P030 ANTIPHOSPHOLIPID SYNDROME AND GIANT CELL ARTERITIS

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Disclosure
E.H. has received sponsorship to attend board meetings for Pfizer. Other; E.H. has participated in advisory roles for Leo Pharma, Genentech and CSL Behring.

Background/Aims
Antiphospholipid screen taken more than 12 weeks later showed a positive IgM ACL. LAC was not tested as the patient has continued warfarin.

Results
Once again LAC was not tested as the patient has continued warfarin. She was previously diagnosed with coeliac disease 10 years ago. Ultrasound was unremarkable. Duodenal biopsy revealed severe villous atrophy and gluten withdrawal is recommended. She has continued her chronic preventative treatment with aspirin, warfarin and tocilizumab.

Conclusion
To the best of our knowledge, there is no reported case of complete clinical resolution of IIM with gluten withdrawal in coeliac disease. All immunology screen including systemic lupus erythematosus. Several studies have described the presence of antiphospholipid antibodies in patients with different vasculitides but little is known about the occurrence of APS and concomitant extracranial GCA and APS.

P031 WHIPPLE’S DISEASE: A MULTIDISCIPLINARY CONUNDRUM

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Background/Aims
A 45-year-old male patient presented in 2015 with a six-month history of relapsing and remitting polyarthralgia. Hand X-rays appeared normal. Serology showed mildly elevated inflammatory markers. Autoimmune profile including anti-CCP antibody, rheumatoid factor and ANA was negative. His initial diagnosis was palindromic rheumatism. He was under watchful waiting in rheumatology clinic having declined a trial of hydroxychloroquine, when in 2018 he developed severe epigastric pain. Over the subsequent 18 months he was noted to have dramatic weight loss, fatigue and drenching night sweats.
Childerhouse: synthetase syndrome had prominent symptoms of shortness of breath at rest. The incidence of this condition in the study period was 666 per 100,000. This is higher than the national average of 486 per 100,000. All three patients diagnosed with anti-synthetase syndrome coincides with the COVID-19 pandemic.

Results

We retrospectively reviewed all new diagnoses of anti-synthetase syndrome during the study period. Based on the reported prevalence, we expect to see three new diagnoses of anti-synthetase syndrome per year.

Methods

Glamorgan Hospital. Investigative studies showed microcytic anaemia with elevated inflammatory markers (Hb 98 g/L, CRP 161 mg/L, ESR 68 mm/h). Serum ACE, bone profile, thyroid function and urate levels were normal. Chest X-ray was unremarkable. HIV and hepatitis screening was negative. Endoscopy with jejunal biopsy was performed, with mild gastritis only on histopathology and normal D2 biopsies. He was found to be H pylori positive, and notably felt his B-symptoms much improved with triple antibiotic and PPI eradication therapy. CT abdomen demonstrated widespread mesenteric lymphadenopathy. Para-aortic lymph node biopsy showed non-necrotising granulomata suggestive of either sarcoidosis or an infective etiology such as tuberculosis (TB). Given the clinical picture, the patient was commenced on high dose oral prednisolone and methotrexate for suspected sarcoidosis.

Conclusion

The patient made some clinical improvement, particularly with regards to arthralgia, however his B-symptoms returned with any reduction in steroid dose. Serology showed worsening anaemia with iron and folate deficiency, and increasing inflammatory markers. We therefore decided to perform a PET CT and refer to Haematology for consideration of a lymphoproliferative disease. PET CT demonstrated lymphadenopathy without avid uptake. A second lymph node biopsy was performed which showed florid histiocytic infiltration within which there were numerous PAS positive particles consistent with Whipple’s disease. This was confirmed as tropheryma whippelii on PCR. Whipple’s disease is a rare systemic infectious disease causing arthralgia, diarrhoea, abdominal pain and weight loss. Treatment consists of antibiotic therapy. On further questioning, the patient had grown up on a farm. There is a known association with Whipple’s disease in the agricultural community as it is a soil-borne organism.

Disclosure

F. Baldeweg: None. A. Nuttall: None. D. Arul: None. A. Childerhouse: None.