FR10643  SPINE AND SACROILIAC JOINTS LESIONS ON MRI IN PATIENTS WITH EARLY AXIAL SPA: CORRELATION WITH CLINICAL AND DISEASE ACTIVITY INDICES IN 24-MONTHS FOLLOW UP (ITALIAN ARM OF SPACE STUDY)

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Background: Recently several studies have focused on the use of magnetic resonance imaging (MRI) that might facilitate early diagnosis and monitor the disease activity of axial spondyloarthritis (axSpA).

Objectives: Evaluate the prevalence of spine and pelvis MRI lesions in patients (pts) with low back pain (LBP) and suspected axSpA; investigate how MRI features evolve over time and relate to radiographic damage; the identify predictive factors for a more severe disease pattern with a higher probability of radiological progression.

Methods: Seventy-five pts with LBP (>3 months, ≤2 years, onset ≤54 years) underwent a physical examination, questionnaires, laboratory tests, X-rays and MRI of the spine and sacroiliac joints (SIJ) at baseline (T0) and during a follow-up (FU) period of 24 months. Two expert rheumatologists defined axSpA in pts: attend MRI and evaluated the disease activity using Bath Ankylosing Spondylitis Metrology Index (BASMI), Maastricht Ankylosing spondylitis Spondilitis Score (MASES), Bath Ankylosing Spondylitis Disease Activity Index (BASDAI); Bath Ankylosing Spondylitis Functional Index (BASFI); Ankylosing Spondylitis disease activity score (ASAS); Visual Analog Scale (VAS pain); VAS night pain; VAS disease activity; Bath Ankylosing Spondylitis Patient Global Score (BASG); Health Assessment Questionnaire (HAQ); ESR; serum ultrasensitive CRP (hs-CRP). Spine and SIJ MRI and X-rays were scored independently by 2 readers following the SPARCC, mSASSS and score SJ-mNY. Pts were classified in accordance ASAS criteria and axSpA imaging criteria. Since positive spine-MRI images were observed in absence of sacroiliitis, we can hyphothesize that this finding could have a diagnostic significance in suspected axSpA. Further studies are warranted to assess in a more exhaustive manner the role of imaging in the monitoring of activity disease and radiological progression.

Disclosure of Interests: None declared


FR10644  ANALYSIS OF CARDIOVASCULAR RISK AND CAROTID INTIMA-MEDIA THICKNESS IN PATIENTS WITH PSORIASIS

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Background: Psoriasis (Ps) is associated with atherosclerosis and an increased risk of cardiovascular disease (CVD). Currently, a new automated ultrasound software, based on radio frequency, called QIMT (quantitative intima media thickness) technology, proved to be a useful method for assessing subclinical atherosclerosis with the measurement of the intima-media thickness (IMT) in carotid arteries.

Objectives: To analyze the ultrasound results of the QIMT and Framingham score for psoriasis patients submitted to two types of treatments: methotrexate (MTX) and tumor necrosis factor inhibitor (TNF-α).

Methods: Fifty patients with psoriasis in plaques, were divided into two groups, using MTX and using TNF-α (infliximab and adalimumab).