observed. Injection of YeO8 was repeated two weeks later in a dose 8×10^8 , but it also showed no joint swelling. Third inoculation (6×10^9) of YeO8 induced arthritis in 40% of rats on day 10 after the last injection (swelling scores 1.5–3). Joint swelling decreased to the level of 1 score in 3 weeks. In the 2nd experiment, injection of YeO8 in a dose of 1×10^8 induced joint swelling in 20% of rats. Repeated injection of higher dose (3×10^8) two weeks later induced ReA in 40% of animals (swelling scores 1.5–4), but 3 weeks after the last injection it was observed only in 20% of rats (swelling score 2). In the 3rd experiment high dose of YeO8 (1×10^9) was used and it caused the lethality of 50% of rats. One week after Ye inoculation joint swelling (score 2) developed in 20% of animals. All arthritides were confirmed by histology.

Conclusion The incidence of arthritis varied by using different bacterial doses. Although i.v. injection of YeO8 in lower doses showed no signs of joint swelling, repeated injections were able to cause ReA, but the doses of bacteria were extremely high. The use of high doses of YeO8 for previously non-infected animals, showed high lethality, which didn't correlate with a high incidence of arthritis.

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SAT0218 CLINICO-LABORATORY PARALLELS BETWEEN ACUTE RHEUMATIC FEVER AND POSTSTREPTOCOCCAL REACTIVE ARTHRITIS

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10.1136/annrheumdis-2001.721

Background In the last decades the interest in the problems of poststreptococcal reactive arthritis/PSReA/growed up caused by the increased number of publications on it.

Objectives The aim of the work is to make comparison between acute rheumatic fever/ARF/and PSReA from the clinical and laboratory aspects.

Methods Object of the investigation were 9 men aged $19,0 \pm 1,0/18–21$ /fulfilled Jones criteria/1992/for ARF and 8 men and 2 woman aged $21,5 \pm 5,6/18–32$ /fulfilling criteria of the Canadian Paediatric Society/1995/for PSReA. The patients were investigated and treated clinically and followed up till 60–90 th day.

Results ARF developed more often after tonsillitis, PSReA – after catarrh of upper respiratory ways, the latent period being longer in ARF/ $20 \pm 4,5$ days/than in PSReA/ $11,8 \pm 16,7$ days/. The acute onset and fever were more characteristic of ARF than of PSReA. In ARF joint index was higher, joints were migratorily affected, the pain at rest was more violent, the leucocytes, ESR, AST-O and anti-DNase B showed higher values. In PSReA the joint affection was cumulative, the entezopathies – more frequent and some morning stiffness existed. Auscultative finding and ECG changes were established only in ARF. After treatment beginning the joint syndrome in ARF was over in few days whereas in PSReA it persisted within a month. Normalisation of the laboratory changes occurred more slowly again in PSReA.

Conclusion Despite of the same aetiology/antecedent streptococcal infection/the established clinical and laboratory features of

ARF and PSReA permit to consider them as separate nosological units.

SAT0219 INFECTIOUS OSTEITIS PUBIS. A REPORT OF 20 CASES

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10.1136/annrheumdis-2001.722

Background Osteitis pubis covers several different entities and may lead to nosologic confusion. Infectious osteitis pubis (IOP) should be used when underlying infection is found.

Objectives To analyse the main characteristics of IOP in a mono-center series.

Methods Retrospective study about IOP with analysis of clinical, biological, imaging, bacteriological and pathological features. Inclusion criteria: osteitis pubis with favourable outcome under antibiotics.

Results Twenty cases were analysed; 13 men, 7 women; aged 16–77 years. IOP followed surgical procedure of the pelvis or urinary tract (8/20), was post-traumatic (2/20), regional infection related (3/20), or of unknown origin (7/20). Two cases of diabetes and one chronic steroid treatment were present. Pain was constant, with a delay in diagnosis of over 1 month. Elevated ESR (15/20), hyperleukocytosis (6/20), positive cultures of blood (3) or urine (4) were found. X-rays modifications were constant. Cultures of suppurative scars were positive in 4 cases, whereas cultures of pubis biopsies were positive in 1 out of 9 cases. Mononuclear subacute osteomyelitis was found histologically in 5/9 biopsies, without suppurative or necrotic changes. Outcome was favourable in all cases under antibiotics in a period of 1 to 12 months. Spine or sacro-iliac extension occurred in 3 cases.

Conclusion IOP should be considered as a septic arthritis to reduce the delay in diagnosis and in instauration of targeted antibiotherapy.

SAT0220 CLINICAL OUTCOME OF NON-TYPHOIDAL SALMONELLA SEPTIC ARTHRITIS AFTER LONG TERM ANTIBIOTIC TREATMENT

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10.1136/annrheumdis-2001.723

Background The rising incidence of *Salmonella* septic arthritis in immunocompromised patients with serious complications, and high relapse rates, remains an unsolved clinical problem. Our previous IEM study suggested that quinolone compound antibiotics may enhance the intracellular killing function of the synovial mononuclear cells in those patients. This may help eradication of this organism from the joint at the early phase. However, the clinical outcome after long term antibiotic treatment has not been evaluated.

Objectives To evaluate the clinical outcome of *Salmonella* septic arthritis patients after long term antibiotic treatment.

Methods Clinical data of 13 patients with 19 episodes of culture proved group D or group B *Salmonella* septic arthritis were studied. Clinical outcomes after long term antibiotic treatment were only analysed in the patients who completed the treatment course and had at least 1 year follow up.