Background: Beyaz

Objectives: To evaluate serum FGF-23 and sclerostin levels in patients with losing spondylitis (AS). Beside sclerostin another osteocyte factor is fibroblast which may be associated with the development of syndesmophyte in patients with ankylosing spondylitis.

Methods: In total 109 axSpA patients according to ASAS classification criteria were included in the present study. There were 100 AS patients (n=55 with non-radiographic axSpA and n=44 with radiographic axSpA) and 9 patients with non-radiographic axSpA. Serum levels of FGF-23, sclerostin and osteocalcin were measured using commercially available kits. Demographic and disease-related characteristics were collected by using a standard questionnaire.

Conclusions: Our results suggested that serum FGF-23 is increased in axSpA patients. And also disease activity may contribute to an up-regulation in serum FGF-23 levels.

Disclosure of Interest: None declared


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CHARACTERISTICS OF JUVENILE ONSET HIP ARTHRITIS IN PATIENTS WITH PSYDONOGRAPHY

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Background: Axial spondyloarthritis (axSpA) is a chronic inflammatory disease that mainly affects axial skeleton. The disease is characterised by new bone formation; it usually starts with the bony fusion of sacroiliac joints (SJUs) and also causes syndesmophyte formation in the intervertebral space, enthesophytes in the tendon and ligament insertion sites. Underlying mechanisms of new bone formation in axSpA patients is not completely understood and low levels of sclerostin may be associated with the development of syndesmophyte in patients with ankylosing spondylitis (AS). Beside sclerostin another osteocyte factor is fibroblast growth factor-23 (FGF-23) and it has been first described as a phosphaturic hormone. It was also shown that FGF-23 may inhibit osteoblast differentiation and matrix mineralization.

Objectives: To evaluate serum FGF-23 and sclerostin levels in patients with axSpA and to compare them with those of healthy control subjects. We also assessed the relationship between the serum FGF-23, sclerostin levels and disease-related variables in particular the presence of structural changes.

Methods: In total 109 axSpA patients according to ASAS classification criteria and age- and sex-matched 57 healthy control subjects were included in the present study. Subjects with renal failure and significant comorbid conditions and axial SpA patients who were using anti-TNF agents were excluded. Demographic and disease-related characteristics were collected by using a standard questionnaire. Serum levels of FGF-23 and sclerostin were measured using commercially available enzyme-linked immunosorbent assay (ELISA) kits in accordance with the supplier’s instructions.

Results: In the present study there were 55 patients with non-radiographic axSpA and 54 patients with AS. Serum levels of FGF-23 levels were significantly higher in axSpA patients than healthy subjects. Although there was a trend towards a lower sclerostin levels in axSpA patients this difference did not show statistical significance (table 1). In axSpA patients serum FGF-23 levels were found to be correlated with erythrocyte sedimentation rate (ESR) (p=0.006 and r=0.265, C-

Conclusions: The adult-onset AS (AoAS) and Juvenile-onset (JoAS) may share many common features including hip involvement. But their impact on function and quality of life may differ.

Objectives: To compare demographic, clinical and functional outcome of patients with hip involvement in JoAS, with that of patients with AoAS.

Methods: Cross-sectional study including patients with AS according to the ASAS criteria of 2009 with hip involvement. The juvenile onset of coxitis was defined by an onset before 16 years of age. An analysis of demographic and clinical comparisons between the two groups was performed including HLA B27 status. Mobility spine outcomes were assessed by the Bath AS Metrology Index (BASMI) and radiographic disease severity by the Bath AS Radiology Index (BASRI)

Results: There were 100 AS aged between 36.4±12.2 years old 16-20. The sex ratio was 4.6. The mean duration of progression of AS was 10.9±3.9 years (0.5–24). It was a JoAS in 15 cases. All patients had a hip involvement. The juvenile onset of hip arthritis was associated with male gender (p=0.042), younger age of patient with AS at the time of recruitment (p<0.007), less severe clinical spinal involvement assessed by scarbor index (p=0.029) and more frequent and severe enthesitis assessed by MASES (p=0.024). Extra-articular manifestations were significantly more frequent in patients with juvenile onset of hip arthritis (p<0.008). Otherwise the comparison of the two groups showed no difference in the presence of uveitis (p=0.407) and pulmonary involvement (p=0.097). HLAB27 antigen was significantly more common in JoAS (p=0.037). BASRI and BASMI as well as ESR and CRP, were comparable between the two groups (p=0.976, p=0.626, p=1.000, respectively).

Conclusions: Hip involvement is common in the AS, particularly in JoAS. Our study showed that juvenile onset hip arthritis was associated with male gender, less severe spine involvement, enthesitis and the presence of HLA B27. This would help physicians to identify patients at higher risk of developing hip involvement, to enable early diagnosis.

REFERENCES:

Disclosure of Interest: None declared