AB1062 RISK FACTORS FOR MORTALITY AFTER TUBERCULOUS ARTHRITIS

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Background: Tuberculosis arthritis is an emerging international problem despite advances in the methods of diagnosis and treatment; it is still prevalent in developing countries and on the increase in developed ones.

Objectives: Patients with tuberculous (TB) arthritis increase mortality This study investigated to search for the risk factors of mortality in TB arthritis.

Methods: We retrospectively reviewed patients with TB arthritis who admit to Kaohsiung Chang Gung Memorial Hospital January 2001 to December 2015. The long-term outcomes of the patients were analysed.

Results: A total of 281 patients (124 females and 17 males; mean age: 64.86 ±14.51 years) were enrolled. At the end of the study, 229 patients were alive and 52 had died. The mean follow up period were 8.31±4.52 years. The patients who were old age (p=0.004, HR=1.038, 95% CI 1.012–1.065), liver disease (p=0.036, HR=2.571, 95% CI 1.062–6.224) and underlying cancer (p=0.001, HR=3.640, 95% CI 1.725–7.679) had a significantly higher mortality rate than others.

Abstract AB1062 – Table 1

	Regression coefficient	SE	P value	HR	95.0% CI for HR	
					Lower	Upper
Age	0.037	0.013	0.004	1.038	1.012	1.065
Gender	−0.057	0.320	0.859	0.945	0.505	1.769
BMI	−0.025	0.044	0.573	0.976	0.896	1.063
cancer	1.292	0.381	0.001	3.640	1.725	7.679
Steroid use	−0.173	0.398	0.664	0.841	0.385	1.836

Conclusions: When we treat TB arthritis, old age and underlying liver and cancer history should paid more attention to decrease the risk of mortality.

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Fibromyalgia

AB1063 SWALLOWING DIFFICULTY IN FIBROMYALGIA: REAL OR MYTH?

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Background: Fibromyalgia Syndrome (FMS) is a chronic disease that the most common disease in medical practice. This syndrome is including some general symptoms such as chronic pain, fatigue, tenderness and sleep disturbance, that can be seen in many disorders. Other than these, there are symptoms such as dysphagia, which are reported less frequently but have serious consequences such as aspiration. Studies in literature have been reported that this may not be a real swallowing difficulty and may be a symptom of somatization or may be due to adverse events such as drug side effects.

Objectives: This study was aimed to reveal the presence of dysphagia with objective diagnostic tests in FMS patients.

Methods: This study was conducted on 165 subjects. Patients (n=83) with FMS regardless of whether the complaint is difficulty swallowing as well as had ages between 18–65 were included in the study. Healthy volunteers (n=82) consisting of hospital staff and relatives of patients and sex, age and body mass index-matched with patients were included as control group.

Demographic and disease characteristics were recorded. Fibromyalgia Impact Questionnaire (FIQ) was used to assess severity of disease, functional disability and specific quality of life of patients. Also, the general quality of life of patients was evaluated with Short Form-36 (SF-36). All subject were evaluated with clinical screen test (10-item eating assessment tool=Eat-10) flexible fiberoptic endoscopic evaluation of swallowing (FEES) and electrophysiologic evaluation (EE) as well as ultrasonography (US).

The patients were divided into two groups according to the presence of complaints of difficulty in swallowing, which was taken with eat-10 as group 1 (with dysphagia) and group 2 (with normal swallowing). Patients ve healthy volunteers (group 3) were compared in terms of swallowing evaluation methods.

Results: Twenty-one (25.3%) of the 83 patients were defined with dysphagia (group 1) as well as 62 (74.7%) patients with normal swallowing (group 2) according to the eat-10 scale. The groups were similar in terms of demographic characteristics (p>0.05).

The mean disease severity of the all patients was between moderate and severe levels as well as there was a mild impact on quality of life. Disease severity and quality of life by using FIQ and SF-36 were significantly worse in patients with dysphagia (group 1) compared with normal swallowing patients (group 2) (p<0.05).

None of the subjects had dysphagia with endoscopic evaluation. All subjects could drink 20 ml of water which normal dysphagia limit.

Swallowing intervals in patients groups were significantly prolonged compared to healthy volunteers (p<0.05). There was no significant difference between the patient groups in swallowing intervals (p>0.05).

Ultrasonographic measurement results in healthy subjects were higher than patient groups (p<0.05). But ultrasonographic values of patients groups were similar (p>0.05).

Conclusions: Swallowing functions and structures are affected in patients with FMS, even though there are no symptoms of swallowing difficulty. Hence, while the main symptoms such as pain, fatigue and sleep disturbance are being questioned, a detailed evaluation including swallowing should be performed.

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AB1064 EXPLORING CEREBROSPINAL FLUID PROTEOME IN FIBROMYALGIA

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Background: Fibromyalgia (FM) is a heterogeneous disease of unknown etiology characterised by chronic widespread pain that affects up to 4% of population. Overlapping and heterogeneous symptoms of various chronic pain conditions complicate their diagnosis, emphasising the need for more specific biomarkers to improve the diagnosis and understand the disease mechanisms. Cerebrospinal fluid (CSF) flows in the ventricles within the brain and diffuses over the brain and spinal cord. Due to direct contact of CSF with CNS, content of CSF reflects biochemical changes in CNS making it an excellent source for biomarker discovery.

Objectives: In current study we aim to explore CSF proteome of FM patients utilising quantitative proteomics method based on stable isotope labelling of CSF peptides combined with multivariate data analysis (MVDA) in order to monitor the dynamics of the proteome while comparing to the CSF proteomes in patients with rheumatoid arthritis (RA) and other neurological diseases (OND) and define the potential biomarker candidates in FM. We also investigate, which protein products have been found in human CSF with respect to known "pain" genes,¹ human CSF proteome explored if these proteins represent any clear subgrouping of "pain proteins".

Methods: CSF samples from patients with FM, RA and control OND group were collected by lumbar puncture and equal aliquots were subsequently reduced, alkylated and digested by trypsin. Obtained peptides were labelled by stable isotopes and mixed prior sample fractionation. The degree of sample complexity was reduced by off-line peptide separation using HPLC instrumentation. Obtained 80 peptide fractions were combined into 10 fractions across the gradient area. Fractions were analysed by LC-MS/MS, proteins in acquired data were identified and quantified, and data was analysed using MVDA.

Results: Out of the 1422 proteins identified, 855 proteins were included in the quantitative data analysis. Comparing FM, RA and OND groups to each other using univariate testing we found 53 statistical significant proteins (q-value <0.05). Six out of these have been reported as "pain proteins" (Complement C4-A, Prostaglandin-H2 d-isomerase, Apolipoprotein D, Granulins, Pro-cathepsin H, and BMP and activin membrane-bound inhibitor homolog).

Conclusions: We have employed quantitative proteomics methods combined with extensive bioinformatics data analysis to investigate differences in proteome profiles in CSFs obtained from patients with FM, and identified six differentially expressed pain proteins of various functions in CSF of FM patients. The involvement of these proteins in the disease pathogenesis as well use of the identified proteins as potential biomarkers should be investigated.

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