- [3] Soriano L. C Contemporary epidemiology of gout in the UK general population. *Arthritis Research & Therapy* 2011;13(6):39–48.
- [4] Mazzalia M. Could uric acid have a pathogenic role in chronic allograft dysfunction. *Arab Journal of Nephrology and Transplantation* 2009;2(3):37–41.

Disclosure of Interest: None declared

DOI: 10.1136/annrheumdis-2018-eular.3198

AB1046 ALLOPURINOL USE IN CHRONIC KIDNEY DISEASE- IS THERE A DIFFERENCE IN ACHIEVING TARGET URIC ACID?- A RETROSPECTIVE STUDY

V.R. Mehta¹, R. Peredo-Wende², R. Peredo-Wende². ¹Rheumatology; ²ALBANY MEDICAL CENTER, Albany, USA

Background: Patients with gout are recommended to treat to target uric acid level of 6 mg/dL in absence of tophi, and <5 mg/dL if tophi present. A case-controlled retrospective analysis by Stamp et al of allopurinol hypersensitivity reaction confirmed that the highest risk of severe hypersensitivity reaction is in the first few months of therapy and thus a low starting dose is recommended (as low as 50 mg in stage 4 chronic kidney disease and worse). Due to concerns related to adverse effects from Allopurinol, we hypothesised that allopurinol use would be less aggressive in terms of achieving target uric acid.

Objectives: We aim to compare the frequency of achieving target uric acid level in patients with glomerular filtration rate (GFR) of less than 60 and more than 60.

Methods: We reviewed charts of patients in a large private practice who were prescribed Allopurinol. Patients who had at least two office visits and had been on Allopurinol at least six months were included in the study. Charts were reviewed of patients for uric acid level, Allopurinol dose, GFR and any major adverse events. Major allopurinol related adverse event was defined as any adverse event leading to hospitalisation or cessation of medication.

Results: Mean Allopurinol dose for patients with GFR of more than 60 was 244. There were no major adverse events and 52 out of total 103 patients (50.5%) had achieved goal uric acid.

Mean Allopurinol dose for patients with GFR of less than 60 was 238. There were no major adverse events and 19 out of total 38 patients (50%) had achieved goal uric acid.

Conclusions: There was no difference noted in patient with GFR less than 60 or more than 60 in terms of achieving goal uric acid level. No major adverse events were noted in either group.

Disclosure of Interest: None declared

DOI: 10.1136/annrheumdis-2018-eular.7563

Infection-related rheumatic diseases

AB1047 CERVICAL POTT'S DISEASE: 5 CASE REPORTS AND REVIEW OF LITERATURE

A. Romdhane, N. Karmani, J. Kallel, I. Ben Said. *Neurosurgery, National Institute of Neurology, Tunis, Tunisia*

Background: Spinal tuberculosis (Pott's disease) is the most common as well as one of the most dangerous forms of skeletal tuberculosis and accounts for 50% of all cases of skeletal tuberculosis. Pott's disease is still common in developing countries. Although the thoracolumbar junction seems to be the most common site of the spinal column involvement, cervical localization is scarce and accounts for 2% to 5% of spinal tuberculosis. Furthermore, the incidence of neurologic complications in spinal tuberculosis varies from 10% to 43%.

Objectives: The purpose of this study was to perform an updated review and present our experience with 5 cases of tuberculosis of cervical spine, including clinical characteristics, diagnostic modalities and management of spinal tuberculosis.

Methods: A review of 5 cases of cervical Pott's disease collected at the Department of Neurosurgery of National Institute of Neurology of Tunis over a period of 2 years, between 2011 and 2012 and an updated literature review.

Results: The average age of our patients was 35 years old with extremes ranging from 16 to 63 years old. There is a slight male predominance. The diagnostic delay is on average 6 months. The clinical manifestations were dominated by cervical pain (4 cases) and progressive spinal cord compression syndrome (3 cases). The biological inflammatory syndrome is found in only one patient. The intra-dermal reaction to tuberculin is positive in 4 patients. X-ray of the cervical spine, CT scan and magnetic resonance imaging were performed in all patients. All patients underwent a surgical resection. The medical treatment was administered to all our patients. The evolution was favourable, clinically and biologically, under anti tubercular treatment.

Tuberculous spondylodiscitis remains a major global public health problem in endemic countries that affects mostly young adults in their most productive years. Thoracolumbar junction seems to be the most common site of the spinal column involvement in spinal tuberculosis (95%) and cervical spine is concerned in only 5% of cases. The delayed diagnosis, between 3 and 20 months, explains the frequency of neurological deficits which are found in proportions of 20% to 40%. For the diagnosis of spinal tuberculosis, magnetic resonance imaging is more sensitive imaging technique than x-ray and more specific than computed tomography. Antituberculous treatment remains the cornerstone of treatment. Surgery may be required in selected cases. With early diagnosis and early treatment, prognosis is generally good.

