Abstract THU0226 Table 1

Age	Sex	Rheumatologic features	Diagnosis	Course (months) Treatment
42	M	Left sciatica (L5)	Pyramidal syndrom, motor defect, fasciculations; EMG: axonal motor neuropathy; MRI, CSF: -	7, Riluzole, worsening
77	F	Pain in inferior left limb	Motor defect, fasciculations; EMG: neurogenic in 4 limbs; CSF: -	7, death (bulbar disorders)
80	M	Fatigue on walking	Motor defect of inferior limbs, fasciculations; EMG: neurogenic in 4 limbs + bulbar; MRI, CSF: -	9, Riluzole, stable
65	F	Right cruralgia	Babinski, bilateral Hoffmann, EMG: neurogenic in 4 limbs; MRI, CSF: -	8, Riluzole, stable
59	F	Pain in left superior limb	Hoffmann, lingual atrophy; EMG: neurogenic, bulbar and spinal	12, Riluzole, worsening
74	M	Left cruralgia	Amyotrophy, fasciculations in 4 limbs; EMG: neurogenic in 4 limbs; CSF: -	6, Riluzole, worsening dysphonia, fasciculations

EMG = electromyography; MRI = magnetic resonance imaging; CSF = cerebrospinal fluid.

Conclusion Rheumatologist may meet ALS and must know the signs allowing the diagnosis.

THU0227 OSTONECROSIS (ON) IN HIV INFECTION PATIENTS: 21 AFFECTED JOINTS IN 9 PATIENTS

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Background ON has been described in the setting of HIV infection. No epidemiological studies are available but their incidence seems to be increased and associated to the protease inhibitor (PI) into highly active antiretroviral therapy (HAART).

Objectives To report the clinical findings of 9 HIV infected patients with ON.

Methods Nine patients (8M/1W), mean age 40.7 (36–49 years). Review of clinical, biological and radiological characteristics.

Results All cases were seen after 1998 and 8/9 received PI. In all cases the antiretroviral treatment was successfully (undetectable viral copies: < 200 copies/ml). The diagnosis of the ON was made at 125 days (15–634) after the beginning of symptoms. 3/9 patients showed unilateral hip ON, 3/9 bilateral hip ON and 3/9 bilateral hip and shoulder ON. 13/21 ON joints were demonstrated by radiology and 8/21 by IMR. 13/21 joints presented mechanical pain, 4/21 inflammatory pain and 4/21 were silent. Forage was performed in 4/21 and hip arthroplasty in 2/21. 6/9 patients presented hyperlipidaemia (6 hypercholesterolaemia, 4 hypertriglyceridaemia), 8/9 insulin resistance, 4/9 coagulation disturbances (4 deficits of C and S protein, 1 antiphospholipid antibodies), 7/9 haemoglobin >16 g/dl and 5/9 had received steroid therapy.

Conclusion The ON seems to be a new complication associated to the HIV infection. The ON presented frequently as a polyarticular involvement disease. In most cases its presence is associated with several risk factors, and probably the HAART is one of them.

THU0228 PREVALENCE OF HEPATITIS E VIRUS IN BEHÇET'S DISEASE

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Background Behçet's disease (BD) is a multisystem disorder originally described by the Turkish dermatologist Hulusi Behçet. Although its aetiology is unknown, vasculitis is widely accepted as the underlying pathological process. Viral infections, especially hepatitis B and C viruses, have been proposed to be triggering factors via soluble immune complexes in vasculitic syndromes. Viral aetiology has also been postulated in the etiopathogenesis of BD. A possible association of Hepatitis C virus have been investigated previously, but no definite relationship has been found. More recently, serological evidences of previous Hepatitis A, Hepatitis C and Hepatitis E virus infections were found to be similar between Behçet's patients and control group.

Objectives In this cross-sectional study we aimed to investigate the prevalence of Hepatitis E virus (HEV), which is the major cause of non-parenteral non-A non-B hepatitis, in our group of patients with BD.

Methods Sixty-four patients (22 female, 42 male, mean age: 39, min-max: 16–68) were enrolled in this study. Clinical and demographical characteristics of our study group were given in table. Hepatitis E antigen was studied in serum of patients using commercial kits (International Immuno-Diagnostics, USA).

Results Seropositivity for HEV was detected in 3 patients (4.69%). This result is comparable to previous report of seroprevalence of HEV in Turkish population (5.9%).

Abstract THU0228 Table 1 Clinical and demographical characteristics of the study group

Female/Male	22/42
Oral Ulcer	64
Genital Ulcer	43
Pathergy	38
Skin Lesions	54
Uveitis	26
Vascular Involvement	11
Arthritis	30

Conclusion We concluded that HEV does not seem to have a place in the etiopathogenesis of BD, at least in our population.

THU0229 TREATMENT OF SIX PATIENTS WITH ADULT ONSET OF STILL'S DISEASE WITH INFLIXIMAB

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Background TNF-blocking agents, like the chimeric monoclonal antibody cA2, infliximab, have been effective in several double-blind trials in RA.

Objectives The efficacy of infliximab therapy was tested in patients with severe, active adult onset Still's disease (AOSD) despite conventional immunosuppressive therapy.