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Ciudad San Diego
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Sociedad Española de Reumatología

ACRreview 23

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Sociedad Española de Reumatología

Miscelánea

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Hospital Comarcal de Vilafranca del Penedés. Barcelona

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Infecciones-Vacunación
Reumatología Pediátrica (No AIJ)

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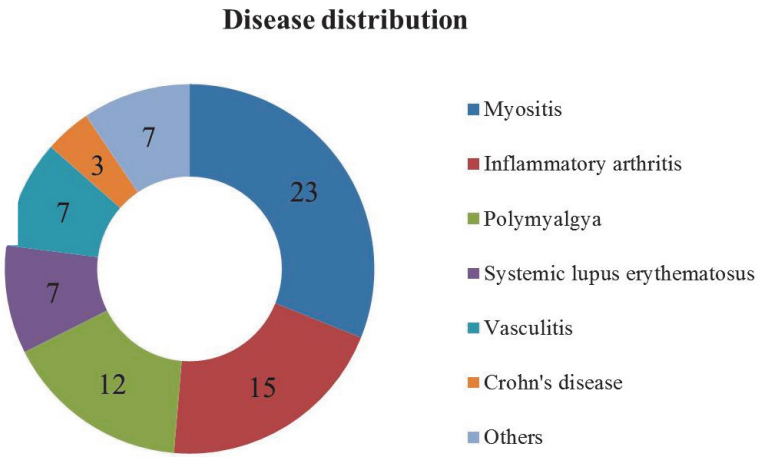
INFECCIONES-VACUNACIÓN

ABSTRACT NUMBER: 0142

New-Onset Systemic Autoimmune Diseases Following COVID-19 Vaccination – Results from the COVAD Study

Russka Shumnalieva[1], Jennifer Hannah[2], DEBADITYA ROY[3], Naveen R[4], Mahnoor Javaid[5], Daniel



- Caracterizar EAS debut post-vacuna COVID
- 110 países, retrospectivo (datos COVAD-2, e-survey)
- N=16.570 encuestados (post-vacuna), 628 EAS, 365 consienten estudio seguimiento y completan 115.
- Análisis final de 74 casos
- 79% mujeres, 52a.
- **31% Miopatías**, 20% Artritis, 16% PMR
- 37% Pfizer, 32% Moderna, 26% Astra
- Tiempo aparición 14d [5-30]
- Mayor OR en Caucásicos y receptores Moderna (y menor en Asiáticos y Pfizer)
- Predictores: coexistencia otras EAS, mestizos, transtornos mentales

ABSTRACT NUMBER: 0200

Herpes Zoster Prevalence in Patients with Rheumatic Diseases

Rodrigo J. Castillo-de la Garza[1], Jorge A. Esquivel-Valerio[2], Emmanuel Campos-Tinajero[2], Anahí

- Incidencia HZ población general 1.2-4.9/1000py
- N=182 pacientes en noreste México con Enf. Reumatológica
- **18% un episodio HZ** (42% >10a atrás); el 9% requirieron hospitalización por distrés respiratorio
- 97% recibieron antivirales, 93% no estaban vacunados
- **32% LES**, 17% AR, 12% OA
  - La presencia de HZ es mayor en EAS (**x6**), especialmente en el LES

Herpes Zoster Prevalence in Patients with Rheumatic Diseases

Rodrigo J. Castillo-de la Garza[1], Jorge A. Esquivel-Valerio[2], Emmanuel Campos-Tinajero[2], Anahí

Table 2. Herpes zoster infection per rheumatic disease group

	RA n = 114	SLE n = 28	OA n = 16	Others n = 24
HZ Infection, n (%)	20 (17.5)	9 (32.1)	2 (12.5)	2 (8.3)
Recurrent zoster infection, n (%)	2 (1.75)	1 (6.3)	1 (6.3)	0
HZ Symptoms, n (%)	20 (17.5)	8 (28.6)	2 (12.5)	2 (8.3)
Confirmed diagnosis by a physician, n (%)	19 (16.7)	9 (32.1)	2 (12.5)	0
HSV immunization, n (%)	0	2 (7.1)	0	0
Postherpetic neuralgia, n (%)	0	0	0	0
Antiviral treatment, n (%)	19 (16.7)	9 (32.1)	2 (12.5)	2 (8.3)

ABSTRACT NUMBER: 0227

Associations of DMARDs with Post-Acute Sequelae of COVID-19 in Patients with Systemic Autoimmune Rheumatic Diseases: A Prospective Study

Rathnam Venkat[1], Xiaosong Wang[2], Naomi Patel[3], Yumeko Kawano[2], Abigail Schiff[2], Emily Kowalski[2],

- Establecer relación entre PASC (**Covid persistente**; Post-Acute, >27d post-infección) y tipo de terapia recibida por ERAS; Prospectivo; Encuesta a los 28d
- N=501
- 42% PASC en **53% artritis inflamatoria**, 21% conectivopatía
- Mujeres 88% vs. 74% Hombres
- Menor número de dosis vacuna; Más frecuencia variantes pre-Omicron; Mayor frecuencia de hospitalizaciones por COVID
- Menor uso de aTNF y **Mayor uso de anti-CD20** (tras ajustes, OR 2.61)
- No diferencias por tipo de ERAS, raza, edad, comorbilidades

ABSTRACT NUMBER: 0227

Associations of DMARDs with Post-Acute Sequelae of COVID-19 in Patients with Systemic Autoimmune Rheumatic Diseases: A Prospective Study

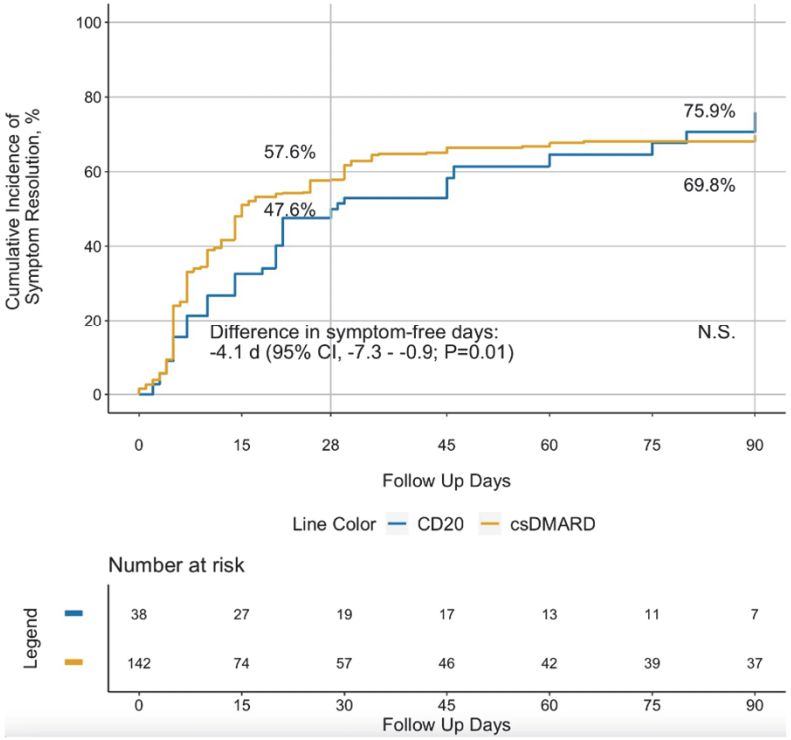
Rathnam Venkat[1], Xiaosong Wang[2], Naomi Patel[3], Yumeko Kawano[2], Abigail Schiff[2], Emily Kowalski[2],

