Conclusion The significant difference between radiographic and MRI findings in detecting of vertebral fractures was found. The results suggest that plain X-rays cannot be considered as a sufficient method for detection vertebral fractures in patients with AS. MRI should be considered as the method of choice in revealing spinal fractures in AS patients. Disease activity may contribute in developing of non – traumatic spinal fractures in this group of patients.

SAT0027 HIP JOINT INVOLVEMENT IN PSORIATIC ARTHRITIS (PSAR)

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Background Long term studies of the spondyloarthropathies have identified early hip joint involvement as a marker for severe disease and disability. Psoriatic spondylitis (PsSp) results in hip arthroplasty more frequently than primary ankylosing spondylitis. It is not clear whether the risk for hip involvement exists only for PsSp or other variants of PsAr.

Objectives To evaluate the prevalence of hip joint involvement cohort of PsAr patients. To determine whether gender, type of psoriasis, PsAr peripheral joint pattern, age of onset of disease, presence of spondylitis are associated with the risk of hip joint involvement. To determine the frequency of hip arthroplasty in these patients.

Methods This is a retrospective cohort study of 417 patients with PsAr treated at a single tertiary academic centre over a 15 year period. Patient characteristics and outcome were abstracted by chart review. Radiographs of patients with hip joint disease were reviewed.

Results 27 PsAr patients (6.5%) were diagnosed with hip joint involvement. 60% had bilateral involvement. Gender, type of psoriasis, nail involvement, pattern of peripheral psoriatic arthritis, DIP joint involvement, or clinical enthesitis were not associated with hip joint disease. Sacroiliitis or spondylitis were strongly associated with hip disease ($p < 0.01$), as was early age of onset of PsAr ($p < 0.001$). 27% of the spondylitis patients developed hip disease. 37% of the patients with hip disease required total hip arthroplasty (THA).

Conclusion Hip joint involvement in psoriatic arthritis is strongly associated with early onset psoriatic arthritis and the presence of psoriatic spondylitis. A high risk of premature THA exists. Better strategies for early diagnosis and medical intervention are needed.

SAT0028 LATE ONSET ANKYLOSING SPONDYLITIS-CLINICAL AND RADIOLOGICAL MANIFESTATIONS

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Background

Objectives To compare clinical and radiological manifestations of late onset ankylosing spondylitis (LOAS: >51 yrs) with classical onset ankylosing spondylitis (COAS:21–30 yrs).

Methods We identified twenty-nine (2,0%) pts with LOAS out of 1434 AS pts and they were matched for sex and disease duration with COAS pts. All pts fulfilled the diagnostic criteria of AS

of the European Spondyloarthropathy study group (ESSG). Evaluation included clinical examination: inflammatory pain, spinal mobility (Schober test, chest expansion), peripheral arthritis and enthesitis, acute uveitis, family history; laboratory (ESR, HLA-B27); radiographs of the sacroiliac joints (SIJ), anteroposterior and lateral spine and affected peripheral joints). Statistical analysis was performed using Spearman rank correlation test and X-test.

Results Analysis revealed no significant differences ($p > 0.005$) in clinical manifestations between twenty-nine (27 m,2 f) pts with LOAS(mean age and disease duration 56,0 yrs (range 53–62) and 8, o yrs (range 8–12) respectively) and twenty-nine pts with COAS(mean age at onset 24,2 yrs and mean disease duration 7,8 yrs (range 4–16) respectively), except for spinal mobility ($p < 0,005$). No significant differences ($p > 0,005$) were found between groups of the laboratory findings. All pts had bilateral sacroiliitis. The results are shown in the Table 1.

The radiographic changes in SIJ (grade III and IV) were more frequent in LOAS pts than in COAS ($p < 0,005$), as well as on the spine ($p < 0,005$). The radiographic progression in the SIJ and the spine were more rapid in LOAS pts than in COAS pts, the difference was statistically significant ($p < 0,005$).

Abstract SAT0028 Table 1

	LOAS	COAS	p
Sacroiliitis grade I+II	10 (34.3%)	20 (69%)	<0.005
Sacroiliitis grade III+IV	19 (65.5%)	9 (27.5%)	<0.005
Spondylitis L + Th + C	15 (51.7%)	3 (10/3%)	<0.005

Conclusion According to our experience the onset of ankylosing spondylitis is uncommon after 51-st yr; LOAS and COAS have similar clinical manifestations; LOAS had clinically more progressive course and rapid radiographic progression leading to severe changes in the SIJ and spine ($p < 0,005$). the possible explanation for the difference observed is a clinically asymptomatic or ?silent? ankylosing spondylitis in patients with late onset of disease.

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SAT0029 THE ROLE OF MICROFLORA IN ANKENT (ANKYLOSING ENTHESOPATHY) IN MICE

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Background Murine ankylosing enthesopathy (ANKENT), an experimental model for human ankylosing spondylitis, is strongly dependent on the contact of ANKENT-prone mice (B10 or B10. BR genetic background) with microbes as no disease is observed under germfree (GF) conditions while about 20% of conventional (CV) males are afflicted.

The disease is almost exclusively restricted to male mice, It affects only ankle and tarsal joints. Next risk factor for ANKENT is haplotype.