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