Conclusions: A significant number of patients achieve clinical remission within a few months of starting TCZ. The R group, achieved a good EULAR response since mo 3; a progressive improvement in PD, persisted until mo 12. We consider that these findings refer to SS. From our data we consider that dose tapering should not be initiated until at least 9 months from the start of remission.

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SAT0667 IMPLEMENTATION AND ROLE OF MODERN MUSCULOSKELETAL IMAGING IN RHEUMATOLOGICAL PRACTICE IN EUROPE

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Background: Modern non-X-ray imaging methods are increasingly utilised by rheumatologists though the uptake and use of these techniques has developed very differently across Europe and there is limited data on their present impact in rheumatology for individual countries.

Objectives: To document the current implementation, role and training in modern musculoskeletal imaging techniques: musculoskeletal ultrasound (MSUS), magnetic resonance imaging (MRI), computed tomography (CT), and positron emission tomography (PET) among rheumatologists in the member countries of the European League Against Rheumatism (EULAR).

Methods: A EULAR Taskforce comprised of 9 rheumatologist experts in imaging developed English-language questionnaires for each imaging modality (CT, MRI, MSUS, PET) which were sent out to: national rheumatology societies of EULAR, national societies of the European Federation of Societies for Ultrasound in Medicine and Biology, the European Society for Magnetic Resonance Ultrasound in Medicine and Biology, as well as identified experts in the given modalities involved in research and/or training. The surveys were distributed via an online survey tool (SurveyMonkey). Simple descriptive and summary statistics were calculated from the responses.

Results: A total of 205 out of 395 experts replied to the surveys. More than 90% of MSUS experts had an MSUS unit in their department. The majority of responders reported having easy access to MRI, CT or PET (56%, 78% and 50% respectively). Suspicion of rheumatoid arthritis and peripheral spondyloarthritis were the main clinical indications for performing MSUS for diagnostic purposes. Suspicion of sacroiliitis and degenerative spine disease were the most common indications to perform MRI or CT for diagnostic purposes, while PET was mainly performed to

diagnose large vessel vasculitis and investigation of fever of unknown origin. When asked about the percentage of rheumatologists performing MSUS in their country 37% of experts reported less than 20%, 33% reported values between 20%–40% and 24% reported more than 40% (6%: unknown). The overwhelming majority (99%) of experts were certified in MSUS, while only 22% and 26% of experts in MRI and CT were certified in their techniques. Seventy-seven percent of responders reported that their national rheumatology societies organise MSUS courses, while courses in MRI or CT organised by the national rheumatology societies were less commonly reported (38% and 16% respectively).

Conclusions: Rheumatologists in Europe utilise modern imaging techniques, however access among the techniques and training offered is varied.

Disclosure of Interest: None declared

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SAT0668 ARTICULAR INVOLVEMENT IN CHRONIC HEPATITIS C INFECTION – A PRELIMINARY ULTRASOUND STUDY

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Background: Chronic hepatitis C is a public health issue. Extra-hepatic manifestations of this infection also include articular involvement, that sometimes mimics rheumatoid arthritis.

Objectives: Evaluation of potential articular involvement in patients diagnosed with chronic hepatitis C infection and possible correlations with biological abnormalities.

Methods: We evaluated 31 patients with chronic hepatitis C infection, using ultrasound (US) examination of both wrists and the second and fifth interphalangeal joints of the fingers. Then, we looked for possible correlations with various laboratory findings.

Results: 29% of patients were symptomatic (pain) at the time of the US examination.

10% of our patients had tenosynovitis of the extensor tendons, another 10% had active synovial hypertrophy (Doppler positive), 31.14% had inactive synovial hypertrophy, 20.9% had erosions and in 20% of them the US examination of the above mentioned joints was normal.

61.29% of patients having US abnormalities, where rheumatoid factor positive.

All patients with erosions and inactive synovial hypertrophy, 83.3% of those with active synovial hypertrophy and 67% of those with tenosynovitis where cryoglobulins positive.

We found low levels of C3 fraction of complement in 92.3 patients with erosions, 83.3 patients with active synovial hypertrophy, 84.2 patients with inactive synovial hypertrophy and 50% of patients with tenosynovitis.

In 85.7% of patients with active synovial hypertrophy, and 53.8% of patients with erosions, the C-reactive protein (CRP) levels were elevated.

No patient was diagnosed as also having rheumatoid arthritis

Conclusions: Even in asymptomatic patients with chronic hepatitis C infection, US examination of the wrists and of the second and fifth interphalangeal joints may reveal abnormalities. Certain types of these are probably correlated with the presence of cryoglobulins and possibly associated with CRP levels, C3 levels and rheumatoid factors positivity.

Further studies are needed to verify our finding

Disclosure of Interest: None declared

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SAT0669 99mTc-HDP SPECT/CT – A NEW METHOD IN EARLY DIAGNOSIS OF SACROILEITIS

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Background: 99Tc hydroxyl-disphosphonate SPECT-CT (HDP SPECT-CT) is a hybrid imaging technology, which is a new modality in the examination of the sacroiliac joint. It is a high resolution, low dose structural computer tomography scan fused with a functional metabolism recording. Our aim was to investigate whether it is comparable in sensitivity with MRI, to analyse quantitatively the radioisotope uptake, to assess its potential in the assessment of inflammatory activity, and in the diagnosis of spondylarthritis (SpA).

Objectives: Seventeen patients (9 women, 8 men, mean age 35 years) were involved into the study from July 2016. The patients were selected according the following clinical features: inflammatory type low back pain raising the suspicion of axial SpA,¹⁷ elevated CRP level,⁶ HLA-B27 positivity,⁸ associated oligo- or