SAT0040 RHEUMATIC DISEASES IN PATIENTS WITH VITILIGO: A STUDY ON 28 CASES

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Background Recently, we have demonstrated in a case-control study that vitiligo and spondyloarthropathy (SpA) do not coexist by chance in the same patient.¹ Of the 234 patients with SpA seen in the study period 8 (3.4%) were found to be suffering from type A vitiligo. On the contrary, among the 468 control patients only 5 (1.06%) had type A vitiligo. The difference was statistically significant ($p < 0.05$).

Objectives To establish the reasons for the rheumatological consultation in consecutive patients with vitiligo seen for the first time in our department.

Methods All patients that showed visible type A vitiligo in periorificial sites (around mouth, nose, eyes) and/or over the extensor surfaces of hands and wrists, seen for the first time in our department from January 1999 to 31 December 2000, were evaluated clinically. X-ray and laboratory examinations were performed when necessary.

Results Twenty-eight patients with visible vitiligo were seen. Of these, 4 had inflammatory rheumatic diseases associated with vitiligo (2 elderly onset undifferentiated SpA, 2 psoriatic arthritis, 1 rheumatoid arthritis together with lupus profundus). Five patients had inflammatory rheumatic diseases with dubious relationships with vitiligo (3 polymyalgia-like syndrome, 1 seronegative chronic polyarthritis, 1 severe peripheral enthesitis). The remaining 17 patients had vitiligo unrelated rheumatic diseases including osteoarthritis, mechanical low back pain, herniated disc, spondylolisthesis, condrocalcinosis, rotator cuff tendinitis, olecranon bursitis and trigger finger. Seven out of the 28 patients had diseases of the thyroid gland and 1 alopecia areata.

Conclusion The results of the present study confirm the association between vitiligo and SpA. Some patients with vitiligo have undifferentiated inflammatory rheumatic diseases, which need to be followed up.

REFERENCE

1 Padula A, et al. Association between vitiligo and spondyloarthropathy. *J Rheumatol.* 2001;**28**, in press

SAT0041 VALIDITY OF THE APPLICATION OF A DIAGNOSTIC PROTOCOL ACCORDING TO PATTERNS OF CLINICAL PRESENTATION OF UVEITIS TO ESTABLISH DIAGNOSIS

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Background

Objectives To validate the efficiency of the application of a diagnostic protocol based on the patterns of presentation of uveitis to establish the diagnosis.

Methods Our Uveitis Clinic is composed of a multidisciplinary team of Ophthalmologists and Rheumatologist.

We defined a clinical diagnostic protocol for the uveitis, based on the frequency of syndromes found in the literature in each clinical pattern of uveitis and the symptoms of the patients. We

routinely performed a careful history, a complete ophthalmologic examination, hemogram, biochemistry, ESR, a fluorescent treponemal antibody absorption test, an urinary test and a chest X Ray. Other diagnostic procedures were ordered according to a established protocol based on the clinic patterns of presentation of uveitis. Data from the patients were prospectively recorded from June of 1997 to October 2000.

Results 366 patients were included, 40 of them (10.7%) were lost of follow-up, 146 of the 336 who completed the study were diagnosed of idiopathic uveitis (43.4%), 70 (21%) had some type of spondyloarthropathy (30 patients were diagnosed in our uveitis clinic), 33 (9.8%) were secondary to infections (23 herpes, 6 toxoplasmosis, 3 tuberculosis, 1 candida), 3 were masquerade syndromes (1 lung cancer and 2 lymphoproliferative diseases), 6 (1.7%) were traumatic, 47 (14%) were ophthalmologic syndromes, 21 (6.25%) uveitis were secondary to other rheumatic diseases (8 Behçet diseases, 8 Sarcoidosis, 4 Sjögren's syndrome and one juvenile chronic arthritis) and 2 were TINU syndromes.

Conclusion We have achieved the etiology of the uveitis in 56.6%. A greater percentage than those found in other series in which the diagnostic procedures have not been preestablished. In addition, it could have a better cost-effective impact and avoid the number of consultations between different specialists. We believe that this is the first study in which a clinical protocol of diagnostic procedures has been validated in patients with uveitis.

SAT0042 CLINICAL FEATURES OF PSORIATIC ARTHRITIS WITH A DELAYED ONSET

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Background The influence of patient age at onset on the clinical expression of rheumatic diseases has been widely demonstrated in relation to pathologies such as rheumatoid arthritis and ankylosing spondylitis. Such influence, however, has only occasionally been considered in connexion with psoriatic arthritis (PsoA).

Objectives To identify potential differences among the clinical manifestations of PsoA depending on patient age at the onset of the disease.

Methods Ninety-six consecutive patients diagnosed with PsoA as per the criteria of Moll and Wright were split into two groups according to whether their early symptoms of the disease appeared before or after the age of 60. The clinical features of both groups were assessed.

Results The following Table 1 shows the differential clinical features of the two patient groups, established according to onset age.

Abstract SAT0042 Table 1

	Group I (under 60 years)	Group II (over 60 years)
Number of patients	84	12
Gender	48% M/52% F	75% M/25% F
Family history	35%	17% (paternal)
Currently prevailing form	43% SpA/34.5% PA	17% SpA/45% PA
Dactylitis	50%	25%
Sacroilitis	41.5%	17% (unsymmetric)