The arthritis was monoarticular in 85% and polyarticular in 15% and was seronegative in all patients (Rheumatoid factor and antinuclear antibodies). The synovial attack showed a wide variation in the clinical presentation, course and duration of arthritis causing diagnostic difficulties. Renal amyloidosis occurred in 21 patients after a mean duration of FMF 10,5 years (2 to 28 years). One patient had hematuria, kidney biopsy showed mesangial IgA glomerulonephritis. Among 32 patients treated with colchicine, 80% achieved a therapeutic response.

Conclusion FMF is an inherited disease; colchicine remains the only efficient treatment to prevent both acute manifestations and amyloidosis.

AB0222 EVALUATION OF THE VISUAL ANALOGICAL SCALES (VAS) OF PAIN AND THEIR CORRELATION WITH THE OTHERS ACR ACTIVITY CRITERIA OF RHEUMATOID ARTHRITIS (RA)

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Background

Objectives Evaluate the VAS for global, activity, rest and nocturnal pain in relation with other activity parameters including Ritchie index.

Methods 228 outpatients with ACR-87 criteria for RA diagnostic were studied. We measure the following clinical parameters: n° of joints with pain and inflammation, VAS for global, activity, rest and nocturnal pain, VAS for global impression of the patient and the doctor, HAQ, morning stiffness, Ritchie index and the analytical data: ESR and CRP. The correlations among the different pain-VAS and those with other activity criteria of RA were evaluated by Pearson's correlation with the statistical packet SPSS. They are positive if $r > .5$.

Results 82% were women. Age was 60 ± 16 . Years of evolution were 13 ± 10 . 31%, 28%, 29% and 12% correspond to the functional stages I, II, III and IV respectively. 48% were seropositive. VAS-G has the highest correlations with VAS-A, R and N. there are also significant correlation among VAS-Pain and other activity parameters of RA: HAQ, Ritchie index and the global impression of the patient and the doctor. The impression of the patient correlations are higher than the doctor's.

Conclusion VAS-Pain, and specially VAS-G has a high correlation among themselves, HAQ, patient and doctor's impression and with Ritchie Index. There are no correlation among n° of articulations with pain, articulations with inflammation, CRP or ESR. The lack of the last correlation maybe related to the low inflammatory activity of the sample.

AB0223 EVALUATION OF CLASSICAL NSAIDS AND COX-2 SELECTIVE INHIBITORS ON PURIFIED OVINE ENZYMES AND HUMAN WHOLE BLOOD

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Background

Objectives In this study, we evaluated the cyclooxygenases (COX) inhibitory profile of NSAIDs in a cellular assay using human whole blood.

Methods Human whole blood assay was performed using fresh blood from normal volunteers. COX-1 assay: Fresh blood was collected into tubes containing no anticoagulants, vortexed and incubated at 37°C under constant agitation for 1 h to allow the blood clot. The serum was then obtained by centrifugation and was assayed for thromboxane B₂ (TXB₂) using a enzyme immunoassay. COX-2 assay: Fresh blood was collected in heparinized tubes and activated by treatment with lipopolysaccharide at the final concentration of 100 µg/ml. After 24 h of incubation with the drugs, plasma was collected and assayed for prostaglandin E₂ (PGE₂). PGE₂ production was quantified by a specific radioimmunoassay. Drugs were tested at the concentrations ranged among 0.01 to 100 µmol/l.

Results

Abstract AB0223 Table 1

	COX-1	IC50 (µM) COX-2	COX-1/COX-2
Acetofenac	> 100	0.77	> 130
NS-398	8.3	0.34	24
Rofecoxib	7.8	0.43	18
Nimesulide	22	1.3	17
Celecoxib	12	0.77	16
Diclofenac	0.6	0.04	15
Tenoxicam	7.2	5.6	1.3
Indomethacin	0.07	0.17	0.4

Conclusion In the whole blood test and based on the IC50 values, the majority of the NSAID tested preferentially inhibits COX-2. Acetofenac shows the best selectivity whereas indomethacin preferentially inhibited COX-1.

OP0122 TUMOUR NECROSIS FACTOR-RECEPTOR ASSOCIATED PERIODIC SYNDROME IN A FINNISH FAMILY

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Background TNF receptor-associated periodic syndrome (TRAPS) is a recently defined dominantly inherited autoinflammatory syndrome, which is caused by mutations in the extracellular domains of the 55 kDa TNF receptor, TNFRSF1A. TRAPS is characterised by periodic fevers, sterile peritonitis, pleurisy, arthritis, erysipeloid erythema of the skin, and conjunctivitis. Affected individuals have shown a shedding defect of TNFRSF1A upon stimulation and, consequently, low levels of soluble TNFRSF1A in serum.

Objectives We studied a three-generation Finnish family, where recurrent attacks of fever and abdominal pain appeared to segregate as an autosomal dominant trait.

Methods The TNFRSF1A gene was sequenced in both affected and unaffected family members. Flow cytometric analysis and

ELISA analyses were used to assess membrane expression and serum levels of TNFRSF1A, respectively.

