AB0139 IMPACT OF OBESITY ON DEGENERATIVE RADIOGRAPHIC FINDINGS

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Background Obesity is a growing problem in all countries which is considered to be one of the most important concerns for public health. For clarification of the topic, further research about morbidity of the problem should be considered.

Objectives The purpose of this study was to assess degenerative radiographic findings of the spine, pelvis and knees related with obesity.

Methods 71 female patients from our outpatient clinics were enrolled in the study. Cut-off points for obesity were determined according to guidelines of World Health Organisation (WHO). Cut-off values are as follows: 18.5–24.99: normal, 25.0–29.99 grade1 overweight, 30.0–39.99 grade 2 overweight, ≥ 40.0 grade 3 overweight. Beside demographic data, radiologic assessment by plain radiographs of the spine, pelvis and knees were obtained. Anthropometric measurements including height, body weight, abdominal circumference, waist circumference, triceps skinfold thickness were performed by the same physician. Body mass index (BMI) was calculated as kg/m^2 . Radiographs were evaluated by a physician blind to the clinical status of that particular patient. For radiologic evaluations Kellgren-Lawrence score was utilised. $p < 0.05$ was considered to be statistically significant.

Results The mean age of the subjects was 52.70 ± 11.25 years (range: 25–78 years) and mean BMI was 31.17 ± 5.70 (range: 21.91–47.27). Degenerative changes in lumbar spine and knees are shown in Table 1.

BMI was positively correlated with degenerative changes in the knee even when controlled for age ($p = 0.000$). Radiographs of the knee was also found to be correlated with body weight abdominal circumference, waist circumference, triceps skinfold thickness. Radiologic score of the knees were found to be correlated with scores of the pelvis and lumbar spine. But radiologic scores of pelvis and lumbar spine were not correlated with anthropometric measures.

Abstract AB0139 Table 1

	Grade 0 (%)	Grade I (%)	Grade II (%)	Grade III (%)	Grade IV (%)
Lumbar	21.4	32.9	20.0	24.3	1.4
Knee	32.4	40.0	8.5	14.1	4.2

Conclusion Radiographic findings in the knee was found to be correlated with BMI and other anthropometric measures when controlled for age but there was no correlation between obesity and radiographs of the pelvis and lumbar spine.

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AB0140 THE EVALUATION THE FACTORS THAT EFFECT THE CLINICAL STATUS OF PATIENTS WITH PRIMARY KNEE OSTEOARTHRITIS

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Background Primary knee osteoarthritis (PKO) leads functional degeneration of knee joints and cause disability in general population. There are a lot of factors that effect on the intensity and functional status of PKO in various degrees.

Objectives To investigate the efficacies of age, body mass index (BMI), the Kellgren Lawrence Radiological Osteoarthritis Index (KLOAI), medial tibiofemoral joint space (MTFJS) on the intensity and functional status of PKO.

Methods Fifty subjects (ages 56 to 69), 40 female (80%) and 10 male (20%), diagnosed as PKO according to American College of Rheumatology were admitted to the study. AP knee radiography of the patients were taken while standing up and MTFJS were measured. Those films were evaluated according to the KLOAI. Lequesne index (LI), Sickness Impact Profile (SIP), painless walking duration (PWD1) and painless walking distance (PWD2) were used with purpose to determine the clinical status and intensity of the PKO.

Results We found these formulas according to Backward Linear Regression Model.

$$\text{SIP} = 202.2 + (63.9 \times \text{KLOAI})$$

$$\text{PWD1 (minutes)} = 14 + (0.37 \times \text{BMI}) + (3.1 \times \text{Sex}) + (3.1 \times \text{KLOAI})$$

$$\text{PWD2 (metres)} = 1417 + (217.7 \times \text{Sex})$$

Conclusion KLOAI correlated with SIP and PWD1 moderately. However, we think that all of these factors should be evaluated in clinical status of PKO.

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AB0141 THE FIRST EXPERIENCE OF THE EFFICACY AND SAFETY OF COXIBS IN TURKISH NATION

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Background

Objectives To evaluate the efficacy and safety of the first COXIB, namely Rofecoxib in the Turkish osteoarthritis (OA) patients.

