Initially we tried low dose steroids only achieving a slight improvement of the patient's complaints.

At the same time, we noticed an enlarged, tender thyroid gland, presenting high T3 and T4 values, low TSH value and positive anti-thyroid antibodies. She initiated specific therapy.

Results Facing a progressive polyarthritis, hydroxychloroquine was started in a 400 mg/d dose. Four weeks later the patient was referred to our out-patient clinic with the following complaints: insomnia, nervousness, incapacity of accomplish her routine daily work, and a fixed idea of general dislike towards her simultaneously with the feeling that everyone's around was looking at her in a strange way. Hydroxychloroquine was immediately stopped and 72 h later her behaviour was back to normal.

Conclusion We strongly believe that the psychiatric symptoms above were related with the hydroxychloroquine therapy.

Myopathies and soft tissue diseases

AB0165 THE EFFICACY OF CORTICOSTEROID INFILTRATION AND PHYSIOTHERAPY IN PAINFUL SHOULDER

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Background The efficacy of corticosteroid infiltration and physiotherapy in painful shoulder.

Objectives To analyse the efficacy of corticosteroid infiltration versus physiotherapy in painful shoulder.

Methods We studied 36 consecutive patients with painful shoulder (mean age 59 years, range 33–79; 29 females, 7 males) without inflammatory arthropathy or traumatic events. All patients were evaluated by a clinical protocol that included: pain scale, range of joint motion, shoulder pain disability index (SPADI), ASES cumulative ADL score (ASES), and ultrasonography exploration at basal visit and at the end of treatment. Patients were treated either with steroidal injection (n = 18) or physiotherapy including electrotherapy and exercises (n = 18). Patients, in both groups, were allowed to take analgesics or NSAIDs. Statistical assay was done with paired t-student test and Wilcoxon test.

Results Infiltration therapy improved pain scale***, abduction**, flexion**, external rotation**, SPADI**, ASES** and ultrasonographic thickness of biceps tendon*, infraspinous tendon*, subacromio-subdeltoid bursitis* and acromioclavicular joint*. Physiotherapy improved extension**, external rotation**, ASES* and thickness of supraspinatus tendon** by ultrasonography. When we studied only patients with ultrasonographic findings of tendinitis (n = 25), infiltration (13) improved pain scale**, abduction**, flexion**, external rotation**, SPADI** and ASES**, however physiotherapy (n = 12) only improved external rotation**. In patients who had tendinous tears (n = 12), statistical analysis was not significant.

Conclusion Steroidal infiltration has been shown to be more efficacious than physiotherapy when several parameters like pain, range of motion and functional capacity, were measured.

*p < 0.05, **p < 0.01, ***p < 0.001.

FRI0244 ULTRASONOGRAPHIC FEATURES OF KNEE SOFT TISSUES IN PATIENTS WITH BENIGN JOINT HYPERMOBILITY SYNDROME

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Background Pain in the knee joints is a common rheumatologic complaint among patients with benign joint hypermobility syndrome (BJHS). There structural causes of artralgia in BJHS are unclear. Usually any structural abnormalities are not found during physical examinations. We used the ultrasonography (US) to examine of knee tissues in individuals with BJHS and symptomatic or asymptomatic knee joints.

Objectives

Methods 26 women (w), age 16–25, with BJHS were examined. The first group consisted of 13 w with BJHS and the knee pain (Beighton score > 5; 6 bilateral and 7 unilateral pain, 19 painful joints); the second group consisted of 13 w with BJHS without knee pain at the moment of the US examinations (26 joints). BJHS individuals were then compared with 10 healthy w (third group) of the same age without joint hypermobility and without knee pain (Beighton score < 4; 20 joints). The US examinations were performed using a 7,5 MHz linear probe. The following knee tissues were examined: synovia, fluid in the joint, cartilage of the femur condyles, collateral ligaments (CL), tendon of the m.semimembranosus.

Results In the 1st group (BJHS+, pain+) following abnormalities were found: oedema of the CL ? 8, tenosynovitis of the m. semimembranosus (TMS) ? 9, thickness of the synovia > 3 mm ? 1 and small popliteal cyst ? 1 case per 19 painful joints. In 4 cases there was a combination of the 2 US features. In only 3 out of 19 symptomatic knee joints did the US not find any abnormalities. In the 2nd group (BJHS+, pain-) oedema of the CL was found in 8, TMS in 8 cases. A combination of both was detected in 2 cases. Overall, in 14 out of 26 asymptomatic knee joints, the US found the same morphologic changes as those in the painful joints. There was no difference between 1st and 2nd BJHS groups in prevalence oedema of the CL or TMS ($\delta > 0,05$). In only 1 case out of 20 controlled joints (BJHS-, pain-) was the TMS detected. The differences between 1st and 3rd, 2nd and 3rd groups were highly significant (p = 0,000 and p = 0,0005 accordingly). There were no differences between the groups regarding to thickness of the cartilage, fluid in the joint and thickness of the synovia.

Conclusion The characteristic US morphologic changes of the periarticular tissues are detected in knee joints in patients with BJHS. These abnormalities are typical of BJHS itself but not of painful joints. This fact may reflect the possible presence of sub-clinical soft tissues injuries in some individuals with BJHS.

FRI0245 THE COMPARISON OF CLINICAL FINDINGS AND PROVOCATIVE TESTS WITH ENMG IN CARPAL TUNNEL SYNDROME

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Background Carpal tunnel syndrome is most common nerve entrapment syndrome. It occurs by compression of median nerve in carpal tunnel at the wrist.