Table 2. Associations of DMARD use at COVID-19 diagnosis with symptom-free days and PASC

Outcome	No DMARD (n=116)	csDMARD only (n=142)	TNFi (n=130)	JAKi (n=20)	CD20i (n=38)	IL-6Ri (n=24)	IL-12/23, IL-17A, or IL-23 inhibitors (n=21)
Symptom-free days*, mean (SD)	9.63 (9.42)	10.36 (10.00)	10.45 (9.63)	8.2 (9.37)	7.21 (9.26)	9.33 (9.21)	8.67 (10.52)
Adjusted† difference in symptom-free days (95% CI)	-1.25 (-3.62, 1.12)	1.0 (Ref)	-1.82 (-4.30, 0.67)	-3.15 (-7.40, 1.11)	**-4.12 (-7.29, -0.94)**	-1.37 (-5.39, 2.66)	-2.96 (-7.63, 1.72)
Proportion with PASC	36.2%	38.0%	33.9%	45.0%	55.3%	37.5%	57.1%
Multivariable* OR for PASC (95%CI)	1.06 (0.62, 1.84)	1.0 (Ref)	1.17 (0.65, 2.10)	1.65 (0.60, 4.53)	**2.69 (1.23, 5.88)**	1.16 (0.44, 3.06)	**3.03 (1.08, 8.49)**

Bolded values are statistically significant (p<0.05); *Symptom-free days measured over 28 days; †Adjusted for age, sex, comorbidity count, vaccination status, SARD type, and calendar time

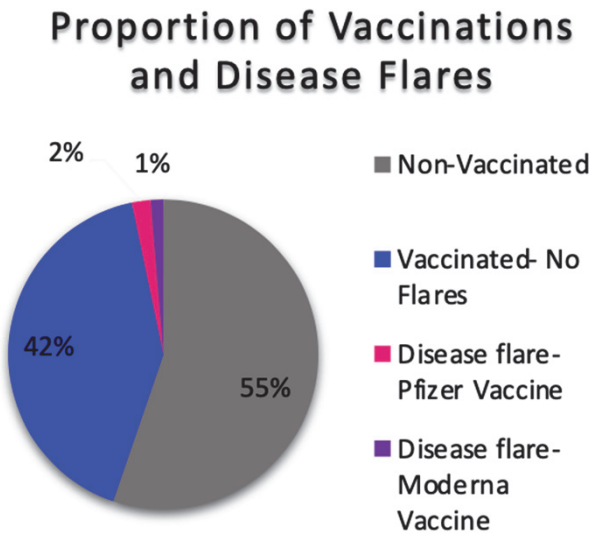
Figure 1. Cumulative incidence of COVID-19 symptom resolution over 28 and 90 days of follow-up, comparing CD20 inhibitor and csDMARD users



ABSTRACT NUMBER: 0304

Incidence of Disease Flares Following COVID-19 Vaccination in a Diverse Idiopathic Inflammatory Myopathy Cohort

Hillary Weisleder[1], Ana Valle[1], Xianhong Xie[2] and Shereen Mahmood[3], [1]Montefiore Medical Center,



- N=152 MII
- **6% brotes** tras vacunación (tras 1ª dosis)
- No se encontró mayor riesgo entre las distintas MII
- Sí se vieron más afectados estadísticamente aquellos pacientes con afectación **Pulmonar** (Moderada y/o Progresiva) y aquellos que recibieron **Rituximab** y **Ciclosporina**

ABSTRACT NUMBER: 0612

COVID Vaccinations and Infections Among Individuals with Systemic Sclerosis: A Scleroderma Patient-centered Intervention Network (SPIN) Cohort Study

Kimberly Lakin[1], Jessica Gordon[1], Yin Wu[2], Linda Kwakkenbos[3], Marie-Eve Carrier[2], Richard Henry[2],

- N=544 ES, encuesta pacientes, 47 centros 7 países
- **6% brotes** tras vacunación (tras 1ª dosis) y 4% tras dosis subsiguientes
- No se encontró mayor riesgo entre las distintas MII
- De entre los vacunados, 35% sufrieron infección COVID, y 9% requirieron hospitalización

