patients. Vascularity was markedly reduced in the affected areas with relatively increased blood flow in the peripherally-spared areas. We referred to this as a “fried-egg” or “bull’s eye” appearance.

Conclusion Our study demonstrates the use of both grey scale and power Doppler sonography as a helpful non-invasive procedure in the evaluation of HIBM. Their ability to define a unique centrifugal, “fried-egg” myopathic abnormality may be diagnostic for this disorder.

OP0131 CHLOROQUINE MYOPATHY: PREVALENCE AND CLINICAL FEATURES (PRELIMINARY DATA)

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Background

Objectives To analyse the prevalence and clinical features of chloroquine myopathy in a cohort of out-patients in a Rheumatology Unit.

Methods Prospective study of 119 patients (84 female and 35 male), aged 57.8 ± 13.7 , taking antimalarials (112 chloroquine, 7 hydroxychloroquine) for more than 6 months. They were evaluated during 2 years. The underlying disease was RA in 69, connective tissue disease in 22, palindromic rheumatism in 14, spondyloarthropathy in 7 and other rheumatic disease in 7. Muscle enzymes were determined in all patients and an electromyography (EMG) was practised in patients with repeated increased determinations. Patients with altered EMG were biopsied.

Results *Laboratory*: 18 patients (15%) had a repeated increase of muscle enzymes: LDH in 17 patients, CPK in 5 and aldolase in 1 patient. EMG: practised in 13 patients, showed a muscular involvement in 6. Two patients are pending and 3 were dead before the exam. *Muscle biopsy*: 6/7 patients had a chloroquine myopathy (optic and electronic microscopy); 1/7 patients had a steroid myopathy. Two patients (RA) with chloroquine myopathy had an associated inflammatory myositis. *Clinical features*: 6 patients with chloroquine myopathy (5 RA and 1 spondyloarthropathy) represents an accumulated prevalence (2 years) of 5%. The duration of treatment was 36 ± 21 months (rest of the group 40 ± 31), with cumulative doses of 203 ± 25 g (rest of the group 305 ± 243 g). All patients presented weakness and had other simultaneous muscle involvement factors (1 cervical myelopathy, 2 hypothyroidism, 3 hypovitaminosis D and 1 prolonged bedrest) at clinical diagnosis.

Conclusion Toxic chloroquine myopathy is not an exceptional event (accumulated prevalence 5%). When an increase of LDH and/or CPK is present we should rule out this complication. The presence of other factor with muscle involvement probably makes worse the weakness and gets better its detection.

OP0132 MYOSITIS AND PREGNANCY

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Background Polymyositis and dermatomyositis are the most common form of idiopathic inflammatory myopathy, overall the

female to male ratio is 2–3: 1. The age at presentation is most often between 40 and 60 years. Pregnancies in these patients are uncommon, and the overall maternal and foetal risks are not well defined in patients with myositis.

Objectives We assessed the prevalence and outcome of pregnancy in 37 patients with dermatomyositis and polymyositis.

Methods 54 patients with myositis have been treated between 1976 and 2000 at the Bloomsbury Rheumatology Unit, University College/Middlesex Hospital. A prospective record of all such patients had been kept by one of us (DAI). All patients meet the Bohan and Peter Criteria for DM and PM. The presence of another autoimmune disease was noted as appropriate. Patients were reviewed on a regular basis in a specialist outpatient clinic, and for all patients basic demographic data, age at onset, treatment, number of pregnancies, activity of the disease during pregnancy were noted. For the purposes of this study all of the available 37 patients were examined by one of us (CS): 28 females and 9 males.

Results The female patients medium age was 44 years, with age at onset ranging from 16 to 64. 16 have Dermatomyositis/Poly-myositis (7- PM/9- DM) and 12 have myositis as part of an overlap syndrome (SLE (7 patients), 2 patients with RA, 2 with SS, and 2 with Scl). Only 3 of our patients have been pregnant after the onset of the disease. One, with a poor control of her disease, had an abortion during the first trimester, and was also on treatment with MTX. The other two had the disease under control and 2 normal pregnancies with good foetal outcome was achieved. Both suspended immunosuppressants during pregnancy and were able to decrease steroid dosage, without increasing disease activity.

Conclusion Pregnancy in myositis patients is a rare event. Pregnancies occurring in myositis patients with the disease under clinical remission can result in good foetal outcome. The activity of the disease remains stable. These results are consistent with the literature from recent years, and are probable due to better control of disease activity.

Fibromyalgia

AB0166 THE REAL VALUE OF REHABILITATION IN THE MUSCULAR SYNDROMES OF THE CERVICAL SPINE

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Background

Objectives We studied a group of 34 patients with algo-functional muscular-ligamentar cervical syndromes based on complex static disorders, diagnostically excluding cervical discal hernia. We propose a clinical -functional score for an unitary evaluation of these cases.

Methods We applied an initial kinetic programme for two weeks; we propose a complex of stretching-strengthening-coordination exercises for the cervical muscular contraction, supported by thermo-electro-massotherapy.

Results Efficiency of the initial kinetic programme was good, the following clinical parameters increased over 63,7%.

The second stage of rehabilitation was applied a month later; we used a kinetic programme analogous to the first stage, for two weeks again, insisting on the strengthening-coordination exercises for the cervical muscles. The kinetic programme of the