FACTORS ASSOCIATED WITH THE PERSISTENCE OF ARTICULAR SYMPTOMS IN PATIENTS WITH CHIKUNGUNYA FEVER – CHIKBRASIL COHORT

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Background: Chikungunya Fever (CHIK) may evolve chronically with joint impairment, often disabling, which leads to a functional and quality of life impact. The CHIK outbreak in Brazil began in 2015, reaching its peak in 2016, particularly in the Northeast of the country, with 2.35 million reported cases. Since this is the first epidemic of CHIK in Brazil, data on persistent post-acute joint disease are scarce, and this knowledge is of fundamental importance in defining the long-term impact of the disease.

Objectives: To evaluate factors associated with persistence of the joint symptoms in CHIK patients.

Methods: The CHIKBRASIL cohort is a prospective, multicenter, observational study, conducted in six research rheumatology centres from the Northeast of Brazil, and has enrolled CHIK patients with joint manifestations since April 2016.1 Data from 207 patients followed up to December 2017 were analysed.

Results: The mean age was 54.7 years, most female (80.3%); 39.1% of the patients had a diagnosis of previous rheumatic disease (49.4% osteoarthritis). The most frequent initial clinical manifestations were arthralgia (98.1%), fever (95.6%), morning stiffness (92.3%) and arthritis (88.9%). The first evaluation with the rheumatologist occurred at a median time of 12 weeks after the onset of symptoms; at this time the median PGA of disease by the patient was 7 and by the physician was 6; the median number of painful joints was 8 and of swollen joints was 3% and 75.5% of the patients had arthritis. After a median follow-up time of 37 weeks, there was complete improvement of joint symptoms in 21.7% and 18.9% of cases reported little or no improvement. The persistence of arthralgia was reported by 76.7% and arthritis by 28.1% of the patients. A significant association was found between the persistence of the arthritis and the physician’s general VAS (p=0.002), number of painful (p=0.002) and swollen (p=0.001) joints, besides knees (p=0.009), proximal interphalangeal (p=0.007), metacarpophalangeal (p=0.002), elbow (p=0.026) and wrist oedema (p=0.003) at the first consultation. With regard to the persistence of joint pain, associations were found with a higher initial morning stiffness time (p=0.011), shoulder tendinopathy (p=0.019) and dorsal pain. The factors associated with no complete improvement after the follow-up period were dorsal pain (0.021) and shoulder tendinopathy.

Conclusions: In the Brazilian CHIK patients, the percentage of persistence of joint manifestations is high after 24 weeks, with a considerable number of patients maintaining arthritis, similar to other countries in Latin America.2 Significant associated factors were more severe initial symptoms, polyarthritis, polycyclic arthritis, shoulder tendinopathy and dorsal pain.

REFERENCES:

Disclosure of Interest: None declared

MRI PREDICTIVE FACTORS FOR POSITIVE CT-GUIDED BIOPSY IN SUSPECTED SEPTIC SPONDYLODISCITIS


Background: Septic spondylodiscitis is an infection involving intervertebral disc and adjacent vertebral endplates that could lead to neurological complications. Magnetic resonance imaging (MRI) is the main imaging modality to suspect spondylodiscitis. However, MRI features predictive for septic spondylodiscitis are still lacking.

Objectives: To assess the MRI features associated with microbial pathogen detection by CT-guided biopsy among patients with suspected septic spondylodiscitis.

Table 1

<table>
<thead>
<tr>
<th>MRI Feature</th>
<th>Positive CT-biopsy</th>
<th>Negative CT-biopsy</th>
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</thead>
<tbody>
<tr>
<td>Positive blood culture, n (%)</td>
<td>10 (19.6)</td>
<td>10 (19.6)</td>
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<tr>
<td>C-reactive protein, n (%)</td>
<td>79.6±79.0</td>
<td>79.6±79.0</td>
</tr>
<tr>
<td>Negative biopsy, n (%)</td>
<td>13 (25.5)</td>
<td>13 (25.5)</td>
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</tbody>
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Conclusions: Our study showed that loss of intradiscal cleft, abscesses and a large endplate oedema were the best predictive factors for a positive CT-guided biopsy. Size of paravertebral oedema was also associated with detection of bacterial pathogens. Physician must be aware of these MRI findings to better determine which patients should have a CT-guided biopsy.

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