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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Background Undifferentiated arthritis could be an early stage or forme fruste of a definite rheumatic disease.

Objectives The purpose of this poster is to describe the evolution of 40 patients (>16 years) in our hospital, with seronegative mono-oligoarthritis, HLA B27 negative, without axial involvement, that at the onset of the disease did not meet the criteria to be included in any other defined arthropathy.

Methods Forty patients (21 females and 19 males) with seronegative undifferentiated oligoarthritis, without axial involvement, that could not be typified as rheumatic disease of the rheumatoid, psoriatic, enteropathic, gouty, or reactive type, were studied retrospectively. In all patients the presence of crystals in their synovial fluid was discarded as well as skin or eye symptoms, infectious diseases (Salmonella, Shigella, Yersinia, Ureaplasma and mycobacteria) or associated connective-tissue disease.

Results The mean age at the onset of oligoarthritis was 42.1 years (44.9 for males and 36.3 for females). The average duration of follow-up was 11.1 years (range 24–1). Eight (28%) of the 40 patients had just one joint affected while the remaining patients presented with 4 or less involved joints. In 8 of our cases (20%) the disease resolved spontaneously. In 12 patients (30%), a definitive diagnosis was made after an average of 4.1 years (range 13–1) from the onset to the final diagnosis. Among these 12 patients, 5 were diagnosed as gout, 2 as arthropathy associated with inflammatory bowel disease, 2 as psoriatic arthritis, 2 as rheumatoid arthritis and one case of SAPHO associated arthropathy. In the remaining patients the disease followed a chronic course and no improvement was detected. Only 16 of the 40 patients received specific antirheumatic drug therapy: 10 of the 20 cases in which the disease took a chronic course and for which no diagnosis was reached.

Conclusion We would like to stress that no rheumatologist would deny the difficulty implied in diagnosing and managing patients with undifferentiated mono-oligoarthritis that do not fit into any typified rheumatic disease. Nevertheless, although 50% of our patients have not yet been definitively diagnosed after a 6.5 year average follow-up, a final diagnosis has been reached for 30% of the total number in a 4.1-year period on the average.

SAT0014 TREATMENT OF PSORIATIC ARTHRITIS AND PSORIASIS VULGARIS WITH THE TUMOUR NECROSIS FACTOR BLOCKER INFliximab

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Background Tumour necrosis factor α (TNF α), a proinflammatory cytokine, is considered to be one of the important mediators in the pathogenesis of psoriasis and psoriatic arthritis (PsA) and may therefore be a useful target for specific immunotherapy. Treatment of rheumatoid arthritis with TNF inhibitors has proven to be extremely effective, so the aim of our study was to evaluate the efficacy and safety of multiple infusions with a humanised anti-tumour necrosis factor α monoclonal antibody (infliximab) in PsA and Psoriasis.

Objectives

Methods Over a period of 22 weeks, nine consecutive patients (5 men, 4 women, mean age 57.3 years, mean duration of PsA/Psoriasis 17.2/18.1 years) who had both active psoriasis and PsA and fulfilled diagnostic criteria were included in this study.

Treatment resistant patients with active disease received infusions of 3 mg/kg infliximab (at week 0, 2, 6, 14, and 22). The primary endpoints included the changes from baseline to week 22 in the swollen and tender joint count and the improvements of the psoriasis activity (Pasi).

Results The treatment was well tolerated, only one mild side effect was noted. Significant improvements were observed after 2 weeks in the decrease of swollen and tender joint count, which fell from a median of 5.3 and 17.88 at study entry to a median of 1.44 and 9.77 by week 2 ($p = 0.02/p = 0.002$) and maintained up to week 22. Over the treatment period of twenty two weeks the mean Pasi changed statistically significant from 19.04 to 4.39 ($p = 0.002$). The improvements of the main parameters are summarised in Table 1.

Abstract SAT0014 Table 1 Values (mean) of the main parameters in our 9 patients, before treatment (T0), after 2 weeks (T2), after 14 weeks (T14) and after 22 weeks (T22), statistical significance (p^*) determined by student t-test of the change of baseline ($p < 0.05$)

	T0	T2	T14	T22	p
Pasi	19.04	7.41	1.66	4.39	$p = 0.0021$
MGST	52.77	23.33	23.33	24.0	$p = 0.0114$
SJC	5.33	1.44	2.77	2.8	$p = 0.046$
TJC	17.88	9.77	9.44	8.4	$p = 0.00321$
CRP	16.04	7.8	4.02	4.32	$p = 0.041$
ESR	34.44	14.66	18.0	16.2	$p = 0.015$
VAS	5.88	3.33	3.77	3.6	$p = n.s.$

Pasi (Psoriasis Area and the Severity Index), MGST (Morning stiffness in minutes), SJC (Swollen joint count), TJC (Tender joint count), CRP (C-reactive protein), ESR (Erythrocyte sedimentation rate) VAS (Assessment of pain).

Conclusion Multiple infusions of infliximab were effective and well tolerated in patients with active psoriasis and PsA. The results provide a good evidence that specific cytokine blockade can be effective in inflammatory disease and offers patients with PsA and psoriasis a new direction of treatment.

SAT0015 UVEITIS AS THE INITIAL CLINICAL MANIFESTATION IN PATIENTS WITH SPONDYLOARTHROPATHIES

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Background Uveitis can be the first manifestation in patients with spondyloarthropathy (spA).

Objectives To investigate the frequency and pattern of presentation uveitis as the first clinical manifestation in patients with spA.

Methods In this study we include the patients with uveitis attended simultaneously by ophthalmologists and rheumatologists in our Uveitis Clinic between June 1997 and October 2000. A clinical preestablished protocol based on the pattern of uveitis and the patient's symptoms was used to achieve diagnosis in each case. Diagnostic evaluation included, a clinical history, an ophthalmologic examination, hemogram, biochemistry, ESR, a fluorescent treponemal antibody absorption test, urinary test and a chest x-ray. In addition, in patients with previous flares of