AB0915 FREQUENT CONVERSION AND REVERSE CONVERSION OF TUBERCULIN SKIN TEST BUT NOT OF AN INTERFERON GAMMA RELEASE ASSAY (T-SPOT.TB) DURING LONG TERM BIOLOGIC TREATMENT OF RHEUMATIC PATIENTS

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Background: There are limited data regarding the value of tuberculosis (TB) rescreening in rheumatic patients on biologic (bDMARD) therapies who had a negative baseline TB screening.
Objectives: To examine the rates of conversion and reverse conversion at repeated TB screening testing with 2 available assays (tuberculin skin testing-TST and an interferon gamma release assay-IGRA: T-SPOT.TB) in rheumatic patients with negative baseline screening during long term bDMARD treatment.
Methods: Rheumatic patients with negative baseline screening (TST and T-SPOT.TB) were re-screened one year after TNF inhibitor (TNFi) therapy (1st rescreening) and ~6 years later on bDMARDs (2nd re-screening). The rate of conversion and reverse conversions of the 2 assays were recorded. Only patients who did not receive isoniazid (INH) therapy between the 1st and 2nd rescreening were analyzed.
Results: Among 70 patients with negative TB baseline screening, 21 patients with 2 re-screenings available were identified; one patient with TST conversion at the 1st rescreening who converted back to negative at the 2nd rescreening after INH treatment, was excluded from the study. 20 patients were finally included in the study (RA=7, PsA=6, AS=5, other diseases=2). 50% were women with a mean age of 57.1±12.4 years and mean disease duration at the last screening of 13.1±6.2 years. The mean interval between the 1st and 2nd rescreening was 68.6±13 months. At the last evaluation, 90% (18/20) were still on bDMARDs (TNFi=55%, non-TNFi=45%), 45% (9/20) on non-biologic DMARDs and only one patient (5%) on corticosteroids. None of the patients displayed conversion or reverse conversion with T-SPOT.TB compared to 6 (30%) with TST at the 2 rescreenings (p=0.02). At the 1st rescreening, 4/20 (25%) had converted their TST to positive; at the 2nd rescreening, 2 reverted back to negative (1 patient with PsA on etanercept and 1 with RA on steroids, methotrexate and golimumab) while the other 2 remained TST positive (1 with PsA on etanercept and 1 with Still's disease exposed to etanercept, tocilizumab and canakinumab). Among the 16 patients who remained TST and T-SPOT.TB negative at the 1st rescreening, 2 (12.5%) became TST positive at the 2nd rescreening (12 mm and 7 mm, respectively). Both patients were on long term infliximab treatment without history of TB exposure. After thorough evaluation, no evidence of active TB infection was found in any of the 6 patients who converted TST either in the 1st or 2nd rescreening.
Conclusions: Among rheumatic patients with negative baseline TB screening, conversion or reverse conversions were much more frequent with TST compared to an IGRA (T-SPOT.TB) at repeat testings during long term bDMARD therapy. These preliminary findings need to be taken into account while designing the appropriate repeat TB screening strategy for this group of patients.
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AB0916 WHIPPLE DISEASE: A RARE DISEASE DIFFICULT TO DIAGNOSE

