Results

Conclusion The incidence of significant joint complaints 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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10.1136/annrheumdis-2001.1014

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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10.1136/annrheumdis-2001.1015

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 complaints of xerophthalmia or xerostomia.

Methods Eighteen (11 male, 7 female, mean age 49) RA patients with no subjective complaints 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 complaints of ocular and oral dryness.

AB0051 AGE-RELATED PECULIARITIES IN THE COURSE OF RHEUMATOID ARTHRITIS

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10.1136/annrheumdis-2001.1016

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.