

sinuses may suggest sinonasal involvement of this chronic granulomatous disease in patients with symptoms of sinusitis. Single center experience of first line steroid sparing agent is Methotrexate, although individual patient co-morbidities drive this decision. Although uncommon, coexistent sinonasal sarcoidosis should be considered during the evaluation of sarcoid patients.

#### References:

- [1] Reed J, DeShazo R, Houle T et al. Clinical features of Sarcoid Rhinosinusitis. *The American Journal of Medicine*, 2010, 123: 856-862.
- [2] Hopkins C, Browne J, Slack R et al. The Lund-Mackay staging system for chronic rhinosinusitis: How is it used and what does it predict? *Otolaryngology- Head and Neck Surgery*, 2007, 137: 555-561.

**Disclosure of Interest:** R. Joshi: None Declared, J. Zenga: None Declared, A. Getz: None Declared, N. Debnath Consultant for: Entellus Medical, Speakers Bureau: Alcon

### THU0404 VITAMIN D LEVEL IN PATIENTS WITH EARLY ARTHRITIS. A PRELIMINARY REPORT

R. Sokolik, M. Madej, B. Nowak, L. Korman, P. Wiland. *Department of Rheumatology, Medical Academy, Wrocław, Poland*

**Background:** Vitamin D, because of its pleiotropic effect, is involved in many aspects of pathophysiology including calcium-phosphorus metabolism, cellular growth and differentiation and immune functions. Epidemiological studies suggest that deficiency of vitamin D may be a risk factor of many conditions including autoimmune diseases such as rheumatoid arthritis or systemic lupus erythematosus [1,2]. There are reports showing an inverse relationship between vitamin D concentrations and measures of disease activity in early inflammatory arthritis [3]. But some other data are conflicting [4].

**Objectives:** To estimate the vitamin D status in patients with early arthritis and to find relationship with some relevant features of disease activity. To examine associations between 25(OH)D level and current treatment.

**Methods:** The study participants were patients with the diagnosis of early arthritis (lasting <2years) hospitalized in the Dept. of Rheumatology University Hospital, Wrocław, Poland. 25(OH)D was measured in serum samples using commercial ELISA kit, all the necessary data concerning disease activity were also collected. Functional status was derived from HAQ questionnaire. Patients were diagnosed as having vitamin D deficiency when serum level of 25(OH)D were under 30 ng/ml.

**Results:** A total of 39 patients (31 women, 8 men.), mean age 45.2±16.8 years were included in the study. In analyzed group mean disease duration was 6.3±7.3 months. Estimated disease activity according to DAS28 had a mean value 4.8±1.4. Mean serum level of 25(OH)D was 18.1±9.4 ng/ml. Only 2 out of 39 patients had 25(OH)D level over 30 ng/ml, the rest had under 12 ng/ml (severe deficiency). There was no correlation between vitamin D level and parameters of disease activity (ESR, C reactive protein, DAS28, morphologic parameters of the peripheral blood) or functional status. There was also no differences in 25(OH)D serum concentrations among women and men. Analyzing the influence of the treatment on 25(OH)D levels, the levels was significantly higher in patients treated with sulphasalazine, compared to those not treated with any of the disease modifying antirheumatic drugs. The use of corticosteroids (mean dose of prednisone in the study group was 10.4±8.6 mg per 24h) did not influence the 25(OH)D serum level significantly.

**Conclusions:** The prevalence of vitamin D deficiency among patients with early arthritis is very high. The appropriate treatment regimens seem to influence the serum 25(OH)D levels. In contrast to earlier reports with recent-onset inflammatory arthritis, in our study, there were no associations between 25(OH)D levels and disease activity.

#### References:

- [1] Fletcher JM, Basdeo SA et al. Therapeutic use of vitamin d and its analogues in autoimmunity. *Recent Pat Inflamm Allergy Drug Discov*.2012 Jan 1;6(1):22-34.
- [2] Cutolo M, Pizzorni C, Sulli A. Vitamin D endocrine system involvement in autoimmune rheumatic diseases. *Autoimmun Rev*.2011 Dec;11(2):84-7.
- [3] Patel S, et al. Association between serum vitamin D metabolite levels and disease activity in patients with early inflammatory polyarthritis. *Arthritis Rheum*. 2007; 56(7):2143-9.
- [4] Craig SM, Yu F, Curtis JR, Alarcón GS et al. Vitamin D status and its associations with disease activity and severity in African Americans with recent-onset rheumatoid arthritis. *J Rheumatol*.2010 Feb;37(2):275-81.

**Disclosure of Interest:** None Declared

### THU0405 CHARACTERIZATION OF THE GROUP OF PATIENTS WITH IGG4-RELATED SYSTEMIC DISEASE IN RUSSIAN POPULATION

S. Sedyshev<sup>1</sup>, V. Vasilyev<sup>1</sup>, A. Kovrigina<sup>2</sup>. <sup>1</sup> *Research Institute of Rheumatology of Rams;* <sup>2</sup> *Hematology Research Centre, Moscow, Russian Federation*

**Objectives:** to describe a group of patients with IgG4-related systemic disease (IgG4-RSD), followed up in the Institute of Rheumatology, Moscow, Russia

**Methods:** Between 2008 and 2011 25 patients were diagnosed with IgG4-RSD. Of these, male - 12, female - 13, mean age - 43.6 years (22 - 71).

