Background Etanercept is an efficient treatment of Rheumatoid arthritis (RA), but the effect on extraarticular features remains unknown.

Objectives To evaluate the efficacy of etanercept on extraarticular features of RA.

Methods We looked for tenosynovitis, rheumatoid nodules in 87 patients (70 women, 17 men) with RA or juvenile rheumatoid arthritis (JRA), at day 0, before beginning treatment with Etanercept (25 mg twice a week) and at day 180 of treatment. The population included 82 cases of RA and 5 cases of JRA, rheumatoid factor positive in 64 cases, median age 51 years (7–76). The median duration of RA was 11 years (2–32) and the median number of previous treatments was 5 (1–10).

Results The evolution of the median value of modified DAS 28 was highly significant, with a score of 4.0 at day 0 and 1.7 at day 180 ($p = 0.01$). At day 180, 72 patients could be assessed for the 3 parameters studied. At day 0, 72 patients out of 87 had tenosynovitis. All tenosynovitis disappeared in 12 patients, some but not all tenosynovitis disappeared in 7 patients. New tenosynovitis appeared at day 180 in 8 patients, 45 patients remained unchanged.

Moreover, 22 nodules were counted in 10 patients out of 87 assessed at day 0. At day 180, the assessment remained unchanged. Nodules neither appeared nor disappeared. No other extraarticular features appeared during treatment.

Conclusion Etanercept is an effective inhibitor of TNF α providing clinical and biological improvement in both RA and JRA. However, Etanercept had no efficacy on tenosynovitis and rheumatoid nodules.

FRI0020 RADIAL HEAD EXCISION IMPROVED FLEXION CONTRACTURE IN ELBOW SYNOVECTOMY WITH RHEUMATOID ARTHRITIS

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Background Swett¹ was the first to report a successful elbow synovectomy in chronic infection arthritis. Smith-Petersen *et al.*² added radial head excision for rheumatoid arthritis elbow synovectomy. However, the usefulness of radial head excision in elbow synovectomy was controversial.

Objectives This study was designed to clarify the usefulness of radial head excision in elbow synovectomy with rheumatoid arthritis.

Methods We performed elbow synovectomy for 19 patients (21 elbows) suffering from rheumatoid arthritis. There were 14 women and 5 men. Radial head excision (E group) was added in 7 patients (7 elbows) and radial heads retain (R group) was in 12 patients (14 elbows). Average age at the time of the surgery was 51.4 years in E group, and 52.8 years in R group. The follow up period averaged 6.4 years in E group and 9.1 years in R group.

We evaluated clinical results and radiological parameters preoperatively and final examination. Clinical results were evaluated include pain, range of motion, stability.

Pain score was classified 4 stages. (0: no pain, 3: severe pain). We defined instability as more than 20 degrees of varus-valgus motion with the elbow flexed 25 degrees. Radiographic parameters were measured the height of humerus (H) in anteroposterior radiograph, the thickness of olecranon (O) in lateral. The degree

of joint destruction was elucidated by Larsen grade. We compared with preoperative and final examination in each group. Statistical analysis was performed by Wilcoxon signed-ranks test. A p value of less than 0.05 was considered to indicate a significant difference.

Results Pain was eliminated or improved in all patients at final examination. The average pain score changed 2.7 to 0.7 in E group and 2.5 to 0.3 in R group. The flexion contracture preoperatively was -42.5 degrees, and significantly improved to -26 degrees at final examination in E group. In R group, it was not significantly improved from -35.7 degrees to -30.1 degrees. The arc of flexion did not change after synovectomy both two groups (115 to 124 in E group, 122 to 115 in R group). One elbow in each group was considered to be unstable at final examination.

Larsen grade had deteriorated 1 grade or more in all elbows of each group. The value of H significantly decreased 8.4 mm to 3.9 mm in E group and 11.0 mm to 6.2 mm in R group. The value of O was significantly decreased 12.8 mm to 10.0 mm in E group and 13.7 mm to 11.7 mm in R group.

Conclusion Radial head excision improved flexion contracture without influences on pain, stability and radiographic change in elbow synovectomy with rheumatoid arthritis.

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FRI0021 COMBINATION THERAPY WITH CYCLOSPORIN-A AND METHOTREXATE IN PATIENTS WITH EARLY POTENTIALLY AGGRESSIVE RHEUMATOID ARTHRITIS, A RANDOMISED DOUBLE BLIND PLACEBO CONTROLLED TRIAL

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Background Patients with advanced RA with a suboptimal response on low dose methotrexate (MTX) have shown to respond well after the addition of cyclosporin-A (CsA).¹ The combination of CsA and MTX has never been tested in a parallel design in patients with early RA.

Objectives To assess in patients with early, and potentially aggressive RA whether combination therapy with CsA and MTX compared to CsA mono therapy, results in a higher number of clinical improvements.

Methods 120 RA-patients with active disease who were rheumatoid factor positive (95%) and/or had signs of radiological damage (49%) received CsA and MTX or CsA and placebo for 48 weeks. MTX was started at a dose of 7.5 mg/week, and increased to 15 mg/wk at week 16. CsA was started at a dose of 2.5 mg/kg/day and increased to a maximum of 5 mg/kg/day. Patients who did not have an ACR20 response after 24 weeks were withdrawn. ACR responses at the 20%, 50% and 70% levels were calculated on basis of intention to treat with the last visit put forward in case of premature discontinuation.