DAA and reached complete viral eradication, at 3 time points: before starting DAA (pre-DAA), after completing DAA (post-DAA), 52 weeks after completing DAA (52w). Additionally, a population of 9 patients with the same disease (mean age 65 years, female 77%, mean disease duration 9 years) but treated with one or more cycles of RTX prior receiving DAA, was analysed at the same timepoints and additionally before starting RTX(pre-RTX). At each time point clinical data (presence/absence of purpura, neuropathic manifestations, arthralgia, fatigue, nephritis) and biochemical parameters (cryoglobulins, C3, C4 and RF) were recorded. The change in clinical and biochemical parameters at different timepoints were evaluated.

Results: Among patients treated with DAA only, the prevalence of clinical manifestations before starting treatment was the following: purpura 31%, neuropathic manifestations 52%, arthralgia 28%, fatigue 14%, nephritis 3%. We observed a significant reduction in purpura after treatment (pre-DAA vs post-DAA=31% vs 13%, p=0.044) that persisted at 52w (pre-DAA vs 52w=31% vs 0%, p=0.004%). This in parallel with a significant reduction in the level of cryoglobulins (pre-DAA vs 52w=3.99±5.28 vs 1.6±1.7, p=0.029 and pre-DAA vs 52w=3.99 ± 5.28 vs 0.92 ± 1.75,p=0.008).

Among patients pre-treated with RTX, the prevalence of clinical manifestations before starting RTX was: purpura 78%, neuropathic manifestations 100%, arthralgia 44%, fatigue 50%, nephritis 22%; and before starting DAA was: purpura 22%, neuropathic manifestations 100%, arthralgia 0%, fatigue 0%, nephritis 0%. A significant reduction in the rate of purpura (pre-RTX vs pre-DAA=78% vs 22%, p=0.009) and arthralgia (44% vs 0%, p=0.012) after RTX treatment was observed, but no difference in any clinical parameter when comparing pre-RTX with post-DAA and 52w. No significant change in any of the serological parameter was observed. A decrease in the level of cryoglobulins and related clinical improvement, specifically purpura. Patients who had been pre-treated with RTX showed clinical improvement in terms of purpura and arthralgia, albeit transient; subsequent treatment with DAA did not result in any immediate or long term additional clinical benefit.

REFERENCES


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SAT0461

VERTEBRAL OSTEOMYELITIS IN THE IMMUNOSUPPRESSED PATIENTS

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Background: Vertebral Osteomyelitis (VO) is an infectious disease that could involve intervertebral space (discitis). Its incidence is rising for several reasons, such as the increasing number of patients on immunosuppressive therapy. The treatment includes long term antibiotic therapy, that should be initiated after biopsy (if possible) and sometimes, further surgery is needed.

Objectives: To analyze the influence on prognosis of detection of OV in immunosuppressed (IS) patients.

Methods: Single center retrospective observational study including IS adult patients diagnosed of VO based on the combination of clinical presentation with either a definitive bacteriologic diagnosis or pathological and/or imaging studies from January 2010 to January 2019. Demographic features, concurrent diseases, clinical history (length of pain and fever prior to admission), laboratory findings, microbiological diagnosis and radiological data were compiled. We considered as IS patients those who had rheumatic or inflammatory bowel disease undertaking immunomodulatory drugs, solid organ transplantation recipients, patients with an active malignancy or Human Immunodeficiency Virus (HIV) infected. Clinical and radiological history of lumbar stenosis or disc herniation was considered as prior spine pathology. Surgeries of biopsy were excluded. We considered deaths attributive to PVO those which were directly caused by the infectious picture and/or its complications during the next year after diagnosis.

Results: Eighteen of 122 patients with VO (21.96%) were IS, Basal demographic and clinical features are exposed in table 1. Detailed data about times of the IS is provided separately in table 2. Duration of pain prior to diagnosis had a median of 30 days (15.5, 55). C reactive protein showed a median value of 65.2mg/L (19.32, 153.9) and Erythrocyte Sedimentation Rate mean value was 80.57mm/h (31.75). MRI was the imaging technique most often used for diagnosis (83.33%), followed by CT-scan(16.67%). The region most frequently affected was lumbar sacral spine (44.44%), then dorsal (33.33%) and finally cervical (22.22%). Some abscess (epidural or paravertebral) was detected in 16 patients (88.99%) close to non-IS patients (90.38%). Worst data concerning vertebral destruction was observed (66.67% in IS group against 49.04 in non-IS, p=0.3) and cord compression (61.11% versus 26.92% respectively, p=0.05). Fifteen patients underwent CT guided biopsy (83.33%) with prior antibiotic exposure in 11 of them. Median exposure was 4.5 days (3, 8.75). Delay from admission to procedure had a median value of 6 days (3.5, 9). Culture was positive in 53.33% of cases. In 10 patients, the picture was attributed to Gram+ (55.56%), in other 2 cases Gram- (11.11) and 1 case of tuberculosis (5.56). In 5 cases (27.78%) final pathogen was unknown. Four patients (22.22%) required further surgery and 2 patients (11.11) died, one of them non-IS group, 11.56%.