Table 1. Participant Characteristics

Variable	Total N=1033	2021 Survey Only, N=544	2021 and 2022 Surveys, N=388	2022 Survey only, N=101
Age, years, mean (SD)	61 (12)[a]	61 (12)	62 (12)[b]	60 (12)
Female, N (%)	921 (89%)	486 (89%)	344 (89%)	91 (90%)
Race/ethnicity, N (%)				
White	866 (84%)	448 (82%)	346 (89%)	72 (71%)
Black	52 (5%)	35 (6%)	10 (3%)	7 (7%)
Other	94 (9%)	51 (9%)	28 (7%)	15 (15%)
Not reported	21 (2%)	10 (2%)	4 (1%)	7 (7%)
Country, N (%)				
United States	305 (30%)	161 (30%)	114 (29%)	30 (30%)
France	316 (31%)	179 (33%)	102 (26%)	35 (35%)
Canada	290 (28%)	144 (27%)	121 (31%)	25 (25%)
United Kingdom	96 (9%)	48 (9%)	38 (10%)	10 (10%)
Australia	24 (2%)	11 (2%)	12 (3%)	1 (1%)
Mexico	1 (0.1%)	0 (0%)	1 (0%)	0 (0%)
Not reported	1 (0.1%)	1 (0%)	0 (0%)	0 (0%)
Disease subtype, N (%)				
Limited	610 (59%)	319 (59%)	234 (60%)	57 (56%)
Diffuse	377 (36%)	197 (36%)	137 (35%)	43 (43%)
Sine	37 (4%)	23 (4%)	13 (3%)	1 (1%)
Not reported	9 (1%)	5 (1%)	4 (1%)	0 (0%)
Disease duration* yr, mean (SD)	16 (9)[c]	16 (9)[d]	17 (10)[e]	14 (12)[f]
Current immunosuppressive	482 (47%)	261 (48%)	173 (45%)	48 (48%)
Corticosteroid	219 (21%)	114 (21%)	87 (22%)	18 (18%)
Mycophenolate	225 (22%)	110 (20%)	93 (24%)	22 (22%)
Methotrexate	99 (10%)	52 (10%)	32 (8%)	15 (15%)
Rituximab	38 (4%)	18 (3%)	11 (3%)	9 (9%)
Tocilizumab	22 (2%)	12 (2%)	7 (2%)	3 (3%)
Azathioprine	28 (3%)	9 (2%)	13 (3%)	6 (6%)
Cyclophosphamide	14 (1%)	8 (1%)	6 (2%)	0 (0%)
Abatacept	9 (1%)	6 (1%)	2 (1%)	1 (1%)
Tofacitinib	6 (1%)	3 (1%)	2 (1%)	1 (1%)
Interstitial lung disease, N (%)	288 (28%)	133 (24%)	118 (30%)	37 (37%)
Pulm. hypertension, N (%)	147 (14%)	79 (15%)	64 (17%)	4 (4%)
Current smoker, N (%)	49 (5%)	27 (5%)	17 (4%)	5 (5%)

[a]N = 1032, [b]N = 387; [c]N= 954; [d]N = 501; [e]N=358; [f]N= 95; *since first non-Raynaud symptom onset

ABSTRACT NUMBER: 1158

Dermatomyositis Flares After COVID-19 Vaccination and/or SARS-CoV-2 Infection

Maximiliano Diaz Menindez[1], Megan Sullivan[2], Benjamin Wang[3], Andy Abril[3], Vikas Majithia[2],

- Observar evolución DM tras vacunación/infección COVID; retrospectivo
- N=101
- **15% brotes** tras vacunación/infección, un 3% tras ambas
- Aquellos con brote tras infección eran **más jóvenes** (50a) que los que no presentaron brote (62a)
- Brotes aparecieron tras infección 2.6d y 1.3d tras vacunación
- De entre los vacunados, **35% sufrieron infección COVID**, y 9% requirieron hospitalización

ABSTRACT NUMBER: 1158

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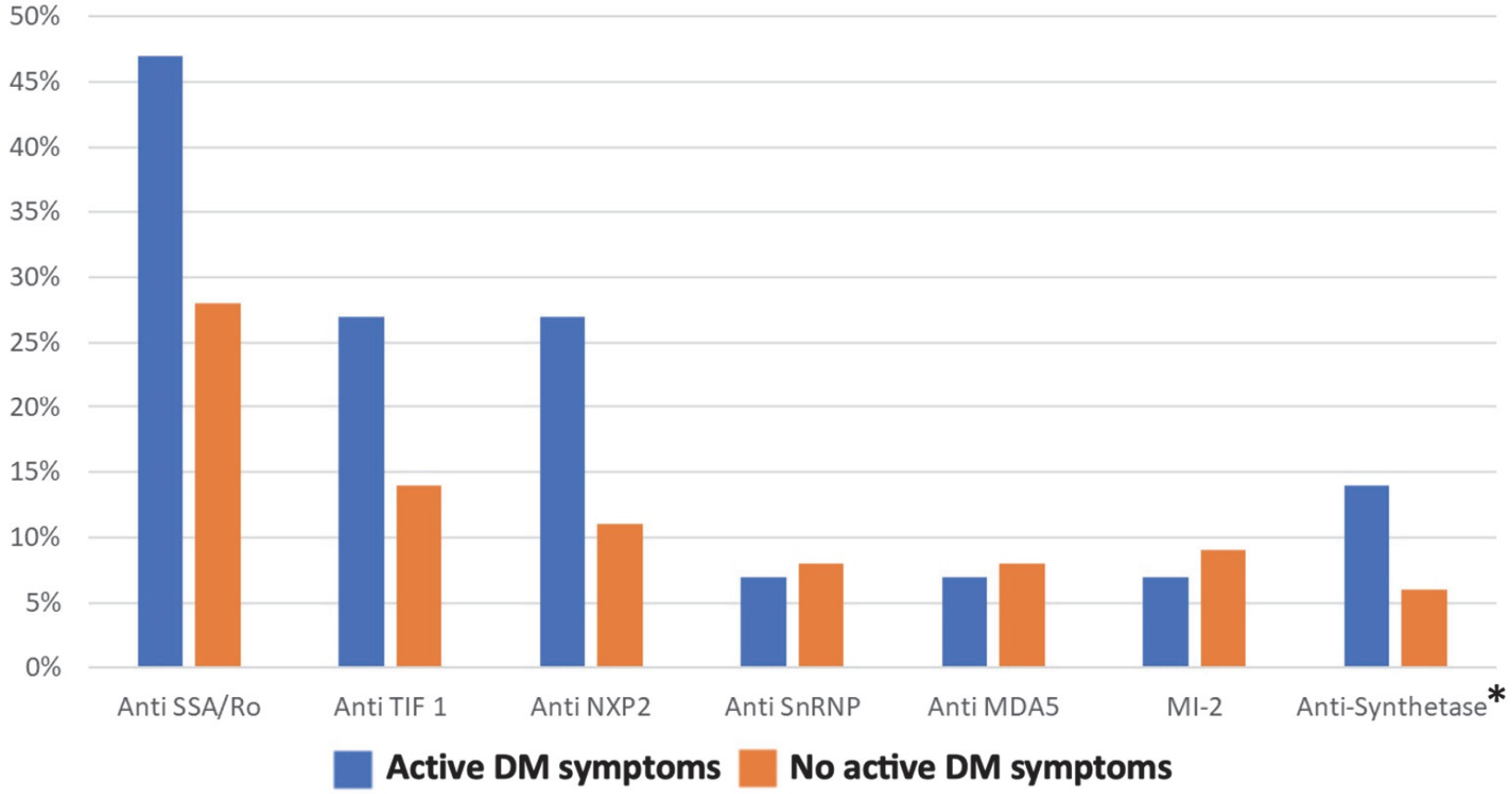
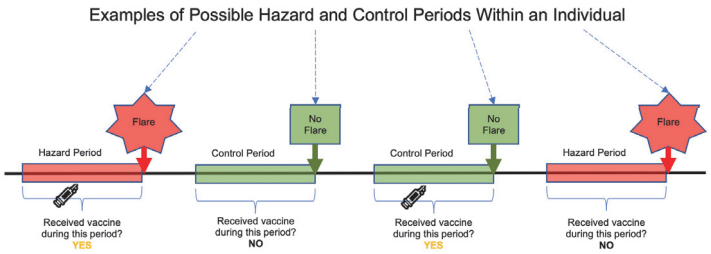


