were estimated by the investigators, as low, medium and high according to the repetitive and force work in the upper extremity.

Results All patients were male. Median age was 49 years (range: 33 to 52) in AS and 51 (25 to 60) in EN. Nineteen (6,2%) cases were diagnosed in AS (10 ST, 8 LE and 1 ME), and only 9 (2,2%) in EN (7 ST and 2 LE) ($p = 0.009$). The cases were classified according to the factory and to the level of UEPR as follow:

AS/EN Low (2/5) Medium (6/3) High (11/1).

Annual and cumulative (95–99) risk proportion (%) were (see Table 1):

An association between the type of factory (EN or AS) and the level of UEPR was observed, being the latter higher in AS ($p = 0.04$). Relative risk of suffering LE, ME and ST was 2.8 (IC95: 1,3–6,1) in AS. Dominant side was affected in most cases 22 (79%), ($p = 0.002$).

Abstract FRI0251 Table 1

	1995	1996	1997	1998	1999	95–99
AS	0.96	2.33	1.03	1.43	0.74	6.33
EN	0.66	0.24	0.50	0.21	0.39	1.96

Conclusion Our data suggest that tasks with high UEPR have a relevant role in soft tissue lesions of the upper extremity and they are more frequent in the dominant side.

FRI0252 EOSINOPHILIC MYOSITIS ASSOCIATED WITH BEHCET'S DISEASE

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Behcet's disease, a systemic vasculitis of unknown aetiology, has a variety of clinical manifestations, the commoner ones including recurrent oro-genital ulceration, uveitis and rashes. Muscular involvement is an uncommon clinical feature and a review of the literature by Worthmann F *et al.*¹ suggests that the myositis passes through two different stages of inflammation: a granulocytic-monocytic phase followed by a predominantly lymphocytic infiltration phase. We present the case of a 24 year old male who satisfies the International Study Group criteria for the diagnosis of Behcet's disease,² and who developed features of a localised myositis which differs from that described in the literature in that, histologically, the inflammatory cell infiltrate included significant eosinophilia.

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FRI0253 EOSINOPHILIC FASCIITIS: RETROSPECTIVE EVALUATION OF 7 CASES

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Background Eosinophilic fasciitis (EF) is a rare disorder characterised by scleroderma-like endurance of the skin, predominantly on the extremities and peripheral eosinophilia. Absence of Raynaud's phenomenon and visceral involvement are typical features. Histologic findings include fibrosis of muscle fascia and eosinophilic infiltration. Different clinical entities are reported in association with EF. Hereby, we aimed to present clinical characteristics of our cases.

Objectives The medical data of 7 patients with EF (F/M:4/3; mean age 41.7 ± 19), who were followed up for 22.7 ± 19.6 months in Ege University Rheumatology department between January 1996 and December 2000. Mean disease duration was 11 ± 9.2 months on initial diagnosis. The diagnosis was made by en-block biopsy. Skin endurance was located on the lower and upper extremities in all cases. In one patient there was additional endurance on trunk. All cases had peripheral eosinophilia and hypergammaglobulinemia. Elevated muscle enzymes were present only in one case. High titer ANA positivity was present only in three female cases. 2 cases had carpal tunnel syndrome, one had interstitial eosinophilic pneumonia, one had pericarditis and Hashimoto thyroiditis, one had vitiligo, one had type II DM which began simultaneously and one had psoriasis in association with EF. There were no history of any relevant medication and toxic material ingestion. No one had malignancy in the follow-up period.

Initial treatment consisted of methylprednisolone (32 mg/day) and methotrexate (10 mg/week). Since in literature, high serum histamin levels and good response to H2 blockers were reported, ranitidine was also added to this treatment¹. All the patients responded well; however one case was resistant to this treatment. D-penicillamine (150 mg/day) and colchicine (1 mg/day) treatment were added for this patient. Skin endurance regressed in all cases. Two patient had complete and the other five had partial remission.

Methods

Results

Conclusion In conclusion, the diagnosis of EF should be always confirmed by en-block biopsy and presence of associated autoimmune pathologies should be kept in mind and searched. Malignancy should always be excluded. Response to appropriate treatment is generally satisfactory.

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FRI0254 CHURG-STRAUSS SYNDROME (CSS) IN A SERIES OF 14 PATIENTS: A TWELVE YEARS EXPERIENCE

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Background Between 1988 and 2000 14 patients affected by CSS have been followed. Our series included 9 females and 5 males, the mean age at the diagnosis was 54 years (range 21–78), the mean follow up period was 95 months (range 60–141). Four criteria were simultaneously satisfied in all patients at the diagnosis, according to the vasculitis ACR classification. The most important clinical manifestations except for asthma, eosinophilia and paranasal sinus abnormality constantly present, were arthralgias, cutaneous nodules, peripheral neuropathy. Renal and

gastrointestinal disease was observed only in one patient, cardiovascular and central nervous system involvement was respectively seen in 2 and 3 cases. Out of the 5 patients tested for ANCA, 2 resulted positive; prednisone treatment was started in 11 of the 14 patients at the mean dosage of 1 mg/kg/day, whereas at the 3 remaining patients was associated Cyclophosphamide at the dosage of 2 mg/kg/day. Only in one case IVIG pulse at the dosage of 1 gr/kg/for 5 days was started with good result.

