Methods: Two hundred and fifty-five patients fulfilling the imaging arm of the Assessment of SpondyloArthritis International Society axSpA criteria were enrolled. TBS and bone mineral density (BMD) were assessed using dual-energy X-ray absorptiometry. Vertebral fracture of the thoracic and lumbar spine was defined according to the Genant criteria. Osteoporosis risk factors, inflammatory markers, disease activity scores, and spinal structural damage were also assessed. Multivariate logistic regression analysis was performed to identify factors associated with vertebral fractures.

Results: Of 255 axSpA patients, 28 (11%) had 31 vertebral fractures. The mean TBS was 1.39±0.11 and 1.30±0.13 in patients without and with vertebral fractures, respectively (<0.001). BMD in the femoral neck was lower in patients with vertebral fractures (p = 0.027), but BMDs in the lumbar spine and total hip were not different. In the multivariate analyses, low TBS and the presence of syndesmophytes were significantly associated with vertebral fractures, independently of BMD (OR [95% CI]=3.8 [1.2–11.1] and 3.3 [1.0–10.7], respectively). For the total hip, TBS had a better discriminatory value than BMD for prediction of vertebral fractures in axSpA patients (p = 0.034).

Conclusions: TBS values are lower in axSpA patients with vertebral fractures. Low TBS and syndesmophytes were independently associated with prevalent vertebral fractures. TBS has better predictive value for BMD to the discrimination of vertebral fractures and could help to detect axSpA patients with prevalent vertebral fractures.

Disclosure of Interest: None declared


THU0259

DIAGNOSTIC VALUE OF ANTI-CD74 AUTOANTIBODIES IN AXIAL SPONDYLOARTHRITIS AND AXIAL PSORIATIC ARTHRITIS. RESULTS OF OPEN-LABEL, CROSS-SECTIONAL, CONTROLLED, MULTICENTER PROGRESS STUDY

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Background: The problem of axial spondyloarthritis (axSpA) diagnostic is not solved, especially in the early stages of the axSpA. Therefore, new diagnostic markers for axSpA are needed.

Objectives: of the study were to evaluate the prevalence, sensitivity and specificity of anti-CD74 autoantibodies (anti-CD74-AB) in HLA-B27 associated axial spondylarthritis and in comparison with HLA-B27 associated axial Psoriatic arthritis (axPsA) and with healthy controls.

Methods: Anti-CD74-AB (quantitative ELISA) were measured in serum of 114 HLA-B27 positive patients with axSpA, and in 26 age- and sex- matched HLA-B27 positive patients with axPsA, and in 37 healthy controls without HLA-B27. 68 axSpA patients had ankylosing spondylitis (AS) according mNew-York criteria (1984), 46 axSpA persons had non-radiographic axSpA (nr-axSpA) due to ASAS criteria for axSpA (2009), 34 axPsA patients had psoriatic arthritis with axial involvement and fulfilled both CASPAR (2006) and ASAS axSpA criteria (2009). Disease activity in axSpA and axPsA patients was measured according ASAS recommendations.1

Results: of the test, type of SpA, presence of uveitis and its characteristics, presence of BT at the time of the onset and treatment received are collected. For the analysis, frequencies and percentages were used in qualitative variables, and mean and standard deviation (SD) for quantitative variables. Statistical analysis was performed with IBM SPSS v 23.

Results: We studied 246 patients with SpA. The subtypes of SpA were: ankylosing spondylitis (AS) (n=125, 50.8%), psoriatic arthritis (PsA) (n=101, 41.1%), undifferentiated SpA (n=13, 5.3%), non-radiographic axial SpA (n=3, 1.2%), enteropathic arthropathy (n=3, 1.2%) and reactive arthritis (n=1, 0.4%).

Uveitis was observed in 33 patients (16.7%) after an average time of development of 10.49 (73.9) months of the SpA. The incidence rate was 5.5 cases of uveitis/100 patients-year of follow-up. 70.7% were men and the mean age (SD) was 47.4 (12.06) years. 87.8% of the cases of SpA were left eye and had a family history of SpA 41.5%.

Uveitis was observed in 33 patients (80.5%) with AS, in 6 (14.6%) with PsA, in 1 (2.4%) with non-Rx axial SpA and in 1 (2.4%) with undifferentiated SpA, (table 1) The uveitis pattern was anterior (100%), acute (92.7%), unilateral (87.8%) and in 12.5% bilateral (80% in PsA). At the time of onset of uveitis, the mean ESR was 3.11 mm/h, CRP 3.56 mg/dL, DAS28 3.66 and BASDAI 3.21.

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Regarding the diagnosis of SpA, uveitis was after (85.4%), before (12.2%) and simultaneous (2.4%). At the time of the onset of uveitis, 14 patients (34.1%) were with BT (35.7% etanercept, 28.6% infliximab, 21.4% adalimumab, 7.1% golimumab and 7.1% certolizumab). BT was modified in 3 of the cases.

The treatment of uveitis was topical (78%), corticoids in oral regimen (57.5%), conventional DMARDs (12.5%), with methotrexate predominating in 60% of cases and BT (15%). The most used biologics were adalimumab (50%), infliximab (33.3%) and secukinumab (16.7%).


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