The diagnosis was based on clinical features, evaluation of serum IgG4 level (>1,35 g/l), histological and immunomorphological examination of affected tissue specimens using IgG, IgG4, CD20, CD138 and κ/λ staining.

**Results:** As part of the IgG4-RSD 32% (n=8) of patients were diagnosed with multifocal fibrosclerosis, IgG4-associated sclerosing orbit pseudotumor (sclerosing dacryoadenitis, solitary fibrotic mass, fibroplasia of extraocular muscles and orbit fat)-28% (n=7), retroperitoneal fibrosis (Ormond's disease) with periaortic mass, often compressing ureter-16% (n=4), Miculicz's disease-8% (n=2), Küttner's tumor-4% (n=1), autoimmune pancreatitis (AIP) (type I), mediastinal fibrosclerosis and juvenile xanthogranuloma of the orbit-by 4% (n=1) respectively. Among affected areas were orbit (n=17), salivary (parotid and submandibular) glands (n=8), retroperitoneum (n=5), sinuses (n=3), mediastinum (n=2), pancreas (n=2), lymph nodes (n=1), biliary ducts (n=1). Serum IgG4 was elevated >1,35g/l in 65% of patients (1,5-16,5 g/l). IgG4-staining of plasma cells was diagnostic in 100% of cases with maximum IgG4/IgG ratio - 50%. All cells were polyclonal. Highest levels of IgG4 were detected in cases of Miculicz's disease. Histology showed the absence of fibroplasia, MALT-tissue formation with no lymphoepithelial lesions and the abundance of IgG4-expressing plasma cells.

**Conclusions:** In Russian IgG4-RSD cohort multifocal forms prevail predominantly with orbital affection. Relatively few patients with AIP were found.

**Disclosure of Interest:** None Declared

### THU0406 EVALUATION OF PERIODONTAL PARAMETERS IN PATIENTS WITH FAMILIAL MEDITERRANEAN FEVER

S. Senel<sup>1</sup>, V. Bostanci<sup>2</sup>, H. Tokar<sup>2</sup>, S. Safak<sup>3</sup>. <sup>1</sup> *Rheumatology, Erciyes University, Kayseri;* <sup>2</sup> *Periodontology, Cumhuriyet University, Faculty of Dentistry, Sivas;* <sup>3</sup> *Internal Medicine, Gazi Osmanpaşa University, Faculty of Medicine, Tokat, Turkey*

**Background:** Familial Mediterranean fever (FMF) is a self-limiting autosomal recessive disorder characterized by recurrent attacks of fever and inflammation in the peritoneum, synovium or the pleura. It is not clear whether the periodontal tissues are also affected or not in the course of the disease.

**Objectives:** There are very limited data on periodontal parameters in patients with FMF. The aim of this study was to compare periodontal findings in FMF patients with healthy controls.

**Methods:** Eighty four patients (68 female, 16 male mean age: 32.2±1.2), diagnosed with FMF who applied from Rheumatology Department to Faculty of Dentistry Periodontology Department and 75 systemic healthy controls (59 female, 16 male, mean age: 30.9±1.2) were included in this study. DMFT (decayed, missing, filled teeth) values, plaque index (PI), gingival index (GI), probing depth (PD), clinical attachment level (CAL), radiographic findings were evaluated.

**Results:** At the end of the study statistical analyses showed no significant differences in DMFT values among groups (p>0,05). PI and GI were significantly higher in the FMF group than in control group. PD and CAL values were statically lower in FMF group than in control (p<0,05) All results were shown in Table 1.

Table 1

	Group	N	Mean	Std. Deviation	Result
PI	FMF	84	1,64	0,62	
	Control	75	1,30	0,65	p=0.001*
GI	FMF	84	1,71	0,49	t=3.90
	Control	75	1,37	0,59	p=0.001*
PD	FMF	84	1,84	0,42	t=4.35
	Control	75	2,27	0,75	p=0.001*
AL	FMF	84	1,91	0,47	t=4.16
	Control	75	2,34	0,78	p=0.001*
Decayed teeth	FMF	84	1,19	1,54	t=0.89
	Control	75	1,48	2,45	p=0.370
Missing teeth	FMF	84	3,14	4,32	t=1.09
	Control	75	2,45	3,49	p=0.274
Filled teeth	FMF	84	1,03	1,77	t=0.37
	Control	75	1,14	2,00	p=0.712
DMFT	FMF	84	5,36	4,59	t=0.39
	Control	75	5,08	4,59	p=0.693

**Conclusions:** FMF patients can be more susceptible to periodontal diseases than the control group because of higher GI and PI values. Patients should receive dental treatments when necessary and be motivated to have an optimal oral hygiene.

**Disclosure of Interest:** None Declared

**THU0405** CHARACTERIZATION OF THE GROUP OF PATIENTS WITH IGG4-RELATED SYSTEMIC DISEASE IN RUSSIAN POPULATION

S. Sedyshev<sup>1</sup>, V. Vasilyev<sup>1</sup>, A. Kovrigina<sup>2</sup>. <sup>1</sup> *Research Institute of Rheumatology of Rams;* <sup>2</sup> *Hematology Research Centre, Moscow, Russian Federation*

**Objectives:** to describe a group of patients with IgG4-related systemic disease (IgG4-RSD), followed up in the Institute of Rheumatology, Moscow, Russia

**Methods:** Between 2008 and 2011 25 patients were diagnosed with IgG4-RSD. Of these, male - 12, female - 13, mean age - 43.6 years (22 - 71).