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 a (TNF a), 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 a 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

uveitis a pelvis x-ray was done. Any type of studies were ordered according to protocol.

Results Data from 376 were recorded in our date base. Seventy (18.6%) had some type of spA, 49 (70% of patients with spA) were male and the mean age of this group was 44.7, SD:15.7. Forty patients (57%) were previously diagnosed (33 ankylosing spondylitis (AS), 4 Reiter's syndrome (RS), 2 inflammatory bowel disease (EII) and 1 undifferentiated spA (UspA)); thirty (43%) were undiagnosed and uveitis was the first manifestation (15 AS, 5 psoriatic arthritis (PA), 4 RS, 4 EII, 1 UspA and 1 SAPHO). The most frequent clinical pattern was acute (only one was chronic), anterior (only two were panuveitis) and unilateral (only four were bilateral) uveitis. There were two main keys to achieve the diagnosis of spA that were the recurrence of a type of pattern of uveitis (acute, recurrent and unilateral) and the presence of lumbar or articular pain in addition to the uveitis flare. HLA B27 was found in 47 (66%) patients, 37 AS, 4 RS, 4 PA, one UspA and one SAPHO syndrome. All patients received local treatment. Sistemic corticosteroids, sulfasalazine and metotrexate was associated in 8, 8 and 1 patient respectively.

Conclusion Uveitis was the first manifestation in 43% of the patients with spA, attended prospectively in a multidisciplinary outpatient clinic of uveitis. That is why the collaboration between ophthalmologics and rheumatologics contribute to a better diagnosis and treatment of patients. In case in which this close collaboration could not be possible, all patients with acute unilateral recurrent uveitis and those with rheumatic complains, should be referred to a rheumatologist, in spite of the absence of rheumatic symptoms.

SAT0016 ULTRASOUND DENSITOMETRY AND DXA IN PATIENTS WITH ANKYLOSING SPONDYLITIS – HOW DO THEY CORRELATE?

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Background Patients with ankylosing spondylitis are well-known to have an increased incidence of osteoporosis/osteopenia. Consequently, control measurements of bone densitometry should be done more frequently than in the normal population. Ultrasound densitometry has the advantage to be free of radiation and having been used widely. However, DXA is still a "gold standard".

Objectives The aim of our study was to look at the relationship of the ultrasound densitometry and DXA-measurements in patients with ankylosing spondylitis.

Methods We have examined 184 patients with ankylosing spondylitis. All patients fulfilled the modified New York criteria. We measured the bone mineral density of the right hip and lumbar spine with DXA (QDR 4500) and of the calcaneus with ultrasound (UBIS 5000).

Results The best correlation was found between DXA of the right hip and ultrasound of the calcaneus.

The correlation of BMD hip total with ultrasound BUA was $r = 0.235$ ($p < 0.001$, with ultrasound T-Score $r = 0.205$ ($p < 0.005$) and with ultrasound Z-Score $r = 0.203$ ($p < 0.006$). The corresponding correlations of BMD of the lumbar spine with ultrasound BUA ($r = 0.135$ $P = 0.067$) were not significant.

Conclusion The hip total measured by DXA present with significant ($p > 0.005$) correlations with ultrasound measurements of the calcaneus.

In contrast, BMD of the lumbar spine did not show significant correlations with the ultrasound measurements. As measurements of BMD of the lumbar spine in patients with ankylosing spondylitis have limitations due to disease specific changes of the lumbar vertebra, ultrasound of the calcaneus measurement should be considered as an alternative, too.

SAT0017 THE RELATIONSHIP OF CLINICAL AND LABORATORY MEASUREMENTS TO TWO DIFFERENT RADIOLOGICAL SCORING METHODS IN ANKYLOSING SPONDYLITIS

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Background

Objectives The aim of this study was to evaluate the relationship of radiological scoring methods with clinical and laboratory measurements of the patients. Two different scoring methods - Bath Ankylosing Spondylitis Radiology Index (BASRI) and Stoke Ankylosing Spondylitis Spine Score (SASSS), which are both widely used in clinical trials- were assessed.

Methods Nineteen patients (3 female, 16 male, age 22 to 41, disease duration 1 to 18 years) with AS who satisfied the modified New York criteria were included into the study. BASRI and SASSS were used to evaluate radiologic changes. Disease activity was assessed using Bath Ankylosing Spondylitis Disease Activity Index (BASDAI).

Results There was no correlation between duration of morning stiffness, night pain, laboratory variables (ESR, CRP, haemoglobin, platelets) and any of the radiological scores. No significant correlation was found between BASDAI and both of the radiological scores. BASRI and SASSS correlated significantly with occiput-to-wall distance, Schober test, and finger-to-fibula distance. There was not a significant correlation of radiologic scores with finger-to-floor distance and chest expansion. The scores of right and left SI joints correlated significantly with BASRI and SASSS.

Conclusion Our results indicate that these two radiological scoring methods are measures of disease severity or deformity rather than disease activity. Radiological scoring methods are fundamental for the diagnosis and progression in AS and BASRI may be a more practical and appropriate method.

SAT0018 PULMONARY INVOLVEMENT IN ANKYLOSING SPONDYLITIS

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Background

Objectives To analyse the subclinical pulmonary involvement in a series of patients with ankylosing spondylitis (AS).

Methods Prospective study analysing 52 patients with the diagnosis of AS according to the modified New York criteria. The patients were asymptomatic about lung complaints and were submitted to a pulmonary investigation that included plain chest radiography, pulmonary function test (PFT) and thoracic high-resolution computed tomography (HRCT). The results were compared with sex, race, dorsal spine involvement, thoracic