

Results: 4 of the 6 papers included in this review reported improvements in pain ranging from 30 to 83% and in functional status ranging from 26 to 86% from the pre-injection state, with follow-up periods lasting up to 2 years after the EI. 2 of these 4 studies showed Level II evidence for EI for long-term efficacy in managing chronic sciatica, with no significant difference among CEI, IEI or TEI.

The remaining 2 papers (out of the total 6) associated EI with immediate improvements in both pain and function, but found the benefits to be unsustainable. 1 paper reported 1 serious adverse event in one of the trials analyzed and found the data on harms to be sparse on most trials. Another paper concluded that injecting local anesthetic alone might be preferable to injecting local anesthetic with steroid as omitting the steroid could lessen the risk of rare, but possibly fatal complications.

Conclusions: Despite variability in the studies included and methods used for data synthesis, most of the articles included in this review showed positive results for both pain relief and improvement in functional status with EI.

Although no studies found significant difference among CEI, IEI or TEI in terms of efficacy, each approach has its advantages and these should be taken into account when choosing the best approach for each patient.

As supporting evidence, this review shows that EI with or without steroids are a fast, safe and clinically effective treatment method for patients with chronic sciatica.

References:

[1] Bhatti A, Kim S. Role of Epidural Injections to Prevent Surgical Intervention in Patients with Chronic Sciatica: A Systematic Review and Meta-Analysis. *Cureus*. 2016, 8(8): e723.

[2] Pinto R, et al. Epidural Corticosteroid Injections in the Management of Sciatica: A Systematic Review and Meta-analysis. *Ann Intern Med*. 2012, 157:865–877.

Disclosure of Interest: None declared

DOI: 10.1136/annrheumdis-2017-eular.2747

AB0936 FLEXIBILITY AND STRENGTH OF THE TRUNK IN CHRONIC LOW BACK PAIN TWO YEARS AFTER A FUNCTIONAL RESTORATION PROGRAM

R. Maaoui^{1,1}, S. Zrida¹, I. Ksibi¹, N. Mouhli¹, H. Rahali¹, M. Sghir², W. Kossomtini². ¹Physical and Rehabilitation Medicine, military hospital Tunis, tunis; ²Physical and Rehabilitation Medicine, regional hospital Tahar Star of Mahdia, Mahdia, Tunisia

Background: Low-back pain affects significantly the flexibility and the muscular strength of the trunk. It was demonstrated in literature the positive effect of restoration programs in these parameters at short-term evaluation.

Objectives: Evaluate the flexibility and the muscular strength and endurance of the trunk two years after a functional restoration program

Methods: Prospective study on patients with low back pain evaluated before, at the end of the restoration program and two years later. We have evaluated the following parameters: trunk flexibility by use of the Schöber index and the finger-ground distance test (FGD), hamstring flexibility by measurement of the thigh-leg (TL) angle, back flexor and back extensor endurance, assessed with the Shirado test and the Sorensen test, respectively.

Results: Thirty patients were evaluated. Initially, the results reported decreased flexibility: 53% with FGD >15.53 cm; 37% with the thigh-leg (TL) angle >15° and decreased muscle endurance: Schirado 30.26±29.662s; Sorensen 26.3860±18.5208s. The short-term efficacy of the program showed significantly improvement in all parameters (p=0,01). However, this improvement decreased 2 years later but it remains significant. This loss can be attributed to the fact that 70% of patients abandoned self-rehabilitation exercises

Conclusions: The restoration program seems to have good effect in short and long term evaluations in the flexibility and muscular strength of the trunk.

Disclosure of Interest: None declared

DOI: 10.1136/annrheumdis-2017-eular.4954

AB0937 DUPUYTREN'S CONTRACTURE: 15 YEARS OF EXPERIENCE WITH 36 CASES

H. Mouanaa, M. Jguirim, A. Arfa, A. Farhat, M. Brahim, A. Mhenni, Z. Saoussen, I. Bejjia, M. Touzi, N. Bergaoui. *Rheumatology Unit of the Monastir University Hospital, Monastir, Tunisia*

Background: Dupuytren's contracture is characterized by thickening and retraction of the palmar aponeurosis due to fibroblastic proliferation leading to progressive and irreducible fingers' flexion. Dupuytren's contracture appears to be a disease with poor clinical symptomatology and the therapeutic progress, in particular the needle aponeurotomy, continues to increase.

Objectives: We propose to describe the epidemiological, clinical and therapeutic characteristics- particularly the needle fasciotomy- of Dupuytren's contracture diagnosed and treated in our Rheumatology department.

Methods: This is a retrospective descriptive study that collected patients with Dupuytren's disease over a 15-year period from 2001 to 2016.