Results A missense mutation of exon 4, resulting in an amino acid substitution (F112I) close to a conserved cysteine and disulphide bond, was detected in 4 affected family members and in one asymptomatic family member. Impaired shedding of TNFRSF1A after phorbol myristate acetate stimulation was detected in peripheral blood monocytes and granulocytes from affected individuals. The soluble TNFRSF1A levels of individuals carrying the mutation ($n = 5$) were about half of soluble TNFRSF1A levels of individuals not carrying the mutation ($n = 4$).

Conclusion Dominantly inherited autoinflammatory syndrome should be suspected whenever a patient presents with a history of intermittent fevers accompanied by abdominal pain, arthritis or skin rashes, particularly in the presence of a positive family history. Among such patients, low serological levels of soluble TNFRSF1A give an indication of those individuals who are likely to have TRAPS.

REFERENCE

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THU0214 EFFECT OF TRIAMCINOLONE DIACETATE INJECTIONS IN EARLY DUPUYTREN'S CONTRACTURE AND STENOSING TENOSYNOVITIS OF THE HAND

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Background Dupuytren's contracture and other fibrosing conditions of the hand are generally progressive, causing limitation of function and decreasing grip strength. Long term results of surgical procedures are less than optimal with high recurrence and extension rates. Other non-operative therapies such as slow skeletal traction, radiation, splinting, ultrasound and enzymatic fasciotomy have not proven to be clinically useful.

Objectives The objective of this study was to determine the effectiveness of steroid injections in slowing the progression of fibrosis and contractures in early Dupuytren's disease and conditions causing stenosing tenosynovitis of the hand.

Methods Twenty-three patients were studied. There were 12 men and 11 women with an age range of 35 to 72 years. Of these patients four also had diabetes mellitus and three had rheumatoid arthritis. Eighteen patients had Dupuytren's contracture. Fifteen had bilateral contractures and three in one hand only. None of them had contractures in the proximal interphalangeal joints. One had mild flexion contracture at the second, third and fourth metacarpophalangeal joints. Two had bilateral De Quervain's tenosynovitis and three had isolated fibrous nodules in one flexor tendon in the hand. All patients received one or two triamcinolone diacetate injections in the fibrous nodules, cords and tendon sheaths. Additionally, five patients received oral non-steroidal antiinflammatory agents for one to two weeks. Patients with Dupuytren's contracture demonstrated softening of the symptomatic chords, improvement of grip strength and partial resolution of nodules. The other patients had complete resolution of their condition.

Results Patients were followed for one to seven years and maintained their functional improvement. No patient's contracture progressed or required surgery or radiotherapy. There were no

complications such as hematoma, skin necrosis, infection, granuloma formation, decrease in grip strength, transient paresthesia or flexion deformity of the fingers.

Conclusion In conclusion, early Dupuytren's disease and other fibrosing tenosynovitis of the hands can be safely and effectively treated with injections of triamcinolone diacetate and this appears to prevent progression of these conditions.

THU0215 ASYMPTOMATIC GASTROCNEMIUS MUSCLE BIOPSY: AN EXTREMELY SENSITIVE AND SPECIFIC TEST IN THE HISTOLOGIC CONFIRMATION OF SARCOIDOSIS PRESENTING WITH HILAR ADENOPATHY

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Background

Objectives The purpose of our study was to evaluate asymptomatic gastrocnemius muscle biopsy as a tool in the histologic confirmation of the diagnosis of sarcoidosis.

Methods Consequently, twenty two patients, admitted over a two year period to our department, with bilateral hilar adenopathy and a variety of symptoms compatible with sarcoidosis, were studied prospectively. Besides a complete history, physical and routine laboratory, serum angiotensin converting enzyme (SACE) determination, pulmonary function, slit lamp eye examination, PPD skin test, gallium 67 scan, and gastrocnemius muscle biopsy under local anaesthesia, after informed consent, were performed.

Results The biopsy revealed non caseating granuloma in all the patients, confirming the diagnosis of sarcoidosis. No other patient in our department received this diagnosis over the two year period of the study. The procedure was well tolerated by all patients and almost zero morbidity was noted. Erythema nodosum was present in 68.2% of the patients, PPD was negative in all of them, SACE was elevated in 59.1%, and pulmonary function was normal in the majority.

Conclusion The impressive sensitivity of the employed biopsy, its safety and ease of performance, along with the extreme rarity of muscle involvement by other granulomatous diseases, included in the differential diagnosis, may render it the procedure of choice for the histologic confirmation of sarcoidosis, presenting with hilar adenopathy.

THU0216 NSAIDS SELF-PRESCRIPTION AS A CAUSE OF UPPER GASTROINTESTINAL HEMORRHAGE

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Background Non-steroidal anti-inflammatory drugs (NSAIDs) are compounds easily to acquire over the counter that are extensively used for symptomatic relieve of pain of any origin and for platelet antiaggregation purposes.

Objectives To describe the epidemiology of NSAIDs usage and its association with upper gastrointestinal hemorrhage in a community hospital from Spain.

Methods We prospectively studied the clinical usage, indication, duration, dose, type of NSAID therapy, presence of NSAIDs self