Methods The study included a total number of 138 patients with hip or knee osteoarthritis diagnosed according to the ACR

functional class I, II or III. An open-label prospective trial of 138 adults patients (120 female and 18 male) with OA was conducted. Patients with OA in whom the knee or hip was the primary source of pain were included. Patients received either 12.5 mg or 25 mg rofecoxib once daily. Patients whom did not benefit from 12.5 mg were allowed to receive 25 mg. Clinical efficacy and safety were monitored during a 6 week of therapy. Clinical efficacy were evaluated by comparing pretreatment and treatment values of the WOMAC (Western Ontario and McMaster Universities Osteoarthritis Index), investigator global assessment of disease status and Hip or Knee osteoarthritis and Lequesne-Algofunction Index. Physical examination, vital signs, body weight, laboratory examinations and adverse event reporting were monitored for safety purposes.

Results The Lequesne-Algofunction Index and WOMAC demonstrated that patients with knee osteoarthritis were significantly better starting from the 3rd visit ($p < 0.001$). The number of patients with hip osteoarthritis ($n = 9$) were very low. Thus the evaluations of hip efficacy did not reach to statistical significance even though the indexes were showing a numerical improvements in hip osteoarthritis patients. The investigator global assessment of disease status were significantly better in 4th and 5th visits comparing to 3rd visit. The efficacy data shows that, rofecoxib 12.5 mg once daily or 25 mg once daily provides efficacy clinically comparable with the pretreatment period on all primary end points. Treatment with rofecoxib was generally well tolerated. There were no serious adverse event during the entire period.

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AB0142 A CASE OF DIFFUSE IDIOPATHIC SKELETAL HYPEROSTOSIS (DISH) WITH AN EXTREMELY RARE COMPLICATION

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Background Diffuse idiopathic skeletal hyperostosis (DISH) is a disorder characterised by new bone growth at entheses. In the literature, it has been reported that the anterior bony excrescences in the cervical region due to thickening and ossification of the anterior longitudinal ligament may be up to maximum 12 mm thick. Advanced forms of cervical DISH may give rise to dysphagia, cervical myelopathy, and very rarely dyspnea. We present a 70-year-old man with advanced DISH whose only complaint was severe dyspnea. Cervical computed tomography revealed the large excrescences reaching to 15 mm in thickness. Surgical excision of his anterior cervical osteophytes resulted in relief of his symptoms.

Objectives

Methods

Results

Conclusion

AB0143 GASTROPROTECTIVE EFFECT OF LANSOPRAZOLE IN OSTEOARTHRITIS PATIENTS LONG-TIME RECEIVING DICLOPHENAC

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Background

Objectives To compare efficiency and safety of 4-week treatment by nimesulid, diclophenac and diclophenac in a combination with lansoprazole in osteoarthritis patients.

Methods We observed 167 patients (130 women and 37 men, mean age 54 years). During 4 weeks in the first group 74 patients received diclophenac 100 mg per day, in the second group 31 patients – diclophenac in a combination with lansoprazole 30 mg per day and in the third group 62 patients received nimesulid 200 mg per day. Before and after 4-weeks treatment were estimated of a clinical symptomatology, upper GI endoscopy, 24 h Öt-metry (Digitrapper MkIII, Syntectics, Sweden), histological research of biopsy of a mucosa from antral part of a stomach. For a estimate of clinical efficiency was used a questionnaire of a quality of life SF-36.

Results The clinical efficiency of therapy by diclophenac or nimesulid in osteoarthritis patients was comparable. The frequency of development of erosions and ulcers of a stomach was higher at diclophenac group (41%), than at nimesulid group (24%). The combination of diclophenac and lansoprazole has allowed to lower frequency of development of erosions and ulcers of a stomach mucosa to 16%. Positive dynamics of morpho-functional of parameters of a stomach mucosa in lansoprazole group was found.

Conclusion Our results prove gastroprotective effect of lansoprazole. The application lansoprazole for osteoarthritis patients long-time receiving diclophenac is accompanied by positive dynamics morphofunctional parameters of a mucosa of a