Objectives In order to establish the prevalence of tuberculosis infection in RA patients undergoing CPT, we analysed medical charts of consecutive patients affected by these disease who underwent this regimen.

Methods All the records were from patients attending the clinic for at least 2 years since the CPT administration and were analysed in order to detect a clinical diagnosis of tuberculosis. Routine blood analysis and a Chest x-ray film was available for all the patients in the period established for the follow-up, even if asymptomatic. At present, 11 females (mean age 57.54 years, range 40–74) have been identified, who took 1 gr of Methylprednisolone i.v. daily in a 3-day course of CPT. One of them was taking methotrexate, 3 cyclosporin and 4 the combination of cyclosporin and methotrexate; 3 patients was under no DMARD. CPT was already administered in 3 patients no more than once in the previous year.

Results Two patients revealed a tuberculosis infection, characterised by cavitory lung involvement and meningitis respectively; diagnosis was confirmed by standard methods for tuberculosis in both the patients. One patient affected by tuberculosis belonged to the treatment group CPT + methotrexate, while the other suspended methotrexate less than one year before the administration of CPT.

Conclusion This finding underlines the necessity of close monitoring for severe opportunistic infections in rheumatoid patients during treatment with CPT and MTX, but seem to suggest a more prominent role played by CPT with respect to other DMARDs.

REFERENCES

- 1 Weusten BLAM, Jacobs JWJ, Bijlsma JWJ. Corticosteroid pulse therapy in active rheumatoid arthritis. *Semin Arthritis* 1993;**23**:183–92
- 2 Van Der Veen MJ, Bijlsma JWJ. The effect of methylprednisolone pulse therapy on methotrexate treatment of rheumatoid arthritis. *Clin Rheumatol*. 1993;**12**:500–5
- 3 Boerbooms AMT, Kerstens PJSM, van Loenhout JWA, Mulder J, van de Putte LBA. Infections during low-dose methotrexate treatment in Rheumatoid arthritis. *Semin Arthritis Rheum*. 1995;**24**:411–21
- 4 di Girolamo C, Pappone N, Melillo E, Rengo C, Giuliano F, Melillo G. Cavitory lung tuberculosis in a rheumatoid arthritis patient treated with low-dose methotrexate and steroid pulse therapy. *Br J Rheumatol*. 1998;**37**:1136–7

AB0047 PROGRESSION OF RADIOLOGICAL DAMAGE IN PATIENTS WITH RHEUMATOID ARTHRITIS IN CLINICAL REMISSION; A PROSPECTIVE TWO YEAR FOLLOW-UP STUDY

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Background

Objectives The aim of the present study was to investigate the progression of radiological damage in patients with RA in clinical remission during a follow-up of two years.

Methods RA patients (n = 187), in remission as defined by the ACR/Pinals Criteria were included. Radiographs of hands and feet were made at baseline, and 2 years. Radiological damage was assessed according to the Sharp-van der Heijde method (score ranging from 0–448; (SHS)). SHS at baseline and after two years were compared in the complete cohort as well as in subgroups of patients with persistent remission and those suffering from exacerbations (Wilcoxon test). The following variables, measured at baseline, were assessed as possible riskfactors for radiological progression: number of tender and swollen joints, Ritchie score, Disease Activity Score (DAS), serum titers of IgM

and IgA rheumatoid factors, the visual analogue scale (VAS) for the physicians impression of disease activity and the Health Assessment Questionnaire (HAQ) score.

Results At baseline and after two years, the mean SHS of the complete group were 49 and 51 (p < 0.001). In the subgroup of persistent remission, the mean SHS were 52 and 53 (p = 0.004). No significant correlations were found between progression of radiographic damage and baseline variables (rho < 0.1, p > 0.1). In the subgroup of exacerbation, the mean SHS were 46 and 51 (p < 0.001). Progression of radiographic damage correlated significantly with the following variables at baseline: SHS (rho 0.40), HAQ-score (rho 0.28), serum IgM-RF (rho 0.29), serum IgA-RF (rho 0.25), but not with the VAS and the DAS.

Conclusion Radiological damage proceeds in RA patients in remission and is not related to disease activity.

AB0048 RHEUMATOID ARTHRITIS IN ACROMEGALIC PATIENT: A CASE REPORT

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Background Acromegalic arthropathy is a noninflammatory condition in which cartilage hypertrophy and hyperplasia lead to the disruption of joint geometry and chondrocyte metabolism, and ultimately to degenerative changes. It is reversible in cases of early and prompt diagnosis. Rheumatoid arthritis is an inflammatory disease with joint destruction. Erosion in rheumatoid arthritis is caused by invasion of articular cartilage by the synovial pannus. Erosion in rheumatoid arthritis may be regressed with early and aggressive treatment. In this report we present a case of acromegaly who developed rheumatoid arthritis.

