tested drugs shows that treatment with Phlogenzym was safe and more effective.

According to these results it can be stated that OE is the group of medicines, which may be used for substitution of DMARDs or NSAIDs considering to course of disease and concomitant pathologies.

AB0065 SIDE EFFECTS OF DEPOT CORTICOSTEROID – DIPROPHOS® IN THE LONG TERM TREATMENT OF RHEUMATOID ARTHRITIS

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Background Corticosteroids are widely prescribed as potent anti-inflammatory drugs, but in treatment of rheumatoid arthritis (RA) severe adverse effects often limit their benefits.

Objectives We estimated side effects of depot corticosteroid – diprophos® in the long term treatment of rheumatoid arthritis.

Methods During six years we followed up 185 patients from the first onset of RA. Among them, 47 have been treated with combined therapy with methotrexate and chloroquine, 36 with methotrexate and sulfasalazine, while 38, 41 and 23 were on monotherapy with methotrexate, chloroquine and sulfasalazine, respectively. In all these patients, depot corticosteroid DIPROPHOS® (betametasone – combined sodium dipropionate/phosphate salt) have been administrated in 3□5 weeks periodic intervals as one i.m. injection during minimum 6 months.

Results In most of patients (168/185 i.e. 91%) permanent clinical and biohumoral remission with slow radiographic disease progression was obtained. At the same time, we failed to notice any metabolic and gastrointestinal side effects due to corticosteroid use. Also in long-time follow up, there was no evidence of clinically important hormonal and psychiatric impairments as well as frequent infections. Only skin and ocular adverse effects were noticed.

Conclusion Depot corticosteroids could be considered as integral effective and safe part of RA treatment.

AB0066 TREATMENT OF RHEUMATOID ARTHRITIS WITH LEFLUNOMIDE

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Background

Objectives To study the clinical efficacy and safety for the treatment in patients with rheumatoid arthritis (RA) with Leflunomide.

Methods We included 15 patients with diagnostic of the RA according to American College of Rheumatology (ACR) criterias for at least 6 months and active disease by the following inclusion criteria: > 18 years old, > 6 tender and swollen joints, > 15 mg/dl C-reactive protein (CRP), > 28 mm/h erythrocyte sedimentation rate (ESR) and morning stiffness. We treated with Leflunomide loading dose 100 mg/day for 3 days, and after we continued with 20 mg/day. The clinical controls were the first and the end of a period of time, 26 weeks: general examination (weight, arterial pressure, morning stiffness), locomotor system

(tender and swollen joint count score), acute- phase reactant (PCR, ESR) immunology (ANA, anti-DNA, FR, C3, C4) hepatic serologies, simple radiography study (thorax, hands and feet). Evaluation of patients with a general pain, analogic visual (EVA) and the Stanford Healt Assessment Questionnaire (HAQ). Non steroidal antiinflammatories drugs and steroids were allowed provided the subject had been receiving a continuous dose for at least 28 days prior to entry in the study. Intra-articular corticosteroid were not allowed.

Results The 15 patients 3 are men and 12 women, with a mean age of 68 years. After 3 months, the mean changes were -6.9 swollen joints, -10.4 tender joints, -44.8 for ESR, -26 for CRP. The most common adverse events with this treatment were three: one cutaneous allergic reaction (in this case was necessary stopping the treatment) and 2 diarrhoea. In one case the clinical was disappear after reducing in 10 mg/day, and the other it should interrupt the treatment.

Conclusion Leflunomide seems to be efficacious and safety for treatment in RA. Every way, must follow evaluation for a long time to recommend treatment like a first election.

AB0067 VASCULAR ENDOTHELIAL GROWTH FACTOR (VEGF) AND ITS RECEPTORS IN RHEUMATOID ARTHRITIS AND OSTEOARTHRITIS

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Background Rheumatoid arthritis (RA) is characterised by synovial proliferation. Tissue proliferation in general is known to be dependent on sufficient oxygen and nutrition supply. Therefore angiogenesis, the process of new vessel formation, is considered to play a crucial role not only for tumour growth but also in rheumatoid arthritis. The angiogenetic process is regulated by several cytokines. Most important factor is the Vascular Endothelial Growth Factor (VEGF) and its cognate receptors KDR and FLT-1, known to be regulated by hypoxia as well as inflammatory cytokines. On the other hand RA is a chronic inflammatory process.

Objectives The aim of this study was to investigate whether the angiogenetic process in RA is a local versus a systemic effect.

Methods Synovial tissue was taken during total knee replacement from 20 patients with RA and 20 patients with osteoarthritis (OA). Expression of VEGF, KDR and FLT-1 mRNA was analysed quantitatively using real-time PCR (Light-Cycler). Moreover in these patients plasma level of VEGF was examined using ELISA.

Results VEGF and FLT-1 were detected in the synovial tissue of all RA- and OA-patients. The levels were significantly higher in patients with RA compared to OA. KDR was established in 60% of RA and 25% of OA. Plasma level of VEGF was increased in 100% of the RA-patients and in 60% of the OA-patients.

Conclusion VEGF and its cognate receptors are significantly higher expressed in synovial tissue of patients with rheumatoid arthritis. Increased expression levels in patients with osteoarthritis might be due to reactive inflammatory synovitis. Therefore antiangiogenetic therapy might be useful not only in rheumatoid arthritis but also in reactive inflammatory arthritis. Significantly increased VEGF-plasma-levels in patients with rheumatoid arthritis may explain the benefit of a systemic, versus a local antiangiogenetic therapy.