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