Disclosure of Interest: None declared
DOI: 10.1136/annrheumdis-2018-eular.5671

THU0610 SERUM CALPROTECTIN LEVELS IN BEHÇET'S DISEASE: RELATIONSHIPS BETWEEN DISEASE ACTIVITY AND CLINICAL PARAMETERS

M. Torgutalp[1], A.B. Kelesoglu Dincer[1], E.M. Yayla[1], E. Uslu Yurteri[1], E.I. Okatan[1], G.E. Aydemir Guloksuz[1], S. Sezer[1], E. Us[2], G. Kinikli[1], M.T. Turgay[1], A. Ates[1]. *[1]Rheumatology, [2]Microbilogy, Ankara University Faculty of Medicine, Ankara, Turkey*

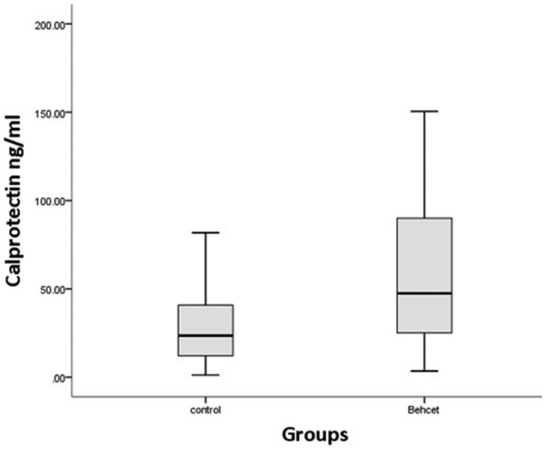
Background: Behçet's disease (BD) is an inflammatory disease with chronic systemicvasculitis. The disease is characterised by attacks of oral and genital ulcers, skin lesions, arthritis, uveitis and deep vein thrombosis. The main histopathologic feature is known to be vascular inflammatory changes. Calprotectin is expressed by granulocytes, monocytes and endothelial cells, and produce an inflammatory response in human microvascular endothelial cells.
Objectives: The aim of this study was to evaluate serum calprotectin levels and their relationships with disease-related variables in patients with BD.
Methods: Forty-eight patients diagnosed with BD according to International Study Group of BD classification criteria and 22 demographically matched healthy control subjects participated in this study. Calprotectin levels were measured in blood samples from patients and controls. The disease durations of the patients were between 1 and 28 years. The Behçet's Disease Current Activity Form (BDCAF), that scores the history of clinical features presenting during four weeks prior to the day of assessment, and *Behçet's Syndrome* Activity Scale (*BSAS)* were used for the evaluation of disease activity.
Results: Mean serum calprotectin levels were significantly higher in patients withBD compared to the control group (60.6±43.8, 37.6±37.5, respectively; p=0.037) (Figüre 1). Distribution of age (years; 40.6±12.9, 46.6±11.4, respectively; p=0.075) and sex (male; 62.5%, 45.5%, respectively, p=0.191) between these groups were similar. In the comparison of the calprotectin levels of the patients with or without the components of BD, we found significantly higher levels of calprotectin in patients with oral and genital ulceration versus without these involvements (table 1). Since there were only 2 uveitis patients in this patient group, no calculations were made on uveitis. Serum calprotectin was significantly associated with BDCAF, BSAS, patient's impression of disease activity, clinician's impression of disease activity, ESR (Erythrocyte sedimentation rate) and CRP (C-reactive protein) (table 2).

Abstract THU0610 – Table 1. Comparison of calprotectin levels of patients with or without the components of disease activity

	(n)	Calprotectin (ng/ml)	P value
Oral ulceration	yes[29] no[19]	73.2±46.2 41.4±32.3	0.007
Genital ulceration	yes[9] no[39]	94.5±45.6 52.8±40.0	0.009
Erythema nodosum	yes[5] no[43]	82.9±45.1 58.0±43.5	0.23
Skin pustules	yes[18] no[30]	66.0±48.7 57.3±41.1	0.51
Arthritis	yes[15] no[33]	57.5±43.1 62.1±44.7	0.74
Vascular activation	yes[9] no[39]	59.5±52.3 60.9±42.4	0.93

Abstract THU0610 – Table 2. Correlation between calprotectin level and disease characteristics in patients with BD

	Calprotectin	p
BSAS	0.409	0.004
BDCAF	0.375	0.009
Patient's impression of disease activity	0.401	0.005
Clinician's impression of disease activity	0.385	0.007
ESR	0.440	0.002
CRP	0.312	0.031



Abstract THU0610 – Figure 1 Serum. calprotectin levels in BD and control groups

Conclusions: Our study demonstrated that serum calprotectin levels were significantly higher in patients with BD relative to the control group, and were significantly correlated with disease activity scores. The presence of a newly-developed genital and oral ulceration may be associated with higher levels of calprotectin. It can be concluded that serum calprotectin level seems to be useful marker to monitor disease activity in BD.
Disclosure of Interest: None declared
DOI: 10.1136/annrheumdis-2018-eular.5066

THU0611 ANAKINRA TREATMENT IN PATIENTS WITH FAMILIAL MEDITERRANEAN FEVER: A SINGLE-CENTRE EXPERIENCE

B. Ergezen, S. Ugurlu, H. Ozdogan. *Division of Rheumatology, Department of Internal Medicine,, Cerrahpasa Medical Faculty, University of Istanbul, Istanbul, Turkey*

Background: Approximately 5 to 10% of FMF patients do not respond to colchicine treatment and/or intolerant to colchicine due to side effects. Several case reports and case series have pointed out the efficacy of IL-1 blockade in colchicine resistant FMF subgroup.
Objectives: To review the patients followed in our centre with FMF who received anakinra, an anti-IL-1 receptor antagonist, because of insufficient colchicine response.
Methods: FMF patients who were treated with anakinra were retrospectively reviewed with regard to indication, effect on disease activity and acute phase response, adverse events. Patient global assessment was recorded before and after anakinra treatment.
Results: There were 48FMF patients with FMF who were treated with anakinra for various indications (colchicine resistant recurrent febrile attacks in 42, colchicine related side effects in 6). The mean age of the group was 31.8±9.2 years. The mean duration of the disease was 12.3±7.9 years. There were various co-existing pathologies among this study group like multiple sclerosis,[1] ankylosing spondylitis,[1] SLE,[1] Behçet's disease,[1] low grade lymphoma,[1] psoriasis,[2] vasculitis[2] and PAN.[2] The mean colchicine dose was 2,13±0,51 mg/d. The mean duration of anakinra treatment was 14.47±10.8 months. Twenty seven patients reported no attacks after anakinra treatment whereas 10 patients reported at least 50% decrease in the attack frequency. There are 4 patients who were primarily irresponsive to the therapy, whereas in 5 patients response to therapy ameliorated during the course of the treatment. Mean patient global assessment decreased from 8.58±1.2 to 2.72±3.16 under anakinra treatment (p=0.001).
Four patients had severe allergic reactions (severe disseminated rash in 1 patient and severe injection site reaction in 3 patients) and therefore the drug was stopped. Two patients had infections (one had genital warts and urinary tract infection, the other had sinusitis and folliculitis) and the treatment was terminated.

Ann Rheum Dis: first published as 10.1136/annrheumdis-2018-eular.5066 on 12 June 2018. Downloaded from http://ard.bmj.com/ on December 11, 2021 at AMS/ANKUNIV*VETERINER P O Box 750. Protected by copyright.