Conclusions: Cervical Pott's disease is a rare localization. The diagnosis is easy in front of the cervical signs. The conservative management of cervical spine immobilisation and antitubercular chemotherapy remains a sufficient attitude to healing. Surgery is reserved in case of neurological aggravation or spinal instability.

REFERENCES:

- [1] Jain AK. Tuberculosis of the spine: a fresh look at an old disease. *J Bone Joint Surg Br* 2010;92(7):905–13.
- [2] Jain AK, Dhammi IK. Tuberculosis of the spine: a review. *Clin Orthop Relat Res* 2007;460(July):39–49.
- [3] Boachie-Adjei O, Squillante RG. Tuberculosis of the spine. *Orthop Clin North Am* 1996;27(1):95–103.
- [4] Dharmalingam M. Tuberculosis of the spine. the Sabah experience. *Epidemiology, treatment and results. Tuberculosis (Edinb)* 2004;84(1–2):24–8.

Disclosure of Interest: None declared

DOI: 10.1136/annrheumdis-2018-eular.3098

AB1048 EVOLUTION OF INFECTIOUS SACROILIITIS ACCORDING TO THE GERM

H. Ben Abba^{1,2}, S. rekik², S. boussaid², H. ajlani², H. sahil², I. cheour², M. elleuch². ¹rheumatology department; ²rheumatology departement, la rabta hospital, tunis, Tunisia

Background: infectious sacroiliitis is a rather rare rheumatological emergency that has a misleading semiology because of the deep condition of the joint, the germ responsible plays an important role in this semiology and in its evolution

Methods: This is a retrospective study of 42 patients who have been hospitalised in the LA Rabta for Infectious Sacroiliitis from 1999 to 2017. the epidemiological data (age/sex) were recorded as well as the clinical radiological and biological data (symptoms, inflammatory assessment, x-rays, CT scan and/or IRM, biopsy).

Results: forty two patients were included in this study. the average age is 36,7 years old, sex distribution is: 19 women 23 men.

banal sprouts are responsible in 48.15% of cases: *Staphylococcus aureus* 28.7% *Escherichia coli* 17.07% and 2.38% *Streptococcus*. the progression was favourable in 87.4% of the cases under appropriate antibiotic therapy for the rest: 2.38% deaths, 2.38% state of septic shock, 7.84% of complication inherent to the treatments. tuberculosis is responsible for 37.2% of infectious sacroiliitis with a favourable evolution in 77.6%, a complication related to treatment is noted in 17.64%, a subcutaneous abscess 2.34%, multifocal bone tuberculosis 2.38%. brucellosis sacroiliitis is diagnosed in 14.65% of cases, the evolution is favourable in 7.51%, in 4.76% a rapid progression towards ankylosis was noted despite appropriate antibiotic therapy, 2.38% a progression towards brucellosis chronic

Conclusions: common germs are most responsible during infectious sacroiliitis and seem to have the best prognosis, tuberculosis is responsible for various complication and its treatment is at high risk of iatrogenic which limits the therapeutic choice of the clinician. chronicity is the most feared development during Brucella sacroiliitis as antibiotic therapy is no longer effective

Disclosure of Interest: None declared

DOI: 10.1136/annrheumdis-2018-eular.7557

AB1049 RHEUMATOLOGICAL MANIFESTATIONS DURING CHRONIC HEPATITIS C

H. Kchir¹, D. KAFFEL², H. Dabbebi¹, D. ISSAOUI¹, H. Sahli³, W. Hamdi², M. Elleuch³, M.M. Kchir², R. Debbeche⁴, N. Maamouri¹. ¹Gastroenterology, La Rabta Hospital, Tunis; ²Rheumatology, Kassab, Manouba; ³Rheumatology, La Rabta Hospital; ⁴Gastroenterology, Charles Nicolle Hospital, Tunis, Tunisia

Background: Chronic hepatitis C (CHC) is assimilated to a systemic disease because of his multiple extrahepatic manifestations notably rheumatological.

Objectives: The aim of this study was to determinate the prevalence and the characteristics of rheumatological manifestations (RM) associated with CHC.

Methods: A retrospective study including all patients suffering from CHC followed over a period of 11 years (2002–2012). Were excluded all patients co-infected by hepatitis B virus or by human immunodeficiency virus and those having decompensated cirrhosis. Different RM were collected and analysed according to the epidemiological, clinico-biological, immunological, virological and histological data of the CHC.

