In areas where Lone Star ticks are present, and in patients with risk factors for tick exposure, alpha gal IgE reactivity should be considered and tested for as part of a "tick panel" in patients who present with symptoms of potential rheumatologic diseases.

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SAT0457

PATTERNS AND CONSEQUENCES OF POST-CHIKUNGUNYA ARTHRITIS – A LONGITUDINAL STUDY IN A TERTIARY CARE HOSPITAL IN BANGLADESH

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Background: Chikungunya fever (CF), is a viral illness, characterized by 3–7 days of high fever, headache, rash, myalgia, and severe arthralgias/arthritis, the hallmark of the disease.¹ There is evidence that links Chikungunya infection (CHIKV) with development of unspecific Post-Viral Arthritis, Rheumatoid Arthritis, Seronegative Spondylitis and other non-inflammatory musculoskeletal complaints like persistent arthralgia.²

Objectives: To identify the clinical patterns and consequences of Post-Chikungunya arthritis.

Methods: This longitudinal study was carried out during a major out-break of CHIKV infection in Dhaka, Bangladesh, among 142 patients (CHIKV IgM and/or IgG positive) who were followed-up for the next one year. Their clinical, laboratory, radiographic and ultrasonographic features were evaluated. Functional status was assessed by validated Bengali version of Health Assessment Questionnaire (HAQ).

Results: The mean age of the patient's was 43.12 ± 10.94 where 50.7% were male and 81.7% were urban resident. At presentation (D1), 95.1% patients were Chikungunya IgM positive where as 20.4% were IgG positive. Polyarthritides was noted among 69.7% patients. Symmetrical joint involvement and joint swelling were present in 84.5% in 47.2% patients respectively. The mean HAQ score was 1.34 ± 0.72 . After 3 months (D90) follow up, 40.8% patients reported Chronic Chikungunya arthritis where 6.9% had Rheumatoid Arthritis, 3.4% had Spondyloarthropathy and 89.6% were Undifferentiated arthritis. Among the Chronic Chikungunya arthritis patients, 5.2% were Anti-CCP positive, 1.7% were Rheumatoid factor positive, 3.4% were HLA-B27 positive and 3.4% had X-Ray findings of bilateral Sacroiliitis. Patients were treated with NSAID (100.0%) and steroid (10.0%) initially. Chronic arthritis was treated with Sulfasalazine (12.0%), Methotrexate (7.0%) and Tofacitinib (3.4%).

Conclusion: This study demonstrated that chronic arthritis was a frequent complication of acute Chikungunya infection where majority had undifferentiated arthritis.

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Table 1. Clinical presentation of the patients at onset (n=142)

Characteristics of joint involvement at onset	n (%)
Monoarthritis	7(4.9)
Oligoarthritis	36(25.4)
Polyarthritides 99(69.7)	
Symmetrical joint involvement	120(84.5)
Joint swelling	67(47.2)
Morning stiffness	116(81.7)
Skin involvement	90(63.4)
Erythematous rash 24(16.9)	
Erythematous rash and itching	66(46.5)
Myalgia 46(32.4)	
Ultra-sonographic findings	(n=32)
Tenosynovitis	22(68.8)
Synovial hypertrophy	11(34.4)
Tendinitis	8(25.0)
Median nerve involvement (CTS)	4(12.5)
Joint effusion	3(9.4)

Figure 1: Distribution of patients by functional disability using HAQ

Figure 2: Type of Chikungunya arthritis

Disclosure of Interests: None declared

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SAT0458

EVALUATION OF DISABILITY IN THE COLOMBIA CHIKUNGUNYA EPIDEMIC WITHIN A COLOMBIAN COPCORD STUDY

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Background: During the 2014-2015 a Chikungunya virus (CHIKV) epidemic reached Colombia. Concurrently, the Community Oriented Program for the Control of Rheumatic Diseases (COPCORD) was being developed in Colombia to establish rheumatic diseases prevalence. Since CHIKV generates rheumatic manifestations, the presence of CHIKV infection was included.

Objectives: Based on the population entered in this program this study was developed with the aim to describe the disability of CHIKV infection through four questionnaires (HAQ-DI, EQ-5D, EQ-5D VAS and VAS for pain).

Methods: World Health Organization (WHO) criteria for CHIKV diagnosis and ELISA IgG and IgM serology were performed to identify CHIKV infection. Four groups of patients were defined: true positives (WHO + and + serology), true negatives (WHO - and - serology), false positives (WHO + and - serology), false negatives (WHO - and + serology). Three scores of disability and one of pain were applied to evaluate disability. A descriptive analysis was made using the media and standard deviation for continuous variables and percentage for the categorical variables, the Odds ratio was calculated with a confidence interval of 95% and a p < 0.05% for statistical significance

Results: From 548 patients with clinical suspicion of CHIKV infection, 295 were positive for CHIKV IgG and/or CHIKV IgM. Functionality evaluated by HAQ-DI showed a media of 0.17 (SD±0.45), with highest score after 7 weeks since the beginning of symptoms and the lowest in patients