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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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

spondylarthropathies (group 2), 22 patients with more than 3 years duration of rheumatoid arthritis (group 3) and 20 patients with arthralgia (group 4).

Results The total outlined synovial volumes in the finger joints before Gadodiamide injection and the number of bone erosions at baseline MRI were highly predictive of bone erosions one year later in patients with rheumatoid arthritis (group 1 and 3). The number of bones with erosions and oedema varied significantly between the patient groups. The strongest individual predictor of bone erosions at one year follow up was bone marrow oedema, if present at the wrist at baseline. Bone erosions on baseline MRI were in few cases reversible at follow up MRI.

Conclusion The total synovial volume in the finger joints before contrast, the number of bone erosions and presence of bone oedema in the wrist at baseline seems to be predictive for the number of bone erosions 1 year later and may be used in screening. The importance of very early bone changes on MRI and the importance of these findings reversibility remain to be clarified.

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OP0012 DOES HELICOBACTER INFECTION INCREASE THE RISK OF NSAID INDUCED PEPTIC ULCERATION IN PATIENTS WITH RHEUMATOID ARTHRITIS?

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Background Patients with rheumatoid arthritis (RA) frequently develop dyspepsia due to peptic ulceration. There has been conflicting data published on the interactive roles of non steroidal anti inflammatory drugs (NSAIDs) and colonisation of the gastric antrum with *Helicobacter pylori*.

Objectives We wished to assess the prevalence of peptic ulceration in dyspeptic RA patients and matched controls. We intended to calculate the relative risks (RR) of NSAID consumption and *Helicobacter* infection, both singly and in combination.

Methods We endoscoped 100 dyspeptic patients with RA and 50 age and sex matched controls with dyspepsia but no evidence of RA. We recorded all medication taken over the preceding 6 months and assessed the presence of *Helicobacter* using a CLO test at endoscopy.

Results Endoscopic evidence of peptic ulceration was found in 39% of RA patients and 12% of controls. ($p < 0.01$). Multiple ulcers were significantly commoner in the RA patients (15% v 2%). NSAIDs were used by 60% of RA patients and 22% controls ($p < 0.01$). *Helicobacter* was found in 41% of RA patients and 36% of controls (NS). The consumption of NSAIDs conferred a RR of 5.2, while the presence of *Helicobacter* gave an RR of 2.0 in RA patients. The RR for the combination of NSAID consumption and *Helicobacter* infection was 12.3.

Conclusion RA patients have more major and more multiple pathology at endoscopy than age, sex and symptom matched control subjects. This is mainly due to their increased NSAID consumption but is also contributed to by the presence of *Helicobacter* infection.

OP0013 PREVALENCE, CLINICAL EXPRESSION AND CAUSES OF ISCHAEMIC HEART DISEASE IN RHEUMATOID ARTHRITIS

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Background Cardiovascular mortality is increased in Rheumatoid Arthritis (RA). This may be due to early development and increased prevalence of Ischaemic Heart Disease (IHD).

Objectives We aimed to assess the prevalence, clinical presentation and risk factors of IHD in RA compared to matched controls.

Methods Prospective, random recruitment of 104 hospital outpatients: 67 RA, 37 osteoarthritis controls. IHD detection: Rose questionnaire, ECG, adenosine-stressed myocardial perfusion SPECT imaging. Assessments: demographics, body mass index (BMI), disease and drug history, Health Assessment Questionnaire (HAQ), current and cumulative inflammatory burden (ESR, CRP), Joint Count, Rheumatoid Factor, von Willebrand Factor (vWF), angiotensin converting enzyme (ACE), lipids, fibrinogen, homocysteine, H. pylori, CMV and C. pneumoniae titers.

Results RA and controls were matched for all classical IHD risk factors (age, sex, family history, smoking, hypertension, lipids, diabetes, BMI) and NSAID use. Despite this, IHD in RA was almost twice as prevalent (49%) as in controls (27%) [$p = 0.03$] in both sexes, clinically silent in 52% vs 20% [$p = 0.003$], high risk in 60% vs 70% and present a decade earlier in RA. ESR, CRP, fibrinogen, vWF, ACE were significantly higher in RA [$p < 0.001$]. By logistic regression, age, male sex, RA and BMI independently predicted IHD in the study population. Within the RA group, patients with IHD had higher age, male sex, blood pressure, triglycerides, BMI, H. pylori titers and steroid use than those without IHD [$p < 0.05$]; RA duration, activity, seropositivity or functional ability were not significantly different. Age, male sex and BMI were the only independent predictors of IHD in RA.

Conclusion IHD is highly prevalent, clinically silent, occurs early and may be the main cause of increased cardiovascular death in RA. Within a hospital population, RA is an independent risk factor for IHD, with clinical and outcome characteristics similar to type II diabetes. In RA, classical IHD risk factors and systemic inflammation may both play a role. Further research may elucidate the mechanisms involved and help design risk reduction strategies specific to RA.

OP0014 THE ACUTE PHASE RESPONSE DOES NOT FULLY EXPLAIN DYSLIPIDEMIA AND INSULIN RESISTANCE IN INFLAMMATORY ARTHRITIS

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Background An increased frequency of insulin resistance (IR) and dyslipidemia has been identified in inflammatory arthritis (IA). These metabolic disturbances may be attributable to disease activity and therefore were implicated in the excess cardiovascular disease mortality as reported in IA.

Objectives In the present study we evaluated insulin sensitivity and lipid metabolism, as well as the potential role of the acute