ABSTRACT NUMBER: 1672

Association of COVID-19 Vaccinations with Flares of Systemic Rheumatic Disease: A Case-Crossover Study

Genna Braverman[1], Medha Barbhaiya[2], Minerva Nong[1], Vivian Bykerk[3], Nathaniel Hupert[4], Colby

Figure 1. Case-Crossover Design



- Retrospectivo, pacientes con diagnóstico AR, APSO, LES, ES
- N=434, 31% 1ª dosis vacuna, 30% 2ª dosis, el resto >3ª dosis, diferentes marcas
- No se observaron asociaciones con brote en la ventana de <14d posteriores a la vacunación en relación a edad, género, marca, tipo de ERAS

Table 2. Case-Crossover Analysis: Association of COVID-19 Vaccination with SRD Flares

COVID-19 Vaccination	Hazard Periods (N)	Control Periods (N)	OR (95% CI)	P value
2-day lookback				
Yes	44	31	1.46 (0.86, 2.46)	0.16
No	953	1145		
7-day lookback				
Yes	91	77	1.09 (0.76, 1.55)	0.65
No	906	1099		
14-day lookback				
Yes	135	153	0.85 (0.64, 1.13)	0.27
No	862	1023		

ABSTRACT NUMBER: 0719

Polymyalgia Rheumatica Following SarsCOV-2 Vaccination: A Single Center Cohort Study

Lindsay Lally[1], Aliza Bloostein[1], Deanna Jannat-Khan[1] and Robert Spiera[2], [1]Hospital for Special

- N=80 PMR recientemente diagnosticadas
- Estudiar relación temporal con vacunación COVID (<6 sem previas)
- 60 casos sin relación y 20 casos con relación
- Sin diferencias sociodemográficas
- **20 casos con relación temporal: debut 38d tras primera dosis y 11d tras segunda**
- No se encontraron diferencias en el curso evolutivo, en función de la relación con la vacunación
- La relación posiblemente sea coincidental, dada la elevada tasa de vacunación enla población diana

TABLE 1

	Entire Cohort	PMR without temporal association to vaccine	PMR within 6 weeks of vaccine	p-value
N	80	60	20	
Age , median (IQR)	74.5 (71, 80)	75.5 (71, 80)	73.5 (69, 79.5)	0.43
Sex				0.80
Male	40 (50%)	29 (48%)	11 (55%)	
Female	40 (50%)	31 (52%)	9 (45%)	
Vaccine Type				1.00
Moderna	38 (48%)	29 (48%)	9 (45%)	
Pfizer	42 (53%)	31 (52%)	11 (55%)	
Baseline ESR (mm/hr), median (IQR)	44 (24, 65)	42 (24, 63)	44.5 (23, 65)	0.89
CRP at baseline (mg/L), median (IQR)	20 (7.55, 48.5)	20 (9, 42)	14.2 (7, 60.2)	0.77
Initial steroid dose, median (IQR)	20 (15, 30)	20 (15, 24)	20 (15, 37.5)	0.96
Additional vaccine received?				0.55
No	22 (28%)	15 (25%)	7 (35%)	
Yes	43 (54%)	33 (55%)	10 (50%)	
missing	15 (19%)	12 (20%)	3 (15%)	
ESR at 6 months (mm/hr), median (IQR)	16 (5, 24)	16 (5, 30)	9.5 (4, 21.5)	0.27
Steroid dose at 6 months (mg), median (IQR)	5 (4, 8)	5 (4, 9.5)	6 (2, 8)	0.74
Relapse at 6 months				0.74
No	51 (64%)	36 (60%)	15 (75%)	
Yes	15 (19%)	12 (20%)	3 (15%)	
missing	14 (18%)	12 (20%)	2 (10%)	
ESR at 12 months (mm/hr), median (IQR)	14 (4, 29)	14 (4, 34)	13.5 (3, 24)	0.81
CRP at 12 months (mg/L), median (IQR)	7 (4, 7.5)	7 (5, 9)	7 (3, 7)	0.51
Steroid dose at 12 months (mg), median (IQR)	3 (0, 6)	3 (1.25, 6)	0 (0, 4)	0.11
Relapse at 12 months				0.65
No	27 (34%)	22 (37%)	5 (25%)	
Yes	8 (10%)	6 (10%)	2 (10%)	

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REUMATOLOGÍA PEDIÁTRICA (No AIJ)

ABSTRACT NUMBER: 1245

Evaluating a Diagnostic Algorithm for Childhood Sjögren's Disease

Sara Stern[1], Matthew Basiaga[2], Linda Amoafo[1], Seunghee Cha[3], Akaluck Thatayatikom[4], Erin

- No existen criterios validados; GT de CARRA propone un algoritmo; evaluar sensibilidad de este algoritmo
- 3 vías de entrada (parotiditis, manif. NRL sistémicas o sd seco)
- 3 de salida: definido, probable, negativo
- N= 300
- El algoritmo presentó buena sensibilidad únicamente cuando se disponía de los datos clínicos (p.ej. biopsia salivar)
- Los brazos de Parotiditis y Sd Seco fueron los más sensibles

