erosions of the ankle joint were prevalent among the active group in comparison with patients in remission ($p \leq 0.001$), as shown in figure (1).
Conclusions: Peripheral nerve affection is common in the rheumatoid foot, irrespective of the disease activity level. The most common foot neuropathies are; posterior tibial entrapment at the ankle, peroneal entrapment at the fibular neck and pure sensory axonal neuropathy. MSUS is valuable for diagnosis of posterior tibial entrapment at the ankle. In addition, a positive PD signal and erosions of the ankle joint are associated with disease activity.
References:
[1] Loveday DT, Jackson GE, Geary NP. The rheumatoid foot and ankle:current evidence. Foot Ankle Surg 2012; 18:94–102.
[2] Ibrahim I, Medani S, El-Hameed M, Imam M, Shaaban M. Tarsal tunnel syndrome in patients with rheumatoid arthritis, electrophysiological and ultrasound study. Alexandria J Med 2013; 49:95–104.
[3] Preston D, Shapiro B. Routine lower extremity nerve conduction. In:Preston D, Shapiro B, editors. Electromyography and neuromuscular disorders. 3rd ed. Philadelphia: Elsevier; 2013.115–124.
[4] Preston D, Shapiro B. Anatomy for needle electromyography. In:Preston D, Shapiro B, editors. Electromyography and neuromuscular disorders. 3rd ed. Philadelphia: Elsevier; 2013. 174–190.
[5] Riente L, Delle Sedie A, Iagnocco A, Filippucci E, Meenagh G, Valesini G et al. Ultrasound imaging for the rheumatologist V. ultrasonography of the ankle and foot. Clin Exp Rheumatol 2006; 24:493–498.
Disclosure of Interest: None declared
DOI: 10.1136/annrheumdis-2017-eular.1984

AB1001 CLINICAL VERSUS ULTRASOUND EVALUATION OF PERIPHERAL ENTHESITES IN A COHORT OF SPONDYLOARTHRITIS

A. Haddouche, S. Haid, S. Bencheikh, S. Slimani, A. Abdessemed, N. Brahimi, A. Ladjouze. *Medicine, University of Algiers 1, Algiers, Algeria*

Objectives: Clinical versus ultrasound evaluation of peripheral enthesites in a cohort of spondyloarthritis
Methods: A monocenter prospective study of all SpAs ≥18 years meting the ASAS criteria for SpA followed in a rheumatology center over a period from January 2015 to April 2016. Demographic, clinical, lab and ultrasound characteristics were noted. Fifteen entheseal sites were investigated bilaterally: insertions of supra-spinatus, sub-scapular, medial and lateral epicondylar tendons, triceps brachialis, gluteus medius, quadriceps proximal and distal insertion (patellar ligament, medial and lateral collateral ligament), Achilles tendon, plantar aponeurosis. These sites were assessed clinically and with US during the same visit and then results were compared between the clinical and the US examination.
Results: A total of 208 patients were included, mainly men (63.5%). The mean age was 40.2±11.7 years and the mean duration of the SpA was 11.8±8.7 years. Axial radiographic SpA was the most frequent phenotype (69.2%) and ankylosing spondylarthritis was the most frequent sub-group (57.7%). At examination, 88.9% had an active disease (ASDAS-ESR and/or ASDAS-CRP>1.3) and 64.4% of SpAs were taking NSAID. Clinical examination and US revealed at least one abnormal enthesis in 55.3% and 86.1%, respectively. Overall, 6240 entheses were examined, 44.2% were considered abnormal by clinical examination and 83.2% by US. The US abnormalities were entesophytes (69.5%), erosions (54.8%), hypochogenicity (49%), thickening (46.4%), bursitis (30.5%), calcifications (20.9%) and finally Doppler signal near the cortical bone in 20% of the examined entheses. The evidence of entheseal abnormalities by clinical examination has a poor likehood ratio (LR) for the presence of any US abnormality (LR + =1.4, LR- =0.8), for the acute US abnormalities (LR + =1.25, LR-=0,8), for the chronic US abnormalities (LR + =1.3, LR =0.8) as well as for the presence of the Doppler signal (LR + =1.1, LR- =0.9) at all sites.
Conclusions: US is useful to detect structural and inflammatory abnormalities of the enthesis in the SpA and can complete physical examination in order to better evaluate enthesitis.
Disclosure of Interest: None declared
DOI: 10.1136/annrheumdis-2017-eular.1978

AB1002 CLINICAL AND ULTRASOUND PREVALENCE OF PERIPHERAL ENTHESITIS IN AN ALGERIAN COHORT OF SPONDYLOARTHRITIS

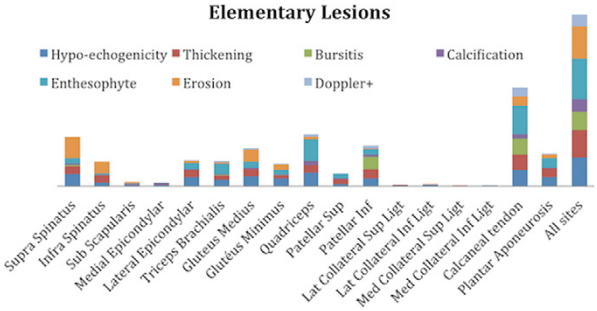
A. Haddouche, S. Haid, S. Bencheikh, S. Slimani, A. Abdessemed, N. Brahimi, A. Ladjouze. *Medicine, University of Algiers 2, Algiers, Algeria*

