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FRI0214

CLINICAL EVALUATION CORRELATES POORLY WITH ULTRASOUND AND MAGNETIC RESONANCE IMAGING OF JOINTS AND ENTHESES IN EARLY PERIPHERAL SPONDYLOARTHRITIS

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Background: Enthesitis is a hallmark of spondyloarthritis (SpA), which occurs in 30% to 50% of psoriatic arthritis patients (pts).¹ Evaluation of tenderness at the site of an enthesitis with a standard palpation approach remains the gold standard for detection of enthesitis. However, inter- and intra-observer variability is rather high. All existing clinical enthesitis scoring systems lack validity. Imaging could avoid these drawbacks.

Objectives: To compare the performance of ultrasound (US) and magnetic resonance imaging (MRI) with clinical examination (CE) of joints and entheses in peripheral (p)SpA.

Methods: Clinical Remission in peripheral SPondyloArthritis (CRESPA) is a placebo-controlled trial of golimumab treatment in 60 early (symptom duration <12 weeks) pSpA pts. CE included tender and swollen joint count, dactylitis and enthesitis (evaluation of palpation tenderness) count. All pts underwent Power Doppler (PD)US of entheses and knee, talocrural (TC) and subtalar (ST) joints. Synovitis was scored according to the OMERACT-EULAR-US composite PDUS scale, giving a score of 0–3 for each joint. Enteseal sites were evaluated for hypoechoogenicity and intraenthesitis Doppler signal and were scored on a scale of 0–3. Modified whole-body MRI was performed at baseline. Bone marrow oedema (BME), synovitis and soft tissue inflammation (STI) were scored (scale 0–3) by 3 readers at several anatomical sites of pelvis and lower limbs. For each site a mean of the scores of the 3 readers was calculated.

Results: Abstract FRI0214 – Table 1. Prevalence of synovitis and enthesitis on CE, US and MRI

Joints/entheses	CE	US	MRI
Hip joint	3/60 (0)	-	4/60 ¹
Knee joint	21/60 ⁶	25/60 ⁶	24/60 ⁷
Talocrural joint	14/60 ¹	9/60 ¹	24/60 ¹³
Subtalar joint	7/60 ²	10/60 ¹²	15/60 (0)
Quadriceps tendon	10/60 ²	9/60 ¹	4/60 (0)
Superior patellar ligament	8/60 ²	8/60 ¹	7/60 ¹
Inferior patellar ligament			6/60 ¹
Achilles tendon	14/60 ²	11/60 ²	17/60 ⁴
Plantar fascia	15/60 ¹	7/60 ¹	17/60 ²

Prevalence of bilateral involvement is indicated between brackets.

Synovitis detected by US and MRI was most prevalent at knee joints (table 1). A discrepancy was noted between TC synovitis detected by CE, US and MRI. Enthesitis was most prevalent at Achilles tendon and plantar fascia. Regarding enthesitis, agreement between CE and US ranged from no (kappa –0.082) to moderate agreement (kappa 0.562). The highest agreement was observed at the enteseal sites of Achilles tendon (left 0.511, right 0.350) and plantar fascia (left 0.321, right 0.507). MRI did not correlate better with CE than US (kappa from –0.077 to 0.446). The correlation between MRI and US was overall poor and only in the Achilles tendon moderate (range –0.106 to 0.656).

Conclusions: There was a weak agreement between CE and imaging in detecting enthesitis. In general, US detects less enthesitis compared to CE, while MRI detects more.

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FRI0215

ASAS CONSENSUS ON SPANISH NOMENCLATURE FOR SPONDYLOARTHRITIS

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Background: In the last three decades, major advances in the spondyloarthritis (SpA) field have been achieved leading to new terminology. Whilst this terminology is well established in English, there is concern about the disparity of translated words and acronyms in Spanish, which is used by more than 437 million people in 21 countries.

Objectives: To develop a consensus to standardise the use of the Spanish terms, abbreviations and acronyms employed in the field of SpA.

Methods: An international task force was created comprising of all ASAS Spanish-speaking native members representing 5 countries, the executive committee members of GRESSER, two methodologists, two linguists from Real Academia Nacional de la Medicina Española (RANM) and two patients from CEADE. First, a literature review spanning the last 15 years was performed to identify the conflicting terms/abbreviations/acronyms. This review examined available written sources in Spanish including manuscripts, ICF and ICD, guidelines, recommendations and consensus. A three-round Delphi method including a face-to-face meeting, then followed. The recommendations from the RANM based on the Panhispanic dictionary in medical terms were consistently followed throughout the process.

Results: Consensus was reached for 44 terms, abbreviations or acronyms related to the field of SpA. A Spanish translation was accepted for 6 terms and 6 abbreviations to name the disease or its subgroups (SpA, axSpA, nr-axSpA, pSpA, AS, r-SpA, PsA) and for 6 terms and 4 abbreviations related with the disease (enthesitis, sacroiliitis, IBP, MRI-SIJ, BME, mNY). Additionally, it was agreed not to translate into Spanish 15 acronyms because they are very well established (ASDAS, BASDAI, BASFI, BASMI, mSASSS, RASS, BASRI, BAS-G, ASQoL, PsAQoL, MASES, MASEI, PASI, PARS, ASAS). However, when mentioning these acronyms, it is recommended that the following structure is used: type of variable in Spanish and acronym and expanded form in English. With regards to the terms or abbreviations attached to 7 acronyms (ASDAS-CI, ASDAS-MI, ASAS-HI, ASASpr, ASAS 5/6, ASAS20, ASAS40 improvement criteria), it was agreed to translate only the expanded form and a translation was also selected for all of them.

Conclusions: A consensus in Spanish nomenclature for SpA has been developed by ASAS group. The implementation of this consensus across the Spanish-speaking community will be of substantial benefit, avoiding misunderstandings and time-consuming processes.

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FRI0216

DETECTION OF STRUCTURAL LESIONS ON T1 WEIGHTED MRI VERSUS RADIOGRAPHY OF THE SI JOINTS IN EARLY AXIAL SPONDYLOARTHRITIS: 2-YEAR DATA

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Background: Sacroiliac joint (SIJ) structural damage may be evaluated using MRI, CT scan or radiographs.

Objectives: A post-hoc analysis of SIJ images from EMBARK (NCT01258738) and DESIR (NCT01648907) evaluated: ¹ association between presence/absence of erosion on MRI and presence/absence of erosion or sacroiliitis on radiographs