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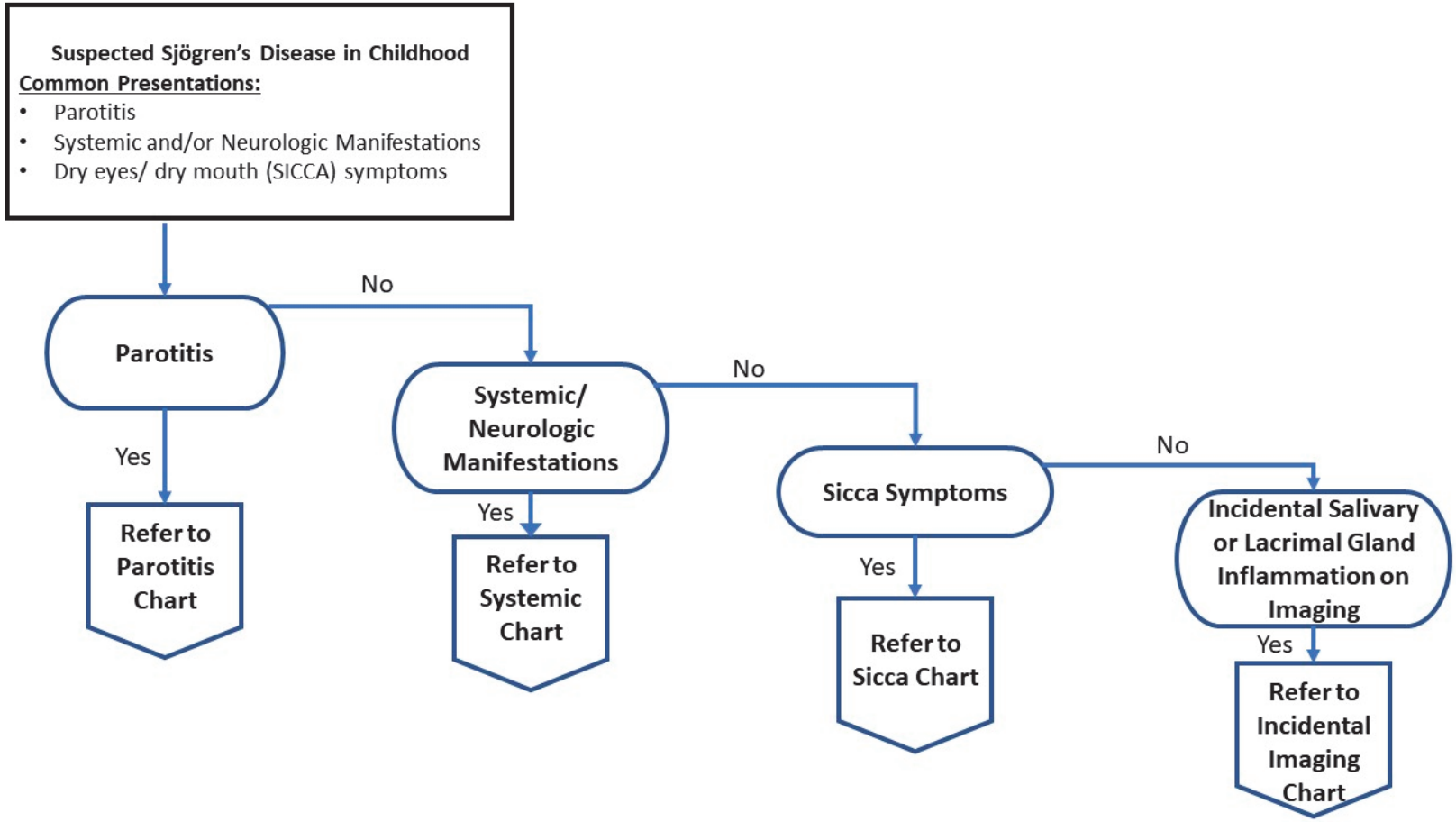

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Evaluating a Diagnostic Algorithm for Childhood Sjögren's Disease

Sara Stern[1], Matthew Basiaga[2], Linda Amoafo[1], Seunghee Cha[3], Akaluck Thatayatikom[4], Erin

Table 2: Sensitivity of algorithm to diagnose Sjögren's Disease where cases were excluded if unable to complete pathway due to missing data

	Run all Patients through the pathways.		*Run all patients who fit specifically through that pathway*	
Pathway	**Total number of people with complete Info**	**Number with Positive Sjogren (Sensitivity out of complete Info (%))**	**Total number of people with complete Info**	**Number with Positive Sjogren (Sensitivity out of complete Info (%))**
Aggregated Diagnosis	100	75 (75)	-	-
Parotitis	83	61 (73.49)	54	38 (70.37)
Systemic Neurologic	38	19 (50)	25	13 (52)
SICCA	26	19 (73.08)	22	18 (81.82)
Incidental	68	46 (67.65)	40	26 (65)

ABSTRACT NUMBER: 1251

Neurologic Manifestations of Pediatric Sjogren's Disease Patients: Case Series from an Academic Children's Hospital

Maya Faison[1], Catherine Lavallee[2], Joseph McDonald[1] and Cuoghi Edens[1], [1]University of Chicago

- jSS presentan más manifestaciones NRL que SS adultos
- Revisión de casos
- n=28
- **46% (N=13) manifestaciones NRL** (62% con sd seco asociado), 85% sexo femenino
  - 62% **cefalea** (migraña)
  - 54% tr **sensitivos** (neurop fibra pequeña)
  - 1x: mononeuritis múltiple, parálisis Bell, meningitis aséptica, tr cognitivo leve

ABSTRACT NUMBER: 1251

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Maya Faison[1], Catherine Lavallee[2], Joseph McDonald[1] and Cuoghi Edens[1], [1]University of Chicago

Table 1. Patient Demographics and SD Diagnostic Testing

Patient	Age at Other Diagnoses (Years)	Age at SD Diagnosis (Years)	Sex	Race/Ethnicity	Sicca Sx	Arthralgia	ANA	Anti-Ro/SSA	Anti-La/SSB	Anti-Smith	Anti-RNP	Anti-dsDNA	RF	C3	C4	CRP	ESR	IgG	Total Protein	SD Diagnostic Testing	ACR/EULAR Criteria
1	15 (UCTD)	22	F	White	+	+	+	+	+	-	-	-	+	103 mg/dL	**10 mg/dL**	4 mg/L	16 mm/hr	**2220 mg/dL**	8.2 g/dL	None	-
2	-	10	M	Black	+	+	+	+	+	-	-	-	+	153 mg/dL	18 mg/dL	**40 mg/L**	**66 mm/hr**	**1573 mg/dL**	7.1 g/dL	Schirmer - Negative	-
3	-	16	M	White	After Dx	After Dx	+	+	-	-	-	-	-	150 mg/dL	23 mg/dL	<3 mg/L	4 mm/hr	1136 mg/dL	7.9 g/dL	Schirmer - Negative	-
4	10 (JIA) 19 (SLE)	14	F	Black	After Dx	+	+	+	+	-	-	-	NP	**77 mg/dL**	**14 mg/dL**	<3 mg/L	**48 mm/hr**	NP	**9.2 g/dL**	None	-
5	16 (UCTD)	20	F	White	+	+	+	+	+	-	-	-	NP	95 mg/dL	19 mg/dL	-	8 mm/hr	NP	7.1 g/dL	None	-
6	15 (CTD)	13	F	White	+	+	-	-	+	-	-	-	-	140 mg/dL	28 mg/dL	NP	2 mm/hr	NP	7.5 g/dL	None	-
7	18 (UCTD)	14	F	Black	After Dx	After Dx	+	+	+	-	+	-	+	111 mg/dL	22 mg/dL	NP	**28 mm/hr**	**2849 mg/dL**	NP	US - Positive	-
8	-	11	F	White	+	+	+	+	+	-	-	-	+	-	-	**10 mg/L**	**33 mm/hr**	**2380 mg/dL**	8.3 g/dL	US - Positive	-
9	-	15	F	White	+	+	+	+	-	-	-	-	+	119 mg/dL	22 mg/dL	**12 mg/L**	**42 mm/hr**	**2228 mg/dL**	**9.3 g/dL**	Schimer - Negative	-
10	-	17	F	Hispanic/Latinx	After Dx	+	+	+	NP	NP	NP	NP	-	133 mg/dL	**14.9 mg/dL**	2.6 mg/L	**28 mm/hr**	835 mg/dL	7.2 g/dL	None	-
11	-	14	F	Hispanic/Latinx	+	+	+	+	-	-	+	-	-	**15 mg/dL**	**<1.7 mg/dL**	3 mg/L	11 mm/hr	**2570 mg/dL**	**8.9 g/dL**	None	-
12	-	16	F	Black	-	-	+	+	-	-	-	-	-	189 mg/dL	53.3 mg/dL	**17.8 mg/L**	**58 mm/hr**	1490 mg/dL	**8.5 g/dL**	None	-
13	-	14	F	Hispanic/Latinx	+	+	+	+	-	-	-	-	-	92 mg/dL	**17 mg/dL**	<3 mg/L	2 mm/hr	1151 mg/dL	6.9 g/dL	▪ Schirmer – Positive but Did Not Meet Criteria ▪ US - Positive	-

