

surgeries for hand or foot disorders have been increasing. However, it is unclear about the surgery for cervical spine disorder.

**Objectives:** We clarified the change in the surgical treatments for cervical spine disorder related to RA patients at our institution.

**Methods:** From 2001 to 2015, we identified 71 RA patients with a cervical spine surgery. The mean age was 65.4 years (range, 44–90 years). The patients consisted 11 males and 60 females. The mean disease duration was 20 years (range, 0–52 years). They were classified into three subgroups according to the affected level: the upper lesions (UL) such as atlantoaxial subluxation, the middle and lower lesions (MLL) including subaxial subluxation, and the expanded lesions (EL) which have both features. Individual groups were assessed the change of the number of surgical treatment. In addition, we divided the period into first seven years (from 2001 to 2007) and last eight years (from 2008 to 2015), and compared each other.

**Results:** There were 38 patients in UL, 25 patients in MLL and 8 patients in EL. Most patients in UL were underwent atlantoaxial fixation by Magerl and Brooks procedure, and the number of them was constant throughout the entire period. Occipito-cervical fusion has been decreasing. Although there were much surgeries of MLL disorder in last 8 years than that in first 7 years, most of them did not have RA change such as endplate erosion and subluxation.

**Conclusions:** There was no significant change in EL throughout all periods. In conclusion, surgeries for cervical spine disorder of RA patients remained in our institute. However, disorders related to RA within them, especially MLL, were decreasing. It indicates that expansion of RA remission has led to the reduction of cervical spine surgeries with RA change.

**Disclosure of Interest:** None declared

**DOI:** 10.1136/annrheumdis-2017-eular.1156

#### AB0940 EFFICACY AND SAFETY OF PLATELET RICH PLASMA PERI-NEURAL INJECTION IN TREATMENT OF DIABETIC NEUROPATHY: DOUBLE BLIND RANDOMIZED CONTROLLED TRIAL

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**Background:** Neuropathy is a common complication of diabetes mellitus (DM) not only leads to an impaired quality of life, but also to an increased morbidity and mortality. Autologous platelet-rich plasma is easy and cost-effective method. Platelet-derived angiogenesis factor capable of stimulating new capillary growth by inducing migration of endothelial cells, influence the process of angiogenesis and revascularisation.

**Objectives:** evaluate the clinical efficacy and safety of perineural PRP injection in the treatment of diabetic neuropathy (DN) compared to tradition medical treatment.

**Methods:** Sixty patients were selected from Endocrinology unit Department of Internal medicine, Assuit university Hospital, Egypt had type II diabetes mellitus neuropathy (DN) of at least 5 years duration of symptoms, regardless of age and gender double blindly divided into two groups, both groups had control blood glucose. Group I underwent PRP preneural injection under ultrasound guidance and group II underwent medical treatment. Baseline pain and nerve conduction study of upper and lower limb nerves and sural nerve conduction studies, F-wave. nerve conduction study were determined at 3 months after the procedure. Primary outcome was the total effective rate. The total effective rate = (the number of patients with significant effect+ the number of patients with effect)/total number of patients. A "significant effect" meant that limb pain, numbness, and fatigue were significantly reduced, nighttime sleep was improved, and NCV from electromyography increased >5 m/s or returned to normal. An "effect" meant that the symptoms mentioned above were relieved, and NCV compared with pre-treatment increased <5 m/s. "Failure" meant that the symptoms did not improve, and there were no changes in NCV electromyography

**Results:** We recruited 60 diabetic patients (type II) with peripheral neuropathy with a mean age 35.27±12.86 years with disease duration of 7.42±3.51 years. Of these, 56% cases with upper limb nerves neuropathy only while the rest 44% had sural nerve plus upper limb nerves neuropathy. Nerve conduction study showed axonal affection in only 26% and all had delayed distal latency and prolonged motor conduction velocities. generalized DN is found in 70% of total patients and 30% of had focal Entrapment of the nerve includes median neuropathy at the wrist 50%, ulnar neuropathy at the elbow 30% and peroneal neuropathy at the knee 20% and no patients had radiculoplexus neuropathies.

	Group I		P-value
	Baseline	3 months Post injection	
Mean motor NCV ± SD	35.6±12.67	46.38±10.68	≤0.05*
Mean DL ± SD	9.19±8.16	4.55±5.66	0.09
Sural conduction velocity	17.00±10.86	34.00±6.84	≤0.001**
	Group I	Group II	P-value
Effect	85.47±9.91%	79.38±12.40%	0.16
Significant effect	95.29±15.28%	81.00±9.64%	≤0.001**
Total effective rate	22/30 (73.3%)	11/30 (36.6%)	≤0.05*
Failure	7.00±2.86/30	18.00±2.84/30	≤0.001**

**Conclusions:** Autologous platelet-rich plasma is an easy and cost-effective method as a treatment of diabetic peripheral neuropathy.

