of joint space narrowing in both knees) (linear regression, $r = 0.315$, $p < 0.05$).

Conclusion We were able to relate serum COMP levels measured at baseline with the new assay to the radiographic progression of knee OA and extend the findings of Conrozier *et al.*³ from hip also to knee OA. At present, serum COMP level cannot be used to prognosticate OA course in individual patients due to high variability and overlap of values but it may help in sorting out groups of patients which are at risk of more aggressive development.

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SAT0068 INTRA-ARTICULAR Hylan GF20 (SYNVISC) IN THE MANAGEMENT OF PATELLOFEMORAL OSTEOARTHRITIS OF THE KNEE (POAK)

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Background Anterior knee pain and patellofemoral osteoarthritis of the knee (POAK) are disabling and often difficult to manage. Intra-articular (IA) hyaluronate reduces pain in patients with tibiofemoral disease but its effect in POAK has not been studied prospectively.

Objectives To make a preliminary assessment of the potential effect of IA Hylan GF20 (Synvisc) on patients with isolated POAK.

Methods Out Patients aged more than 35 years with anterior knee pain and predominant POAK on plain radiographs, MRI or arthroscopy were recruited to an uncontrolled, prospective pilot study. Patients with significant tibiofemoral disease were excluded. Patients received 2 ml of IA Hylan GF20 on 3 successive weeks. The primary outcome was change in the patients' global assessment of their disease on a 100 mm visual analogue scale (VAS). Secondary outcome included WOMAC, and Oxford Outcome Score. Data were collected at baseline, 5, 12 and 26 weeks.

Results Of the 39 enrolled patients 31 have radiographic (joint space narrowing) POAK and the remainder MRI (6) or arthroscopic (2) evidence of POAK but normal radiographs. The mean (95% CI) age is 56 (3.5) years and BMI 30 (1.9), 22 are women and 28 have currently reached 26 weeks. Mean patients' global assessment was reduced from 64 (7.1) at entry to 47 (10.3), 37 (10.0) and 40 (11.7) at each time point and these changes were significantly different from baseline (paired T-test: $P = 0.001$, 0.00004, 0.006 respectively). 15/28 (54%) cases improved by >20 mm VAS at 26 weeks. Significant changes also occurred in pain on stair climbing (WOMAC Question A2: 77.6, 52.3, 51.3, 50.1) and Oxford Outcome Score (Total Score: 36.1, 32.9, 31.0, 30.9). Adverse knee events followed 16 of 116 injections but only two patients were unable to complete the course of injections.

Conclusion The apparent clinical benefit of Hylan GF20 persists to 26 weeks, beyond that expected of IA glucocorticoids. These positive data on the effect of Hylan GF20 in POAK suggest a randomised controlled trial be performed.

SAT0069 SAPHO SYNDROME

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Background The acronym SAPHO (synovitis, acne, pustulosis, hyperostosis, osteitis) was first introduced by Chamot *et al.* in 1987.¹ The syndrome is characterised by variable bone involvement, with or without concurrent pustular dermatoses. The affected bones include the chest wall (clavicle, sternum, sternoclavicular joints), sacroiliac joints and long bones. Bone changes include hyperostosis, aseptic osteomyelitis and arthritis.

Skin diseases include palmoplantar pustulosis, acne conglobata or acne fulminans and hidradenitis suppurativa.

Objectives To determine the frequency of clinical and bone scintigraphic changes in patients with SAPHO syndrome.

Methods Authors analyse the clinical and radiological findings and outcome of the disease in 6 cases of SAPHO syndrome (3 males, 3 females) between 1997 and 2000 retrospectively.

Results Authors treated 6 cases with SAPHO syndrome between 1997 and 2000 of whom 3 patients suffered from acne fulminans and 3 patients from palmoplantar pustulosis. Acne fulminans was found exclusively in young males (mean age: 20 years) including one patient who suffered from inflammatory bowel disease (ulcerative colitis). Sacroileitis was found in all acne patients, and 2 cases had chest wall arthroostitis and peripheral arthritis also. The joint involvement was preceded by the acneiform eruption. Treatment with isotretinoin was suspected playing a role in the development of joint involvement in 2 cases. All patients with palmoplantar pustulosis were middle-aged women (mean age: 45 years). All of these 3 patients suffered from anterior chest wall involvement and one had peripheral joint symptoms. The diagnosis of SAPHO syndrome based on clinical symptoms, laboratory findings (elevated erythrocyte sedimentation rate, leukocyte count, and C-reactive protein), and the results of the bone scintigraphy. Bone scintigraphy is an important examination which can reveal the early pathologic signs when the X-ray examinations are still negative.

Conclusion Bone scintigraphy is a sensitive examination in the early diagnosis of the SAPHO syndrome. Cases with acne fulminans have more favourable prognosis, whereas cases with palmoplantar pustulosis have a chronic course.

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SAT0070 KNEE OSTEOARTHRITIS (KOA) AND VARICOSE VEINS (VV): A CASE-CONTROL STUDY OF 600 PATIENTS

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Background KOA and VV are two frequent diseases increasing with age, especially in women. Age, sex, BMI, standing position