AB1054 FACTORS ASSOCIATED WITH TUBERCULOSIS IN RHEUMATOID ARTHRITIS

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Background: Rheumatoid arthritis (RA) is associated with infections that are favorized by the disease itself or by its treatments. Tuberculosis (TB) is a severe infection that can occur in patients with RA, especially with the use of anti TNF.

Objectives: 1. To estimate the incidence of TB in RA patients and identify factors associated with TB during RA.

Methods: This is a retrospective study of RA patients according to ACR/EULAR criteria 2010 collected in rheumatology department during the period from April 2010 to April 2015. Diagnosis of latent or patent TB was made as part of the pretreatment screening (biotherapy) or of signs of infection occurred.

Results: During the study period, 150 RA patients (124 women and 26 men) were enrolled. The mean age was 57.09 years, 25–85 Mean disease duration was 7.52 years. Rheumatoid Factor was positive in 79% of cases. Eighty eight per cent of patients received corticosteroids with a mean dose of 10 mg/day. 5–24 All patients were treated with at least one conventional synthetic disease-modifying antirheumatic drug (methotrexate, sulfasalazine and leflunomide in respectively 87%, 37% and 7% cases) and only 36 (24%) patients received biotherapy. A history of patent TB treated appropriately and prior to RA, was found in 5 patients (3%); 3 pulmonary TB and 2 lymph node forms. The pretreatment test showed 11 cases of latent TB (30%). No relapsed TB was reported on RA treatment. Nine cases (25%) of new active TB were noted during biotherapy: 5 pulmonary TB (under infliximab, adalimumab and tocilizumab), 2 lymph nodes TB (under infliximab) and 2 urogenital TB (under infliximab). In our study, factors associated to TB infection were an advanced age, high level of C-reactive protein, a history of diabetes, dose of steroids >7.5 mg/day and dose of Infliximab >3 mg/kg (table 1). In our study, factors associated to TB infection were an advanced age, high level of C-reactive protein, a history of diabetes, dose of steroids >7.5 mg/day and dose of Infliximab >3 mg/kg (table 1).

Conclusions: Our study showed that RA patients were exposed to a higher risk of TB, especially when using anti TNF therapy with increased incidence of extra pulmonary TB. Understanding associated factors with TB may lead to establish a continuous monitoring in order to improve the quality of care.

Disclosure of Interest: None declared


AB1055 BRUCELLAR SPONDYLODISCITIS: DO MRI SIGNS OF SEVERITY INFLUENCE THE DURATION OF THE TREATMENT

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Background: Brucellar spondylodiscitis is rarely associated with neurological involvement. Magnetic resonance imaging has high sensitivity for detecting the paravertebral and epidural extension.

Objectives: The purpose of this study was to determine the influence of the MRI severity signs on the treatment duration.

Methods: A retrospective study of 27 patients with Brucellar spondylodiscitis during a period of 17 years (2000–2016) was performed. Diagnosis was made on clinical presentation, laboratory findings, radiographic evidence and Brucellar seroagglutination tests. Three patients underwent CT scans and a spinal MRI was carried out for 24 patients. All of them received antibiotic treatment based on a combination of Rifampicin and Doxycycline of varying duration.

Results: Ten women and 17 men were included. The mean age was 54 years. Twenty-six patients suffered from spinal pain (96.3%) and 12 patients had radiculalgia (44.4%). The lumbar spine was the most frequently involved region (59.3%), followed by the dorsal spine (18.5%) and the cervical spine (11.1%). The

Conclusions: None declared

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