loss function. Myotonometry is being used to quantify stiffness muscles in a valid and reliable way.

Objectives: To measure and compare the stiffness in the erector spinae muscles of axSpA patients and healthy subjects to analyse if there are any significant differences between them.

Methods: 20 axSpA patients and 20 healthy subjects matched in age, BMI and sex, were recruited. The stiffness of the lumbar erector spinae (ES) muscles was assessed at L4–5 using myotonometry (MyotonPRO®) (figure 1). Measures were obtained twice in the left and right muscles, in a first test and five minutes later. PRO questionnaires, radiographic structural damage and metrology for axSpA were also assessed. Lumbar spinal mobility was also measured using an inertial sensor system (ViMove®).

Results: No statistical differences were found between left and right muscles neither after five minutes, so the mean values were used for analyses. All muscular measures, except Decrement showed statistically significant differences between groups. The table shows results of muscular stiffness parameters analysed, statistical differences in all parameters between groups and correlations of these parameters with conventional metrology, patient reported questionnaires (only patients) and structural damage. For control subjects, the only significant correlation was between stiffness and age. However in the axSpA patients, the myoton readings correlated with mobility measures, especially with BASMI, frontal flexion (not extension), lateral flexion and rotation, measured with the inertial sensors system. Some correlations ($p < 0.05$) were also found for BASFI and BAS-G but not for BASDAI or ASQoL.

Abstract AB0868 – Figure 1

Conclusions: axSpA increases lumbar muscle stiffness with respect to healthy individuals. Muscle stiffness, as measured by myotonometry, was related to loss of movement and this could be contributing to a loss of function independently of structural damage and inflammation in axSpA. These new outcome measures could be helpful for understanding the evolution of the disease and for the functional assessment.

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AB0869 PREVALENCE OF SPONDYLOARTHRITIS IN PATIENTS WITH ANTERIOR UVEITIS

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Background: Anterior uveitis (AU) is a common extraarticular manifestation in spondyloarthritis (SpA). The disease can precede the typical axial and peripheral features. Additionally, some studies had described the imaging signs of sacroiliac involvement in patients with AU lacking chronic back pain.

Objectives: The aim of this study was to examine patients with AU, to determine whether the patients already fulfil criteria for axial and/or peripheral SpA and to stratify risk factors for SpA development.

Methods: We recruited 27 patients without prior rheumatologic diagnosis who developed at least one episode of AU. The clinical data were collected and

rheumatology examinations were performed by trained rheumatologists. Magnetic resonance imaging (MRI) of sacroiliac joints (SIJ) was read by trained rheumatologist who was blinded to the patient data. Patients were further divided into SpA subsets (axial: imaging and clinical arm and peripheral SpA) fulfilling The Assessment of SpondyloArthritis international Society (ASAS) classification criteria¹ and non-SpA subset. The ASAS modified Berlin algorithm for diagnosis of axial SpA² (axSpA) was also applied.

Results: Bone marrow oedema (BME) was found in 63.0% (n=17) of all patients with AU, however 40.7% (n=11) had highly suggestive BME³ corresponding to typical findings in sacroiliitis. Altogether, 22.2% (n=6) referred inflammatory back pain, 48.1% (n=13) referred non-inflammatory back pain and 29.6% (n=8) did not refer back pain. The diagnosis of SpA was confirmed in 44.4% (n=12) of all patients with AU, 33.3% (n=9) patients fulfil the imaging arm and 7.4% (n=2) fulfil the clinical arm of ASAS classification criteria for axSpA, 7.4% (n=2) patients fulfil ASAS classification criteria for peripheral SpA (one patient fulfil both axial and peripheral criteria). The diagnosis of axSpA according to the ASAS modified Berlin algorithm was confirmed in 37.0% (n=10) patients. Analysis of clinical characteristics showed significant difference between Ankylosing Spondylitis Disease Activity Score (ASDAS) in SpA vs. non-SpA (1.5 ± 0.7 vs 0.7 ± 0.6 , $p = 0.01$, respectively), and remained significant in axSpA and also in those fulfilling only imaging arm of axial SpA (i-axSpA) (1.4 ± 0.7 , 1.3 ± 0.7 vs. 0.7 ± 0.6 , $p = 0.01$, $p = 0.04$, respectively). The levels of CRP were significantly higher in SpA and axSpA compared to non-SpA subsets (8.3 ± 10.5 , 7.1 ± 10.1 vs. 1.8 ± 1.6 mg/L, $p = 0.02$, $p = 0.05$, respectively). Presence of back pain was increased in SpA and similarly in axSpA as well as i-axSpA compared to non-SpA subsets (91.7%, 100%, as well as 100% vs. 53.3%, $p = 0.04$, $p = 0.01$, $p = 0.02$, respectively). Furthermore inflammatory back pain was more frequently described in axSpA and i-axSpA compared to non-SpA subsets (45.5%, 44.4% vs. 6.7%, $p = 0.05$, $p = 0.01$, respectively).

