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AB0041 COMPARISON OF ULTRASOUND FINDINGS OF KNEE JOINT SYNOVITIS AND DISEASE ACTIVITY IN RHEUMATOID ARTHRITIS PATIENTS

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Background Proliferative synovitis is very common finding in patients with rheumatoid arthritis (RA). Among imaging methods ultrasound is very useful instrument for detection of synovial abnormalities. Using this method we can measure thickness of synovium, it's morphology and localisation. During examination we also can detect joint effusion in knee and presence of Baker's in popliteal fossa. As a sign of synovial inflammation we can detect enhanced blood flow in proliferated synovium.

Objectives The aim of our study was to detect and measure the thickness of synovial proliferated tissue in suprapatellar recess and to try to find correlation between this finding and disease activity. We also used power doppler to observe blood flow in small vessels of synovial tissue.

Methods In our study we included 20 patients with clinically affected both knees. Using modern equipment for ultrasound examination (Acceuson Sequoia 5–8 MHz with power doppler), we measured thickness of the synovium in the middle of suprapatellar recess in longitudinal approach. We also detected presence of joint effusion as well as Baker's cyst in popliteal fossa. Disease activity was estimated by sedimentation rate.

Results We found the thickness of synovial tissue range 1, 3–6 mm (X average = 3,6 mm). Joint effusion was presented in all patients. In 46% of patients we found Baker's cyst with the same synovial pattern. Sedimentation rate in our patients was ranged 19–110/h. We didn't find any significant correlation between synovial thickness and such estimated disease activity. We also found presence of extensive blood flow in small vessels of synovium.

Conclusion Ultrasound is very objective instrument for detection and measuring of synovial proliferation. This information is useful for practitioner to indicate corticosteroidal injections, synoviorthesis or surgical synoviotomy. This method is also necessary to estimate the results of those procedures.

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AB0042 STRUCTURE OF RENAL DAMAGE IN RHEUMATOID ARTHRITIS

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Background Renal damage is one of most unfavourable prognostic factors in rheumatoid arthritis (RA). Most frequent pathology is renal amyloidosis. Rheumatic glomerulonephritis as a systemic manifestation of RA is infrequent. Important place belongs to renal exacerbations due to NSAIDs treatment and basic drugs.

Objectives To determine the character of renal damage in RA by the data of biopsy material.

Methods In the period from 1998 to 2000 in Rheumatological department of Ulianovsk Regional Hospital 10 RA pts with nephropathy symptoms were examined: proteinuria, azotemia, nephrotic syndrome with median disease duration of 17.7 ± 5.1 years. Appearing of symptoms of renal pathology was in 10.7 ± 3.5 years from RA onset. Pts did not have basic therapy; according to their condition – only NSAIDs (Diclofenac, Indomethacin). All pts had closed renal biopsy.

Results According to data of hystological analysis 4 pts demonstrated amyloid lesion, 4 – interstitial nephritis, 1 – mesangio-proliferative glomerulonephritis, 1 – combination of amyloidosis and interstitial nephritis. In two cases renal damage was the reason for lethal outcome.

Conclusion Absence of basic therapy for a long period of time of the disease results in the development of extraarticular manifestations and RA complication – amyloid renal damage.

AB0043 ANTI-FILAGGRIN AUTOANTIBODIES ARE NOT PREDICTIVE OF RADIOLOGICAL PROGRESSION IN RHEUMATOID ARTHRITIS (RA) – RESULTS OF A 3-YEAR LONGITUDINAL PROSPECTIVE STUDY FROM A POPULATION BASED-RECRUITMENT OF 127 RA

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Background

Objectives To evaluate the predictive value of autoantibodies (Ab) directed against citrullinated recombinant rat filaggrin (ACRFA) detected by a new ELISA for prognosis in a cohort of community cases of RA.

Methods 127 patients (mean age: 50.5 yr, F/M: 2.9) with early RA (median disease duration: 2 yr) were enrolled prospectively in 1996 (T1), primarily from a population based-recruitment (80%), and were followed until 1999 (T2). At T1 were tested rheumatoid factors determined by the latex fixation test (LFT) and anti-filaggrin Abs identified by different assays, i.e. anti-keratin Ab (AKA), and anti-perinuclear factor (APF) by indirect immunofluorescence, ACRFA by an ELISA test whose results are expressed as the difference of OD values given by sera tested against the citrullinated and non-citrullinated forms of filaggrin. At T1 and T2: radiographs of the hands and wrists. Prognosis was defined by (1) radiological damage (van der Heijde modified Sharp method) at T2; (2) progression of radiological damage between T1 and T2.

Results At T1: RA had mild activity (Ritchie articular index: 11/78, mean CRP: 15 mg/l), mild functional disability (HAQ: 0.8/3), mild X-ray destruction (Sharp: 9.2/280); 96% of patients were treated at T1 (DMARDs: 95%; prednisone: 72%); frequency of LFT, AKA, APF and ACRFA were respectively: 50%, 33%, 45% and 45%. At T2: total Sharp score: 22.8/280. The only parameter at T1 associated with a higher Sharp score at T2