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Background: Whipple disease is a very rare disease needing a long term treatment. The most frequent symptoms are recurrent arthralgia or arthritis, chronic diarrhoea, abdominal pain and weight loss.
Objectives: In this work, we have highlighted the main clinical features and diagnostic procedures that lead to the diagnosis and comment on the clinical response, treatment, and the factors of relapse.
Methods: Subjects were recruited from the Internal Medicine and Rheumatologic Departments of an University Hospital from November 1997 to January 2016. Overall, 12 subjects were finally diagnosed.
Results: Mean age was 54.3 years (age range: 30–81), with more male patients (58.3%). Almost all patients had articular symptoms and impaired general condition (91.7%); and a majority had digestive symptoms (75%). Regardless of the symptoms, the most efficient diagnostic tools were the PCR screening on the gastrointestinal biopsies and saliva (83.3% and 72.7% positive results, respectively). More than half of the patients relapsed (55.6%). The relapsing patients were older (63.2 (44–81)) and mostly male with a majority (60%) of digestive symptoms and a delayed diagnosis.
Conclusions: In current practice, it is highly difficult to diagnose Whipple disease. In order to decrease the delay between the first symptoms and the diagnosis, effective tools such as saliva and stools PCR should be used since higher delays of diagnosis lead to a higher number of relapses.
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AB0917 SAFETEY AND EFFICACY OF DIRECT-ACTING ANTIVIRAL AGENTS FOR THE TREATMENT OF HCV IN RHEUMATIC DISEASES: CASE SERIES

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Background: Until approximately 5 years ago interferon (IFN) associated with Ribavirina (RBV) was the gold standard of HCV therapy. Literature data shown that IFN could exacerbate symptoms related to the autoimmune diseases, and flares or intolerance are reported. Recent advances in antiviral therapy had completely modified the HCV infection approach. Direct acting antiviral agents (DAAs) are more efficacious, safer and more tolerable of IFN-HCV treatment.
Objectives: To show safety and efficacy of IFN-free HCV eradication in inflammatory arthritis patients with concomitant immunosuppressive treatment.
Methods: We evaluated 5 patients (M:F=4:1; median age 50±13.4), affected by inflammatory arthritis and concomitant HCV infection requiring eradication, treated with cDMARDs or bDMARDs (anti-TNFα) and DAAs. Demographic data and concomitant medications are showed in table 1.
Results: Patient 01 and 02 were affected by psoriatic arthritis with severe cutaneous and articular involvement. The first one was also under Lamivudina treatment because concomitant HBV infection and cirrhosis. Patient 03 was affected by enteropathic arthritis (RCU), treated with AZA 100 mg. Patient 04 was affected by rheumatoid arthritis and latent TBC under Nicizina 300 mg daily treatment. Patient 05 was affected by ankylosing spondylitis. Before starting DAAs he was treated with Telaprevir/Peg-IFN/RBV but during the treatment vulgar psoriasis with diffuse and severe involvement appeared. IFN-therapy was interrupted and DAAs therapy started with no flares or other adverse events.
Four patients (01, 02, 04, 05) were under anti-TNF-α treatment and 1 patient (03) was under Azatioprina treatment. During therapy with DAAS any flare of autoimmunity disease or adverse events were observed. HCV-RNA was undetectable after 3 months in 4 patients and after 6 months in 1 patient.
Conclusions: For all of patients IFN-free therapy was efficacious (blood-HCV-RNA undetectable after treatment) and safe (no adverse events). DAAs therapy could be the best choice to HCV eradication in patients affected by autoimmune rheumatic diseases treated with immunosuppressive drugs.
References:
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Abstract AB0917 – Table 1. Demographic data and concomitant medications

Pts	Age	Diagnosis	Concomitant liver injury	Concomitant Therapy	HCV IFN-free treatment	HCV title Before	HCV title After	Duration of treatment (months)	AE/flare (n)
01	62	PA	HBV infection	INFLIXIMAB	+ Ribavirina + Declatasvir + Sofosbuvir	2110126 2110126	<12	6	0
02	52	PA	No	ADALIMUMAB	+ Ribavirina + Sofosbuvir	2235436	<12	3	0
03	61	EnA	HBV infection	AZATIOPRINA	+ Desabuvir + Ombitasvir + Paritaprevir + Ritonavir	7034701	<12	3	0
04	46	RA	No	ETANERCEPT	+R ibavirina + Sofosbuvir	2633651	<12	3	0
05	29	SA	No	ETANERCEPT	+ Ribavirina + Desabuvir + Ombitasvir + Paritaprevir + Ritonavir	2168665	<12	3	0