Table 1. Adverse events with isoniazid at months 1 and 3 and after month 3

	Month 1 (n=232)			Month 3 (n=222)			After month 3 (n=214)		
Adverse events, n (%)	Total	Requiring switching	Requiring suspension	Total	Requiring switching	Requiring suspension	Total	Requiring switching	Requiring suspension
Hepatotoxicity	38 (16.4)	6 (2.6)	0	33 (14.9)	5(2.3)	2 (0.9)	16 (7.5)	2 (0.9)	0
Gastrointestinal side effects	4 (1.3)	3 (1.3)	1 (0.4)	3 (1.5)	0	3 (1.5)	2 (0.9)	0	1 (0.5)
Cutaneous toxicity	2 (0.9)	1 (0.4)	0	0	0	0	0	0	0
Dizziness	1 (0.4)	1 (0.4)	0	0	0	0	0	0	0
Total	44 (19)	11 (4.7)	1 (0.4)	36 (16.2)	5 (2.3)	5(2.2)	18 (8.4)	2 (0.9)	1 (0.5)

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POS1343 ABNORMAL ELECTROCHEMICAL SKIN CONDUCTANCE VALUES IN PATIENTS WITH AA AMYLOIDOSIS

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Background: Clinical manifestations are scarce in AA amyloidosis (AAA) and, contrary to other types of amyloidosis, involvement of the peripheral nervous system was rarely reported in AAA. However, the usual absence of hypertension despite chronic renal failure and the digestive involvement may be secondary to dysautonomia, but the autonomic nervous system has rarely been studied in AAA (1). Measure of the electrochemical skin conductance (ESC) is a simple and reproducible method to evaluate the function of eccrine sweat glands, which are innervated by small non-myelinated C fibers, and patients with AL and hereditary transthyretin amyloidoses show decreased ESC values (2,3).
Objectives: To evaluate ESC values by Sudoscan in patients with AAA.
Methods: Patients diagnosed as having AAA based on positive immunohistochemistry with an anti-serum amyloid A antibody followed at the national reference center for AAA in Tenon Hospital between July, 2017 and September, 2020, were routinely assessed for ESC with FDA approved Sudoscan (Impeto Medical, Paris, France). An ESC value above 60 microSiemens (µS) or 70 µS were considered normal for hands or feet, respectively. Categorical variables are reported as percentages and continuous variables are expressed as means±standard deviation. Correlations between age, body mass index (BMI), hemoglobin levels, C-reactive protein levels, estimated glomerular filtration rate using the Chronic Kidney Disease Epidemiology Collaboration equation (defined as 0 for dialysis patients) and ESC values were calculated using the nonparametric Spearman test. GraphPad Prism Version 7 software (GraphPad Software, San Diego, California, USA) was used for statistical analyses. A p-value <0.05 was considered as statistically significant.
Results: Overall, 32 patients (16 women) were included, with a mean age of 57.4±13.6 years and a mean BMI of 25.2±6.8 kg/m^2. Six (19%) had diabetes mellitus, and 5 (16%) had a kidney transplantation. The main causes of AAA were: monogenic autoinflammatory diseases (n=11, 34%, including 9 patients with familial Mediterranean fever), chronic and/or recurrent infections (n=5, 16%), obesity (n=3, 9%) and undefined (n=3, 9%). The mean hands' ESC values was normal at 65.5±21.1 µS, although 8 (25%) patients had ESC values below 60 µS, including 2 diabetic patients. In contrast, the mean feet's ESC values was abnormal at 62.7±23.7 µS, including half of the patients with ESC values below 70 µS (2 diabetic patients). Eight patients had abnormal ESC values only for feet, and 1 had abnormal values only for hands. Apart from a significant correlation between feet and hands' ESC values (p<0.0001), only the estimated glomerular filtration rate was significantly associated with hands' ESC values (p<0.01).
Conclusion: To our knowledge, this is the first study to assess ESC in AAA. Feet's ESC values were moderately impaired in half of the patients with AAA. Therefore, this study reinforces the previously reported alterations in the autonomic nervous system in patients with AAA that should probably be searched for in these patients. In addition, the identification of an alteration of the ESC values cannot allow to distinguish the type of amyloidosis.

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POS1344 EVALUATING THE MULTIVISCERAL INVOLVEMENT ON ADULT-ONSET STILL'S DISEASE TO RETRIEVE IMAGING-BASED DIFFERENCES IN PATIENTS WITH AND WITHOUT MACROPHAGE ACTIVATION SYNDROME; RESULTS FROM A SINGLE-CENTRE OBSERVATIONAL STUDY

