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).

After 2 years of follow-up, progression from nr- to r-axSpA occurred in 7 patients (6.2%) and 8 patients (7.1%) classified as nr-axSpA at baseline based on pelvic or AP lumbar radiographs assessment, respectively. Regression from r- to nr-axSpA occurred in 4 patients (3.5%) and 3 patients (2.7%) on pelvic or AP lumbar radiographs, respectively, giving a respective net progression rates of 2.7% and 4.4%.

Abstract THU0274 – Figure 1. Classification as non-radiographic or radiographic axial spondyloarthritis based on sacroiliitis assessment on conventional pelvic and anteroposterior lumbar radiographs.

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

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THU0275

THE RELATIONSHIP BETWEEN MAASTRICHT ANKYLOSING SPONDYLITIS ENTHESITIS SCORE AND THE SPONDYLOARTHRITIS RESEARCH CONSORTIUM OF CANADA ENTHESITIS INDEX IN ANKYLOSING SPONDYLITIS: FRIENDS OR ENEMIES?

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Background: The enthesitis screening is critical for the diagnosis and for monitoring the disease activity in axial spondyloarthritis (AS). Several indices have been developed for the clinical evaluation of enthesitis, including the Maastricht Ankylosing Spondylitis Enthesitis Score (MASES) in 2003 and the Spondyloarthritis Research Consortium of Canada (SPARCC) in 2008. Each of them has advantages and limitations, but could they be complementary?

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 two 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 enthesitis 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^{20–74} 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^{2–98} 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 peritendinous 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 enthesitis pain ($r=0.52$; $r=0.46$; $p<0.0001$ respectively), with the BASDAI ($r=0.39$; $r=0.40$; $p<0.0001$ respectively), with BASFI ($r=0.45$; $r=0.39$; $p<0.0001$), with VAS for global pain ($r=0.55$; $r=0.51$; $p<0.0001$ 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 sonographic score correlated only with the SPARCC (table 1). The MASES and SPARCC scores were positively correlated ($r=0.768$; $p<0.0001$).

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

Enthesitis indices	Sonographic score for acute enthesitis	Overall sonographic score	Sonographic score for chronic enthesitis	Doppler score
MASES	$r=0.24$ $p=0.008$	$r=0.114$ $p=0.2$	$r=0.14$ $p=0.12$	$r=0.1$ $p=0.27$
SPARCC	$r=0.15$ $p=0.09$	$r=0.198$ $p=0.030$	$r=0.17$ $p=0.05$	$r=0.12$ $p=0.18$

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

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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 ASAS^{1,2}. 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.