THU0198 LUMBAR SPINE INVOLVEMENT IN RHEUMATOID ARTHRITIS

¹B Moura, ²D Mauget, ¹M Dougados. ¹Rheumatology; ²Radiology, Cochin Hospital and René Descartes University, Paris, France

10.1136/annrheumdis-2001.1100

Background Lumbar spine is considered as rarely involved in rheumatoid arthritis (RA). At variance, low back pain is commonly observed and is usually thought to be related to osteoporotic vertebral fractures.

Objectives To evaluate the prevalence of both vertebral fractures and lumbar discopathy in patients with RA and low back pain.

Methods

Patients-Methods Study design: Trans-sectionnal, case control radiological study. Patients: Two groups of patients were evaluated (RA and controls), all of them were suffering from low back pain defined as any back pain of the lumbar area which had occurred during the past 10 years. RA patients (ACR criteria) were in- or out- consecutive patients. Controls were consecutive patients without inflammatory rheumatic disorders for whom lumbar spine X-rays was indicated. Outcome measures: a) vertebral fractures, b) discopathy defined as a disc space narrowing using a 4 grade scale (Kappa statistics = 0.93 and 0.9 for intra- and inter-reproducibility, respectively). Marked discopathy was arbitrarily and a priori defined as a disc space narrowing of at least 66%. Analysis: All the films were blinded for patient's identity and were allocated a number after randomization permitting an analysis by two trained observers unaware of the group of patients (i.e., RA or controls).

Results Of the 123 recruited patients, 53 were suffering for RA (57 ± 13 years old, 79% females) and 70 defined the control group (55 ± 13 years old, 81% females). An osteoporotic vertebral fracture was observed in 8 RA patients and never in the control group (p = 0.002). A marked discopathy was observed in 20 (38%) and in 13 (19%) patients in the RA and control group respectively (p = 0.017).

Conclusion This study confirms the higher prevalence of osteoporotic vertebral fracture in RA but also suggests that lumbar discopathy might be involved in the occurrence and severity of low back pain in RA.

THU0199 RHEUMATOID ARTHRITIS: THE CORRELATION BETWEEN DESTRUCTION OF DENS EPHISTROPHEI AND SEX, RHEUMATOID FACTOR PRESENCE AND STEINBROCKER'S GRADE OF THE HANDS AND THE FEET

M Vesela, L Sedova, J Gatterova, M Olejarova, Z Seidl, K Pavelka. *Clinic of Rheumatology, Institute of Rheumatology, Prague, Czech Republic*

10.1136/annrheumdis-2001.1101

Background

Objectives To find correlation between destruction of dens ephistrophei and rheumatoid factor presence, sex, Steinbrocker's grade of hands and the feet.

Methods A computer analysis of 4,691 patients with polyarthritis from the database of the Institute of Rheumatology over the 2 years period (from 1998-12-01 till 2000-11-30) was done.

Totally 860 patients had X ray examinations made for the neck pain, the cervicocranial and/or the cervicobrachial syndrome. The X ray examinations of the cervical spine were made in the static and dynamic projections and were evaluated by the same radiologist. The diagnosis of RA was established in 286

cases according to ACR criteria. A group of 139 patients without radiological evidence of the cervical spine involvement was used as the control group. The rheumatoid factor (RF) was detected by the ELISA method. The X ray examinations of the hands and of the feet in the classical projection were classified according to Steinbrocker.

A computer analysis of 4,691 patients with polyarthritis from the database of the Institute of Rheumatology over the 2 years period (from 1998-12-01 till 2000-11-30) was done.

Totally 860 patients had X ray examinations made for the neck pain, the cervicocranial and/or the cervicobrachial syndrome. The X ray examinations of the cervical spine were made in the static and dynamic projections and were evaluated by the same radiologist. The diagnosis of RA was established in 286 cases according to ACR criteria. A group of 139 patients without radiological evidence of the cervical spine involvement was used as the control group. The rheumatoid factor (RF) was detected by the ELISA method. The X ray examinations of the hands and of the feet in the classical projection were classified according to Steinbrocker.

Results Patients with polyarthritis (n = 860) had the X ray examinations of the cervical spine for the neck pain (68%), cervicocranial syndrome (29%) or cervicobrachial syndrome (3%). Radiological evidence of the cervical involvement was found in 147 patients with RA out of 286. Atlantoaxial subluxation (AAS) was found in 109 patients (74.15%), destruction of the dens in 48 (32.65%). The AAS and coincidental dens destruction was present in 20 patients (13.61%) out from 147. The vertical and lateral subluxations was found only in the combinations with the ventral subluxations: ventral and vertical in 6 cases, ventral and lateral in 3 cases.

There were found positive correlations of the presence of any type of cervical spine involvement with the radiographic stage of the hands (X² = 86.51; p < 0.0001) and of the feet (X² = 43.33; p < 0.0001) and also of the dens destruction and the radiographic stage of RA of the hands (X² = 67.63; p < 0.0001) and of the feet (X² = 38.84; p < 0.0001). The associations of cervical spine involvement with positive rheumatoid factor, sex were not significant.

Conclusion Destruction of dens ephistrophei correlates both, with the hands and feet radiographic stages; the correlation with the feet involvement was less pronounced. There was no significant difference in cervical spine involvement by sex or rheumatoid factor presence. The vertical and the lateral subluxations were found only in the combinations with the ventral subluxations.

THU0200 AUDIT OF ORTHOPAEDIC OPERATIONS AND POSTOPERATIVE COMPLICATIONS IN RHEUMATOLOGY PATIENTS. RESULTS FROM 7 CENTRES

¹F Yuksel, ²J Griffin, ³A Kola, ⁴H Sinclair, ¹A Young, ¹C Mayes. ¹Rheumatology, Rheumatology Audit Group, St Albans; ²Rheumatology, Chase Farm, Enfield; ³Rheumatology, Watford General, Watford; ⁴Rheumatology, North Middlesex, London, UK

10.1136/annrheumdis-2001.1102

Background Waiting times for surgery, post-operative hospital inpatient stays and complication rates vary between hospitals. A regional audit group in rheumatology has conducted a survey to compare services for rheumatology patients.

Objectives To compare operation waiting times, post operative complication rates and management of rheumatology drug therapies during inpatient stays for rheumatology patients.