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.

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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 therapeutics 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 horseshoe 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 4.9 months [2,12]. Evolution was favorable in 19 cases. Complications were mainly neurological (n=3) or related to the toxicity of the treatment (n=3).

Conclusion: Brucellar spondylodiscitis can be serious because of the neurological complications that it can cause. At the slightest diagnostic doubt, we should perform an MRI. And antibiotic treatment must be urgent and well-adapted with careful monitoring of patients.

Disclosure of Interests: None declared

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SAT0464 HEPATITIC SAFETY OF ANTI-TUBERCULOUS TREATMENT IN SPONDYLODISCITIS

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Background: Tunisia is considered as a country with high tuberculosis endemicity. 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.

Disco-vertebral biopsy was performed for 72.5% of patients and helped to make the diagnosis in 33.87% of the cases. All patients have received anti-tuberculosis 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 cytolysis. We decided 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. No cases of hepatic insufficiency were noted.

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.

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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 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 "sepsis" or "gout" groups and were higher 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

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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, 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

are uncommon. Several factors are associated with a predisposition to infections in patients with Systemic Lupus Erythematosus (SLE).

Objectives: To describe and analyze all documented cases of cellulitis or fasciitis caused by SPN in SLE patients.

Methods: In the framework of the study of a 24-years-old woman that during the SLE onset presented left tight cellulitis and fasciitis caused by SPN, a systematic review was conducted (until September 2018). The search included terms to identify any SPN infection in SLE patients and all those articles that reported cellulitis or fasciitis were selected (Table 1).

Table 1. flow chart.

Search: "Lupus Erythematosus, Systemic"[Mesh] AND "Streptococcus pneumoniae"[Mesh] OR "Pneumococcal Infections"[Mesh] (filter "humans", "english", "spanish").
Total searched articles: 313
- Medline 72, Embase 241, Cochrane 0.
- Duplicated 23.
- Excluded by: title 248, abstract 21, text 13.
- Selected: 8
Manual included articles: 1.

Results: A total of 313 articles were obtained. Eight of them (1-8) and 1 article identified in a manual search (9) described a total of 15 cases presenting SLE and cellulitis or necrotizing fasciitis caused by SPN; our case is the 16th described.

Documented infections (n=16):

- Cellulitis (n=8): neck, face or chest (n=5, 62.5%); extremities (foot or hand) (n=2, 25%); breast (n=1, 12.5%).
- Fasciitis (n=8): neck, face or chest (n=5, 62.5%); thighs (n=3, 37.5%).

Description of the documented cases:

- Demographic characteristics (n=13): female sex (n=11, 85%); <30 years of age at the moment of the infection (n=11, 85%).
- Time of SLE evolution at the moment of the infection (n=9): ≤ 1 month (n=3, 33.3%); ≤ 3 years (n=3, 33.3%); ≤ 8 years (n=3, 33.3%).
- Associated conditions (n=12): previous high doses of prednisone (n=5, 45%); recent respiratory symptoms (n=4, 33.3%); renal insufficiency (n=2, 16.6%); previous SPN infections (n=1, 8.3%); recent surgery in the affected area (n=1, 8.3%).
- Microbiological diagnosis (n=12): blood cultures (n=11, 91.6%); other cultures (n=5, 41.6%).
- Treatment (n=12): beta-lactams (n=12, 100%); intensive care support (n=6, 50%); surgical debridement (n=5, 41%).
- Outcome (n=15): death (n=3, 20%); recurrent SPN infections (n=2, 13.3%).

Conclusion: • - Pneumococcal cellulitis and fasciitis in SLE were predominantly presented in young women and in a high rate of cases during the disease onset.

- Almost half of the cases were previously treated with high doses of steroids. Nevertheless, no other potential predictors of pneumococcal cellulitis or fasciitis were identified; in addition, only one patient presented a previous surgery in the affected anatomical area, previous trauma were not described in any case, and a low number of cases reported associated respiratory symptoms. This supports the importance of the intrinsic immune dysregulation in SLE patients.
- Pneumococcal cellulitis and fasciitis in SLE patients present poor prognosis, requiring intensive care support and surgical debridement in a high rate of cases, and presenting a fatal outcome in a fifth of them.

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SAT0467

CROSS-SECTIONAL SCREENING STUDY FOR MYCOBACTERIUM LEPRAE DNA AND ANTIBODIES IN PATIENTS UNDER IMMUNOBIOLOGICAL TREATMENT

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Background: Leprosy is an endemic disease, highly dependent of the involved proinflammatory response. Immunobiological drugs improved the treatment for autoimmune diseases, but its larger use also brought the need for screening infectious diseases. There are some case reports about leprosy and immunobiological drugs, although the real risk of leprosy in those patients is unknown.

Objectives: To access the risk of leprosy by clinical and complementary evaluation in immunobiological treated patients living in endemic region.

Methods: We conducted a cross-sectional screening study and consecutively included patients with autoimmune diseases attending Dermatology and Rheumatology ambulatory. Patients were tested for serology (anti-PGL1) and conventional polymerase chain reaction (PCR) targeting *Mycobacterium leprae* DNA.

Results: 311 patients were included: 96 on immunobiological drugs, 94 on conventional immunosuppressive drug (mostly methotrexate), 69 on non-immunosuppressive treatment, and 52 controls with no autoimmune disease or immunosuppressive treatment. Two patients of immunobiological group were diagnosed with multibacillary leprosy. The PCR for *M. leprae* was positive in more 5 subjects (1 control, 1 on MTX and 3 on immunobiologicals). The anti-PGL1 test was performed in 284 patients, and was positive in 64, 15 with a high index (above 2).

Conclusion: Immunological status is critical for leprosy control and the findings of possible subclinical infection with *M. leprae* suggest that leprosy screening should be considered in patients treated with immunosuppressive drugs.

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