patients with ankylosing spondylitis (AS), and to look for correlations with clinical findings, plain radiography and pulmonary function testing.

Methods 28 patients with AS meeting the modified New York criteria and without history of respiratory symptoms were enrolled prospectively: 25 men (89.2%) and 3 women with mean age of 37.8 (9.1) years [17–66] and mean disease duration of 7.8 (4.6) years [0.4–19]. All patients underwent posteroanterior plain chest radiography, HRCT and pulmonary function tests.

Results HRCT revealed abnormalities in 17 patients (60.7%): these included interstitial lung disease ($n = 2$), paraseptal emphysema ($n = 2$), apical fibrosis ($n = 2$), bronchiectasis ($n = 1$), and non-specific interstitial lung disease ($n = 11$). Plain radiography was abnormal in only 2 cases. Comparison between patients with and without defined thoracic HRCT abnormalities showed no differences in age, sex, disease duration, history of smoking, radiological scores (syndesmophytes score, BASRI) or ESR but showed significant statistical difference in symptomatic severity parameters (Schöber, BASMI, BASDAI). Pulmonary function tests showed a restrictive process in four patients in whom three had an abnormal chest HRCT and an obstructive process in two patients in whom one had emphysema and apical fibrosis on chest HRCT.

Conclusion This study, which describes thoracic HRCT findings in patients with AS and without respiratory symptoms, confirms the high prevalence of a spectrum of abnormalities undetectable on standard plain radiography.

SAT0011 ASSOCIATION OF PHENOTYPIC EXPRESSION OF ANKYLOSING SPONDYLITIS (AS) WITH THE PRESENCE OF HLA-B60 ANTIGEN

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Background

Objectives To investigate the association of hip and eyes involvement with the presence of HLA-B60 antigen in AS patients.

Methods HLA-B60-typing was performed in 49 AS patients (all patients fulfilled the New York criteria for AS): 14 female and 35 male; mean age 38,8 years, mean disease duration 15,3 years. The diagnosis of anterior uveitis was verified by an ophthalmologist. Pelvic X-rays, ultrasonography of joints and densitometry were performed to estimate the hip involvement. Periarticular osteoporosis, joint space narrowing (<4 mm), osteophytes, cysts, erosive changes, aseptic necrosis of the femoral head, thickness of the synovial membrane and hip joint effusion were considered as the features of hip involvement.

Results 5 (10,2%) of 49 patients were B60-positive. 44 patients (89,8%) were B60-negative. 13 patients (26,5%) had anterior uveitis. All of them were B60-negative. The hip involvement was observed in 100% of B60-negative and in 80% of B60-positive AS patients.

Conclusion Our results consent to other authors' data about the less hip and eyes involvement in HLA-B60-positive AS patients. Further investigation is needed to confirm these results on the greater patient group.

SAT0012 THE RELATIONSHIP BETWEEN SPINAL, SACROILIAC INVOLVEMENT AND FUNCTIONAL ASSESSMENT IN ANKYLOSING SPONDYLITIS

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Background Ankylosing Spondylitis (AS) is a chronic destructive and deforming joint disease that affects both axial and peripheral joints. The relationship between the radiological changes of the joint disease and its functional consequences is important. Because sacroiliac joint abnormalities and spinal ligamentous calcification and ossification, syndesmophytes, osseous fusion may be caused clinical manifestations and disability.

Objectives The aim of the present study was to evaluate the correlation existing between the radiological progression of the disease and functional impairment in AS.

Methods 36 patients with clinically and radiologically verified AS were recruited to participate in the study.

All patients had standard anteroposterior, lateral lumbar spine radiography and Ferguson views of the sacroiliac joints.

A global grading system including sacroiliac joints (New York Criteria) and a detailed scoring system of the lumbar spine (Stoke Ankylosing Spondylitis Spine Score (SASSS)) were used to assess structural damage.

Functional impairment was assessed by the Bath Ankylosing Spondylitis functional index (BASFI). The BASFI consists of eight items on daily activities and two items assessing the patients' ability to deal with their everyday life. BASFI are validated and widely used instruments to assess physical function in patients with AS.

We correlated the BASFI with radiographic damage measures.

Results The sacroiliac scores were on range of 2–4 according to New York criteria (mean = 2.0 ± 0.73). Lumbar spine radiographic scores were on range of 7–40 according to SASSS (mean = 19.4 ± 8.07).

Functional index correlated with the damage measures of lumbar spine ($r = 0.43$, $p = 0.01$). However no significant difference was noted between functional impairment and sacroiliac involvement ($\chi^2 = 2.6$, $p = 0.27$).

Conclusion Ascending spinal involvement showed more related to change of functional impairment than damage of sacroiliac joints.

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SAT0013 SERONEGATIVE B27 NEGATIVE UNDIFFERENTIATED OLIGOARTHRITIS: LARGE FOLLOW-UP STUDY OF 40 CASES

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