Conclusions: More than one third of patients with anterior uveitis fulfilled the criteria for axial or peripheral SpA. Furthermore, these patients had significantly higher presence of back pain, ASDAS and serum CRP levels. Inflammatory back pain was significantly increased in patients classified as axSpA.

REFERENCES:

- [1] Rudwaleit, et al. Ann Rheum Dis 2009;68:777–83.
- [2] Rudwaleit, et al. Ann Rheum Dis 2004;63:535–543.
- [3] Rudwaleit, et al. Ann Rheum Dis 2009;68:1520–1527.

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AB0870 THIRTEEN-YEAR CLINICAL FOLLOW-UP OF SPONDYLOARTHRITIS PATIENTS: DATA FROM THE REGISPONER DATABASE

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Objectives: To describe the clinical characteristics of the SpA patients included in the REGISPONER database during 13 years of follow-up, regarding the evolution of the clinical manifestations and the treatment used.

Methods: An observational and analytical study of a retrospective cohort was carried out, in which 78 patients were analysed at the Reina Sofia University Hospital of Córdoba for the first time in the year 2004/05. The last visit registered was reviewed during the years 2016/17. Data about his clinical condition, including extra-axial manifestations, and treatment was collected.

Results: Seventeen out of 78 SpA patients included in the registry were lost. The characteristics of this cohort are shown in table 1. Recurrence of uveitis was observed in 10 out of 14 (71.4%) patients ($p < 0.001$), with a low recurrence at the end of the follow-up (5%). At the time of inclusion, uveitis was not present in 45 SpA patients, however was present in 8 of them (17.8%) during follow-up. Three out of the 15 patients who had history of lower limbs peripheral arthritis in the first registry, presented new flares at the end of the study, showing a low level of recurrence (3%). During follow-up, enthesitis was present in 8 out of 45 SpA patients (17.8%) who didn't have a previous history of enthesitis. In addition, only one episode of dactylitis was detected from the 55 SpA patients who didn't have a previous history of dactylitis. The last CRP value was mean of 5.90 (8.13) mg/dl. Besides, three patients required placement of a hip prosthesis during follow-up. At last visit, we found a response to NSAIDs in 54 patients (88.5%), 33 of them (61.1%) with daily treatment. Biological therapy was present in 25% of the patients,¹⁵ showing a mean time of 18.8 (7.4) years from the appearance of the first symptoms until their indication. A good response was achieved in 50% of

patients with the first biologic indicated. Loss of efficacy was the most frequent cause (62%) of therapy change. Currently golimumab and etanercept are the most commonly used, prescribed in 5 (33%) and 4 (26%) patients respectively.

