suggest that acute and structural findings of sacroiliitis can be evaluated on MRE. But, it needs to be verified whether it really correlates with sacroiliac MRI.

Objectives: We aimed to determine whether assessment of sacroiliitis on MRE correlates with magnetic resonance imaging (MRI) of sacroiliac (SI) joint.

Methods: MREs used for screening of IBD in Axial SpA patients with chronic diarrhea and routine semi-coronal SI joint MR images were screened for the presence of acute inflammatory lesions and structural changes of the SI joint by the same radiologist in a blinded fashion to time and diagnosis. Firstly, MRE images and then MR images were evaluated on two separate occasions. Only patients with two imaging modalities with a maximum time distance of a month were evaluated.

Results: Forty-four patients with MRE imaging were included. Two MRE studies were excluded because of low resolution. Of those 11 patients (26%) had active inflammatory lesions involving mostly both SI joints and 3 had accompanying chronic structural changes. Ten patients (24%) in the MRE group had chronic structural changes, only. In the remaining 20 (47%) MRE evaluated patients SI joint were not affected. Twenty-five axSpA patients had both MRE and SI joint MRIs performed within a month. In 19 cases, out of 25 with both modalities the finding "no sacroiliitis" overlapped. An additional four patients had acute inflammatory lesions on both investigations. In only two patients either MRE or SI joint MRI had acute inflammatory lesions. In general, chronic structural changes overlapped in both modalities as well; Fourteen out of 25 patients with no changes and eight with chronic changes overlapped in both examinations. Both modalities differ in only three patients; Chronic changes was present in two patients in SI joint MRI and one patient in MRE only.

		MRE (Sacroiliitis)	
		(+)	(-)
SI joint MRI (Sacroiliitis)	(+)	4	1
	(-)	1	19
		MRE (Structural Findings)	
		(+)	(-)
SI joint MRI (Structural Findings)	(+)	8	2
	(-)	1	14

Conclusions: In SpA patients with chronic diarrhea a present MRE may substitute a conventional semi-coronal MRI of the SI joints and may hence decrease diagnostic expenses. Evaluation of MRE for the acute inflammatory and chronic structural changes of the SI joints may also have a place in the diagnostic flow in IBD patients referred by the gastroenterology clinics, as well.

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SAT0634 MUSCULOSKELETAL ULTRASOUND IN PATIENTS WITH CHRONIC INFLAMMATORY RHEUMATISM POST-CHIKUNGUNYA

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Background: Since 2013, Chikungunya fever (CHIK) has become a re-emerging disease, with an important number of cases imported in Europe, mainly from South America. At chronic stage (after third month) it can develop a chronic inflammatory rheumatism (CIR), in some cases indistinguishable from rheumatoid arthritis (RA) or spondyloarthritis (SpA).

Objectives: The aim of this study was to investigate the ultrasound (US) alteration in patients with persistent arthralgia at chronic stage of CHIK.

Methods: Observational study of patients with persistent arthralgias at the chronic stage of CHIK. We designed a protocol of derivation patients from the Tropical Diseases Unit to the Rheumatology Department which included patients had persistent arthritis after 6 weeks who did not respond to steroids, presence of bone erosion or any diagnosis doubt. In the basal rheumatological visit, we made the clinical history, physical examination, blood analysis, X-

ray and US examination. A Mylab Twice equipment (Esaote, Geneva, Italy) was used, with a 5–13 MHz frequency for grey scale and 5–12.5 MHz for Power Doppler (PD). Wrist, metacarpophalangeal (MCP), interphalangeal (IP), knee, ankle and metatarsophalangeal joint were assessed and also enthesitis if symptomatic. Three patterns of post-CHIK CIR were defined: 1) Post-CHIK RA (if meet RA ACR/EULAR 2010 criteria). 2) post-CHIK SpA (if meet ASAS criteria) and 3) post-CHIK undifferentiated arthritis (arthritis without meeting the previous criteria). Post-CHIK musculoskeletal disorders were defined as chronic polyarthralgia without objective physical signs of inflammation (without arthritis, tendinitis or enthesitis).

Results: 59 patients were included, 76.3% women, mean age of 46.08±13.65 years. 6 patients (10.2%) were derived to the Rheumatology Department, 5 women and 1 man. In one rheumatoid factor and anti-cyclic citrullinated peptide antibodies were detected. HLA B27 and antinuclear antibodies were negative in all patients. The physical and US data of these patients are shown in the table. 5 of these patients were diagnosed with post-CHIK CIR: 1 post-CHIK RA, 1 non-radiographic axial SpA with peripheral affection (arthritis and enthesitis) and 3 patients with post-CHIK undifferentiated arthritis. The other patient was diagnosed with post-CHIK musculoskeletal disorder. All 59 patients received NSAIDs and steroids. In addition, post-CHIK CIR received methotrexate (2 patients) and sulfasalazine (1 patient), all with improvement. In the full cohort, only 5.9% of patients had arthralgias prior to CHIK infection, vs. 33.3% in the post-CHIK CIR (p=0.081). 3 patients (5.08%) had a family history of arthritis, all in the post-CHIK CIR.

Patient (n°)	Painful joints (n°)	Swollen joints (n°)	Tendinitis	Enthesitis	Sinovitis PD (n° joints)	Tenosynovitis PD (n°)	Enthesitis PD (n°)	Sacroiliitis magnetic resonance
1	33	3	1	0	1	2	0	positive
2	6	2	0	1	4	0	1	
3	5	0	0	0	0	0	0	
4	6	3	0	0	2	0	0	
5	11	1	1	1	2	2	0	
6	6	8	0	0	8	0	0	

Conclusions: Arthralgias are a frequent symptom even at chronic stage of CHIK. Sometimes it is true arthritis and in others cases edema. For this reason US is very useful in doubtful cases. In our cohort, patients that developed post-CHIK CIR were more frequently women, with a higher percentage of family history of arthritis. To the best of our knowledge, this is the first US study in patients with post-CHIK CIR.

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SAT0635 DESCRIPTIVE ANALYSIS OF THE QUANTICAP STUDY: A MULTICENTRIC PROSPECTIVE STUDY FOR THE VALIDATION OF QUANTITATIVE AND QUALITATIVE PARAMETERS OF NAILFOLD CAPILLAROSCOPY

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Background: Nailfold capillaroscopy (NC) is a useful tool to study Raynaud's phenomenon (RP) and other diseases. Different findings and patterns has been described however there is currently no work that validates the qualitative and quantitative NC findings.

Objectives: To describe the morphological and metrological findings of NC in patients with RP and autoimmune diseases.

2-Describe the morphological and metrological findings of CP in patients with RF and several systemic autoimmune diseases. To Describe the morphological and metrological findings of NC in patients with RP and other autoimmune diseases.

Methods: Observational study performed in 10 hospitals by rheumatologists with experience in NC. Patients with diffuse systemic sclerosis (dSSc), limited systemic sclerosis (lSSc), dermatomyositis (DM), polymyositis (PM), systemic lupus erythematosus (SLE) Primary Sjögren's syndrome (PSS), rheumatoid arthritis (RA), primary RP and a control group without RP or rheumatological condition were collected. A video NC 200x magnification were made in all patients. 8 Fingers in each hand were analyzed to find: megacapillary and dilated capillaries, giant capillaries, loss of density (<7/mm), tortuous capillaries, ramifications, haemorrhages, thrombosis and destructure. Also we analyzed the diameter of the afferent and efferent loop, the capillary apex, the capillary diameter and density/mm. The following variables were also collected: sex, age, years of evolution of the disease and RP, history of digital ulcers or medication for