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AB0862

ANTERIOR THORACIC FATTY CORNER LESIONS ARE USEFUL IN AXIAL SPONDYLOARTHRITIS (SPA) DIAGNOSIS—DATA FROM A MULTICENTER BACK PAIN-MRI COHORT IN HONG KONG

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Background: A fatty corner lesion (FCL), as defined by fat infiltration at the vertebral corner in T1 Magnetic Resonance Imaging (MRI) sequence, has been reported to be useful in Spondyloarthritis (SpA) diagnosis.

Objectives: Our objective is to systematically evaluate the diagnostic utility of FCLs in a large, multicenter back pain-MRI cohort in Hong Kong.

Methods: Three hundred and one patients with back pain were recruited from 3 rheumatology centres. Clinical, biochemical and radiological parameters were collected and all patients underwent a whole spine and sacroiliac (SI) joints MRI. FCLs from C4 to L5 levels were scored. Results were compared to expert-diagnosed axial SpA to determine the usefulness of FCLs in disease diagnosis.

Results: Anterior FCLs of whole or thoracic spine were found to be useful in axial SpA diagnosis. (AUC 0.622; $p=0.003$, AUC 0.640; $p=0.001$ respectively) Applying FCLs to the Modified New York (MNY) criteria and Assessment of SpondyloArthritis international Society (ASAS) axial SpA criteria, a minimum of 5 FCLs at whole spine level had a sensitivity of 66.4% and 91.6%, specificity of 98.4% and 91.9% respectively. Applying a minimum of 3 FCLs at thoracic spine level to the MNY criteria and ASAS axial SpA criteria yielded a sensitivity of 68.5% and 92.0%, specificity of 95.2% and 93.5% respectively. Three FCLs improves both classification criteria.

Conclusions: FCLs are useful in axial SpA diagnosis. A minimum of 3FCLs at the thoracic level is useful for the disease diagnosis.

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AB0863

ANALYSIS OF THE FREQUENCY OF UVEITIS IN SPONDYLOARTHRITIS PATIENTS AND ASSOCIATIONS WITH CLINICAL PARAMETERS OF THE DISEASE

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Background: Acute anterior uveitis is the most common extra-articular manifestation of spondyloarthritis (SpA). The ocular inflammation in SpA is restricted to the uvea, usually unilateral and in some cases may precede the clinical characteristics of SpA.

Objectives: The aim of this study is to analyse if the presence of uveitis is associated with a different clinical manifestation, laboratorial, radiological and therapeutic among spondyloarthritis patients.

Methods: This was an observational retrospective study with 153 patients with spondyloarthritis attended in the period from 1997 to 2017 in Florianópolis, Brazil. It was analysed demographic, laboratorial, clinical and therapeutic data in spondyloarthritis patients with or without uveitis.

Results: 26.8% of the patients with spondyloarthritis presented uveitis. The presence of complications was rare, with cataract occurring in only four patients and glaucoma in two of them. A higher frequency of acute anterior uveitis in males ($p=0.06$) was observed in patients with a family history ($p=0.19$) and HLA-B27 positive ($p=0.14$). Patients with spondyloarthritis and uveitis more frequently used anti-TNF ($p=0.04$) and presented sacroiliitis on imaging tests ($p=0.02$). There was no association between uveitis and cardiovascular ($p=0.44$), cutaneous ($p=0.13$) or gastrointestinal involvement ($p=0.10$).

Conclusions: Uveitis in patients with spondyloarthritis is common, predominantly in males and more frequently, in HLA-B27 positive patients. Ocular manifestation in spondyloarthritis has a low degree of complication when compared to uveitis from other etiologies. The use of immunobiological agents such as anti-TNF is common in patients with uveitis.

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AB0864

THE IMPACT OF DISEASE ACTIVITY, STRUCTURAL DAMAGE, AND FATIGUE ON PHYSICAL FUNCTION IN PATIENTS WITH ANKYLOSING SPONDYLITIS: DIFFERENCES IN EARLY AND LATE DISEASE

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Background: In patients with ankylosing spondylitis (AS), the physical function impairment caused by the disease is among the biggest concerns for both patients and clinicians. Previous studies have shown that disease activity and structural damage are the main underlying causes for physical function impairment. There is accumulating evidence that suggests fatigue as well contributes to functional limitations. However, the differential impact of these factors on physical function at early and late stage of disease remains unclear.

Objectives: Study the strength of association in AS patients with varying disease duration, between physical function and the three potential determinants of interest: disease activity, structural damage, and fatigue.

Methods: AS patients satisfying the modified New York criteria were followed from 2003 to 2017. Patients completed a standardised annual protocol including demographic and clinical factors, with radiographic data collected biennially. Baseline physical function (BASFI) was analysed for association with factors including disease activity (BASDAI), radiographic changes (mSASSS), and fatigue (FSS). The same analysis was conducted again with patients sub grouped with respect to disease duration (<5 years, 5–9 years, 10–20 years, >20 years), and again with respect to change in BASFI between the first and last patient visit. Multivariable regression analysis was performed to identify independent predictors of physical function at baseline and the change with time.

Results: A total of 611 patients were followed and completed the standard protocol (mean age at initial visit 38.2 years; 74% male; 76.5% HLA-B27+). At baseline BASFI was independently associated (table 1) with BASDAI ($p<0.0001$), CRP ($p<0.0001$), mSASSS ($p<0.0001$), and FSS ($p<0.0001$). In the disease duration subgroup analysis, BASFI was independently associated with BASDAI ($p<0.05$) and mSASSS ($p<0.05$) in all disease durations, and with FSS in subgroups with disease duration of 5 years or greater ($p<0.05$). In the longitudinal analysis, change in BASFI was independently associated with changes in BASDAI ($p<0.0001$) and FSS ($p<0.05$), but not with change in mSASSS ($p=0.283$).

Abstract AB0864 – Table 1

	Univariable analysis		Multivariable analysis	
	β (95% CI)	P	β (95% CI)	P
Sex	0.001 (–0.063–0.066)	0.975	–0.01 (–0.07–0.05)	0.776
CRP	0.282 (0.200–0.364)	<0.0001	0.15 (0.09–0.21)	<0.0001
BASDAI	0.728 (0.672–0.783)	<0.0001	0.62 (0.51–0.73)	<0.0001
mSASSS	0.294 (0.204–0.378)	<0.0001	0.24 (0.18–0.31)	<0.0001
BASDAI	0.61 (0.54–0.67)	<0.0001	0.06 (–0.6–0.17)	0.313
Q1				