Objectives To investigate whether ankylosing spondylitis (AS) in women comprises a different clinical group compared to men.

Methods Seventy-eight patients with AS were diagnosed and followed up since 1981. We reevaluated all these patients by entering the demographic, clinical, laboratory, radiological and therapeutic disease characteristics in the database.

Results Seventy patients were identified as AS. Eight were excluded. Six developed psoriasis during follow up, one had Forestier's disease and one developed Paget's disease of bone. Sixty-one were men and 9 women. There were no differences between men and women concerning the age at disease onset. However, an infection had preceded the diagnosis of AS in women ($p < 0.01$). Axial and peripheral arthritis were similar between the two groups, although the elbows were more frequently involved in women ($p < 0.05$). Concerning systemic manifestations, no differences were found between the two groups. Finally, female patients had higher values of erythrocyte sedimentation rate (ESR) (47.5 [21.6]) compared to men (31.1 [23.0]) ($p < 0.05$) and presented more frequently with anaemia of chronic disease (ACD) ($p < 0.01$).

Conclusion AS in women is a rare condition (1:8). It seems that it is not a mild disease. The clinical picture is almost similar to men, but expresses high values of ESR and ACD.

AB0132 FOUR CASES IN WHICH THE INITIAL ILLNESS WAS TYPICAL OF REITER'S SYNDROME AND LATER BECAME TYPICAL PSORIATIC ARTHRITIS

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Background It is generally accepted that in some patients reactive arthritis may progress further to ankylosing spondylitis. A generally accepted estimate is that 20 percent of patients with Reiter's syndrome develop peripheral arthritis or axial disease.

Objectives The study group consisted of 500 unrelated consecutive patients with psoriatic arthritis at 15 year follow up at the PsA outpatient clinic. We found four cases in which the initial illness was typical of Reiter's syndrome and later became typical psoriatic arthritis.

Methods

Results One patient had persistent joint symptoms, two patients have at every 5 years recurrent bouts of arthritis and one patient suffered from severe, aggressive and unremitting disease.

Over 1 to 5 years the skin lesions progressively assume the characteristics of psoriasis.

The diagnosis of PsA was set up among 1–10 years.

Conclusion The possibility that psoriatic arthritis and Reiter's syndrome may be similar or closely related is illustrated by our cases, too. Such cases have suggested a more than coincidental interrelationship between Reiter's syndrome and psoriatic arthritis.

AB0133 BLUE COLOURED SKIN IN PSORIATIC ARTHRITIS

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Background

Objectives In this paper, we have analysed blue coloured skin over involved joints as a one of the clinical features of the psoriatic arthritis that is helpful for simpler and earlier reaching the diagnosis.

Methods Clinical material consisted of 650 consecutively hospitalised and outdepartment patients with the diagnosis of PsA and 1265 patients with diagnosis of RA in period between 1975 and 1998 year. Special attention was attended to inspection of the skin over involved joint including skin appearance, colour and size of the involved area and its changes in different conditions of the weather and temperature.

Results We have found blue coloured skin over involved joints in 598 patients with PsA (92%) and in 63 patients with RA (5%) (N2 joints and digits in case of sausage digits. In less involved joints blue colour develops in minor area, usually on central dorsal part of the sin over the joint. Blue coloured skin was better visible in the cold winter days while in the summer season and during the remission of the disease as well as at room temperature, blue colour is less marked or even disappears.

Conclusion This sign is reliable, so it should be very useful in PsA diagnostics.

AB0134 SULPHASALAZINE (SALAZOPYRINE EN) IN TREATMENT OF REACTIVE ARTHRITIS (EFFICACY, SAFETY AND TOLERABILITY)

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Background

Objectives Evaluation of the efficacy and tolerance of sulphasalazine (SALAZOPYRIN EN-tabs) in the management of Reactive arthritis (ReA) triggered by a urogenital infection.

Methods We conducted an open randomised trial on 2 parallel groups of patients, 30 patients each during 12 months (30 treated with SALAZOPYRIN EN 1–2 g/day, versus 30 treated with NSAID or analgesics). Tolerability and safety were assessed with whole blood picture test for liver and renal function, gastro-intestinal (G-I) adverse effects, and other side effects. Every month the efficiency of treatment was checked by clinical and laboratory methods.

Results There were no significant differences in demographic, clinical and laboratory parameters among the two groups at the study entry. By the end of the study, there was evidence of significant improvement shown by pain score, ability of movement, and reduction in the acute phase response in sulphasalazine (SALAZOPYRINE EN) group. Adverse reactions in the sulphasalazine (SALAZOPYRINE EN) group (12% of patients) occurred mainly in the first ten weeks of treatment and were mild, reversible and did not require termination of therapy. In 1% of patients these were severe enough to stop treatment.

The NSAID group encountered adverse reactions in 27% of patients and 4% required termination of therapy.

Conclusion Sulphasalazine (SALAZOPYRINE EN) proved to be a good first choice as a second-line of a disease modifying anti-rheumatic drug because of its early efficacy (8 weeks), persistent efficacy and its good tolerance.