Legend:
NP = Not performed + = Performed and positive - = Performed and negative **Bold** = Elevated based on individual lab range

ABSTRACT NUMBER: 1251

Neurologic Manifestations of Pediatric Sjogren's Disease Patients: Case Series from an Academic Children's Hospital

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Table 2. Neurologic Manifestations and Treatment

Patient	Time from Diagnosis to Neuro Symptoms	Neuro Symptoms	Work-up	Neuro Consult	Timing of Consult	Diagnoses	SD Meds	SD Med Changes for Neuro Symptoms	Other Med Changes for Neuro Symptoms
1	4 years	▪ Confusion ▪ Stuttering	▪ MRI/MRA/MRV Brain	N	-	▪ No neuro diagnosis	▪ GC ▪ HCQ	None	-
2	At diagnosis	▪ Dysmetria ▪ Speech difficulty ▪ Unsteady gait ▪ Tongue fasciculations	▪ MRI/MRA Brain ▪ LP	Y	R → N	▪ Aseptic meningitis	▪ MTX ▪ HCQ	GC added	
3	Prior: 2 years	▪ Headaches	▪ MRI Brain	Y	R → N	▪ Migraine	▪ HCQ	None	▪ Topiramate (Prior to Diagnosis) ▪ Amitriptyline (Migraine)
4	At diagnosis	▪ Ataxia ▪ Antalgic gait ▪ Sensory deficit ▪ Decreased proprioception ▪ Adie tonic pupil ▪ Bladder incontinence	▪ MRI Brain ▪ MRI Complete Spine ▪ LP ▪ EMG ▪ Sural nerve biopsy	y	R → N	▪ Sensory Neuropathy ▪ Sensory Ataxia ▪ Mononeuritis multiplex	▪ GC ▪ HCQ ▪ MTX	RTX added IVIg added	-
5	Prior: 1 year	▪ Headaches with intermittent aura ▪ Lightheadedness ▪ Memory Impairment	▪ MRI/MRA Brain	Y	R → N	▪ Migraine ▪ Tension Headache	▪ HCQ	None	▪ Butalbital/Acetaminophen/Caffeine (Migraine)
6	Prior: 10+ years	▪ Headaches	▪ MRI Brain + Orbits	Y	R → N	▪ Migraine ▪ NSAID overuse headache	▪ GC ▪ HCQ ▪ MTX	None	▪ Flexeril (Headache) ▪ Butalbital (Headache) ▪ CoQ10 (Migraine)
7	Prior: 3 years	▪ Headaches	▪ MRI/MRA Brain	Y	R → N	▪ Migraine	▪ HCQ	None	▪ CoQ10 (Migraine) ▪ Magnesium (Migraine) ▪ Amitriptyline (Migraine)
8	2 months	▪ Tingling and burning in arms and legs	-	Y	R → N	▪ Small fiber neuropathy	▪ HCQ ▪ MTX ▪ AZA ▪ Belimumab	GC added	-
9	1 month	▪ Headaches ▪ Tingling in hands and feet	▪ MRI/MRA/MRV Brain ▪ Serum NMO/AQP4 testing	Y	R → N	▪ Generalized headaches ▪ Small fiber neuropathy	▪ GC ▪ HCQ	GC increased HCQ increased	-
10	Prior: 5 years	▪ Tremors ▪ Pins and needles sensation ▪ Weakness in arms/legs ▪ Headache	▪ MRI Brain + C-Spine ▪ EMG	Y	R → N	▪ Paresthesia, ▪ Migraine	▪ GC ▪ HCQ ▪ AZA	None	-
11	2 weeks	▪ Tingling and burning in hands and feet ▪ Decrease to pinprick and temperature sensation ▪ Memory impairment ▪ Headaches	▪ MRI/MRA/MRV Brain ▪ Neuropsych testing	Y	R → N	▪ Chronic headache ▪ Small fiber neuropathy ▪ Mild neurocognitive disorder	▪ GC ▪ HCQ ▪ AZA ▪ RTX	GC added/increased RTX restarted	▪ Gabapentin (Neuropathic Pain) ▪ B12/Magnesium Supplement (Headache)
12	Prior: 2 years	▪ Loss of motor function on half of face ▪ Loss of taste on half of tongue ▪ Sensation changes on half of face	▪ CT Brain ▪ MRI Brain	Y	N → R	▪ Recurrent Bell's palsy	▪ HCQ	None	▪ GC (Prior to Diagnosis) ▪ Acyclovir (Prior to Diagnosis)
13	Prior: 1 year	▪ Headaches ▪ Shooting pains ▪ Decreased sensation	▪ MRI Brain + C-Spine	Y	N → R	▪ Migraine ▪ Neuropathic pain ▪ Small fiber neuropathy	▪ GC ▪ HCQ ▪ MTX	None	▪ Sertraline (Chronic Pain) ▪ B12/Mag Supplement (Migraine) ▪ Cymbalta (Chronic Pain/Neuropathic Pain) ▪ Gabapentin (Neuropathic Pain)