The most recurrent side effects were urinary infections (3 cases), pulmonary infections (2 cases), tuberculosis (2 cases), diabetes (2 cases), Herpes Zoster (3 cases). Remissions were observed in all patients, relapses were seen though well controlled by the increase of the steroid therapy. 3 patients died: 1 for mesenteric vasculitis, 1 for respiratory insufficiency and the last one for reasons not correlated to the disease. As reported in literature, also in our experience survival is influenced by the systemic involvement of the disease and by FFS (Five factors score: combination of renal, cardiac, neurologic, gastrointestinal involvement plus proteinuria). In our series survival at 120 months was 75%, the worst prognostic index was seen in patients with FFS > 1.

Objectives

Methods

Results

Conclusion

FRI0255 POLYMYOSITIS AND DERMATOMYOSITIS: A REVIEW OF 47 CASES

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Background Polymyositis (PM) and Dermatomyositis (DM) are a multisystem disease characterised by acute and chronic nonsuppurative inflammation of striated muscle and skin.

Objectives Objectives of this study is to describe the clinical profile, course and treatment of 47 cases of PM and DM observed over a period of 26 years.

Methods Retrospective review of 47 cases with PM and DM.

Results There were 36 women and 11 men with a mean age of 35 years. The classification showed: 21 cases of PM and 16 cases of DM, one case of DM was associated with a malignancy, one case of DM in children and 8 cases of an overlapping syndrome. Muscle weakness and myalgia were constant, non destructive arthritis or arthralgia were observed in 32 cases, calcinosis in 2 patients (1 DM in children and 1 overlapping syndrome with scleroderma).

Results of biological tests, erythrocyte sedimentation rate and serum enzyme determination were abnormal in respectively 29 cases and 46 cases.

The electromyogram was generally of a myogenic type with spontaneous activity (39/41). Steroid therapy is prescribed in all cases and additional immunosuppressive drug (methotrexate, cyclophosphamide) is performed in 15 cases.

Conclusion DM and PM are a multisystemic disease with good response to only steroid therapy associated to immunosuppressive drugs.

FRI0256 LOCAL PULSED ULTRASOUND THERAPY VERSUS CYRIAX'S METHOD OF DEEP FRICTION-MANIPULATION IN THE TREATMENT OF LATERAL EPICONDYLITIS: PRELIMINARY REPORT

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Background Although physical therapy measures are commonly used for the conservative management of lateral epicondylitis, limited randomised prospective studies exist comparing the effects of different approaches.

Objectives The aim of the study was to compare the efficacy of local pulsed ultrasound (US) therapy with deep friction-manipulation as advocated by Cyriax in the treatment of lateral epicondylitis.

Methods 36 lateral epicondylitis patients with a mean age of 50.42 ± 8.71 years and a mean disease duration of 3.14 ± 2.38 months were enrolled into the study. Patients were randomly allocated into two treatment groups: 1) Ultrasound application of 1.5 watt/cm^2 for 5 min 2) Cyriax technique of deep friction massage and Mills' manipulation. Use of analgesics or epicondylitis bracing were not allowed and the treatment intervention lasted for a maximum period of 2 weeks. The same physiotherapist carried out the treatments and the observer was blinded to the treatment modality. Activity modification and gentle range of motion, stretching exercises were recommended to both groups. Outcome measures were pain intensity measured by VAS, pain produced by pressure on lateral epicondyle and on resisted wrist extension, grip strength and Verhaar's scoring system for treatment results of lateral epicondylitis.

Results At baseline, the groups were similar in terms of age, pain scores, and the duration of symptoms. After treatment, pain produced by pressure on the lateral epicondyle and on resisted wrist extension were found to be significantly decreased in both groups ($p < 0.01$). Reduction in pain intensity measured on VAS was significant in the Cyriax group but not in the US group ($p < 0.05$ and $p > 0.05$ respectively). The improvement in grip strength was significant in both groups, being 38,4% in the Cyriax group, and 19,3% in the US group ($p < 0.001$ and $p < 0.05$). Percentage of patients that reached excellent or good results according to Verhaar's criteria was 55% in the Cyriax and 33% in the US group. When the two treatment groups were compared, the decrease in pain, improvement in grip strength and Verhaar's criteria seemed to be in favour of the Cyriax group but the differences were not statistically significant.

Conclusion Our preliminary results support the efficacy of two different conservative approaches in the treatment of lateral epicondylitis. Although Cyriax type physiotherapy consisting of deep friction massage and Mills' manipulation seemed to be a better treatment approach than US, the difference did not reach statistical significance. The study is still running for investigating the long term effects of both treatments with increasing number of cases at 12 months.

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