ASSOCIATION OF RS12218 POLYMORPHISM IN SAA1 GENE WITH LUMBAR SPINE SYNDROMES IN PATIENTS WITH RUSSIAN ANKYLOSING SPONDYLITIS. A PILOT STUDY


In the present study, we aimed to evaluate clinical enthesopathy and muscle strength, ADLs, sport and recreation activities, foot-related QoL are poorly studied. We found that all the FAOS subscale scores were lower in the SpA patients compared to the controls (p<0.001). To the SpA patients were divided into two groups as with clinical enthesopathy (n=22) and without clinical enthesopathy (n=38), there were significant differences between the groups regarding VAS pain, BASDAI, BASFI and SPARCC scores whereas there was no significant difference in muscle strength. Additionally, in the patients with SpA, there were negative correlations between muscle strength and muscle strength in patients with clinical enthesopathy.

Disclosure of Interest: None declared


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ACHILLES ENTHESITIS IN THE PATIENTS WITH SPONDYLOARTHRITIS: RELATIONSHIP WITH MUSCLE STRENGTH, ACTIVITIES OF DAILY LIVING AND QUALITY OF LIFE

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Background: Enthesitis is a central feature of spondyloarthritis (SpA). In SpA, entheses of the lower extremities are more commonly involved than those of the upper limbs, and the heel is the most frequent site. Investigation of peripheral enthesitis in SpA is based on clinical findings and/or imaging findings. The involvement of Achilles tendon may lead to pain, movement restrictions, decrease in muscle strength, and eventually a diminished quality of life (QoL).

Objectives: In the present study, we aimed to evaluate clinical enthesopathy and muscle strength, Achilles tendon function, and quality of life in patients with axial SpA.

Methods: Sixty SpA patients fulfilling the Assessment of SpondyloArthritis International Society (ASAS) classification criteria for SpA (M/F=39/21) (35.6±9.85 years) and 50 healthy controls (M/F=32/18) (35.40±10.62 years) were enrolled in the study.

Clinical enthesopathy was defined by the presence of at least one of the spontaneous pain, tenderness elicited by pressure, mobilization and contraction against resistance of the corresponding tendons and local swelling of the enthesis. Pain by visual analogue scale (VAS), disease activity by Bath Ankylosing Spondylitis Disease Activity Index (BASDAI), enthesitis severity by SPARCC index was assessed in the patients. Isokinetic measurements of ankle dorsiflexion and plantar flexion were performed by the isokinetic dynamometer. The patients were tested at 30° and 120°/sec angular velocities. Pain, other symptoms (stiffness, swelling, range of motion), ADLs, sport and recreational activities, and foot and ankle-related QoL were evaluated by the Foot and Ankle Outcome Score (FAOS) in which higher scores indicate lesser problems and/or functional limitations.

Results: There was no significant difference between the patients and controls regarding age, sex, and body mass index. Clinical enthesopathy was detected in 36.7% of the SpA patients. Although ankle plantarflexion and dorsiflexion muscle strength in all angular velocities were lower in the SpA patients, the difference did not reach statistical significance (p>0.05). All of the FAOS subscales were found to be significantly lower in the patients with SpA than in the controls (p<0.001). When the SpA patients were divided into two groups as with clinical enthesopathy (n=22) and without clinical enthesopathy (n=38), there were significant differences between the groups regarding VAS pain, BASDAI, BASFI and SPARCC scores whereas there was no significant difference in muscle strength. Additionally, in the patients with SpA, there were negative correlations between muscle strength and muscle strength in patients with clinical enthesopathy.

Disclosure of Interest: None declared


ASSESSMENT OF EARLY MYOCARDIAL DYSFUNCTION USING SPECKLE TRACKING ECHOCARDIOGRAPHY IN PATIENTS WITH RADILOGRAPHIC AND NONRADIOGRAPHIC AXIAL SPONDYLOARTHRITIS

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Background: Axial spondyloarthritis (axSpA) is a chronic inflammatory disease that mainly affects axial skeleton. Although some differences like sex and objective signs of inflammation were described between these two subgroups, overall disease burden was found to be similar in radiographic (r-) and non-radiographic (nr-) axSpA patients. The association of chronic inflammation with cardiac dysfunction was well documented in many inflammatory rheumatic diseases. However, it was not assessed in the subgroup of nr-axSpA patients. Advanced two-dimensional (2D) speckle tracking echocardiographic analysis is more sensitive and accurate method of early detection of myocardial dysfunction than the conventional 2D transthoracic echocardiography (TTE).

Objectives: To evaluate the left ventricular function by using speckle tracking echocardiography in patients with both r- and nr-axSpA.

Methods: In total 64 patients with r-axSpA (70% male) and age- and sex-matched 27 patients with nr-axSpA (63% male) and 30 healthy control subjects...