Results: Thirty-six patients were collected. The mean age was 63±10 years (46 years, 83 years) and the sex ratio was 5. 34% of the patients were manual workers, of whom 42% were masons, 25% were farmers and 17% were carpenters. 8% Of longshoremen and 8% of dressmakers. The personal history was diabetes in

63% of cases, of which 26% were unbalanced, hypertension in 31% of cases and hypercholesterolemia in 14% of cases. 6% of patients were epileptic. 23% of patients were ethyl and 13% were smokers. 6% had an associated Ledderhose disease. 9% of our patients had a family history of Dupuytren's disease. The mean time to diagnosis was 60 months [03 months to 180 months]. The clinical examination showed an exclusive involvement of the left hand in 22% of cases, right hand in 12% of cases and bilateral involvement in 66% of cases. The fingers affected were: 59% the ring finger, 49% the little finger, 23% the middle finger, 12% the index and 5.5% the inch, in order of frequency of mention. The stages of Dupuytren's disease at their discovery were as follows: stage 4 (25%), stage 3 (34%), stage 2 (24%) and stage 1 (17%). Skin examination showed that 58% of the skin was inflicted and 42% of the skin was soft. From a therapeutic point of view, 86% of the patients benefited from a needle aponeurotomy with a good progression in 97% and a recurrence in 8% of the cases. In all stages combined, the average postoperative therapeutic gain was 0.83 stage at the Left hand and 1.43 stage at the right.

Conclusions: The Dupuytren's contracture is the object of a scientific subject whose wealth grows exponentially. These range from the paternity of his first description, to the place of the last therapeutic modalities.

Disclosure of Interest: None declared

DOI: 10.1136/annrheumdis-2017-eular.6967

AB0938 AN ATYPICAL CASE OF SARCOIDOSIS REVEALED BY A BILATERAL PREPATELLAR BURSTITIS

J. Perrier-Cornet¹, R. Ouichka¹, S. Moawad², I. Chary-Valckenaere¹. ¹Rheumatology; ²Dermatology, CHU Nancy, NANCY, France

Background: Prepatellar bursitis is not very frequent in daily practice and the main causes are infections, crystal arthropathies or trauma.

We report the case of a 49-year-old man presented to our department with bilateral anterior knee pain. Pain started 3 months ago without any triggering factor. He denied any trauma or infection. The patient also denied any history of gout, rheumatoid arthritis or systemic lupus.

Objectives: On clinical exam, bilateral knee swellings were noticed consistent with prepatellar bursitis with no wound or abrasion, no fever, signs of arthritis or lymphadenopathy.

Methods: Knee ultrasonography and skeletal scintigraphy confirmed symmetrical prepatellar bursitis. Laboratory findings showed elevated ESR and CRP but no other abnormalities.

Few days later, the patient presented with subcutaneous painful nodules that appeared on his forearms. Biopsy was done and showed deep subcutaneous sarcoid nodules of Darier-Roussy, confirming the diagnosis of sarcoidosis.

Further work up revealed typical sarcoid pulmonary involvement. Bilateral hilar and mediastinal lymphadenopathy with beaded appearance of interlobular septa were noticed on CT-scan of the chest.

The Positron Emission Tomography showed abnormally high ¹⁸F-fluorodeoxyglucose uptake in the thoracic lymph nodes.

Results: All the diagnostic work up confirmed the diagnosis of systemic sarcoidosis. The decision was to start oral corticosteroids. Few days after starting the systemic steroids, the skin lesions and the knees pain improved significantly.

Conclusions: The conclusion is that after excluding the main causes of bursitis (infection, trauma and inflammatory arthritis) (1), it's necessary to keep in mind sarcoidosis as possible diagnosis.

This clinical observation is important because involvement of the bursa is a rare musculoskeletal manifestation of sarcoidosis (2). Moreover, it's very uncommon to diagnose sarcoidosis presenting with just bilateral prepatellar bursitis with no other musculoskeletal or rheumatological symptoms (3).

The association of bursitis, inflammatory skin lesions and thoracic lymphadenopathy is uncommon but may suggest the diagnostic of sarcoidosis.

References:

[1] Mathieu S, Prati C, Bossert M, Toussiot E, Valnet M, Wendling D. Acute prepatellar and olecranon bursitis. Retrospective observational study in 46 patients. *Joint Bone Spine*. 2011;7:423–4.

[2] Fujimoto H, Shimofusa R, Shimoyama K, Nagashima R, Eguchi M. Sarcoidosis presenting as prepatellar bursitis. *Skeletal Radiol*. 2006;35:58–60.

[3] Ruangchajituporn T, Chang EY, Chung CB. Solitary subcutaneous sarcoidosis with massive chronic prepatellar bursal involvement. *Skeletal Radiol*. 2016;45:1741–5.

Disclosure of Interest: None declared

DOI: 10.1136/annrheumdis-2017-eular.2753

AB0939 CHANGE IN THE SURGICAL TREATMENT FOR CERVICAL SPINE DISORDERS RELATED TO RHEUMATOID ARTHRITIS DURING RECENT 15 DECADES

K. Sakuraba, K. Kai, H. Miyahara. *National Hospital Organization Kyushu Medical Center, Fukuoka, Japan*

Background: Since the appearance of biological DMARDs in Japan, disease control of rheumatoid arthritis has been ameliorated. Inflamed synovitis and destructive arthritis declined dramatically, which resulted in a decrease in the number of synovectomy and joint prosthesis gradually. On the other hand,