Post-surgery infection complications appeared in 8.5% and no patient had disease flare during the post-operative stage.

No association between infection complications and perioperative mismanagement of biologic agents (P: 0.359), nor with the biologic therapy-intensified dose (P: 0.379).

Conclusion

- Perioperative management of biologic therapy in real practice was not according to guidelines, while with DMARDS and glucocorticoids it was appropriate.
- We have not found risk factors associated with post-surgical complications in rheumatic diseases.
- Perioperative management could be a new challenge in the pharmaceutical care of biologic therapies.

REFERENCES AND/OR ACKNOWLEDGEMENTS

No conflict of interest.

4CPS-160 EFFICACY AND SAFETY OF ANAKINRA AND CANAKINUMAB FOR THE TREATMENT OF IL-36R ANTAGONIST DEFICIENCY

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Background Alterations in the interleukin (IL)–1 pathway have been shown to be involved in the pathogenesis of some auto-inflammatory diseases. Deficiency of the IL-36R antagonist (DITRA) is a recently described rare hereditary disease in which IL-1 antagonists may represent therapeutic alternatives.

Purpose To summarise the evidence for the efficacy and safety of IL-1-targeting drugs in DITRA following the scoping review's methodology.

Material and methods A scoping review was conducted following an a priori protocol based on the Joanna Briggs Institute Reviewer's Manual¹ and the recently published PRISMA extension for scoping review statement. A three-step searching procedure on MEDLINE and EMBASE databases until March 2018 with additional hand-searching performed article selection, and data extraction were carried out by two researchers independently. Evidence on the efficacy and safety of therapies for this disease were synthesised.

Results Nine case reports published between 2011 and 2018 were found. All patients were treated with anakinra at 2–5 mg/kg/day or 100 mg/day, and one patient was also treated with canakinumab 3 mg/kg every 8 weeks. The duration of anakinra treatment ranged from 3 days to 12 months. With regard to the efficacy of anakinra, time-to-response frequencies were evaluated as immediate (7/9), short term (3/9), and medium-long (2/9). One patient, in whom anakinra had previously failed, received treatment with canakinumab, and this treatment did not prove effective at the initial time or in the short- or long-term analyses. With respect to the safety of anakinra, one case of systemic infection was reported, one of renal and hepatic laboratory abnormalities, rising white blood cell count, deteriorating clinical status with progressive skin pustulation and pain at the injection site without erythema. No adverse events were reported in the patient who had been treated with canakinumab.

Conclusion Evidence of the use of anti-IL-1 drugs in DITRA is scarce and based on observational studies in whom anakinra

is the most commonly used drug, showing a good immediate response, but decreasing short- and medium/long-term responses. Larger studies with better methodological quality are required.

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- No conflict of interest.

4CPS-161 SCOPING REVIEW ON THE USE OF CANAKINUMAB AND ANAKINRA IN INTERLEUKIN-1 ANTAGONIST RECEPTOR DEFICIENCY

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Background Deficiency in interleukin-1 (IL-1) receptor (IL-1R) antagonist (DITRA) is a rare genetic autoinflammatory disorder resulting from autosomal recessive mutations in the IL1RN gene. The use of IL-1 antagonists may prove to be a valid therapeutic alternative, but there is a lack of secondary studies that summarise the use of IL-1-targeting agents in this disease.

Purpose To summarise the efficacy and safety of IL-1 antagonist drugs in DITRA following the scoping review's methodology.

Material and methods The study was conducted and reported using the methodology described in the Joanna Briggs Institute Reviewer's Manual¹ and the PRISMA Extension for Scoping Reviews.²

Results Fifteen case reports studies describing 19 DITRA patients between 2009 and 2017 were found. Nine different mutations in IL1RN were described, showing a homozygous genotype in all cases. Pustular dermatitis and localised swelling represented the most frequent symptom of onset of the disease. These patients were previously treated with corticosteroids (n=13), antibiotics (n=12), NSAIDs (n=4), antifungals (n=3), acitretin (n=3) and, to a lesser frequency, with immunomodulatory drugs (methotrexate, cyclosporine, intravenous immunoglobulins, azathioprine, thalidomide or etanercept). The length of therapy with anakinra (n=17) and canakinumab (n=2) varied between 2 weeks and 4.5 years. All patients achieved immediate (day-hours) clinical responses and most patients also showed good clinical responses in the short (<12 weeks) (n=15) and medium-long (>24 weeks) (n=10) term. In the two patients treated with canakinumab, one showed good overall response, and the other required a dose increase to achieve a good response in the short term with no data available in the medium/long-term. With respect to drug safety, anakinra was associated with transient injection site reactions (n=3) and anaphylactic reactions (n=2). Discontinuation of anakinra in nine patients was reported following a flare-up of their disease. An episode of vomiting and diarrhoea was reported in a patient treated with high doses of canakinumab.