the sacroiliitis sum score of pelvic vs. AP lumbar radiographs. Inter-observer agreement for pelvic and AP lumbar radiographs was also good to excellent; ICC at baseline: 0.81 and 0.73, respectively, at year 2: 0.76 and 0.79, respectively. A total of 62 (54.9%) and 55 (48.7%) patients were classified as r-axSpA at baseline based on evaluation of pelvic and AP lumbar radiographs, respectively. The absolute agreement on the classification was 84.9% (figure 1). A total of 17 patients (12 (10.6%) with nr-axSpA and 5 (4.4%) with r-axSpA) were classified differently based on assessment of AP lumbar as compared to conventional pelvic radiographs (figure 1).

Conclusions: Radiographic sacroiliitis can be assessed on AP lumbar radiographs with a similar reliability as on conventional pelvic radiographs.

REFERENCE:

Acknowledgements: GESPIC was financially supported by the German Federal Ministry of Education and Research (BMBF) 2000–2007, 2005–2009 complementary financial support was obtained also from Abbott/Abbvie, Amgen, Centocor, Merck, Novartis, Pfizer, UCB, Wyeth. Since 2010 GESPIC is supported by Abbvie. The work of Maria Liop was supported by EULAR Scientific Bursary and by FER Institution (Fundación Española de Reumatología).

Disclosure of Interest: None declared.

Objectives: The objective of our study was to compare the abilities of MASES and SPARCC in detecting enthesitis and to look for possible correlations between these scores.

Methods: We designed this prospective study in 60 patients meeting modified New York criteria for AS and seen at the rheumatology department. All patients underwent a clinical evaluation, in which scores of MASES (range 0–13) SPARCC (range 0–16) and visual analogue scale (VAS) for enthesal pain were recorded. Ultrasound scans were taken for five entheses sites on both sides in lower limbs (proximal and distal insertions of the patellar tendon, patellar insertion of the quadriceps tendon, and calcaneal insertions of the Achilles tendon and superficial plantar fascia).

Results: Sixty AS patients were enrolled (48 men and 12 women) with a mean age of 36 years and mean disease duration of 8.8 years (0.5–25). Biological inflammation was detected in 51 patients with mean erythrocyte sedimentation rate (ESR) of 33 [SD 21] and mean C reactive protein of 16.9 mg/L (0–240). Physical examination found 77/600 painful entheses sites (12.8%), of which quadriceps and calcaneum entheses were the most painful in 16% and 15.8% cases respectively. The mean MASES was 3.4 [0–13] and the mean SPARCC was 2.98 [0–16]. A null MASES and SPARCC scores were recorded in 18 (30%) and 23 (38%) patients respectively. US imaging of the entheses showed portentous oedema and bursitis mainly at distal insertions of the patellar tendon in 51% and 55% respectively. Erosions were more likely detected at Achilles tendon site (95.8%). MASES and SPARCC scores were both significantly correlated with VAS for enthesal pain (r=0.52; p=0.0001 respectively), with the BASDAI (r=0.39; p=0.40; p=0.0001 respectively), with BASFI (r=0.45; p=0.039; p=0.0001), with VAS for global pain (r=0.55; p=0.01; p=0.0001 respectively) and with ESR (r=0.23; p=0.012 for both). The sonographic score for acute enthesitis correlated only with the MASES, however overall sonogetic score correlated only with the SPARCC (table 1). The MASES and SPARCC scores were positively correlated (r=0.768; p=0.0001).

Conclusions: Good correlations were found between the 2 enthesis indices in AS with special sonogetic features for each, attesting their complementary relationship.

Disclosure of Interest: None declared.

THU0276

MRI LESION DEFINITIONS IN AXIAL SPONDYLOARTHRITIS: A CONSENSUS REAPPRAISAL FROM THE ASSESSMENTS IN SPONDYLOARTHRITIS INTERNATIONAL SOCIETY (ASAS)


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Background: There has been substantial progress in the characterisation of MRI lesions in the sacroiliac joints (SIJ) and spine in axial spondyloarthritis (axSpA) since the last consensus-based descriptive reports from ASAS1,2. There is as yet a lack of international consensus on standardised definitions of all the lesions reported to date. Consequently, the ASAS MRI group was convened to generate a consensus update.

Abstract THU0275 – Table 1. Correlations among clinical and sonographic scores.

<table>
<thead>
<tr>
<th>Enthesis indices</th>
<th>Sonographic score for acute enthesitis</th>
<th>Overall sonographic score</th>
<th>Sonographic score for chronic enthesitis</th>
<th>Doppler score</th>
</tr>
</thead>
<tbody>
<tr>
<td>MASES</td>
<td>n=0.24</td>
<td>n=0.114</td>
<td>r=0.14</td>
<td>n=0.01</td>
</tr>
<tr>
<td></td>
<td>p=0.008</td>
<td>p=0.2</td>
<td>p=0.12</td>
<td>p=0.27</td>
</tr>
<tr>
<td>SPARCC</td>
<td>n=0.15</td>
<td>n=0.198</td>
<td>r=0.17</td>
<td>n=0.12</td>
</tr>
<tr>
<td></td>
<td>p=0.09</td>
<td>p=0.030</td>
<td>p=0.05</td>
<td>p=0.18</td>
</tr>
</tbody>
</table>

Conclusions: Good correlations were found between the 2 enthesis indices in AS with special sonogetic features for each, attesting their complementary relationship.