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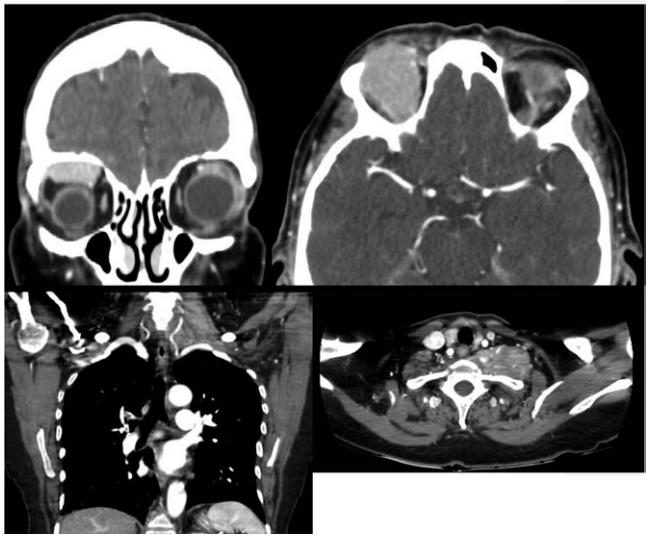

Figure 1.

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AB1281 PRESENTATION, TREATMENT AND PROGNOSIS OF SARCOIDOSIS IN A COHORT OF SPANISH PATIENTS

A. I. Rebollo Giménez[1], L. Sacristán-Bou[2], D. Bellido Pastrana[3], P. Mata Calderón[2], I. Domínguez Osorio[3], I. M. Ordóñez Dios[2], M. Orta Caamaño[2], C. Bujalance Cabrera[2], F. J. Lázaro Polo[2]. *[1]Istituto Giannina Gaslini, Pediatric and Rheumatology Clinic, Genoa, Italy*; *[2]Ciudad Real University General Hospital, Pneumology, Ciudad Real, Spain*; *[3]Ciudad Real University General Hospital, Internal Medicine, Ciudad Real, Spain*

Background: Sarcoidosis is usually a benign disease, but it is described that the lung is the most frequently affected organ and in some cases the disease can progress to pulmonary fibrosis. Systemic corticosteroids, immunosuppressants and/or monoclonal antibodies are used for its treatment. The mortality rate without treatment is 1% to 6%.
Objectives: To establish the frequency of appearance of the stages of radiological involvement in patients diagnosed with sarcoidosis at Ciudad Real University General Hospital (CRUGH) for 4 years, describe the treatment guidelines used and investigate the causes of death.
Methods: Retrospective descriptive study that includes patients treated at Pneumology, Rheumatology and Internal Medicine Services of CRUGH from January 2017 to January 2021. Sarcoidosis diagnosis has been established according to ATS/ERS/WASOG (1999) criteria: compatible clinical and radiological presentation, evidence of non-caseating granulomas and exclusion of other granulomatous disease. The variables have been collected in an anonymized database analyzed by SPSS program.
Results: We have included 47 patients, 24 men and 23 women, with 52.0 ± 14.3 years of age. All presented radiological pulmonary involvement and in 26 cases (55.3%) there were also extrapulmonary manifestations. The most frequent radiological pattern is stage II in 29 cases (67.7%, hilar adenopathies and pulmonary infiltrates); followed by stage I in 16 (34.1%, hilar adenopathies) and only 2 cases presented stage IV (4.2%, fibrosis). Currently, 20 patients (42.5%) are without treatment: 9 (19.1%) have not required it due to hyliomediastinal lymph node involvement without associated symptoms, and 11 (23.4%) achieve remission with oral glucocorticoids [OCG] at doses recommended in clinical guidelines. The other 27 (57.5%) receive these regimens: 10 (21.3%) OCG at usual doses; 11 (23.4%) OCG and conventional immunosuppressants -metrotexate 9 (19.1%), azathioprine 1 (2.1%) and cyclophosphamide 1 (2.1%)-; 3 (6.4%) OCG and antimalarials (hydroxychloroquine); 2 (4.2%) monotherapy with azathioprine; and 1 (2.1%) biological treatment with infliximab. Three patients died (6.4%): one aged 71 due to progression to pulmonary fibrosis (2.1%), another 2 due to pulmonary adenocarcinoma (47 years old) and due to adenocarcinoma of the rectum (81 years old).
Conclusion: The predominant radiological pattern in our cohort is stage II with hilar adenopathies and pulmonary infiltrates. The most used treatment is OCG, as monotherapy (44.7%) or combined (29.4%). The high frequency of cancer mortality stands out.

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AB1282 OVARIAN RESERVE IN BEHCET'S DISEASE

Z. Alekberova[1], R. Goloeva[2], M. Cherkasova[2], A. Lila[1]. *[1]V.A. Nasonova Research Institute of Rheumatology, advisory department, Moscow, Russian Federation*; *[2]V.A. Nasonova Research Institute of Rheumatology, Trobovinflammation Laboratory, Moscow, Russian Federation*

Background: Behcet's disease (BD) is a multisystemic disease of unknown cause. Anti-Mullerian hormone (AMH) is one of the key parameters for assessing reproductive function and ovarian reserve. The levels of AMH correlates with the residual follicular pool in women of reproductive age.
Objectives: To assess AMH levels in BD female patients of child-bearing potential, and analyze the relationship between AMH levels and disease severity, as well as relationship between serum AMH levels and different therapeutic regimens.
Methods: The study group included 45 women with BD (according to ISGBD 1990 and ICBD 2014) aged 20-40 years, and the control group icluded 15 age-matching healthy women. Pts' mean age was 31,3 [27;35] yrs, disease duration 6 [3;8] yrs. 17,8% pts had severe BD according to Ch.Zouboulis classification (due to generalized uveitis, retinal vasculitis and parenchymatous CNS lesions), 37,8% pts had a moderate disease, 44,4% pts had a mild disease with mainly dermal-mucous manifestations. AMH levels was measured using ELISA. AMH reference values ranged within 1.0-10.6 ng / ml. Values <1.0 were interpreted as a decreased ovarian reserve.
Results: The mean levels AMH was 2.5 ng/ml in BD pts, and 3.1 ng/ml in control group, showing no statistical difference. A decrease in ovarian reserve (AMH less than 1.0 ng/ml) was observed with the same frequency 18% in patient's vs. in control group 13%. In the analysis of AMH, depending on the severity of BD, a decrease in ovarian reserve was more often observed in patients with moderate and severe forms of BD.

Table 1. AMH and severe BD

severe	mild, n=20	moderate disease, n=17	severe, n= 8	p
AMH	2,7 [1,6-3,5]	2,5 [1,0-3,7]	1,9 [0,8;6,7]	ns
AMH >1 ng/ml, %	10	23	25	0,02

There are no correlations of levels AMH with treatment of BD.