Table 2. Distribution of patients according to organ involvement.

| Organ involvement            | Number (%) |
|------------------------------|------------|
| Primary sclerosing cholangitis| 0 (0)      |
| Musculoskeletal              | 0 (0)      |
| Submandibular gland          | 0 (0)      |
| Central nervous system       | 0 (0)      |
| Multisystem involvement      | 9 (12.8%)  |

Disclosure of Interests: None declared

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AB1032 CONTRIBUTION OF BONE BIOPSY DURING REVELATORY BONE METASTASES

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Background: Bone metastases (BM) are tumor cells that originate in a primary malignant tumor and are localized remotely in bone tissue. They more or less faithfully reproduce the morphological and biological characteristics of the primary tumor. Histological analysis is essential to confirm the diagnosis of BM and to identify the primary tumor if possible and sometimes to help in the selection of treatment.

Objectives: The aim of this work is to study the contribution of bone biopsy during revealing BM in diagnostic strategy and therapeutic decision.

Methods: We retrospectively studied the files of 105 patients hospitalized in a Rheumatology department of for BM revealing from January 2000 until December 2015. For each patient we collected epidemioclinical and anatomo-pathological data to arrive at the diagnosis of primary neoplasm and histological type.

Results: The patients were divided into 86 men (81.9%) and 19 women (18.1%) with a sex ratio (M / F) of 4.52. The average age of our patients was 64.91 ± 13.29 years. Pain was the most frequent reason for consultation found in 97.1%. Bone swelling or a pathological fracture revealed BM in 4.8% and 8.6% of the cases, respectively. The onset of neurological damage was noted in 13.3% of the cases.

Histologically, the bone biopsy performed in 64 patients made it possible to specify the histological type (canceroma, adenocarcinoma) in 64% of the cases and to lead to primary cancer in 57.8%. A non-radio-guided percutaneous bone biopsy was performed in 44 patients (68.75%) including 41 osteo-medullary biopsy in 16 cases (25%) and a surgical bone biopsy in 4 cases.

The BOM was positive in 21 cases (51.2%) showing a poorly or moderately differentiated adenocarcinoma or carcinoma. It allowed referral to a primitive in 20 cases: a prostatic origin in 11 cases, a pulmonary origin in 5 cases, a digestive origin in 2 cases, a mammary origin in one case and a neuroblastoma in one case.

Conclusion: Thanks to improved sampling and immunohistochemistry techniques, the precise histological type and location of the primary tumor could be identified, there by improving the quality of care for patients with increased life expectancy.

Disclosure of Interests: None declared

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AB1034 DEPRESSION AND ANXIETY IN FAMILIAL MEDITERRANEAN FEVER

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Background: Familial Mediterranean Fever (FMF) is a hereditary autoinflammatory disease characterized by recurrent attacks of fever, peritonitis, pleuritis, arthritis, and skin eruption (1). It is shown by studies that chronic diseases like diabetes mellitus, chronic heart disease, hypertension which other than inflammatory rheumatologic disease increase depression and anxiety (2). There are a few studies evaluating depression and anxiety in FMF patients, and these results are conflicting (3,4).

Disclosure of Interests: None declared

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AB1035 INTESTINAL MICROBIOTA COMPOSITION OF ADULT PATIENTS WITH FAMILIAL MEDITERRANEAN FEVER AND HEALTHY CONTROLS (THE RHEUMA-BIOTA STUDY)

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Background: Although Familial Mediterranean Fever (FMF) is a monogenic disease, microbiota composition may play role in the pathogenesis or phenotypic expression.

Objectives: We aim to evaluate the intestinal microbiota composition in patients with FMF and to compare with healthy controls.

Methods: In this prospective cohort study, a group of 10 adult patients with FMF and 10 age-appropriate healthy controls, for which there was strict inclusion/exclusion, were enrolled. Fecal samples were stored at -80°C until DNA extraction. A region of the 16S RNA gene (V3-V4) was selected and sequencing was performed on the Illumina MiSeq platform at the Sequencing and Bioinformatics Service of FISABIO foundation.

Results: Alpha and beta diversity tests were similar between FMF and control groups except that Chao1 index. Chao1 index was modestly decreased in FMF group compared to the healthy controls (p=0.05). Our results showed differences in the intestinal microbiota composition of patients with FMF, with a higher abundance of Eggerthella, at genus level. At species level, Eggerthella sinensis and Eggerthella lenta were more abundant in patients with FMF.

Conclusion: Eggerthella lenta was previously shown to be higher in type II diabetes, multiple sclerosis, rheumatoid arthritis and some disseminated infections. In this study we firstly showed abundance of Eggerthella in patients with FMF, especially in E. sinensis and E. lenta; in addition to whether any of observed associations are causal, or the direction of causality is unclear yet and further studies with patients with FMF at the first diagnosis might clarify this issue.