Background: Algerian Spondyloarthritis (SpA) is characterized by a high prevalence and more severe axial and articular lesions compared to the caucasian population, What about enthesitis involvement?
Objectives: To estimate the global and site-specific clinical and ultrasound prevalence of peripheral enthesitis in an Algerian cohort of SpA
Methods: AA monocenter prospective study of all SpA ≥18 years meting the ASA criteria for SpA followed in a rheumatology center at EHS Ben Aknoun over a period from January 2015 to April 2016 Demographic, clinical, lab and ultrasound characteristics were noted. Fifteen enthesic sites were investigated: insertions of supra-spinatus, sub-scapular, medial and lateral epicondylar tendons, triceps brachialis, gluteus medius, quadriceps proximal and distal insertion (patellar ligament, medial and lateral collateral ligament), Achilles tendon, plantar aponeurosis. These sites were assessed clinically and ultrasonographically during the same consultation to determine the global and site-specific clinical and ultrasound prevalence of peripheral enthesitis. Elementary ultrasonographic lesions were noted. The comparison between clinical and ultrasound prevalence was performed using the Mac Nemar test using the SPSS software.
Results: A total of 208 patients were included, mainly men (63.5%). The mean age was 40.2±11.7 years. The mean duration of the SpA was 11.8±8.7 years. Axial radiographic SpA was the most frequent phenotype (69.2%) and ankylosing spondylarthritis was the most frequent sub-group (57.7%). At examination, 88.9% had an active disease (ASDAS-vs and/or ASDAS-crp>1.3) and 64.4% of SpAs were taking NSAID 6240 entheses were assessed clinically and 7072 entheses examined with ultrasound

Table 1. The global and site-specific clinical and ultrasound prevalence of peripheral enthesitis

	Clinical%	Ultrasound%	P
Calcaneal tendon	13,9	68,8	<0,001
Quadricipital	9,9	49	<0,001
Supra Spinatus	17,8	45,7	<0,001
Gluteus Medius	11,3	34,6	<0,001
Patellar Inf	8,9	32,5	<0,001
Plantar Aponeurosis	14,7	32,2	<0,001
Triceps Brachialis	10,3	26,7	<0,001
Lateral Epicondylar	23,8	24,5	NS
Infra Spinatus	–	24	–
Gluteal Minimus	–	22,6	–
Patellar Sup	10,6	14,9	NS
Sub Scapularis	18,5	5	<0,001
Medial Epicondylar	12,7	3,8	<0,001
Inf Collateral Lat Ligt	6,5	2,6	0,009
Sup Collateral Lat Ligt	5,8	1,9	0,007
Collateral Med Sup Ligt	5,8	0,7	<0,001
Collateral Med Inf Ligt	5	0,5	<0,001
All sites	44,2	83,2	<0,001

Figure 1 summarizes the prevalence of elementary ultrasound lesions per site.



Conclusions: In this cohort and as expected, ultrasound (with at least one elementary lesion) was superior to clinical examination for the detection of peripheral enthesitis (83.2 vs. 44.2%, P<0.001). Interesting sites to explore according to the prevalence and to the presence of a Doppler signal (<2mm/cortical) would be insertions of the calcaneal, quadricipital, patellar, gluteal, plantar aponeurosis and triceps brachialis tendons.
Disclosure of Interest: None declared
DOI: 10.1136/annrheumdis-2017-eular.1572

AB1003 MEDIAN AND ULNAR NERVE CROSS-SECTIONAL AREA IN CARPAL TUNNEL SYNDROME WITH EXTRATERRITORIAL SPREAD OF SENSORY SYMPTOMS

B. Mansiz Kaplan[1], M. Akdeniz Leblebicier[2], I. Yagci[3]. *[1]Department of Physical Medicine and Rehabilitation, University of Health Sciences, Ankara Training and Research Hospital, Ankara; [2]Department of Physical Medicine and Rehabilitation, Gumushane State Hospital, Gumushane; [3]Department of Physical Medicine and Rehabilitation, School of Medicine, Marmara University, Training and Research Hospital, Istanbul, Turkey*

Objectives: To evaluate the relationship between extramedian spreading of sensorial symptoms and median and ulnar nerve cross-sectional area in patient with carpal tunnel syndrome (CTS), to compare the ultrasonographic and electrophysiological findings in patients with CTS whose sensorial symptoms are extramedian spreading or median distribution only.
Methods: Patients with CTS were divided into two groups as with and without extramedian symptoms and were assessed clinically, electrophysiologically and ultrasonographically by three blind investigators. In electrophysiological tests, median and ulnar nerve conduction studies were performed. Nerve cross-sectional areas were measured at hamatum hook, psiform bone, radio-ulnar joint, one-third distal part of forearm, and medial epicondyle for median nerve; radio-ulnar joint, psiform bone, one-third distal part of forearm, and medial epicondyle for ulnar nerve by ultrasonography.