**Disclosure of Interest:** None declared

**DOI:** 10.1136/annrheumdis-2017-eular.1272

#### AB0941 PATIENTS PROFILE AT ORTHOGERIATRIC UNIT: NEW MODEL OF CARE

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**Background:** Fractures in elderly patients its a prevalent problem. Older patients due their characteristics requires a specific care. The orthogeriatric Unit has been shown to be one of the most beneficial units. It is important to evaluate the model of care

**Objectives:** Evaluate the main variables of fractures patients treated at a orthogeriatric Unit and their complications

**Methods:** This is a partially concurrent prospective study, taking place in a large urban academic hospital GHdC in Belgium. The participants were 87 consecutive elderly people, admitted directly to a geriatric-based orthogeriatric ward.

**Results:** A total of 87 patients were included. The average age was 85.2±5.2 years, 20 male, 67 female. Most of them (n=44,52%) were admitted for a hip fractures, 44% (n=38) were transferred from emergency department, ISAR score was 3.9±1.1, Preoperative stay was less than 24 h for 54% of our population, Mini nutritional assessment was 18.7±4.3, Mini mental state examination was 20.6±6.4, the Cumulative Illness Rating Scale was 17.1±4.5, the mean number of medicine was 6.8±3.3, Activity of Daily Living 15 days after admission was 12.2±5.5. Delirium was the principal complication 55% (n=44). Mean hospital stay between admission and discharge/transfer to convalescence unit was 23.8±12.9. In-hospital mortality was 11% (n=10)

**Conclusions:** Fractures is a frequent and disabling pathology among geriatric fragile population, its treatment requires an interdisciplinary approach. This must be managed by the collaboration between geriatrician and orthopedist. We believe that the orthogeriatric Unit providing subacute and acute care will improve the general outcome of fragile geriatric patients

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**Acknowledgements:** Geriatric multidisciplinary team working in GHdC Charleroi Belgium.

**Disclosure of Interest:** None declared

**DOI:** 10.1136/annrheumdis-2017-eular.5845

#### AB0942 EFFECT OF CORTICOSTEROID INFILTRATIONS ON DIABETES. A MONOCENTRIC RETROSPECTIVE STUDY

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**Background:** Corticosteroid therapy can unbalance diabetes, particularly when administered orally, but also during articular infiltration. Corticosteroid infiltrations are an integral part of the therapeutic arsenal in rheumatology. They are utilized to treat congestive articular flare-ups of osteoarthritis or inflammatory rheumatic diseases. Periarticular or ductal pathologies, such as trochanteric bursitis, rotator cuff pathology and carpal-tunnel syndrome, may require the use of these infiltrations. Caution is often required when using corticosteroid infiltrations in diabetics.

**Objectives:** The purpose of our study was to evaluate whether or not diabetic patients undergoing a corticosteroid infiltration during hospitalization had a diabetes imbalance.

**Methods:** Diabetic patients having undergone a corticosteroid infiltration during hospitalization between 2009 and 2015 were sought. We collected data regarding their rheumatological pathology, glycated hemoglobin (HbA1c), and fasting glycaemia on the day of the infiltration, the next day and after 48 hours.

**Results:** A total of 114 patients were included in our study. The average age was 72.1±9.4 years. All of them had Type 2 diabetes, and 35 of them were treated with insulin. Average HbA1c was 7.3±0.1%. Overall, 47 (41.2%) patients had an HbA1c below 7%. A total of 31 (27.2%) patients had a diabetes imbalance after infiltration, and 19 of these, who were taking oral antidiabetics, required 48 hours of rapid insulin to balance their glycaemia. Overall, 12 patients increased their insulin dose. Out of the 47 patients with good HbA1c, 7 (14.9%) of them had a glycaemia imbalance, versus 24 (35.8%) who were unbalanced out of the 67 patients whose HbA1c exceeded 7% (p=0.013).

**Conclusions:** Corticosteroid infiltrations can lead to a diabetes imbalance, thus making it necessary to administer a few days of rapid insulin or to increase the insulin dose. A patient whose HbA1c is below 7% has a low risk of unbalancing his/her diabetes after corticosteroid infiltration.

**Disclosure of Interest:** None declared