polymorphisms of HLA-DRB1 and TNF-308 G/A

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DEVELOPMENT AND VALIDATION OF A SENSITIVE LC-MS/MS-BASED METHOD FOR ANALYSIS OF ENZYMIC ACTIVITY OF POLYGLUTAMATE SYNTHETASE AND METHOTREXATE POLYGLUTAMATES IN PERIPHERAL BLOOD MONONUCLEAR CELLS OF RHEUMATOID ARTHRITIS PATIENTS


Objectives: To clarify the association between HLA-DRB1 and TNF-308 G/A gene polymorphism and joint destruction/further progression during 12 months of the follow-up period in RA patients with early RA.

Methods: The study included 85 patients with early RA and duration of symptoms <6 months. RA diagnosis was established according to American College of Rheumatology criteria. All patients were initially assigned to subcutaneous methotrexate (MTX) with rapid dose escalation to 20–25 mg/week. Combination MTX+biological therapy, mainly adalimumab, was used when MTX was ineffective. Joint destruction was assessed by Sharpe-Beard and the hand on radiographs at baseline and after 1 year of follow-up. Preoperative and postoperative hallux valgus angles were 45° ±10.55 and 17.4°±5.13, respectively. Correlation analysis showed that significant factors that affected on overall satisfaction were fulfilled expectations on the great toe (Spearman's rho =0.842, p<0.001) and that of lesser toe, and AOFAS score. Radiological degree and improvement in HVA and IMA were not significantly associated with patient's satisfaction.

Conclusions: Expectations from surgery on rheumatoid forefoot deformity were wearable and gross appearance. Fulfilment of patients' expectations and corresponding fulfilment should be performed before performing reconstructive surgery for rheumatoid forefoot deformity.

REFERENCE:

Disclosure of Interest: None declared


POLYMORPHISMS OF HLA-DRB1 AND TNF-308 G/A ARE ASSOCIATED WITH RADIOPHOTIC JOINT DESTRUCTION IN PATIENTS WITH VERY EARLY RHEUMATOID ARTHRITIS

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Objectives: To perform before performing reconstructive surgery for rheumatoid forefoot deformity was performed in pain as the most common parameter, improvements in shoe wearability and gross appearance were expected in 7 (17.5%) and 3 (7.5%) patients, respectively. Fulfilment of expectations assessed showed very satisfied in 14 (35%), satisfied in 20 (50%), average (10.1%) for MTX-PG4 and 10.6% (0.0%–9.9%) for MTX-PG2, 32.8% (27.1%–37.5%) for MTX-PG0 and 10.6% (0.0%–28.4%) for MTX-PG0. Average total MTX-PG0 levels per number of RA patient PBMCs were 30–50 fold higher than matched numbers of erythrocytes, and 6–9 fold lower than ALL blasts incubated for 24 hours with 1μM MTX.

Conclusions: Our data suggest that HLA-DRB1 (SE+) gene polymorphism is associated with the progression of radiographic joint destruction at 12mo FUP in treated pts. Meanwhile TNF-308G/A polymorphism is associated with more pronounced joint destruction at baseline in terms of joint space narrowing and total Sharp score, but without further progression of joint destruction at 12mo in early and active RA pts managed according to “Treat to target” strategy.

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