Legend:

GC = Glucocorticoids HCQ = Hydroxychloroquine MTX = Methotrexate AZA = Azathioprine RTX = Rituximab

N → R = Neurology referral to Rheumatology R → N = Rheumatology referral to Neurology

ABSTRACT NUMBER: 1247

Pharmacokinetic, Pharmacodynamic, and Safety Profile of Subcutaneous Belimumab in Pediatric Patients with Systemic Lupus Erythematosus: Analysis of Data from a Multicenter, Open-Label Trial

Hermine Brunner[1], Diego Oscar Viola[2], Richard Dimelow[3], Inmaculada Calvo Penadés[4], Christel

- Estudio para evaluar datos farmacocinéticos, farmacodinámicos y de Seguridad en jSLE (5-17a)
  - Datos del estudio PLUTO
- n=25
- Similares a población adulta con BLM 200mg/sem SC

n (%)	BEL 200 mg SC (N=25)
Duration (days) of study drug exposure*, mean (SD)	357.8 (43.0)
≥1 AE	22 (88.0)
≥1 related AE	14 (56.0)
≥1 SAE	1 (4.0)
≥1 severe AE	0
≥1 AE resulting in drug discontinuation	1 (4.0)
AESI	
All malignancies†	0
PISR†	3 (12.0)
All infections of special interest†,‡	0
Depression (including mood disorders and anxiety)†	0
Suicide/self-injury§	0
Death	0

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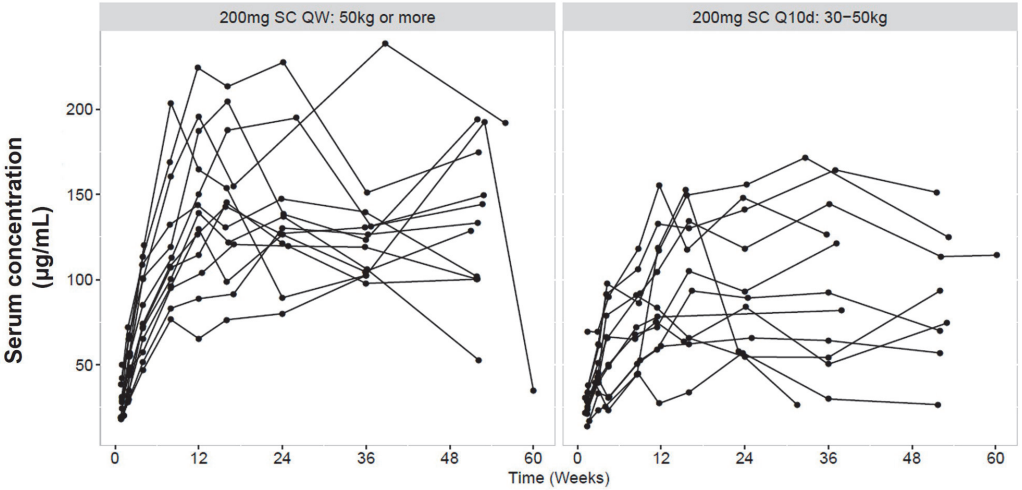
A.



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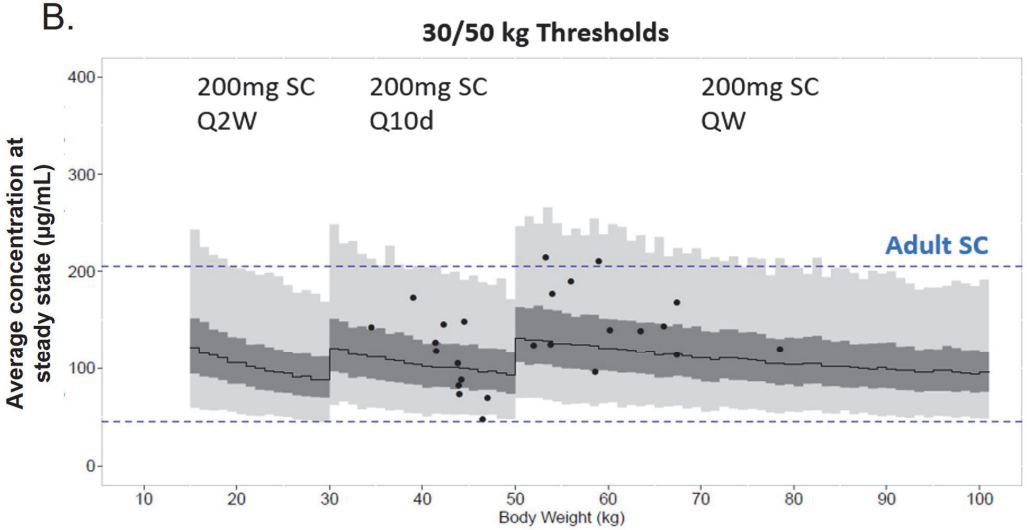


ABSTRACT NUMBER: 2053

Predictive Factors Associated with Treatment Response in Chronic Nonbacterial Osteomyelitis

Katherine Nowicki[1], Nathan Rogers[2], Carson Keeter[2], Nathan Donaldson[2], Jennifer Soep[2] and

Study Variable	OR	P-value
Days from symptom onset to treatment	1.000	0.116
Family history present	3.770	0.113
Number of regions affected	1.941	**0.012**
Presence of symmetric bone lesions	6.862	**<0.001**

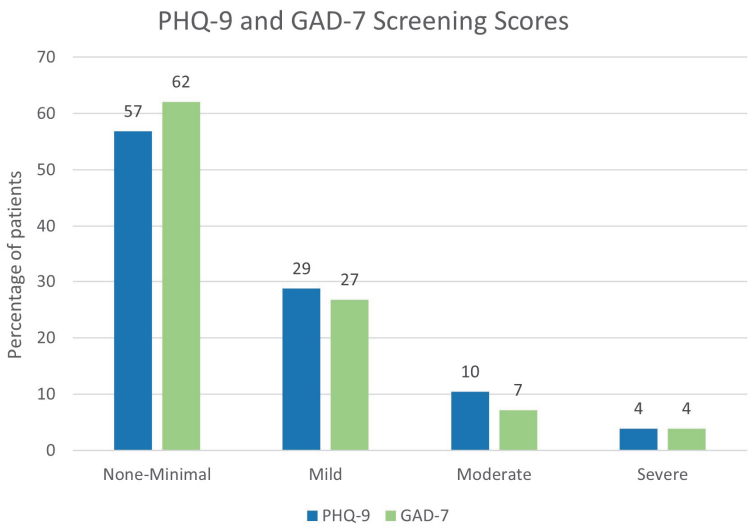
Table 3. Logistic regression modeling of the odds of requiring second-line treatment with IC-based variable selection

