Methods 8 patients with active AS (2 women and 6 men, mean age 36 years) were included in this study. AS was diagnosed according to the New-York criteria. Disease activity was assessed by erythrocyte sedimentation rate (ESR) and serum levels of C-reactive protein (CRP). None of the patients had macrovascular complications such as hypertension or clinical evidence of cardiac valvular insufficiency. Sex- and age-matched 8 healthy adults formed the control group. Myocardial involvement was evaluated by serum levels of cardiac specific troponin-I, an intracellular cardiac protein that is not detected in blood unless myocyte necrosis occurs.

Results Mean duration of disease activity was 8 years. Electrocardiograms were normal in all subjects. The ESR and CRP levels were elevated in all patients with AS (mean values were 39 mm/h and 34 mg/l respectively) while they were normal in controls (mean values were 11 mm/h and 2 mg/l respectively). Cardiac specific troponin-I was not detected in the serum of any subject.

Conclusion The absence of cardiac specific troponin-I in the serum of patients with active AS suggest that there is no ongoing primary myocyte necrosis in the active stage of this disease. Previously reported cardiac abnormalities in this disease can be the result of aortic involvement including aortic valve insufficiency.

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SAT0038 EVALUATION BY DUAL X-RAY ABSORPTIOMETRY (DXA) OF BODY COMPOSITION IN ANKYLOSING SPONDYLITIS (AS) PATIENTS

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Background

Objectives To evaluate body composition in patients with severe AS of long duration and predominant axial involvement by DXA.

Methods Forty-one AS male patients with mean age $38,9 \pm 7,26$ sd years old (23-50 years), and thirty-four controls matched for age, sex, race, weight, height were studied. Body composition was measured by DXA (HOLOGIC QDR 2000) and was compared in the two groups. BMD was also measured in two sites: lumbar spine (L1-L4) and femoral neck.

Comparisons were performed for the group of patients and controls. Differences were analysed using x2-test, Student test and Pearson test. Statistical significance was taken at $p < 0,05$.

Results Body-composition indexes (BMD g/cm², BMC g/cm², fat mass, lean mass, fat mass percentage) were analysed. Patients with AS had a lower total lean mass ($47,72 \text{ kg} \pm 5,82 \text{ sd}/55,34 \text{ kg} \pm 5,48 \text{ sd}$) and lower total bone mass ($1,04 \text{ g/cm}^2 \pm 0,96 \text{ sd}/1,13 \text{ g/cm}^2 \pm 1,16 \text{ sd}$) in comparison with controls. The analysis of BMD-lumbar spine and BMD-femoral neck showed low values ($0,996 \text{ g/cm}^2 \pm 0,20 \text{ sd}/0,752 \pm 0,15 \text{ sd}$) respectively. The diagnosis of osteoporosis/osteopenia was made by WHO criteria. Additionally, there was a difference in the fat mass percentage,

but it may be result of age rather than of disease. There was a significant correlation between the reduction of lean mass and bone mass and Schober test, weight and height ($p < 0,05$).

Conclusion Measures of body composition in AS patients can be important to investigate structural severity of the disease, so prevention of deformity can be promoted early. Low values of lean mass was observed in parallel with osteoporosis, that is frequent finding in male patients with AS.

This analysis showed a positively correlation between lower total lean/bone mass and anthropometric measures, probably secondary to the pathologic loss of mobility in the spine and rizo-melic joints. Then, this appropriate evaluation of the musculo-skeletal changes may be a new approach for effective rehabilitation in AS patients.

SAT0039 CLINICAL CHANGES IN OLIGOARTICULAR FORMS OF PSORIATIC ARTHRITIS AFTER A COURSE OF FIVE YEARS

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Background One of the most salient features of psoriatic arthritis is the wide variety of clinical manifestations it can exhibit. This facilitates interrelationships among its clinical forms and changes from one to another.

Objectives To evaluate the clinical manifestations of patients with psoriatic arthritis of initially oligo-articular form after a course of five years.

Methods An overall 32 patients with psoriatic arthritis of initially oligoarticular form (viz. with fewer than three joints affected in an unsymmetric form) were examined and the specific form prevailing after a course of five years was determined. Simultaneously, clinical activity was studied on the basis of the following criteria: (a) morning stiffness for less than 15 min; (b) absence of fatigue; (c) absence of articular pain; (d) absence of pain in response to pressure or movement; (e) absence of swollen joints; (f) VSG below 30. Those patients fulfilling at least five of the previous six criteria were considered to be in remission.

Results The following Table 1 classifies the patients according to status and clinical form of the disease.

Abstract SAT0039 Table 1

	Clinical form after 5 years	Polyarticular	Spondyloarthritis
	Oligoarticular		
Clinical Form Active	0	13	9
Clinical Form in remission	6	1	3
Total Clinical Form	6	14	12

Conclusion Our results confirm that oligoarticular forms of psoriatic arthritis are not static, but rather change during the course of the disease.