Disclosure of Interests: None declared

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AB1036 CLINICAL MANIFESTATIONS, CLINICAL COURSE, AND OUTCOMES OF IMMUNOGLOBULIN G4 RELATED DISEASE

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Background: Immunoglobulin G4 related disease (IgG4-RD) is an uncommon chronic systemic autoimmune disease, pathologically characterized by lymphoplasma cell, IgG4 plasma cell or storiform fibrosis infiltration with elevated serum IgG4 level. IgG4-RD is a new disease and not widely recognized.

Objectives: The aim of this study was to describe clinical manifestations and outcomes of IgG4-RD in Thai patients.

Methods: This multicenter retrospective cohort study included patients who aged ≥ 18 years and were diagnosed with IgG4-RD according to 2011 comprehensive or consensus diagnostic criteria, between 2000 and 2019 in four academic centers in Thailand. Baseline characteristic, laboratory and pathologic findings, treatments, and outcomes were systematically recorded.

Results: Of the 110 patients included, 71% were male with mean age (SD) of 59.6 (13.3) years and median disease duration (IQR) of 28.8 (14.6-53.5) months. Single organ involvement was observed in 60 patients (54.5%). The most common presenting organ involvement was the orbit (29%), followed by the salivary glands (19%), lacrimal glands (18%), bile duct (16%), and pancreas (11%). The most frequently affected organs were the orbits (34%), followed by the salivary glands (28%), lacrimal glands (20%), bile duct (15%), and lymph nodes (19%). Ninety-six percent (96%) had IgG4 level of more than 135 mg/dl at presentation. Most patients (92%) were treated with corticosteroid (CS) alone or in combination with immunosuppressive agents. Azathioprine (47%) and methotrexate (11%) were the most commonly used immunosuppressive agents. Additionally, 20% required surgery, and 6.4% underwent stent insertion. One-fourth (26%) were in remission with successfully CS tapering, while 37%, and 29% had complete, and partial response. Nevertheless, 22% relapsed with median time to relapse (IQR) of 22.2 (12.8-41.1) months. Relapse was common in patients with orbital (p = 0.001) and lung (p = 0.007) involvement, and patients with longer disease duration (median 44.1 and 23.1 months, P=0.001), while serum IgG4 level was insignificantly higher in relapse group (median 1,085 vs 850 mg/dL, p=0.28).

Conclusion: IgG4-RD is a chronic systemic autoimmune disease with diverse manifestations, response to treatment, and outcomes. Most patients responded well to CS and immunosuppressive agents with notable relapse rate, while minority required surgery or mechanical intervention.

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AB1037 CANAKINU MBAR FOR TREATMENT OF ADULT ONSET STILL'S DISEASE-DISEASE-RELATED OF THE 24 WEEKS TREATMENT AND BEYOND: A MULTI-CENTRE, PLACEBO-CONTROLLED STUDY (CONSIDER)

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Objectives: To assess the frequency of depression and anxiety in patients with Familial Mediterranean Fever (FMF)

Methods: In this study, 77 FMF patients aged 18 and over who were followed up in Sakarya University Education and Research Hospital, Department of Rheumatology, and 78 healthy volunteers aged 18 and over as the control group. Beck depression scale and Beck anxiety scale were used to assess depression and anxiety, respectively. Beck's depression scale was evaluated as 9 and below normal, 10-16 mild depression, 17-29 moderate depression, 30-63 severe depression. Beck anxiety scale was evaluated as 0-8 normal, 8-15 mild anxiety, 16-25 moderate anxiety, 26 and above severe anxiety. FMF disease severity was determined by Pras scoring.

Results: The study group, comprised 77 diagnosed with FMF with a mean age of 37.18 and a control group comprised of 78 healthy controls (C) with a mean age of 35.32 (p=0.058). In study group (P) %63.6, control group (C) %53.8 as female, %36.4 of the study group (P), %46.2 of the control group are male. (p=0.216). The prevalence of depression was significantly higher in FMF patients compared to the control group (in order P:C normal %24.7, %47.4, mild depression: %40.3, %26.9, moderate depression %26, %19.2, severe depression %11.7, %6.4 p<0.015). Similarly in depression results; the prevalence of anxiety was significantly higher in FMF patients compared to the control group (in order P:C normal %23.4, %27.7, mild anxiety %26, %20.5, moderate anxiety %26, %15.4, severe anxiety %24.4, %4.4 p<0.001). Depression status was not correlated with FMF disease severity (p=0.645). A correlation was found between FMF severity and anxiety which it is which was found statistically significant (p<0.005). There was no relationship between erythrocyte sedimentation rate and C-reactive protein with depression and anxiety.

Conclusion: Both anxiety and depression frequency are increased in FMF patients compared to healthy controls.

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Disclosure of Interests:
[1] None declared

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