Objectives

Methods Case report: A 64-year-old male was admitted in April 2000 for evaluation of a 2-year history of polyarthritis. He was followed in 1985 with symptoms and signs of acromegaly, which was confirmed by radiology and a basal GH level of 30 mU/L. His acromegalic features improved after he had been operated. In 1995, therapy with sandostadin was started. In 1997, he was given external radiation. In 1998, he started to complain symmetric polyarthritis in proximal interphalangeal and metacarpophalangeal, wrist, and knee joints. In laboratory evaluation, erythrocyte sedimentation rate (ESR) was 93 mm/hour and rheumatoid factor was 685 IU/L. No improvement was observed with the treatment protocol consisting of non-steroid anti-inflammatory drug and exercise which was given in another hospital. Two years later, he was evaluated in our rheumatology clinic. At that time, he had arthritis in PIF, MCF, and wrist joints and three-hour morning stiffness. Bilateral ulnar deviation at MCF joint and interosseous muscle atrophy were observed. In laboratory examination, ESR, CRP, Hb, RF, platelet count were 89 mm/hour, 6.7 mg/dL, 12.6 gr/dL, 789 IU/L, 540000/ml respectively. In radiological evaluation, osteoporosis in lumbar vertebrae and in hand graph were observed. Widening and tufting of distal phalanx and subchondral erosive and cystic changes in PIF and MCF joints were seen. In MRI, synovitis and erosive changes were marked. The patient was diagnosed as rheumatoid arthritis and treated with methotrexate, sulfasalazine, and hydroxychloroquine. After three months of treatment, the patient improved regarding in clinical and laboratory values. He is still being followed by our clinic in good health.

Results

Conclusion The incidence of significant joint complains in large series of acromegalic patients have been reported to be 15%–64%. The changes seen in acromegaly are similar to those seen in degenerative joint disease. The occurrence of rheumatoid arthritis and acromegaly in the same patient are not reported, except one case. The slow progression of the erosive changes in this case proposed that GH might modify the catabolic effect of rheumatoid arthritis. Evaluation of laboratory parameters such as ESR, CRP, RF, thrombocytosis and anaemia help us to make a differential diagnosis of rheumatoid arthritis and acromegaly arthropathy.

AB0049 RHEUMATOID ARTHRITIS AND GIANT CELL TUMOUR OF THE TENDON SHEATH: A CASE REPORT

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Background Here in this case report we present a patient complaining of soft-tissue swelling on his hand, who had excision of giant cell tumour of the tendon sheath 1 year ago which has recurrence rates range from 9%–44%. He also met American Rheumatism Association criteria for rheumatoid arthritis. We described plain radiography and magnetic resonance findings of this soft tissue mass, which firstly presumed to be recurrence of giant cell tumour of the tendon sheath and later on diagnosed to be pannus pathologically and have characteristic radiological findings of pannus.

Objectives

Methods Radiographs of the hands were undertaken, magnetic resonance imaging was performed on a 1.5 tesla imager using an extremity coil. Magnetic resonance imaging of the hand was performed using SE T1, T2, PD, FL2D 3O sequences and followed by T1 weighted postcontrast examination immediately after Gd-DTPA(0.1 mmol/kg body weight) was injected intravenously as a bolus.

Results Plain films demonstrated cortex erosion on the second metacarpophalangeal joint. Magnetic resonance imaging demonstrated soft-tissue mass which is isointense with muscles on T1 weighted precontrast images and T2 weighted images showed relatively high signal intensity with heterogeneous enhancement of T1 weighted post-contrast images. Increased synovial fluid was interpreted as tenosynovitis was also demonstrated as well as the cortex erosions.

Conclusion It is established that giant cell tumour of the tendon sheath can be evident in a joint or a tendon sheath of a patient with rheumatoid arthritis. Although this combination of diseases may represent no more than a coincidence, it is possible that rheumatoid arthritis predisposes a person to develop giant cell tumour of the tendon sheath. While evaluating a patient complaining soft tissue mass on his hand with a history of giant cell tumour of the tendon sheath excision, pannus due to rheumatoid arthritis should be considered as well as recurrence of giant cell tumour of the tendon sheath.

AB0050 MINOR SALIVARY GLAND BIOPSY FINDINGS IN PATIENTS WITH RHEUMATOID ARTHRITIS

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Background Secondary Sjogren's syndrome (SS) is one of the major extraarticular manifestations of the patients with rheumatoid arthritis (RA). The prevalence of SS in RA varies between 11% and 62% depending on the definition used. Salivary gland histopathology has been considered to be the most disease specific test for diagnosis of SS.

Objectives In this study, we aimed to investigate the histopathologic features of minor salivary gland biopsies in RA patients with disease duration longer than 3 years and with no subjective complains of xerophthalmia or xerostomia.

Methods Eighteen (11 male, 7 female, mean age 49) RA patients with no subjective complains of ocular or oral dryness were included into study. Minor salivary gland biopsy was performed to all patients and lymphocytic infiltration of a cluster of at least 50 lymphocyte in the gland area of 4 mm² accepted as a diagnostic criteria for SS. We also performed Schirmer's test, fluorescein break up time and Rose Bengal staining. The serum levels of rheumatoid factor (RF), anti-SS-A and anti-SS-B antibodies were all assayed.

Results

Conclusion Subclinical SS may be developed in RA patients with no subjective complains of ocular and oral dryness.

AB0051 AGE-RELATED PECULIARITIES IN THE COURSE OF RHEUMATOID ARTHRITIS

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Background

Objectives

Methods We examined 70 patients diagnosed for rheumatoid arthritis (RA) represented by three age groups: from 20 to 40 years (24 persons), from 40 to 60 years (36 persons), and over 60 years (10 persons).

Results In the majority of the patients we found the 2nd degree of the disease activity (51 persons), and the 2nd radiological stage of RA (45 persons). We analysed the changes in the immunological status, the concentration of the antibodies to phospholipids, the IgM rheumatoid factor, the antibodies reacting with the native DNA, and the von Willebrand factor. We found that RA in the lowest-age group was accompanied by the most marked changes in the immunological values, which was indicative of high autoimmune aggressiveness. The course of the disease in the middle age group was characterised by the least significant disruption of the cell and humoral immune reactions.

Conclusion It can be said that the main feature of the course of RA in the highest age group patients is the development of extra-articular manifestations, that significantly worsen the quality and reduce the duration of life.