Conclusions: Leg ulcer develops mainly due to venous disease in the lower extremities. Peripheral arterial occlusive disease seems to be rarely involved. It may cause unemployment in 46% and be resistant to treatment in 54% of the cases. Ulcers that appear early during the disease course heal faster and is more responsive to treatment.

Disclosure of Interest: None declared

SAT0553 CHONDROCALCINOSIS OF THE KNEE AND THE RISK FOR KNEE OR HIP OSTEOARTHRITIS PROGRESSION: DATA FROM THE KHOALA COHORT

A. Latourte1,2, A.C. Rat1,2, A. Nguyen Sinh2, C. Roux2, F. Guillemim, P. Richet1,2. 1Rheumatology Department, Larboisière Hospital, Assistance Publique-Hôpitaux de Paris; 2Inserm U1132, Paris Diderot University, Paris; 3Inserm CIC 1433 Épidémiologie Clinique, Université de Lorraine; 4Rheumatology Department, CHRU Nancy, Nancy; 5Rheumatology Department, CHU Pasteur 2, Lannhees EA6309, UMR7277 BV CNRS, University of Nice Sophia Antipolis, Nice, France

Background: Cross-sectional studies repeatedly found that chondrocalcinosis (CC) is associated with osteoarthritis (OA). However, whether CC worsens pre-existing knee or hip OA is unclear.

Objectives: We conducted this study to assess the impact of knee CC on the risk of 1) incident joint replacement surgery, 2) worsening of pain or function and 3) radiographic progression in patients with symptomatic knee OA.

Methods: The KHOALA cohort is a French multicenter population-based cohort of 878 patients with symptomatic knee and/or hip OA (ACR criteria), aged 40–75 years. Patients were followed annually by self-reported questionnaires and by clinical examination and radiography at baseline (year 0), years 3 and 5. Only patients with knee OA were kept for this analysis. CC, defined by the presence of calcium deposits within hyaline or fibrocartilage on knee radiograph (anteroposterior view), was recorded as present or absent. We used Cox proportional-hazard regression modelling to estimate the local or systemic impact of CC at one knee on the risk of incident total knee replacement (TKR) at the index knee or incident total hip or knee joint replacement (TJR), respectively. In the subgroup of patients without incident TJR during follow-up, logistic regression was performed to assess whether CC was associated with the worsening of Western Ontario and McMaster Universities Osteoarthritis Index (WOMAC) for OA pain or function, or with radiographic progression as defined by a change in Kellgren and Lawrence (KL) grade, between years 0 and 5.

Results: Among the 656 patients included (mean ±SD age 62.2±8.5 years; 70.3% females), 93 (14.2%) had CC in at least one knee at baseline. As compared with patients without CC, those with CC were older (64.3±9.6 vs 61.9±8.2 years; p=0.009), had longer disease duration (16.4±10.5 vs 13.0±7.6 years; p<0.001) and lower body mass index (21.9±5.3 vs 20.5±5.3 kg/m²; p=0.047). Patients with/without CC did not differ in baseline pain (7.1±4.3 vs 6.6±3.8; p=0.26) and functional (22.2±14.7 vs 20.7±13.5; p=0.032) scores, or KL grade (p=0.69). Overall, 105 (16.0%) and 91 (13.9%) patients underwent TJR and TKR of the index knee, respectively, during follow-up. The presence of CC at one knee did not affect the risk of TKR in the same index knee (HR=1.0; 95% CI 0.6 to 1.8), or risk of TJR (HR=0.9; 95% CI 0.5 to 1.6). Patients without incident TJR surgery (n=551), the presence of CC did not affect the risk of worsened WOMAC pain/function scores or KL grade at year 5.

Conclusions: In a population-based cohort of symptomatic knee OA, the presence of CC in the knee did not affect the risk of subsequent TKR or TJR, nor clinical or radiographic outcomes at 5 years. These results suggest that CC is not a risk factor for worsening clinical or structural outcomes in knee OA.

Disclosure of Interest: None declared
DOI: 10.1136/annrheumdis-2018-eular.4700

SA0554 PREOPERATIVE PHYSICAL FUNCTION INFLUENCES ON STAIR CLIMBING ABILITY 1 MONTH AFTER TOTAL KNEE ARTHROPLASTY

B.R. Kim. Jeju National University Hospital, Jeju, Korea, Republic Of

Objectives: This study was undertaken to identify preoperative physical performance factors predictive of stair climbing ability 1 month following total knee arthroplasty.