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Background: Adult-onset Still's disease (AOSD) is a rare systemic inflammatory disorder usually affecting young adults, burdened by life-threatening complications, mainly macrophage activation syndrome (MAS), a secondary form of hemophagocytic lymphohistiocytosis [1]. In this context, the importance of an accurate assessment of AOSD is suggested to promptly recognise the multivisceral involvement of the disease which is associated with life-threatening complications. The assessment of the most aggressive subsets of the disease could guide the clinicians when to apply additional resources but avoiding unnecessary expenditures in patients with a less severe clinical picture.
Objectives: In this study, we aimed at describing the multivisceral involvement of the disease to retrieve imaging-based differences in AOSD patients with and without MAS.
Methods: The present evaluation has been designed as a cross-sectional study to descriptively compare the multivisceral involvement in AOSD patients with and without MAS. Patients admitted to our Institution, who underwent a total body CT scan, were selected from our historical cohort and assessed. Clinical and CT scan characteristics of AOSD patients with and without MAS were compared. Clinical and CT scan characteristics of AOSD patients with and without MAS were analysed by parametric or non-parametric t tests for all continuous variables, and chi squared test was used for categorical ones, as appropriate. Furthermore, possible correlations among radiological outcomes with laboratory markers and systemic score were estimated by using a point-biserial coefficient correlation.
Results: This study evaluated 39 AOSD patients (men 64.1%), mean age of 48.8±16.6 years). Out of those, 14 patients (35.9%) were complicated by MAS. These patients showed higher values of ferritin [AOSD: 770.0 (1306.5) ng/mL vs MAS: 2926.3 (4918.5) ng/mL p=0.003] and systemic score (AOSD: 4.6±1.4 vs MAS: 6.9±1.7, p<0.0001). AOSD patients with MAS presented a higher prevalence of lung disease than others (AOSD: 56.0% vs MAS 85.7% p=0.048). Lung disease correlated with the systemic score (coefficient 0.491, p=0.003). AOSD patients with MAS were more frequently characterised by hepatomegaly (AOSD: 12.0% vs MAS: 50.0% p=0.019) and splenomegaly (AOSD: 16.0% vs MAS 50.0% p=0.033), respectively, than others. Hepatomegaly correlated with CRP (coefficient 0.421, p=0.016), ferritin (coefficient 0.397, p=0.020), and systemic score (coefficient 0.391, p=0.022). Furthermore, the presence of splenomegaly correlated with the systemic score (coefficient 0.439, p=0.009). CT scan features of abdominal effusions were more frequently observed in AOSD patients with MAS than those without this complication (AOSD: 12.0% vs 57.1% p=0.007).

Finally, a higher percentage of AOSD patients with MAS showed a significant lymph node enlargement, either mediastinal or abdominal, than others on CT scan (AOSD: 36.0% vs MAS 71.4% p=0.048). The presence of lymphadenomegaly correlated with the systemic score (coefficient 0.368, p=0.032).
Conclusion: Our findings showed a higher prevalence of multiorgan involvement in AOSD patients with MAS, suggesting imaging-based differences, although other studies are needed to fully assess this issue. Pulmonary disease, hepatomegaly, splenomegaly, lymph nodes enlargement, and abdominal effusions were associated with these more aggressive patients.
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POS1345 PULMONARY ARTERY PSEUDOANEURYSMS IN BEHCET'S DISEASE

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Background: Pulmonary artery pseudoaneurysms (PAP) is a serious complication of Behcet's Disease (BD).
Objectives: The aim of this work is to analyze, through 4 observations, the clinical, para-clinical and therapeutic aspects of PAP.
Methods: Matériels et méthodes:
Retrospective study including 4 cases of PAA among 150 patients who satisfied the criteria of the International Study Group on BD, followed in the Internal Medicine and Radiology Departments at Tahar Sfar Hospital Mahdia TUNISIA.
Results: Résultats:
Four men, with an average age of 27 years (20-34). PAPs were inaugural, and multiple (>3) in 3 cases and associated with pulmonary embolism in 2 cases. Hemoptysis was the main clinical symptom. All patients were treated with high-dose corticosteroid therapy combined with monthly boluses of cyclophosphamide in addition to colchicine. Two patients had undergone arterial embolization. Surgery was indicated for 2 patients, one of whom died after surgery as a result of massive hemoptysis. The others had a favorable outcome.
Conclusion: PAP severity justifies the necessity of early diagnosis and management. The thoracic angio-CT is the imaging of choice for diagnosis. The treatment is based on a corticosteroid therapy and immunosuppressive association with possibly a selective embolization.
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POS1346 CLINICAL ASSOCIATIONS OF ANTI-RO52 ANTIBODIES IN PATIENTS WITH SYSTEMIC AUTOIMMUNE RHEUMATIC DISEASES

