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 doxycycline and rifampicin with a mean total duration of 65%, 91%, 65%, 91%, 7.2 and 0.4, respectively. Serum C-Reactive Protein and procalcitonin levels to diagnose performances higher than those of other biomarkers. We noted a discriminatory biomarker in case of arthritis of undetermined etiology.

Conclusion: Brucellar spondylodiscitis can be serious because of the neuromuscular and especially in Tunisia and Brucellar spondylodiscitis is the most common osteoarticular localization.

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, osteoarthritides 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 of with blood cells, C-Reactive Protein and procalcitonin levels to diagnose a septic arthritis were 0.69 (IC95% 0.55-0.83), 0.82 (IC95% 0.73-0.91), and 0.87 (IC95% 0.76-0.98) 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 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 bacteremia, meningitis, and otitis media. Pneumococcal cellulitis and fasciitis