Results: Two hundred and four patients affected by CHC were included, mainly aged by 52 years [22–66 years]. The sex-ratio was 0,46. MR were noted in 76 patients (37,25%) dominated by inflammatory polyarthralgia of big joints (88,25%). Non erosive arthritis was observed in a woman and was localised to the proximal interphalangeal articulation of the index. Myalgia were noted in 11 cases (14,47%) among them, 2 appeared under antiviral treatment. Sicca Syndrome was observed in 17 cases (22,36%). RM were associated to other extrahepatic manifestations of CHC in 69,7% of cases, notably to mixed cryoglobulinemia (MC) (60%) and to antinuclear antibodies (21,6%). Anti DNA, anti SSA, anti SSB, rheumatoid factor and anti CCP were absent in all cases. A partial to total amelioration of RM was noted in almost patients under antiviral treatment and sometimes associated to symptomatic measures. In univariate analyse, only femoral sexe and presence of MC were significantly correlated to the presence of MR.

Conclusions: During CHC, MR are frequent, dominated by arthralgia, myalgia and sicca syndrome. Authentic arthritis are rare and constitute a diagnostic problem essentially when they inaugurate the disease. MC is the immunological factor the most associated with RM. Treatment of MR still antiviral.

Disclosure of Interest: None declared

DOI: 10.1136/annrheumdis-2018-eular.5886

AB1050 REACTIVE ARTHRITIS DUE TO PARVOVIRUS B19 MAY BE OVERLOOKED IN ADULT RHEUMATOLOGY

K. Hutton¹, K.M. Carlsen². ¹Department of Dermatology, Bispebjerg University Hospital, Copenhagen; ²Copenhagen Centre for Arthritis Research, Rigshospitalet Hillerød, Hillerød, Denmark

Background: In 1991 parvovirus B19 analyses, for the 5th disease of childhood, were established in Denmark, revealing the first epidemic. Prior to this, erythema infectiosum, "slapped cheek appearance" and reactive arthritis were only clinical diagnoses. A project in the PhD thesis Human Parvovirus B19 Erythrovirus – Methods established for Virological and Diagnostic Aspects 2006 APMIS 120;114:1–121, revealed that 35.4% of 3.628 pregnant women were susceptible to parvovirus B19 infection.

Objectives: To present manifestations of parvovirus B19 in a susceptible adult population

Methods: During the years 2011–2014 and 2017 the following patients were admitted.

Case 1: A 61-year-old woman with rash and thrombocytopenic purpura in April 2011. Routine blood tests, RF, anti-CCP, tuberculosis, ANA and anti-ds DNA, serological tests for viral and autoimmune hepatitis were performed. Also ECG and finally, parvovirus B19 IgM and IgG, PCR for Parvovirus B19 was performed, June 2011

Case 2: A 52-year-old woman with rash, swollen joints and pericarditis in May 2011

Case 3: A 45-year-old woman with swollen joints, March 2011

Case 4: A 45-year-old woman with swollen joints and rash, November 2014

Case 5: A 68-year-old man admitted to the Department of Dermatology and diagnosed with Sweet's Syndrome, severe anaemia and swollen joints, September 2014

Case 6: A 62-year-old woman transferred due to parvovirus B19 positive IgM and IgG antibodies with reactive arthritis and itching skin rash, June 2017

All six patients were tested as mentioned above in Case 1.

Results: In all 6 patients, routine tests were normal. HBV, STD, ANA, anti-dsDNA, TB, RF and anti-CCP were negative. Parvovirus DNA by PCR, IgM and IgG antibodies were positive except for the last patient, who did not have PCR but a punch biopsy of her maculo-papular rash performed. Ultrasound revealed oedema and synovitis in the patients.

The 1st patient contracted parvovirus B19 from her 4-year-old grandchild, the 2nd during work in a daycare. They both had self-limiting infections and pericarditis resolved without treatment. The 3rd patient was also infected from daycare and her persistent synovitis, required DMARDs and biologic treatment.

The 4th patient was treated with DMARDs for one year. The 5th patient had severe anaemia for ½ year, almost overlooked due to Sweet's syndrome but his anaemia (due to replication of the parvovirus in erythroblasts) was finally diagnosed. The patient continues treatment for Sweet's Syndrome at the Department of Dermatology.

The 6th patient slowly recovered from her skin rash and reactive arthritis.

Conclusions: The 5th disease of childhood was almost overlooked in 6 patients probably due to their ages. Therefore, clinicians must be aware of the need for parvovirus B19 analyses in seronegative RA patients. Parvovirus B19 occurs as epidemics approximately every 3rd year as an occupational risk, jeopardising

patients' female family members who may be pregnant and develop foetal hydrops and anaemia necessitating intrauterine blood transfusion at a Foetal Medical Centre.

