AB1301 DETERMINING THE RELATIONSHIP BETWEEN SERUM INTERLEUKIN 33 LEVELS AND CLINICAL FEATURES OF THE DISEASE IN PATIENTS WITH FAMILIAL MEDITERRANEAN FEVER

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Background: Familial Mediterranean Fever (FMF) is an autoinflammatory disease characterized by recurrent fever, serositis, arthritis and erysipelas-like erythema caused by mutations over activating caspase-1. As Interleukin (IL)-1 beta, IL-33 is a nuclear cytokine from IL-1 family which is activated by caspase-1. IL-33 is known to take part in pathogenesis of several rheumatic diseases.

Objectives: The aim of this research is determining the relationship between serum IL-33 levels and clinical features of the disease in patients with FMF disease.

Methods: The research involved 54 FMF patients and 29 healthy volunteers. Serum IL-33 levels were evaluated in both patients and healthy individuals, and its relationship between clinical and laboratory features of FMF.

Results: 28 out of 54 patients (51.8%) had favorable response to colchicine while 26 patients (48.2%) had colchicine resistant disease. FMF patients had lower IL-33 levels compared to healthy control group (p = 0.06). There were no differences between IL-33 levels and other disease related features among patients.

Conclusion: No association was found between serum IL-33 levels and FMF disease features and laboratory findings. This may be due to the small size of our patient group, the involvement of IL-33 in tissue homeostasis as well as inflammation, and the use of higher doses of colchicine in the resistant disease group than in the remission group. Additional research is needed to determine IL-33’s role in FMF pathogenesis and its relationship with clinical and laboratory features.

REFERENCES:

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AB1302 EVALUATING THE CLINICAL UTILITY OF PATIENT ACCEPTABLE SYMPTOM STATE IN PATIENTS WITH FAMILIAL MEDITERRANEAN FEVER

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Background: Familial Mediterranean Fever (FMF) is an autoinflammatory disease characterized by recurrent attacks of fever, serositis, arthritis and erysipelas-like erythema. Patient acceptable symptom state (PASS) is a disease evaluation method to assess disease activity with a simple question especially in rheumatic diseases.

Objectives: We aimed to investigate clinical utility of PASS in FMF patients.

Methods: The research involved 54 FMF patients. Patient acceptable symptom state was applied to all patients in the study. The answers to PASS were compared with the patients clinical and laboratory features.

Results: 28 out of 54 patients (51.8%) were colchicine responsive whereas, 26 patients (48.2%) had colchicine resistant disease. The number of patients who answered yes to PASS (1’m happy with my current disease condition) was 32 (59%), while answered no (I need further treatment options) was 22 (41%). Considering the disease severity assessed with International severity scoring FMF (ISSF) of those who answered yes, 22 (68%) patients had mild disease, 10 patients had moderate (32%) disease, and there was no patient with severe disease in this group. Among those who answered no, 3 (14%) had mild disease, 14 (86%) had moderate disease, and 5 (23%) had severe disease (p <0.001). When the CRP levels of the patients were compared, the median CRP value of those who answered yes was found to be 4.45 mg/L, and the median value of CRP for those who answered no was 11.25 mg/L (p = 0.04). Sensitivity and specificity of PASS for detecting patients in remission was 78% and 61% respectively. Moreover, PASS had a positive and negative predictive value of %68 and %72 respectively, for determining patients in remission. If cut off level of CRP was chosen as 6.5 mg/L, for answering “yes” to PASS, sensitivity of test has been found to be 62.5% while the specificity is 59.1%. On the other hand, if cut off level of CRP is selected as 9.35 mg/L, sensitivity and specificity of the test was found as 75% and 72.7% respectively (p=0.045).

Conclusion: Patient acceptable symptom state is found beneficial in evaluation these patients simply and swiftly especially in terms of distinguishing severe FMF disease. In FMF, laboratory remission is as important as clinical remission, therefore, PASS by alone, is not sufficient for making treatment decisions and should be supported by inflammatory markers.

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AB1303 VACCINATION PRACTICES OF ADULT FAMILIAL MEDITERRANEAN FEVER PATIENTS IN TURKEY.

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Background: Vaccines are the safest and most effective method to prevent invasive and life-threatening infections. Vaccines against influenza, pneumococcal disease, herpes zoster, and human papillomavirus are the main recommended vaccines for adults. In addition, rheumatology patients are advised to receive adult vaccinations according to the vaccines available in their country and local guidelines. In Turkey, both influenza and pneumococcal disease vaccines are commercially available. In addition, these vaccines are strongly recommended for rheumatology patients in local guidelines. Although familial Mediterranean fever (FMF) is one of the most common rheumatological diseases in Turkey, it is often neglected in vaccination recommendations.

Objectives: In this study, we surveyed the vaccination practice against influenza or pneumococcal diseases of adult FMF patients in our cohort. In addition, we evaluated the factors related to favorable vaccination practice.

Methods: We included 360 FMF patients over 18 years of age. All patients fulfilled the Tel-Hashomer criteria for FMF. We asked them if they had ever been vaccinated against pneumococcal or influenza, and how often they received them. In addition, we dichotomised patients in terms of vaccinated against at least one of influenza or pneumococcal diseases. We then compared the groups for demographic (age gender and comorbidities) and disease related characteristics (disease duration, disease activity calculated by ISSF and colchicine dose). We used qi-square test to compare categorical variables and Mann-Whitney U test to compare continuous variables. P<0.05 was accepted as significant.

Results: Of 360 FMF patients, 238 (66.1%) were female. The mean age of the patients was 34.5±10.7 years. Disease duration of the patients was 9.38±0.7 years. In addition, the mean ISSF score of the patients was 1.83±1.5. The mean dose of colchicine received by the patient was 1.23 ± 0.47 mg. Only 54 (15.0%) of the patients had at least one comorbidity. In our cohort, 22 (6.1%) patients were vaccinated against influenza or pneumococcal disease. Only 18 (5.0%) of the patients have been vaccinated against influenza at least once so far. Half of these patients (9/18) were vaccinated against influenza in the COVID-19 outbreak. There was no statistically significant difference between the groups in terms of demographic and disease related characteristics.

Conclusion: We found that the vaccination practice of FMF patients in our cohort was unsatisfactory. Few patients follow adult vaccination recommendations. In addition, clinicians should be concerned about the importance of vaccination and guide their patients to get the adult vaccines available in their country.