progressive improvement of the nephritis and upper airway symptoms, as well as partial regression of the retroorbital pseudotumor.
Conclusion: ANCA-associated vasculitis does not usually present in childhood and more rarely initially presents with pseudotumor retroorbital, we bring attention to the two years delay for the diagnosis and importance of knowledge of ophthalmologists and rheumatologists for the possibility of this diagnosis to avoid permanent organic damage for these patients.

Consent for publication
The authors declare that they have obtained informed written consent from the patient's tutors for publication

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RHEUMATIC DISEASE AUTOANTIBODIES IN PATIENTS WITH AUTOIMMUNE THYROID DISEASES

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Background: Patients with autoimmune thyroid diseases (ATD) such as Graves' disease (GD) and Hashimoto's thyroiditis (HT) may have non-organ specific autoantibodies such as ANA (antinuclear antibodies) and RF (rheumatoid factor). In this study, we aimed to study the prevalence of rheumatic diseases autoantibodies in ATD patients without known rheumatic diseases and its association with the patient's clinical profile. We follow positive non-organ specific autoantibodies ATD individuals to see if they developed a rheumatic disorder.
Methods:154 ATD patients (70 HT and 84 GD; mean age 45.3±14.2) had determination of ANA by immunofluorescence (Hep-2 cells as substrate), ENA profile by ELISA kits and RF by latex agglutination. Clinical data was obtained through chart review. Patients were followed for the mean period of five years.
Results:Positive ANA was found in 17.5%: anti Ro/SS-A in 4/154 (2.5%); anti RNP in 4/154 (2.5%) and anti La/SS-B in 3/154 (1.9%). None had anti-Sm antibodies. RF was detected in 7.7%. All but one ANA positive patient were females. Tables 1 and 2 show the comparison of patients with and without autoantibodies. None of the autoantibody positive patients developed clinical rheumatic diseases during the observation.
Conclusion: We found 17.5% of prevalence of rheumatic autoantibodies in ATD patients without rheumatic diseases. None of them favored the appearance of clinical rheumatic disorder during the period of five years.

References

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Table 1 (abstract P393). COMPARISON OF AUTOIMMUNE THYROID DISEASE PATIENTS WITH AND WITHOUT ANTINUCLEAR ANTIBODY (ANA)

TABLE 1- COMPARISON OF AUTOIMMUNE THYROID DISEASE PATIENTS WITH AND WITHOUT ANTINUCLEAR ANTIBODY (ANA)

	Positive ANA N=27	Negative ANA N= 127	P
Median age (years)	49[41-57]	46[34-55.2]	0.16
Caucasianethnic background (n)	20/27[74%]	98/127[77.1%]	0.82
Graves/Hashimoto (n)	13/14	71/56	0.46
Positive RheumatoidFactor (n)	5/27[18.5%]	7/127[5.5%]	**0.03(§)**
Smokers	5/27[18.5%]	22/127[17.3%]	0.88
Arthralgias (n)	15/27[55.5%]	79/127[62.2%]	0.52
Tapazole and propylthiouracil users (n)	3/27[11.1%]	12/127[9.4%]	1.00
Median daily T4 dose (µg/Kg)	1.45[1.12-1.81]	1.58[1.20-1.93]	0.91

(§) OR=3.89; 95%CI=1.13-13.39

Table 2 (abstract P393). COMPARISON OF AUTOIMMUNE THYROID DISEASES PATIENTS WITH AND WITHOUT RHEUMATOID FACTOR (RF)

TABLE 2- COMPARISON OF AUTOIMMUNE THYROID DISEASES PATIENTS WITH AND WITHOUT RHEUMATOID FACTOR (RF)

	Positive RF N=12	Negative RF N=142	p
Median age (years)	55.8±14.5	44.8±13.8	**0.007**
Caucasianethnic background (n)	10/12[83.3%]	108/142[76.0%]	0.83
Graves/Hashimoto	8/4	76/66	0.54
Tobaccoexposure (n)	5/12[41.6%]	22/142[15.4%]	**0.03(#)**
Arthralgias (n)	9/12[75%]	85/142[59.8%]	0.56
Tapazole and propylthiouracil users (n)	2/12 [16.1%]	13/142 [9.1%]	0.33
Median daily T4 dose (µg/kg)	1.52[1.21-1.79]	1.54 [1.19-1.93]	0.70

(#) OR=3.8; 95% CI= 1.1-13.3

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RHEUMATOID ARTHRITIS AND METABOLIC SYNDROME: A PROSPECTIVE AND LONG-TERM COHORT OF ESTABLISHED RA PATIENTS

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Background: Epidemiologic studies suggest that rheumatoid arthritis (RA) is an independent risk factor for cardiovascular disease, and that the level of risk is influenced by the occurrence of metabolic syndrome (MS).
Methods: A prospective cohort of 283 RA patients was followed between 2008 and 2016. MS was defined according to the National Cholesterol Education Program (NCEP). Disease activity was assessed using the Disease Activity Score (DAS28). Clinical, anthropometric and biochemical evaluations were performed in both periods. A multivariate model was developed to investigate possible risk factors for the development of MS.
Results: Of 283 RA patients, 187 subjects were able to complete the evaluation in 2016. The sample consisted of 158 women (84.5%) and the mean age was 61.4 ± 10.9 years. There was a significant increase in the prevalence of MS (43.9% vs 59.4%, p <0.01). A significant reduction in DAS28 (3.87 ± 1.43 vs 3.52 ± 1.36, p = 0.006), HDL and systolic and diastolic blood pressure levels were also observed. (p <0.001). There was a significant association between the presence of MS and age, with the youngest patients not presenting MS at the first evaluation. Patients who maintained MS were those with the highest BMI. Of the 111 patients with MS in the second evaluation, 38 (20.3%) did not have this condition at the beginning of the follow-up. After adjustment for the multivariate model, the increase in BMI (RR 1.12, 95% CI 1.02-1.23), CRP (RR 1.01, 95% CI 1-1.02), DAS 28 baseline (RR 2.15 95% CI 1.03-4.48) and higher prednisone dose in the 1st evaluation (RR 1.05, 95% CI 1.02-1.08) were factors independently associated with the occurrence of MS.
Conclusion: Over 8 years of follow-up, there was an increase in prevalence of MS in this cohort of patients with established RA, despite the improvement of DAS28. Other factors besides disease activity, such as the use of corticoticosteroids and weight, are associated to the development of MS over time.

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RHEUMATOID ARTHRITIS PATIENTS FAT MASS INDEX AND FUNCTIONAL CAPACITY ARE AFFECTED BY DISEASE ACTIVITY OVER 12 MONTHS

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