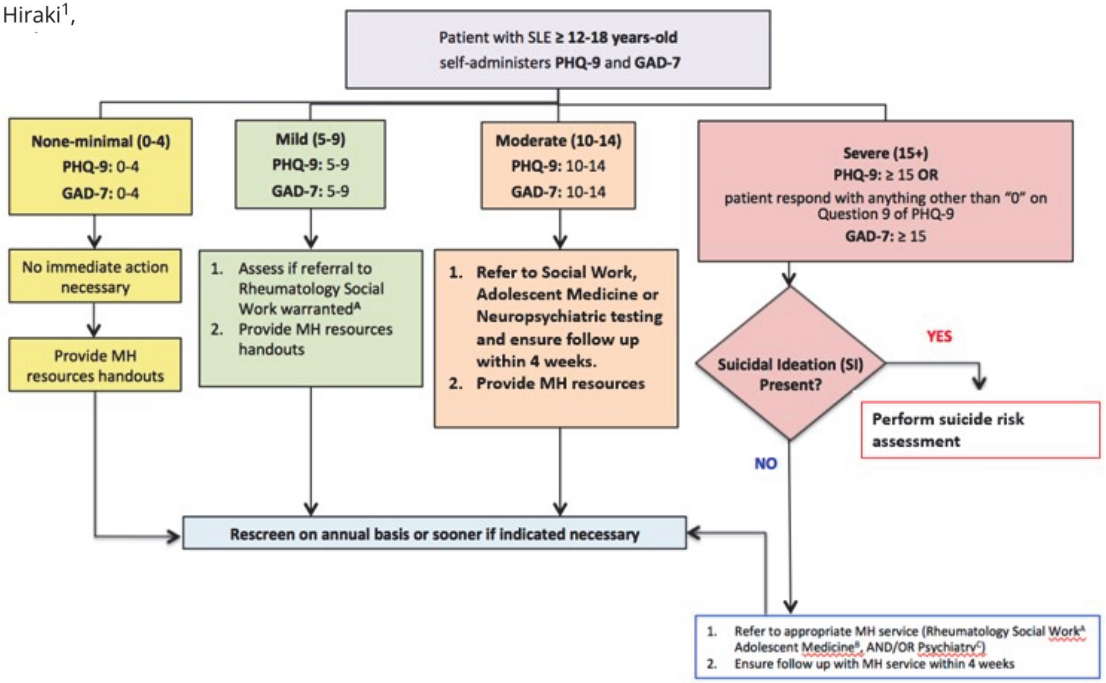
- N=164 (CMRO), variables clínicas pre-tratamiento **predictoras respuesta** a AINE o que requieran tto sucesivo; retrospectivo, pacientes diagnóstico <18a
- Variables: región afecta (x6)
- 3 grupos: curso corto AINE (3-7m), curso prolongado AINE (si recaen al retirar), curso de 2ª línea de tratamiento
- Lesión Unifocal al dg 47% menos de días de curso AINE vs. Multifocal
- Afectación **Multifocal** y lesiones **simétricas** mucho mayor riesgo de requerir 2ª línea de tratamiento

ABSTRACT NUMBER: 1224

Mental Health Screening Follow-Up in the Childhood-Onset Systemic Lupus Clinic

Audrea Chen[1], Tala El Tal[2], Asha Jeyanathan[1], Holly Convery[1], Stephanie Wong[1], Linda Hiraki[1],





ABSTRACT NUMBER: 1226

Examining the Relationship Between Socioenvironmental Factors and Cognitive Functioning in Youth with Childhood-Onset Systemic Lupus Erythematosus

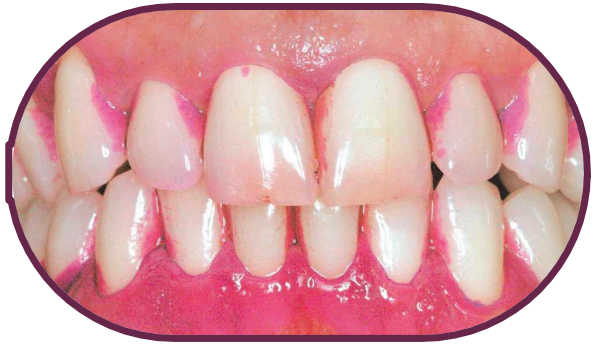
Ashley Danguecan[1], Ibrahim Mohamed[2], Sarah Mossad[1], Tala El Tal[3], Adrienne Davis[1], Asha

- Pobreza = déficit de memoria productiva
- Daño = déficit atención, control inhibición

ABSTRACT NUMBER: 1222

The Association Between Gingival Inflammation and Clinical Signs of Active Juvenile Dermatomyositis (JDM)

Albert Chow[1], Hyun Song[2], Laurie Brenchley[3], Nastaran Bayat[4], Mary Eckert[5], Sean Koester[6], adam



- Gingivitis <—> Disbiosis —> origen EAS?
- Correlacionar **datos inflamación gingival** con CAPILAROSCOPIA
- N=17 (índices gingival y de placa, eritema y telangiectasias)
- **Excelente correlación con hallazgos CAPIL y eritema gingival**, y **Daño Cutáneo y telangiectasias gingivales**
- Moderada correlación Actividad Muscular-Eritema gingival, e Índices gingivales y de placa-Actividad Cutánea
- Posible relación etiopatogénica

Table 1. Demographic and Clinical Characteristics of the Total Sample (n=49)

Demographic Characteristic	**Descriptive Statistics**
Age in years, mean (SD)	15.29 (1.71)
Female sex, n (%)	42 (86)
Race, n (%)	
Black	4 (8)
South Asian	8 (16)
Southeast Asian	16 (33)
Hispanic	2 (4)
White	13 (27)
Mixed race/Other	6 (12)
Ontario-Marginalization Index – n (%) in most marginalized quintile[a]	
Material Deprivation[b]	14 (28.6)
Ethnic Concentration[c]	30 (61.2)
Clinical Characteristics	
Disease Duration in months, mean (SD)	22.62 (25.88)
Active Disease (SLEDAI-2K >4), n (%)	17 (35)
Presence of Disease Damage (SDI >0), n (%)	4 (8)

[a]Patients were assigned a quintile based on the distribution of z-scores for each dimension in the province of Ontario
[b]Material deprivation: indicator of poverty and the inability to meet basic needs
[c]Ethnic concentration: proportion of residents who are recent immigrants and/or belong to a visible minority group

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