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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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 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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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.

AB0052 PROGRESSIVE SYMMETRIC ARTHRITIS AS AN EARLY MANIFESTATION OF ADENO CARCINOMA OF THE LUNG

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Background In may 1999 a 57 year old woman presented progressive symmetric arthritis of the hand, fingers and forefoot over a period of more than 6 weeks. Laboratory testing revealed an elevated sedimentation rate, increased C reactive protein levels and secondary signs of inflammation (elevated ferritine, alpha-2-fraction in the serum electrophoreses, etc.). The radiograph showed juxtaarticular osteoporosis without further signs of joint destruction. The x-ray of the chest was normal (performed for reasons of nicotine consumption over years and the intention of methotrexate therapy) without signs of malignancy.

Initially the patient was treated as an outpatient. Although the initiated DMARD-therapy with methotrexate was well tolerated at a dose of 15 mg orally per week she was finally admitted to the hospital in December 1999 for reasons of further deteriorating of the arthritis and the general feeling.

Symmetrical arthritis and elevated sedimentation rate revealed continuous inflammation. An x-ray control of the hand and feet showed a fine periosteal hyperostosis suggestive for "osteoarthritis hypertrophiant pneumonique Pierre Marie Bamberger". The x-ray of the chest was suggestive for a malignant process of the lung, a diagnose that was confirmed by computer tomography. Histological examination revealed an adeno carcinoma of the lung. Consecutive palliative chemotherapy led to improvement of arthritis.

Objectives ./.

Methods ./.

Results ./.

Conclusion This is a case of malignant lung disease with the rare initial symptom of symmetric progressive arthritis and periosteal hyperostosis, improving after chemotherapy.

AB0053 RHEUMATOID LUNG DISEASE AS A PRESENTING FEATURE OF RHEUMATOID ARTHRITIS

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Background Pulmonary involvement is a common extraarticular feature of rheumatoid arthritis (RA) but early symptomatic manifestations of RA are uncommon. We present 2 male RA patients with all characteristic features of pulmonary involvement which preceded the articular symptoms and occurred concurrently.

Case1; A 32-year-old male presented with severe pulmonary involvement due to the rheumatoid nodules, pleurisy, atelectasis, interstitial fibrosis which preceded the articular symptoms. Case 2; A 54-year-old male presented with articular manifestations of RA associated with typical pulmonary findings of rheumatoid lung including paranchimal nodules, pleurisy, interstitial fibrosis and honey-comb appearance simultaneously. In both cases the diagnosis were made after exclusion of other causes of pulmonary disease and depending on the findings of pleural biopsy.

In conclusion the onset of RA with severe typical pulmonary findings are not uncommon and physicians must be aware of this extraarticular finding as a presenting feature of RA.

Objectives

Methods

Results

Conclusion

AB0054 THE ROLE OF THE GUT IN REACTIVE ARTHRITIS

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10.1136/annrheumdis-2001.1019

Background

Objectives The present study propose to observe the relation between the gut and synovitis in enteretic and urogenic reactive arthritis (ReA).

Methods Forty patients with ReA were included in the study according to Amor criteria: 25 patients with enteric entrance gate and 15 patients with urogenic entrance gate. We had in view the inflammatory syndrome, immune syndrome, identification of the infectious ?trigger? (serology for Yersinia, Shigella, Salmonella, Chlamydia). Concomitant were effected rectosigmoidoscopy with biopsy and synovial biopsy.

Results 75% of patients had inflammatory intestinal lesions like active and chronic colitis and proctitis. We found a correlation between persistence of the intestinal inflammation and the evolution of the inflammatory process in the joint. The immunoglobulins A were increased at 50% of patients which prove the existence of a persistent antigenic stimulation to the bowel level. At 10 patients with urogenic ReA we observed a remarkable aspect: the presence of subclinical inflammatory lesions to the intestinal mucosa.

Conclusion The rectosigmoidoscopy with biopsy back the role of the bowel in ReA, even at the patients which have not obvious clinical gastrointestinal manifestations.

OP0007 MRI OF THE WRIST AND FINGER JOINTS IN INFLAMMATORY JOINT DISEASES AT ONE YEAR INTERVAL. MRI FEATURES TO PREDICT BONE EROSIONS

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Background Magnetic resonance imaging (MRI) has important applications in inflammatory joint diseases since it allows a direct visualisation of both bony and soft tissue. The wrist and finger joints are first affected in rheumatoid arthritis and of prime interest in predictive studies. Bone oedema is important MRI feature in inflammatory joint diseases and it has been suggested to be a forerunner of bone erosion.

Objectives To compare the ability of the outlined synovial volumes before and after Gadodiamide injection, presence of bone marrow oedema, bone erosions and enhancement after Gadodiamide injection to predict progressions in bone erosions after 1 year follow up in patients with different types of inflammatory joint diseases.

Methods 84 patients underwent MRI, laboratory and clinical examination at baseline and 1 year later. MRI of the wrist and finger joints was performed in 22 patients with rheumatoid arthritis less than 3 years (group 1), 18 patients with