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Background: Anti-SSA/Ro antibodies (Abs) can target Ro60 and Ro52 antigens. The presence of anti-Ro60 Abs has been widely described in patients with systemic autoimmune rheumatic diseases (SARDs). However, the clinical implication of anti-Ro52 Abs for the diagnosis and management of SARDs remains unclear.
Objectives: To assess the clinical associations of anti-Ro52 antibodies in patients with high clinical suspicion of SARDs.
Methods: We retrieved the clinical records of all patients with positive anti-Ro52 Abs tested in our hospital between November 2017 and September 2020. Patients were divided into 3 groups: 1) anti-Ro52+Ro60+2) antiRo52+Ro60-3) antiRo52+Ro60+ with other Abs. A comparative study between groups was performed.
Results: 57 patients (43 women/14 men; mean age 62.1±13.6 years) with antiRo52+ Abs were identified. Final diagnosis were: undifferentiated connective tissue disease (UCTD) (n=13), anti-synthetase/overlap myositis (n=12), Sjögren's syndrome (n=7), interstitial pneumonia with autoimmune features (IPAF) (n=6), scleroderma (n=4), systemic lupus erythematosus (n=2), dermatomyositis (n=2), other systemic inflammatory diseases (n=3). In 8 (14%) patients the diagnosis of inflammatory diseases was finally ruled out. 27 patients were classified in the Ro52+Ro60+ group, 11 in the Ro52+Ro60- group and 19 Ro52+ with other Abs. Patients with Ro52+Ro60- were younger and more often women than patients with Ro52+Ro60+.Interstitial lung disease (ILD) was less frequent in patients with Ro52+Ro60-(Table 1**).** Isolated Ro52 Abs were more frequently associated with UCTD, while IPAF was more commonly found in patients with anti-Ro52+Ro60+ Abs (Table 1 **and** Figure 1).

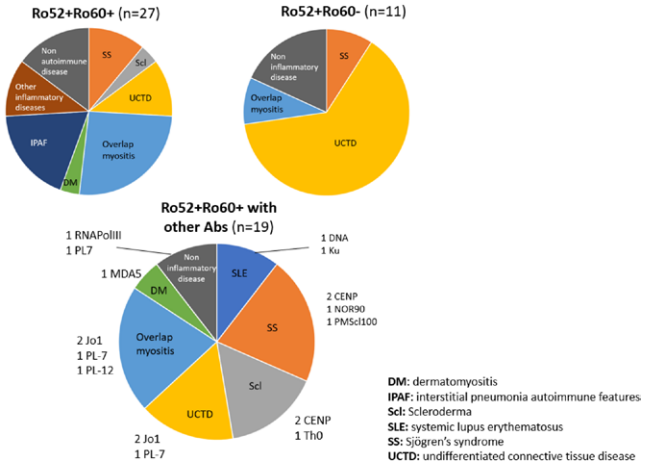

Figure 1.

Conclusion: Anti Ro52 Abs determination has clinical implications in the diagnosis of SARDs.

Table 1.

	Anti-Ro52+Ro60+ (n=27)	Anti-Ro52+Ro60- (n=11)	Anti-Ro52+Ro60+ with other Abs (n=19)
Age (years), mean ± SD	65.7 ± 10.0	53.8 ± 18.0*	61.7 ± 13.6
Sex (females), n (%)	19 (70.4)	10 (90.9) *	14 (73.7)
Clinical manifestations at anti-Ro52 determination, n (%)			
Arthralgias/arthritis	18 (66.7)	7 (63.6)	14 (73.7)
Raynaud's phenomenon	9 (33.3)	4 (36.4)	9 (47.4)
Myopathy	4 (14.8)	1 (9.1)	2 (10.5)
Final diagnosis, n (%)			
Systemic lupus erythematosus	0 (0)	0 (0)	2 (10.5)
Sjögren's syndrome	3 (11.1)	1 (9.1)	4 (21.1)
Scleroderma	1 (3.7)	0	3 (15.8)
Undifferentiated connective tissue disease	3 (11.1)	7 (63.6) **	3 (15.8)
Overlap myositis	7 (25.9)	1 (9.1)	4 (21.1)
Dermatomyositis	1 (3.7)	0	1 (5.3)
IPAF	5 (18.5) **	0	0
Other systemic inflammatory diseases	3 (11.1)	0	0
Non inflammatory disease	4 (14.8)	2 (18.2)	2 (10.5)
Comorbidities, n (%)			
ILD	11 (40.7)	1 (9.1) **	7 (36.8)
Malignancy	5 (18.5)	1 (9.1)	0 (0.0)

*** p< 0.05** (Ro52+Ro60+ *vs* Ro52+Ro60-)
**** p< 0.05** (Ro52+Ro60+ *vs* Ro52+**Ro60**- *vs* Ro52+Ro60+ with other Abs)

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POS1347 IMPACT OF CANAKINUMAB AND ANAKINRA ON PATIENT-REPORTED OUTCOMES IN ADULT-ONSET STILL'S DISEASE PATIENTS

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Background: Adult-onset still's disease (AOSD) is a rare systemic inflammatory disease. Interleukin-1 (IL1) blockade has shown to be crucial for the management of refractory AOSD patients. The IL1 inhibitors anakinra and canakinumab are both effectively used in clinical practice for the management of AOSD. No data are available on the impact of these therapies on patient-reported outcomes (PROs).
Objectives: To assess the impact of ANK and CNK therapies on PROs of AOSD patients.
Methods: Medical records of AOSD patients followed up at our Institution who had been treated with both ANK and CNK were identified. Disease features were retrospectively collected. All patients were initially treated with ANK and