patients in both groups were recorded and results were compared both within and between the groups.

Results Significant improvements were observed in both groups in morning stiffness, joint pain, Ritchie articular index, serum CRP and ESR levels compared to values before treatment, beginning from first month to sixth month ($p < 0.001$). In the functional assessment; significant improvements were observed in both, determined beginning from the first month to sixth month compared to before treatment both in group receiving a night dose prednisolone and morning dose prednisolone ($p < 0.05$). In comparison of morning stiffness, joint pain, Ritchie articular index and its functional assessment, and serum CRP and ESR levels in both groups, no significant difference was obtained from first month to sixth month ($p > 0.05$).

Conclusion Low dose prednisolone therapy in treatment of RA significantly suppresses the activity of disease beginning from the first month. This condition is kept until the sixth month. However, administration of the medication either given at morning hours classically or at night according to the diurnal rhythm of disease activity doesn't affect the results of the treatment.

AB0057 POSTOPERATIVE ARTHROCENTESIS AND LAVAGE OF THE KNEE JOINT IN PATIENTS WITH RHEUMATOID ARTHRITIS AND OSTEOARTHRITIS

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Background The postoperative arthrocentesis (PA) and lavage (L) usually have an obligatory character after preformed arthroscopic synovectomy (AS) and debridement in RA or OA knee joints synovitis.

Objectives The aim of the study is to establish the effect of the postoperative arthrocentesis and lavage within 7 days after an arthroscopic synovectomy and debridement of the knee joint in RA and OA patients. The arthroscopic synovectomy was performed in the Clinic of Rheumatology in Plovdiv.

Methods The study includes 127 patients (73 RA and 54 OA knees). After the synovectomy a tidal lavage was done with 4□5L saline (Arthrotek-BiometInc. USA). During the early postoperative period within 7 days in case of a significant hydrops, tenderness and pain of the knee joint, an arthrocentesis was performed followed by an evacuation of the synovial fluid and lavage with 60□100 mL saline.

Results Postoperative arthrocentesis and lavage was performed in all patients investigated as presented on Table 1. In 16 patients a single arthrocentesis, in 67 patients double and in 44 patients triple arthrocenteses in the early postoperative period were needed. Improvement of the range of motion was detected in all patients but a marked improvement was establish in the single procedure patients compared to those with triple ($p < 0.001$).

Abstract AB0057 Table 1

	1st day	2nd day	3rd day	4th day	5th day	6th and 7th day
Day of PA and L	31	90	70	60	20	3

Conclusion In the patients who underwent an arthroscopic synovectomy of the knee joint was necessary to be performed most frequently two or three times postoperative arthrocenteses and

lavage. An early improvement of the range of motion, as well as a postoperative recovery are achieved, especially in the single procedure RA and OA patients.

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AB0058 CYTOPENIA ASSOCIATED WITH LOW DOSE PULSE METHOTREXATE IN THE TREATMENT OF RHEUMATOID ARTHRITIS

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Background MTX has gained wide acceptance of the most useful disease-modifying anti-rheumatic drugs. But, MTX cause serious toxicities including hepatic abnormalities, pneumonitis, and myelosuppression.

Objectives To assess the associated risk factors of methotrexate (MTX)-induced cytopenia in rheumatoid arthritis (RA).

Methods We followed 420 patients started on MTX for RA. We evaluated the frequency and clinical significance of patients with cytopenia related to MTX therapy.

Results The prevalence of patients remaining in the follow-up in the MTX treatment was 21% at 60 months. A total of 10 patients with cytopenia related to MTX therapy were identified among them. The prevalence of cytopenia, including leukopenia ($n = 6$), thrombocytopenia ($n = 3$) and pancytopenia ($n = 1$), estimated to be 2.4% in MTX treated RA patients.

Patients with cytopenia received 2.5□8 mg/w over a mean duration of 60.0 months (10□119 months). Nine of 10 patients received NSAIDs with MTX therapy. The presence of renal abnormality ($Cr > 1.2$ mg/d) was in 3 cases, age over 70 years old in 4 patients, body weight under 50 kg in 8 patients, mean corpuscular volume (MCV) over 100 fl in 2 patients. High MCV value (over 94 fl) was in 7 patients, 6 of whom had some symptoms including fever ($n = 3$) and oral mucosa/lip abnormalities ($n = 3$). Low MCV value (under 84 fl) was in 3 patients, who had no symptoms but arthralgia and no renal abnormality. And they were younger and received MTX in shorter period than high MCV group.

Conclusion In patients with high MCV (over 94 fl), most haematological toxicities seen during the course of MTX therapy can be predictable. But, some patients may develop unpredictable haematological reaction.

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