Abstract AB0870 – Table 1. Baseline characteristics of the cohort (first recorded visit) (N=78)

Type of SpA N(%)	AS 78 (100%)	Inflammatory back pain (%)	75 (96.2%)
HLA-B27 + N(%)	70 (89.6%)	Sacroiliitis (NY criteria) N (%)	Mild: 8 (10.3%) Moderate: 25 (32.1%) Severe: 45 (57.7%) 12.2 (13.4)
Sex N (%)	Male 67 (85.9%) Female 11 (14.1%)	CRP Mean(DS) mg/dL	
Age Moment of registration Start of symptoms Moment of the diagnosis Mean (DS) years	48 (9.7) 25.9 (10.2) 35.01 (10.3)	Extra-axial manifestations Uveitis Lower limbs peripheral arthritis Enthesitis Dactylitis N(%)	19 24.7% 19 (24.4%) 34 (43.6%) 6 (7.7%)
Time of evolution	13 (9.2)	Hip prosthesis N (%)	5 (6%)
Diagnosis-inclusion in the registry			

Conclusions: The results obtained suggest that the follow-up of a cohort of patients with spondyloarthritis in a specialised monographic medical centre allows a control of the symptoms, with a low recurrence of extra-axial manifestations. We can conclude from this study that most patients with spondyloarthritis (75%) could have good control of their disease with NSAIDs in the long term.

Disclosure of Interest: None declared

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AB0871 PREDICTIVE VALUES OF INFLAMMATORY LOW BACK PAIN, POSITIVE HLA B 27 ANTIGEN, INCREASED C REACTIVE PROTEIN, POSITIVE MAGNETIC RESONANCE AND OTHER FEATURES IN AXIAL SPONDILOARTHRITIS (SPA). A PROSPECTIVE 2 YEARS FOLLOW UP

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Background: Diagnosis of Spondyloarthritis remains challenging in the daily practise. Inflammatory back pain might be a good tool for early diagnosis.

Objectives: To analyse sensitivity, specificity and predictive values of inflammatory back pain (IBP), positive HLA B27 antigen, increased C-reactive protein (CRP), positive sacroiliac joints (SI) magnetic resonance (MRI) imaging, additional features (AF) such as peripheral arthritis, dactylitis, psoriasis, uveitis, inflammatory bowel disease (IBD) and familiar history (FH) and assesse probabilities to develop SPA.

Methods: We prospectively collected and follow up 82 patients referred to our department with suspicion of SPA from September 2014 to December 2016. Data such as IBP, HLA B27, additional features, familiar history of SPA, increased CRP, sacroiliac x-Rays and sacroiliac MRI imaging was performed for each patient. Each MRI image was separately and independently evaluated by rheumatologist and radiologist.

Results: The average age in our study was 39.8 years with male/female ratio 0.4/1. 37 (45.1%) patients were diagnosed with axial SPA. Radiographic sacroiliitis had only 5 (6.1%) patients. AF had 21 (25.6%) patients. IBP was found in 36 (43.9%) patients, positive HLA B 27 antigen in 24 (29.3%) and increased CRP in 22 (26.8%). Sacroiliac joints (SI) MRI images were assessed as clearly positive if patients had more than 2 highly specific for SPA bone marrow oedema (BME) lesions, at least 3 fatty lesions and more than 1 erosion, positive MRI image if patients had at least 2 highly specific BME lesions, and clearly negative MRI images if patients had not got any of those features. We found 83.78% sensitivity and 88.89% specificity for IBP, 37.84% sensitivity and 80.95% specificity for positive HLA B27 antigen, 43.24% sensitivity and 88.1% specificity for increased CRP. AF such as such as peripheral arthritis, dactylitis, psoriasis, uveitis and IBD, evaluated together reached sensitivity 37.84% and specificity 84.44%. Positive FH only contributed to the diagnosis with 13.51% sensitivity, but showed higher specificity (84.44%). Sensitivity for positive SIJ MRI imaging were poor (51.35%) but reached excellent specificity (100%). Predictive values in our study were as follows: 86.11% predictive positive values (PPV) and 86.96% predictive negative value (PNV) for IBP, 63.64% PPV and 59.65% PNV for HLA B27, 76.19% PPV and 63.79% PNV for increased CRP, 66.67% PPV and 62.30% PNV for AF.

Positive FH contributed to the diagnosis with 66.67% PPV and 62.30% PNV. Positive MRI reached 100% PPV and showed high PNV –71.43. Multivariate analysis displayed 81.8% likelihood to be diagnosed for SPA if only IBP without AF at the onset of the diagnosis and 94.8% if both IBP and AF were presented.

