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THU0565 COMPARISON OF SURVIVAL RATES AMONG SUBGROUPS OF PATIENTS EVALUATED FOR FEVER OF UNKNOWN ORIGIN

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Background: Fever of unknown origin (FUO) is one of the most challenging clinical situations. Although several studies showed a relatively benign course of patients remained undiagnosed, long-term outcome of patients with a certain diagnosis remain non-established (1).

Objectives: To describe the follow-up results of patients investigated for FUO and had a certain diagnosis.

Methods: Data from patients who admitted to Hacettepe University Hospitals, inpatients sections of department of the internal medicine with the complaint of FUO collected prospectively from January 2015 to October 2017. Patients with an uncertain diagnosis after all diagnostic procedures excluded. Patients were divided into 3 main subgroups: rheumatologic, infectious and malignant groups. We compared Kaplan-Meier curves for all diagnosis-to-death time frames with the standart log-rank test. $p<0.05$ was considered as statistically significant.

Results: Total 106 patients were included, 58(55%) of them were female. Median age was 48 (18-81) years. Patients were also divided into three subgroups: rheumatologic (RHE) (n=49, 46.2%), infectious (INF) (n=28, 26.4%) and malignant (MLG) (n=29, 27.4%) causes; adult-onset Still's disease (n=20; 41% of), tuberculosis (n=9; 32%) and lymphoma (n=19; 66%) were the most common diagnosis among groups, respectively. Mortality rates in decreasing order were RHE, INF and MLG groups, respectively. As an interaction was found between gender and survival, results of survival analysis were given as stratified according to gender. While there was no survival difference between RHE and INF groups among men, both of these groups had better survival than MLG group (ROM-INF p=0.13; ROM-MLG p=0,001; INF-MLG p=0,022). Among women, only there was a significant survival difference between RHE and MLG groups (ROM-INF p=0.15; ROM-MLG p=0,007; INF-MLG p=0,42).

Conclusion: Among patients evaluated for FUO, survival rate was higher in patients who had a rheumatological diagnosis. Further diagnostic algorithms are needed to identify these subgroups, because of the higher mortality among INF and MLG groups.

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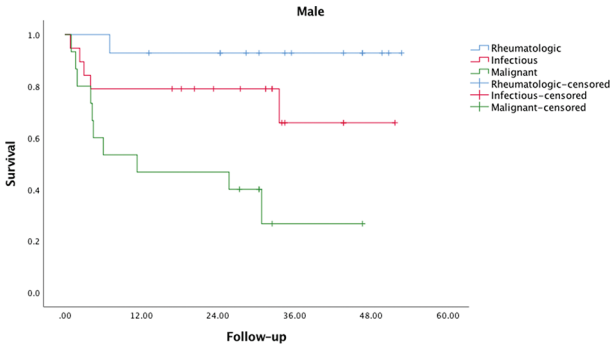

Figure 1. Kaplan-Meier curves of male patients (RHE vs. INF p=0.13; RHE vs. MLG p=0.001; INF vs. MLG p=0.022)

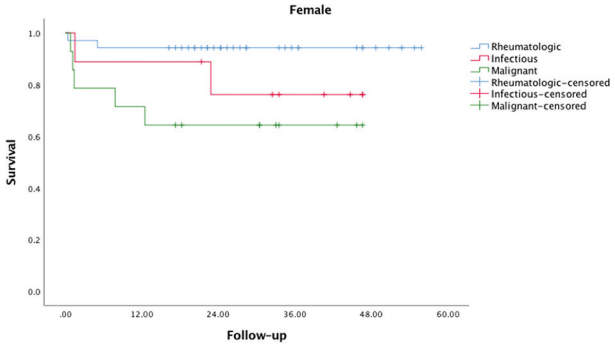

Figure 2. Kaplan-Meier curves of female patients (RHE vs. INF p=0.15; ROM vs. MLG p=0.007; INF vs. MLG p=0.42)

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THU0566 OCULAR FEATURES IN 381 PATIENTS WITH SYSTEMIC SARCOIDOSIS AND ITS CORRELATION WITH THE IWOS CRITERIA. STUDY IN A UNIVERSITY HOSPITAL

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Background: Sarcoidosis is a multisystemic inflammatory disease characterized by non-caseating epitheliod granulomas that can affect any organ system. The three most frequency affected organs are lung, skin and eyes. Ocular involvement is the presenting symptom in approximately 20-30% and can involve any part of the eye and its anexal tissues. Sarcoidosis may cause uveitis, conjunctivitis, episcleritis/scleritis, optical nerve disease and orbital inflammation.

Objectives: To analyze the prevalence of ocular involvement is systemic sarcoidosis, the clinical patterns and their correlation with the International Workshop on Ocular Sarcoidosis (IWOS) criteria. These criteria classify ocular sarcoidosis as definite, presumed, probable and possible, according to some ophthalmological and analytical findings. They are especially useful if a biopsy is not obtained or it is negative.

Methods: Retrospective study of patients admitted to a single reference University Hospital between 1999 and 2019 with diagnosis of sarcoidosis. Clinical findings, demographics features, anatomic location and IWOS intraocular signs were recorded. We also collected serum angiotensin