patients. Bed rest and spine immobilisation by bracing is prescribed to decrease pain but also to prevent those complications. There is currently no consensus about the best immobilisation protocol to follow in VO. French guidelines recommend bracing for all patients whereas recently published American recommendations did not even mention spine immobilisation.

Objectives: To describe the type and duration of prescription of spine immobilisation during VO.

Methods: A prospective multicenter study was performed in 7 French centres. All patients with VO were followed prospectively: neurological complications, imaging findings, type and duration of immobilisation were reported. We present here the data of our study after 3 months of follow-up.

Results: To date, 79 patients completed 3 months follow-up. Median age was 67 ±15 years old with 66% of males. Median duration of symptoms before diagnosis was 27 days, IQR. ¹¹⁻⁴⁰ 37 patients (47%) had staphylococcal infection.

35% of the patients had an abnormal neurological exam at baseline: 18 patients (23%) had minor neurological signs (sensory loss, radiculopathy or pyramidal syndrome), and 10 (12%) had major neurological signs (motor deficit or cauda equine syndrome). During hospital stay, 5 patient developed major neurological signs (median 5 days after diagnosis) and 7 minor neurological signs (median 6 days after diagnosis). Half of the patients with abnormal neurological exam at baseline had functional sequelae at 3 months. On MRI, 17% of patients had epidural phlegmon, 20% had anterior effacement of subarachnoid space, and 16% had involvement of cervical spine. All these MRI signs were significantly associated with major neurological complications ($p=0.004$, $p=0.004$ and $p=0.002$, respectively).

Median duration of bed rest was 9 days (IQR 7–18). Overall, only 60% of patients have been immobilised by bracing (90% of rigid bracing). Median duration of prescription was 8 weeks, IQR. ⁶⁻¹² Patients who did not receive spine immobilisation had all a lumbar involvement, a normal neurological examination at baseline. None of them developed secondary neurological complications. They were no significant difference in age (72±16 versus 65±15 years old), sex or duration of the symptoms between patients who have been immobilised or not.

Conclusions: Neurological complications occurred in 35% of our patients as published in previous VO cohort. Interestingly, 40% of our patients were not treated with bracing. They all had lumbar involvement and normal initial neurological examination. None of them developed secondary neurological complications. Bed rest without bracing might be the best therapeutic option for these patients, preventing the morbidity associated with bracing.

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SAT0399 CHIKUNGUNYA FEVER IN KARACHI: CLINICAL AND LABORATORY FEATURES AND FACTORS ASSOCIATED WITH PERSISTENT ARTHRALGIA

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Background: Chikungunya virus (CHIKV) is an alphavirus transmitted by mosquito vectors. ¹ Acute infection lasts for 1–10 days and is characterised by abrupt onset of fever and severe arthralgia. Painful polyarthralgia is the symptom causing serious economic and social impacts on individuals and the affected communities. ² In a study conducted by Schilte C et al, 60% of CHIKV-infected patients suffered from arthralgia, 36 months after acute infection. ³ Non-salicylate analgesics and non-steroidal anti-inflammatory drugs (NSAIDs) are most commonly used for symptomatic relief. ⁴ There is lack of local data on CHIKV and its after effects. By determining the clinical and laboratory features associated with CHIKV and persistent arthralgia, it will help us in early diagnosis, and improved outcomes in our population.

Objectives: To study clinical and laboratory features associated with persistent arthralgia in patients with chikungunya fever

Methods: This observational study was conducted at the Rheumatology Clinic of Liaquat National Hospital, Karachi. It comprised of collected data of patients who presented with arthralgias and positive chikungunya serology. Detailed history, examination and laboratory investigations were recorded in a pre-designed structured proforma and SPSS21 was used for statistical analysis.

Results: We had 52 patients out of which 28.8% were males and 71.2% were female, mean age being 45±5 years. Mean duration of arthralgia was 2.6 months. Pre-existing rheumatologic conditions were RA in 1.9% while SLE in 1.9% of the patients. Out of the total 9.6% were hospitalised due to complications like encephalitis, septic arthritis. Symmetrical arthralgia and asymmetrical was described

in 76.9% and 23.1% of cases respectively. Small joint involvement was in 21.2%, large joint in 20.8% while both small and large involvement was seen in 48.1% of patients. Morning stiffness of greater than ½ hour was described in 63.5% of cases. Elevated ESR, CRP was seen in 69.2% and 59.6% cases, respectively. Patients were either given NSAIDs (34.6%), steroids (57.7%), or both (7.7%). Steroid was usually given in the form of a single intra muscular methylprednisolone 120 mg dose. In total 85.7% of patients improved after receiving steroids. While in group receiving NSAIDs only, improvement was seen 7.1% of total cases, and persistent arthralgia was seen in 88.9% of same group.

Conclusions: Chikungunya viral arthralgia has constituted a major disease and socioeconomic burden in our society in a relatively short span of time. Studies including our show it to be a great mimicker of inflammatory arthritis, and stresses the need to differentiate it, as history, clinical examination and lab parameters show quite similarity. Prompt treatments through steroids have shown great response in symptoms.

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SAT0400 INFECTIOUS SPONDYLODISCITIS: 7-YEAR ANALYSIS OF CLINICAL AND PROGNOSTIC VARIABLES IN A TERTIARY HOSPITAL

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Background: Spondylodiscitis is an infectious disease of the vertebral body and intervertebral space, the early diagnosis and treatment are essential to give the patient the best chance of a good outcome, but these are often delayed because it tends to present nonspecific manifestations.

Objectives: To analyse cases of Spondylodiscitis and identify poor prognosis variables.

Methods: A retrospective observational study, included all adult patients with confirmed infectious spondylodiscitis between January 2010 and December 2017. Demographic features, concurrent disease, clinical history, laboratory findings, microbiological diagnosis, radiological data and clinical outcome were compiled from the clinical history management software. Statistical analysis was performed with the software R (version 3.3.2).

Results: We included 87 patients with a mean age of 62.05 (16.94) years old. Males predominated (69%). Almost 31% patients presented of a level of immunosuppression (immunosuppression treatment, cirrhosis, HIV infection, solid organ transplantation). The average time with axial pain was 74 (87.65) days. Mean length of hospital stay was 34.24 (34.3) days and readmission rate was 34.9%. Most of patients showed high CRP levels at their admission, with an average value of 88.92 (84.58) mg/L, it was not correlated with worse prognosis. Underlying endocarditis proportion was 11.5%. Blood cultures were positive in 29 patients (33.3%), it was correlated with hospital stay ($p=0.03$). 51 patients had puncture-aspiration and intervertebral biopsy with microbiologic findings diagnosis in 30 patients (58.8%): 42.5% patients had an identifiable gram +bacteria (37.8% *Streptococcus* genere), 13.7% a Gram- bacteria, *Mycobacterium tuberculosis* in 8% and fungi infection (all *Candida spp.*) in 3.4%. 38% of patients showed vertebral destruction on MRI; 17.4% cord compression and developed neurological complications (8 of them paraparesis). 18.4% of patients required further surgical procedures. Furthermore, vertebral destruction was statistically correlated with epidural abscess ($p=0.006$). Almost 6% of patients died in the following year after diagnostic.

Conclusions: Delay in diagnosis is an important issue in Spondylodiscitis patients. Higher complications rates are mainly in relation to greater vertebral destruction. Underlying infectious endocarditis was described in a small proportion of patients in contrast to other studies. Presence of epidural abscess was also