Conclusions: At the onset, IBP may be a good indicator for SPA with high sensitivity and acceptable specificity. Additional feature such as peripheral arthritis, dactylitis, psoriasis, uveitis and IBD might increase the possibility of SPA. HLA B27 antigen. increased CRP and FH brings low sensitivity for SPA nevertheless, specificity is better. Positive SI MRI imaging is highly specific but lacks sensibility. Normal SI radiography at the onset does not rule out diagnosis of SPA.

Disclosure of Interest: None declared

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AB0872 QUANTIFERON TB GOLD TEST IN DIAGNOSIS OF LATENT TUBERCULOSIS INFECTION AMONG A MOROCCAN POPULATION WITH SPONDYLOARTHRITIS

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Background: Patients treated with anti-tumour necrosis factor-alpha (anti-TNF- α) are at increased risk for latent tuberculosis reactivation. However, the best method for latent tuberculosis infection (LTBI) detection before initiation of anti-TNF therapy remains to be determined.

Objectives: The aim of this study is to investigate the role of QuantiFERON-TB Gold test as one of the interferon-gamma release assays (IGRAs) in detecting LTBI before initiation of biotherapy in a population of Moroccan patients suffering from spondyloarthritis (SpA).

Methods: We have conducted a cross-sectional study over two months in our department of rheumatology. All SpA patients fulfilled ASAS 2009 criteria.

Tuberculin skin test (TST), QuantiFERON-TB Gold in Tube (QFT-GIT) assay and chest radiographs were performed before starting anti-TNF-alpha. Computed tomography was performed in patients with abnormal chest radiographs.

Results: We included ninety two patients with SpA. Among them, 35 (38%) received anti-TNF- α therapy. A history of tuberculosis disease was noted in 6 patients (6.6%) (3 Pulmonary TB and 3 extrapulmonary TB). Two patients (2.2%) had contagious tuberculosis. The positive QFT-GIT rate was 15.2% (14/35). The TST was negative in 16.3% of cases (15/35). The results of QFT-GIT and TST performed in the same patients were discordant in 5 cases (5.4%). Sputum smears were negative. Chest CT performed in 29 patients had shown bronchiectasis in 3 cases (3.7%), interstitial syndrome in 2 cases (2.5%) and was normal in 24 cases (29.6%).

The chemoprophylaxis was prescribed in 14 persons with a positive QFT-GIT. It was based on Isoniazid (INH) alone in 12 cases (13%), a triple therapy (RHZ) in one case (1.1%) and a quadrithrapy (RHZE) in another case with active tuberculosis. The duration of chemoprophylaxis varied between 6 and 9 months in the case of monotherapy, 2 months in the case of triple therapy because of biologic hepatotoxicity and 6 months in the case of quadrithrapy because of active TB occurring during anti-TNF alpha therapy. The delay in initiating biotherapy varied between 1 and 6 months. At the time of blood sampling for QFT-GIT, patients were receiving: steroids in one case (1.1%), Methotrexate (MTX) and steroids in 3 cases (3.3%), Sulfasalazine (SZP) in 3 cases (3.3%), MTX in 4 cases (4.3%) and MTX and SZP in 2 cases (2.2%).

Conclusions: QTB-G may be a more sensitive screening tool for LTBI before initiating anti-TNF therapy in immunocompromised patients, especially in a TB endemic country.

REFERENCES:

- [1] Ramos S, et al. Tuberculosis screening in patients receiving biological therapy. *Acta Reumatol Port* 2015;40:234–40.
- [2] Kim HC, et al. Diagnosis of latent tuberculosis infection before initiation of anti-tumor necrosis factor therapy using both tuberculin skin test and quantiFERON-TB Gold in Tube assay. *Scand J Infect Dis* 2014;46:763–9.
- [3] Saidenberg-kermanac'h N, et al. Screening for latent tuberculosis in anti-TNF- candidate Patients in a high tuberculosis incidence setting. *Int J Tuberc Lung Dis* 2012;16:1307–14.
- [4] Redelman-Sidi G, et al. IFN- γ Release assays in the diagnosis of latent tuberculosis infection among immunocompromised adults. *AJRCCM* 2013;188:422–31.

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