and a reduction in antibody titers against TSH receptor and anti-thyroid peroxi-
dase. All patients were continuing treatment except for one patient who had dis-
continued treatment due to clinical remission. No adverse events were recorded
except for mild neutropenia in one patient, which did not require dose reduction.
No patient required subsequent immunosuppressive treatment or surgery.

Conclusion: Sarilumab treatment in patients with moderate-severe active OG
appears to be an effective and safe therapeutic alternative, clinically similar to
that obtained with TCZ in our series. This is the first published series of Sarili-
umab use in OG patients.

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et al. EFECTIVIDAD DEL TRATAMIENTO CON ANTI-INTERLEUCINA 6
SUBCUTÁNEO EN PACIENTES CON ORBITOPATÍA DE GRAVES MODER-
ADA-GRÁVE ACTIVA REFRACTARIA A TERAPIA CONVENCIONAL-

Disclosure of Interests: None declared

Table 1.

<table>
<thead>
<tr>
<th>MAISs</th>
<th>Gender</th>
<th>Biological therapies prescribed during follow up (n)</th>
<th>Patients under biological therapy at the end of follow up (n)</th>
</tr>
</thead>
<tbody>
<tr>
<td>FFM (n=17)</td>
<td>41.17%</td>
<td>Anakinra: 2</td>
<td>Anakinra: 3</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Canakinumab: 2</td>
<td>Canakinumab: 2</td>
</tr>
<tr>
<td>TRAPS (n=4)</td>
<td>100%</td>
<td>Anakinra: 1</td>
<td>Canakinumab: 1</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Etanercept: 1</td>
<td>Tocilizumab: 1</td>
</tr>
<tr>
<td>HIDS (n=3)</td>
<td>66.66%</td>
<td>Anakinra: 3</td>
<td>Canakinumab: 3</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Etanercept: 1</td>
<td>Tocilizumab: 1</td>
</tr>
</tbody>
</table>

Conclusion: MAISs prevalence was 0.34%. The diagnostic delay was of years,
more than a decade for HIDS. Colchicine was widely used and well tolerated.

Synthetic DMARDs had little role in biological treatment. Therapies were pre-
scribed in a third of patients, anti IL-1 being the most used.

Disclosure of Interests: None declared

AB1317

SERUM INTERLEUKIN 37 LEVELS IN FAMILIAL MEDITERRANEAN FEVER PATIENTS AND ASSOCIATION WITH CLINICAL FEATURES

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Background: Familial Mediterranean Fever (FMF) is the most common form of auto-
immun-inflammatory diseases that is characterized by febrile episodes of serositis, arthritis and skin rash (1). Mutations in MEFV gene causes dysfunction of pyrin inflammas-
ome, ultimately resulting in over-activation of Caspase-1 which is responsible for cata-
ytic activation of interleukin (IL)-1 beta and gasdermin-D (2). IL-37 is also one of the
IL-1 cytokines activated by caspase-1 acting as natural inhibitor of inflammation (3).

Objectives: IL-37 has pathogenic roles for certain inflammatory diseases. We aimed to
investigate serum IL-37 levels and its relationship with clinical and laboratory
features of disease.

Methods: 58 adult patients diagnosed with FMF according to Tel Hashomer
criteria were included. Thirty subjects were served as healthy control subjects.

Demographic, genetic, clinical and laboratory features and treatment responses
of patients were recorded. Twenty-nine patients were colchicine responsive whereas 29 were colchicine refractory. Serum IL-37 levels were measured by ELISA from blood samples obtained at attack free periods.

Results: Peritonitis was the most common attack type (81%) followed by fever (80%)
and arthritis (67%). There was no difference between FMF patients and healthy subjects
for their serum IL-37 levels. A negative correlation was found between IL-37 values and erythrocyte sedimentation rate in FMF patients (r: -0.31; p:0.015). IL -37 level was found to be significantly lower in patients who suffer from arthritis (median [IQR] 119 [396] ng/L vs 53 [164] ng/L, p= 0.03), myalgia (147 [364] ng/L vs 53 [84] ng/L, p= 0.05 or) and skin rash (102 [396] ng/L
vs 54 [130] ng/L, p=0.05) compared to those who did not have these attacks.

Conclusion: Although there was no difference in serum IL-37 levels between FMF
patients and healthy subjects, IL-37 seem to be associated with musculoskeletal and
skin attacks of FMF. Further research is needed to determine whether IL-37 has
relationships with other features of FMF such as spondyloarthriits and febral myalgia.

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Disclosure of Interests: None declared

AB1318

ULTRASOUND EVALUATION OF ACHILLES ENTHESIS AND GASTROCNEMIUS ARCHITECTURE IN PATIENTS WITH
FAMILIAL MEDITERRANEAN FEVER: PRELIMINARY RESULTS FROM A CROSS-SECTIONAL STUDY

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Background: Exertional leg pain and Achilles enthesis are two musculoskele-
tal manifestations which have been described in familial Mediterranean fever
(FMF) patients. Muscle performance is related both with mass and architecture.

Measurements of muscle thickness and pennation angle in muscles with pennate
structure, such as gastrocnemius, are representative of muscle mass and archi-
tecture, both of which can easily be measured via musculoskeletal ultrasound.

Objectives: Aim of this study is to evaluate thickness and pennation angle of medi-
al gastrocnemius via ultrasound to evaluate muscle structure in FMF
patients in order to detect implications of altered muscle condition and search for
any relations with exertional leg pain/Achilles enthesis. To our best knowledge
this is the first study on the subject.

Methods: Consecutive FMF patients meeting Tel-Hashomer criteria between the
ages of 18-65 were enrolled. A control group was formed from healthy volunteers