatory rheumatic diseases faced several challenges during the COVID-19 pandemic. Uncertainties such as the lack of evidence regarding the use of immunosuppressive (IS) therapies and deferred patient care because of limited health resources impacted negatively on many aspects of treatment decisions and routine follow-up of the patients (1). Objectives: To report a rare auto-immune complication of COVID-19 vaccination. To educate and inform physicians about the approach to diagnosing AIDP and narrowing down its etiology.

Methods: Case report and literature review

Results: A 36 year-old female with no significant past medical history presented to the hospital with progressive bilateral paresthesia. She started to experience numbness and tingling sensation in her extremities 1 week after receiving the second dose of Pfizer COVID-19 vaccine. Following 5 days of symptoms onset, she was no longer able to hold onto objects and experienced difficulty ambulating without assistance. Physical exam was notable for decreased distal sensation to touch and pain in all 4 limbs, otherwise, the rest of her neurological and musculoskeletal evaluation was normal. MRI-head showed small scattered foci of increased FAIR signal in the white matter, suggesting an underlying inflammatory process.

Conclusion: EMG was performed and showed evidence of acute diffuse sensorimotor neuropathy with mixed axonal and demyelinating features. These results along with the clinical features allowed us to diagnose our patient with Acute Immune-mediated Demyelinating Polyneuropathy (AIDP). Extensive autoimmune workup, including anti-GM1, GD1b, Gq1b, ANA, DS-DNA, RF, CCP, and C/P ANCA, were unremarkable. She had positive anti-Ro abt but did not have any clinical or physical features that would suggest Sjogren’s Syndrome. Vitamin levels (B12, folate, thiamine) were found to be normal. Infectious workup of serum and CSF which included hepatitis serology, Campylobacter jejuni serology, Lyme atb, CMV atb, EBV atb were all negative. Despite medication tapering, anti-GM1, GD1b, Gq1b, ANA, DS-DNA, RF, CCP, and C/P ANCA, were unremarkable. Anti-GM1 antibodies were positive.

Summary: A rare case of acute immune-mediated demyelinating polyradiculopathy following the second dose of Pfizer COVID-19 vaccine is presented. Clinical features, laboratory workup, and imaging studies were consistent with AIDP. Physicians should be made aware of this rare complication of COVID-19 vaccination.

Disclosure of Interests: None declared


Table 1. Effects of COVID-19 pandemic on patients with Takayasu arteritis

<table>
<thead>
<tr>
<th>Patients with a delay regarding to the routine follow-up visits, n (%)</th>
<th>Average delay in routine follow-up visits since the beginning of COVID-19, months, median, Q1-Q3</th>
<th>Disease relapse compared to the pre-pandemic time, n (%)</th>
<th>Progression in acute phase reactants, n (%)</th>
<th>Progression in vascular involvement (according to MR angiography or Doppler ultrasound findings), n (%)</th>
<th>Patients diagnosed with COVID-19 disease, n (%), pre-vaccination / post-vaccination</th>
<th>Vaccination status, n (%), pre-vaccination / post-vaccination</th>
</tr>
</thead>
<tbody>
<tr>
<td>44 (78.6)</td>
<td>3.5 (2.25-9)</td>
<td>16 (28.6)</td>
<td>14 (25)</td>
<td>15 (26.8)</td>
<td>13 (23.2), 8 (15.2)</td>
<td>50 (90.9), 46 (83.0)</td>
</tr>
</tbody>
</table>

Continuous data is presented with median (interquartile range, Q1-Q3) values and categorical data are presented as counts (n) and percentages (%).

Disclosure of Interests: None declared


AB1104

CHARACTERISTICS OF POST-COVID SYNDROME IN PATIENTS WITH RHEUMATOID ARTHRITIS

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Background: Almost two years after the start of the pandemic, it has become clear that the severity of COVID-19 is not limited to the manifestations of the acute phase of SARS-CoV-2 infection. The so-called post-covid syndrome (PCS) can