evaluated on a standardised sheath. An US erosion were defined as a defect in the bone cortex visualised in the longitudinal scan and different from known US bone irregularities due to tendon tracks etc. A MRI erosion was defined as a focal loss of signal intensity within the bone. For all imaging modalities the erosions were marked $\pm$ erosion in the bone surface examined.

Results US detected a total of 36 bone surfaces with erosions, MRI 29 and CR 7. US and MRI agreed on 76 of 106 surfaces (72%), Kappa = 0,33; US and CR agreed on 74 of 106 surfaces (70%), Kappa 0,14 and MRI and CR agreed on 86 of 112 surfaces (77%), Kappa 0,24.

Conclusion Of the three imaging modalities US and MRI were in closest agreement and both more sensitive than CR. Differences in the US and MRI interpretations of erosions remain to be clarified.

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SAT0214 OS CALCIS DENSITOMETRY (PIXI) FOR OSTEOPOROSIS SCREENING IN POSTMENOPAUSAL WOMEN

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Background

Objectives To determine t-score values which should be applied for the screening of osteoporosis in postmenopausal women when using a peripheral os calcis densitometer (PIXI).

Methods Heel bone mineral density (BMD) was measured in 81 postmenopausal women with a PIXI densitometer (LUNAR). Results (t-score values) were classified according to the WHO definition and to the manufacturer recommendations (LUNAR): normal $>-0,6$; osteopenia from $-0,6$ to $-1,6$ and osteoporosis $<-1,6$. Hip BMD measurements (DEXA) were used as to compare the results.

Results Abstract SAT0214 Table 1

	Normal DEXA	Osteopenia DEXA	Osteoporosis DEXA
Normal PIXI(WHO)	23	17	2
Osteopenia PIXI (WHO)	2	25	6
Osteoporosis PIXI (WHO)	0	2	4
Normal PIXI ($>-0,6$)	15	10	0
Osteopenia PIXI (From $-1,6$ TO $-0,6$)	9	23	6
Osteoporosis PIXI ($<-1,6$)	1	11	6

Conclusion False-negative results for osteoporosis become reduced when t-score classification recommended by the manufacturer are used as cut-off points in heel densitometry. An accurate collection of osteoporosis risk factors can help to identify those patients with hip osteoporosis among patients with heel osteopenia.

SAT0215 DIAGNOSTIC VALUE OF SYNOVIAL FLUID ANALYSIS IN PIGMENTED VILLONODULAR SYNOVITIS (PVS)-A PROPOSAL OF DIAGNOSTIC CRITERIA

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Background PVS is an idiopathic lesion that affects the synovial lining joints, tendons, sheaths, and bursa through the production of tumour-like growths. Diagnosis of PVS is difficult. Arthroscopy and biopsy together with microscopic examination is usually a base. According to our experience, cytologic features of synovial fluid is a very useful diagnostic tool in PVS.

Objectives Synovial fluid (SF) from the joints of 14 patients with biopsy-proven PVS were examined. Moreover in all the patients features of the disease were confirmed in surgical specimens.

Methods Synovial fluids were divided into three samples, for physicochemical analysis, bacteriological and cytologic findings and placed in sterile tubes. For cytological examination MMG staining was used.

Results SF analysis had revealed an inflammatory character of effusions. In all the cases synovial fluids were bloody and fragments of synovial villi in their sediments were observed as well as multinucleated giant cells, pseudomalignant cells, macrophages with phagocytized hemosiderin, foam cells and a few synovocytes. Moreover the fat crystals were seen, under polarised light.

Conclusion Cytological features of synovial fluid in PVS are in parallel with results of microscopic examination of joint tissues. In our opinion SF analysis should be the first step in the diagnostic procedure in PVS. We propose the cytologic criteria:

Major

- the presence of bloody fluid with fragments of synovial villi in sediment
- macrophages containing hemosiderin
- pseudomalignant cells

Minor

- multinucleated giant cells
- foam cells
- fat crystals

The diagnosis of PVS can be established if all major and at least one minor criteria are fulfilled.

SAT0216 JUXTAARTICULAR AND GENERAL OSTEOPOROSIS IN RHEUMATOID ARTHRITIS – RESULTS OF DXA-DENSITOMETRY

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Background Juxtaarticular osteoporosis is an early sign of inflammation in conventional radiography in Rheumatoid arthritis.

Objectives It should be shown whether juxtaarticular osteoporosis can be analysed by dual x-ray absorptiometry (DXA) and if there is a correlation to general bone loss in inflammatory joint disease.

Methods 20 patients with Rheumatoid arthritis and 10 patients with Fibromyalgia were analysed by DXA (Hologic 2000).