Disclosure of Interest: None declared

DOI: 10.1136/annrheumdis-2018-eular.7378

AB1051 BRUCELLOSIS IN RHEUMATOLOGY: A STUDY OF 27 CASES IN TUNISIA

K. Saadaoui, H. Sahli, S. Rekik, H. Ajlani, M. Mariem, T. Aissaoui, S. Boussaid, E. Cheour, M. Elleuch, on behalf of CHU LARABTA. *Rheumatology, CHU LA RABTA, Tunis, Tunisia*

Background: Brucellosis is an endemic zoonosis in the Mediterranean basin. The osteo articular localization, although rare, remains redoubtable.

Objectives: The aim of our work is to study the characteristics of osteoarticular brucellosis in Tunisia.

Methods: This is a descriptive retrospective study including 27 cases of osteoarticular brucellosis, collected in a rheumatology department over a period of 12 years (2006–2017)

Results: The Sex Ratio Female/male was 1.07 with an average age of 50.9 years.^{15–76} Diagnosis delay was 5.9 months [0.3–13]. The diagnosis of spondylodiscitis was retained in 23 patients (85.2%) and sacroiliitis in 4 cases (14.8%). Spinal or sacroiliac pain was found in all patients. Fever was present in 22 patients, sweat in 11 patients, loss of weight or appetite were respectively found in 16 and 12 patients. Eleven patient reported fatigue.

Laboratory examination found high erythrocyte sedimentation rate in 23 patients with an average of 69.4 mm.^{10–120} CRP was elevated in 26 patients with an average of 59.6 mg/L [3.3–237], the WBC average was 9451 elements/ml [5550–14 000]. Wright serology was positive in all cases, Rose Bengal was positive in 15 cases, and IFI was positive in 3 cases. *Brucella melitensis* was isolated in blood cultures in 3 cases.

Standard X Rays showed disk involvement in 21 patients, vertebral lesions in 20 cases and sacroiliitis in 4 patients. Sectional imaging (MRI or CT) was performed for all patients confirming standard X rays data and showing abscess in 13 patients and epiduritis in 7 patients.

The most affected spinal segment was the lumbar one (13 cases), cervical localization was found in 5 cases and thoracic in only 1 case. The spondylitis was multifocal in 2 cases.

Spinal disc biopsy was performed in only 4 cases, neither anatomopathologic nor bacteriological examination were conclusive.

The treatment was based on the cycline and rifampicin combination for an average duration of 4.5 months.^{3–9}

The evolution was favourable in the majority of the cases with a relapse in only 2 cases.

Conclusions: Osteoarticular brucellosis is a focal form of brucellosis, the most frequent location is spinal and whose adequate treatment allows a favourable evolution.

Disclosure of Interest: None declared

DOI: 10.1136/annrheumdis-2018-eular.7350

AB1052 COMPARISON OF SEVERAL BIOMARKERS (MMP-2, MMP-9 AND ITS INHIBITOR TIMP-1, CTX-II, CALPROTECTIN AND COMP) IN THE SYNOVIAL FLUID AND SERUM OF PATIENTS WITH AND WITHOUT SEPTIC ARTHRITIS

M. Couderc^{1,2}, C. Peyrode², B. Pereira³, E. Miot-Noirault², S. Mathieu¹, M. Soubrier¹, J.-J. Dubost¹. ¹Rheumatology, CLERMONT FERRAND UNIVERSITY HOSPITAL; ²Imost, UMR 1240/INSERM/UCA; ³biostatistic unit, CLERMONT FERRAND UNIVERSITY HOSPITAL, Clermont-Ferrand, France

Background: Diagnosing septic arthritis (SA) is an emergency, and for a diagnosis to be made a microorganism must be found in the synovial fluid or blood culture. Besides direct bacteriological examination, which is positive in only 25% to 50% of cases, no laboratory examination can differentiate SA from other forms of arthritis.

Objectives: To assessed the performances of several serum and synovial biomarkers (matrix metalloproteinase [MMP]–2, MMP-9, the metalloproteinase inhibitor [TIMP]–1, cartilage oligomeric matrix protein [COMP], C-terminal telopeptide of type II collagen [CTX-II], and calprotectin [CALP]) for discriminating between septic and non-SA in a population of patients with suspected SA.

Methods: Using the ELISA technique, a number of potential biomarkers (MMP-2, MMP-9, TIMP-1, COMP, CTX-II, and CALP) were measured in the synovial fluid and serum of 39 patients with suspected SA (of whom 21 had SA and 18 non-SA). The levels of the various markers were compared on univariate and then multivariate analysis using logistic regression.