Conclusion: In general terms, data about imaging is worse in IS patients and higher proportion of cervical spine involvement was also noted. Although, early intervention (diagnosis, punction guided biopsy and treatment) seems to be protective against a bad outcome, since IS patients showed similar prognosis (further surgical procedures and death) than non IS patients. To sum up, new onset back pain in a IS patient, should be thoroughly studied so as to consider a VO as soon as possible.

Disclosure of Interests: None declared


SAT0462

INTEREST OF FOLLOW-UP IMAGING EXAMINATIONS IN PATIENTS WITH PYOGENIC VERTEBRAL OSTEOMYELITIS: A RETROSPECTIVE STUDY

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Background: Systematic follow-up imaging in patients with pyogenic vertebral osteomyelitis (PVO) is widespread. However, it is discussed, and there is no recommendation.

Objectives: Evaluate the interest of follow-up imaging examinations in patients with pyogenic vertebral osteomyelitis.

Methods: We conducted a retrospective cohort analysis of patients with PVO who had both baseline and follow-up imaging results available in a French university hospital during the period of 2010-2018. We have classified the follow-up images into two groups, improvement/stability and deterioration, compared with the baseline findings. For each patient, we compared their imaging follow-up to their clinical-biological condition assessed at the same time.

Results: We have collected 80 patients. The median age was 71 years (32-89), 46 men, 13 patients had a history of spinal surgery. The most frequently reported germ was methicillin-sensitive staphylococci and the level of spinal involvement was predominantly lumbar. A Computerized Tomography (CT) was performed in 64% and a Magnetic Resonance Imaging (MRI) in 85% at the time of diagnosis. We identified 89 follow-up images, 58 MRIs, 31 CTs. The median delay of realisation was 85 days (1, 2664). Soft tissue infiltration was observed in 50 patients compared to 26 on follow-up images but 3 were new. Similarly, 24% of the initial images had epiduritis compared to 16% during follow-up, 3% had appeared secondarily. There were 12% initial erosions described compared to 25% at follow-up. Of the 33 patients with clinical and biological recovery, 67% of follow-up images were classified as improving/stable and 33% as worsening (new abscesses (n=3), extension of soft tissue infiltration (n=2) and/or epiduritis (n=2) or appearance of new locations (n=2)). Among the 37 patients considered as unhealed, 87% of follow-up images were classified as improving/stable and 13% as worsening (new abscesses (n=1), extension of soft tissue infiltration (n=1) and/or epiduritis (n=1) or appearance of new locations (n=1)).
Conclusion: Our study showed that there was no correlation between the clinical condition of patients and their follow-up imaging in the context of PVO. Clinical and biological evaluation seems sufficient to determine whether or not the patient is cured. Many images are made during the follow-up with a questionable cost-effectiveness ratio. A standard radiograph may be sufficient to provide a basic structural condition at the end of antibiotic therapy.

Disclosure of Interests: None declared


SAT0463

BRUCELLAR SPONDYLODISCITIS: CLINICAL, RADIOLOGICAL AND THERAPEUTIC FEATURES

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Background: Brucellosis is an endemic disease around the Mediterranean and especially in Tunisia and Brucellar spondylodiscitis is the most common osteoarticular localization.

Objectives: The aim of our study is to study the clinical, radiological and therapeutic characteristics of Brucellar spondylodiscitis.

Methods: This is a retrospective descriptive study, conducted over 20 years (1999-2019) at a Rheumatology Department. We collected cases of Brucellar spondylodiscitis. We studied the clinical, radiological features and therapeutic outcomes.

Results: We included 23 patients, 15 men and 8 women, with a mean age of 53.21 years [31.79]. Contact with livestock or consumption of raw milk was noted in 16 cases. The diagnosis time was, on average, 3.8 months [1.9]. Spine pain was present in all cases, with lumbar seat in 16 cases and was inflammatory in 20 cases. At the examination, 19 patients had a limitation of spinal mobility and 4 had neurological abnormalities. A motor deficit with a horsetail syndrome was objectified in one case. We noted a biological inflammatory syndrome in 19 cases. Wright’s serology was positive in 21 cases. Standard radiographs showed disc narrowing in 10 cases. 21 patients had spinal magnetic resonance imaging showing the abnormalities of the disc and adjacent vertebrae. We found abscess in four patients and epiduritis associated with the abscess in six patients. MRI showed spinal compression in 2 patients. Disco-vertebral biopsy was performed in 11 cases and helped to make the diagnosis in 3 cases. The patients had received antibiotic therapy with a combination of doxycyclin and rifampicin with a mean total duration of 28 months.

Conclusion: In our study, we note 8 cases of hepatotoxicity. The diagnosis of tuberculous spondylodiscitis requires urgent treatment with anti-tuberculosis antibiotics. However, it should be kept in mind that this treatment can lead to severe and life-threatening hepatotoxicity. Thus, a rigorous monitoring of the treatment will be required.

Disclosure of Interests: None declared


SAT0464

HEPATITIC SAFETY OF ANTI-TUBERCULOUS TREATMENT IN SPONDYLODISCITIS

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Background: Tunisia is considered as a country with high tuberculosis endemcity. The anti-tuberculous treatment is quite long and binding and requires close hepatic monitoring.

Objectives: The purpose of this study was to highlight the hepatic safety of anti-tuberculous treatment in tuberculous spondylodiscitis.

Methods: This is a retrospective descriptive study, over 20 years (1999-2019) collating cases of tuberculous spondylodiscitis in a rheumatology department. We studied the epidemiological, clinical, radiological and therapeutic aspects.

Results: Our study included 62 patients, 35 women and 27 men. Mean age was 56 years [16-86]. The diagnosis delay averaged 5.59 months [0.23-24]. Tuberculous contact was noted in 11.3% of the cases. Neurological abnormalities were noted in 16.1% of cases with spine compression in 3.22%. The tuberculin skin test was positive in 29 cases and the Koch bacillus investigations in the sputum and the urine were positive in only 3 patients. Magnetic resonance imaging was performed in 71% of the patients, and mainly showed images of disc destruction with images of abscess, epiduritis and epidural extension. Infectious spondylodiscitis affected the lumbar spine in 66.1% of the cases, the dorsal spine in 14.51% of the cases and the cervical spine in 6.55% of the cases. It was bi-staged in 19.35% of the cases and bifocal in 17.74% of the cases.

Conclusion: Our study showed that tuberculosis spondylodiscitis treatment based on rifampicin, pyrazinamide, ethambutol and Isoniazid for an average duration of 2.8 months. Following the initial 4-drug regimen, most patients continued to receive a two-drug regimen with RMP and INH for a mean duration of nine months. Hepatotoxicity was seen in 13%: 11.4% of the patients had a history of cholestasis due to TB treatment. Only 2% of the patients had cytolytic. We needed then to modify the treatment in 3,22%, and switch to triple anti-TB therapy based on Isoniazid, Rifampicin and ethambutol with a favorable evolution.

Disclosure of Interests: None declared


SAT0465

VALUE OF SERUM PROCALCITONIN FOR THE DIAGNOSIS OF BACTERIAL SEPTIC ARTHRITIS IN DAILY PRACTICE IN RHEUMATOLOGY

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Background: Septic arthritis is a diagnostic and therapeutic emergency because of a high morbidity and mortality. Nevertheless, the etiologic diagnosis is often difficult.

Objectives: The aim of our study was to determine if serum procalcitonin was a discriminatory biomarker in case of arthritis of undetermined etiology.

Methods: Patients were separated in 5 groups: gouty arthritis, calcium pyrophosphate deposition arthritis, osteoarthritis or post-traumatic arthritis (“mechanical” arthritis), chronic inflammatory rheumatic arthritis, and septic arthritis. Levels of serum with blood cells, C-Reactive Protein and procalcitonin were measured.

Results: 98 patients were included: 18 in the “gout” group, 26 in the “calcium pyrophosphate deposition arthritis” group, 16 in the “mechanical” group, 18 in the “chronic inflammatory rheumatic” group and 20 in the “sepsis” group. The area under the receiver operating characteristic curve on blood cells, C-Reactive Protein and procalcitonin levels to diagnosis a septic arthritis was 0.77 (IC95% 0.55-0.83), 0.87 (IC95% 0.73-0.91) and 0.97 (IC95% 0.78-0.98) respectively. For a cut-off of 0.5 ng/ml, procalcitonin sensitivity, specificity, positive predictive value, negative predictive value, positive likelihood ratio and negative likelihood ratio were 65%, 91%, 65%, 91%, 7.2 and 0.4, respectively. Serum C-Reactive Protein and procalcitonin levels were correlated, were not different in non-septic arthritis with poly-arthritis than with mono-arthritis (p>0.05).

Conclusion: Serum procalcitonin is a useful biomarker in arthritis management with diagnosis performances higher than those of other biomarkers (with blood cells, C-Reactive Protein).

Disclosure of Interests: None declared


SAT0466

PNEUMOCOCCAL CELLULITIS AND FASCIITIS IN SYSTEMIC LUPUS ERYTHEMATOSUS: A SYSTEMATIC REVIEW

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Background: Streptococcus pneumoniae (SPN) is an encapsulated gram-positive bacterium that can be found in the nasopharynx as part of the normal flora. However, it is the most common cause of community-acquired pneumonia in adults and can also cause invasive diseases such as bacterial endocarditis, meningitis, and otitis media. Pneumococcal cellulitis and fasciitis were bi-staged in 19.35% of the cases and bifocal in 17.74% of the cases.

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