Of 275 patients with DMARDb, 41 admissions for infection in 32 patients (11.6%); more than once. 20 (62.5%), were women, with mean age 69.2 $\pm$ 2.12 years, mean time evolution 24.5 $\pm$ 22.6 years. Diagnosis was RA: 22 (69%) patients, ankylosing spondylitis: 7 (22%), psoriatic arthritis: 3 (9%). Concomitant with DMARDcs in 81% and 26% corticosteroid (mean dose: 4.6 $\pm$ 2.6 mg). The diagnosis of 41 admitted was: Pneumonia: 9 (41%), non-pneumonic respiratory infection: 5 (24%), septic arthritis: 8 (24%), urinary infection-pyelonephritis urinary o sepsis: 8 (22%), influenza A: 3 (7%), abscess, gastroenteritis and leishmaniasis in 2 (5%) each, osteomyelitis and varicella in 1 (2%) each.

The DMARDb at admission were: anti-TNF: 34 (83%) patients (adalimumab: 19/46%, etanercept: 7/17%, infliximab: 4/10%, golimumab and certolizumab: 2/5% each), tocilizumab: 4 (10%), abatacept: 2 (5%).

When comparing patients admitted for infection, patients with DMARDb has higher number of admissions (41 (67%) vs 20 (33%), $p < 0.01$), and lower percentage of DMARDcs (23/72%) vs 16 (100%). $p = 0.02$ and corticosteroids (14/34% vs 10/50%). $p < 0.001$, at similar doses (4.7 $\pm$ 2.6 vs 4.5 $\pm$ 2.6 mg, $p = 0.7$). The incidence of admission for infection are indicated in table.

Conclusion: 1. The prevalence of admission due to infection in DMARDb is 9% and 4% in DMARDcs in monotherapy. 2. Admission predominates in RA, with a long evolution, with biological therapy. 2. The most frequent infections were respiratory origin, followed by sepsis or bacteremia and septic arthritis.

	DMARDb	DMARDcs	DMARDb +DMARDcs
Admission general incidence for infection	1.92 (0.88-3.58)	0.95 (0.6-1.42)	2.6 (1.55-4.05)
Admission incidence for infection in RA	4.1 (1.47-8.82)	1.16 (0.72-1.75)	2.64 (1.37-4.53)
Mean time (years) to admission due to infection ¹	7.77 (4.17-11.36)	19.17 (13.83-24.52)	6.15 (4.06-8.23)
Mean time (years) until admission for infection, in RA	9.05 (3.58-14.53)	17.95 (12.99-22.9) ²	6.6 (3.93-9.26)

¹ $p < 0.001$.

² $p < 0.001$, DMARDb vs DMARDcs

Acknowledgement: The study was supported with a research grant from the Association for Research in Rheumatology of Marina Baixa (AIRE-MB).

Disclosure of Interests: Jose Rosas Consultant for: Abbvie, Amgen, Bristol, Janssen, Lilly, Merck Sharp & Dohme, Pfizer, UCB Pharma, Speakers bureau: Abbvie, Amgen, Bristol, Janssen, Lilly, Merck Sharp & Dohme, Pfizer, UCB Pharma, Ana Pons: None declared, José Alberto García-Gómez: None declared, José Miguel Senabre-Gallego: None declared, Gregorio Santos Soler: None declared, Esteban Salas-Heredia: None declared, José Antonio Bernal-Vidal: None declared, Catalina Cano: None declared, Estibaliz Ivars: None declared, Xavier Barber: None declared

DOI: 10.1136/annrheumdis-2019-eular.3841

SAT0471

HIGH-RESOLUTION MELTING CURVE ANALYSIS: A RAPID AND PRAGMATIC APPROACH FOR SCREENING OF MULTIDRUG RESISTANT OSTEOARTICULAR TUBERCULOSIS (OATB)

Kusum Sharma¹, Aman Sharma², Mandeep Dhillon³. ¹Post Graduate Institute of Medical Education and Research, Chandigarh, Medical Microbiology, Chandigarh, India; ²Post Graduate Institute of Medical Education and Research, Chandigarh, Internal Medicine, Chandigarh, India; ³Post Graduate Institute of Medical Education and Research, Chandigarh, Orthopaedics, Chandigarh, India

Background: Emergence of MDR in extrapulmonary tuberculosis (EPTB) is a major concern in endemic areas. Timely diagnosis and screening of multidrug resistance in patients of Osteoarticular Tuberculosis (OATB) is a challenge.

Objectives: To evaluate the *rpoB* gene real time PCR (RT PCR) in synovial fluid/pus samples and its comparison with MPB64 and IS6110 RT PCR for diagnosis of OATB.

Methods: Real time PCR using IS6110, MPB64 and *rpoB* genes was carried out in 150 cases of OATB and in 100 non TB control group. Out of these, 20 OATB cases were culture confirmed and 130 were clinically suspected cases. Phenotypic susceptibility testing for culture isolates was performed by standard proportion method. DNA extracted from samples of the culture confirmed cases and the suspected OATB cases confirmed by RT PCR were subjected to *rpoB* and *katG* HRM analysis for screening of MDR.

Results: The sensitivity of *rpoB* RT PCR, MPB64 RT PCR and IS6110 RT PCR was 86.5%, 86.5% and 76.5% respectively. All RT PCR were negative in the control group thus the specificity was 100%. HRM analysis detected rifampicin resistance in 10 cases of which, 8 (80%) were MDR while 2 (20%) had isolated rifampicin resistance. Of the 13 cases of isoniazid resistance detected by HRM analysis, 8(61.5%) were MDR while 5(38.46%) were isolated isoniazid resistant. HRM analysis detected an additional 4 MDR cases directly from the samples which were negative by culture. Subsequently, results of HRM analysis were confirmed by *rpoB* sequencing and mutation were observed at codon 531 (60%); 533 (16%); 516 (12%) and 526 (12%). *katG* sequencing revealed mutation at codon 315(100%). There was 100% concordance in the results of phenotypic DST, sequencing results and HRM analysis.

Conclusion: *rpoB* and *katG* HRM analysis is a promising method in reliable and rapid screening of drug resistance in OATB cases in 90 minutes.

Disclosure of Interests: None declared

DOI: 10.1136/annrheumdis-2019-eular.6941

SAT0472

THE CONTRIBUTION OF MRI IN THE DIAGNOSIS OF INFECTIOUS SPONDYLODISCITIS

Rawdha Tekaya, Khaoula Zouaoui, Aicha Ben Tekaya, Lobna Ben Ammar, Olfa Saidane, Ines Mahmoud, Leila Abdelmoula. Charles Nicolle Hospital, Tunis, Tunisia

Background: Infectious spondylodiscitis is a diagnostic and therapeutic emergency, and if there is any doubt, an MRI should be performed to support the diagnosis.

Objectives: The aim of our study is to highlight the role of MRI in the diagnosis of infectious spondylodiscitis.

Methods: This is a 20-year retrospective study (1999-2019) performed at a rheumatology department, collecting cases of infectious spondylodiscitis. We have identified the epidemiological, clinical, and radiological characteristics.

Results: Our study included 106 patients, 57 men and 49 women. The average age was 55 [16; 86]. Mean disease duration averaged 4.54 months [0.23; 24]. All patients had spinal pain: lumbar in 65.09% of cases, dorsal in 17% of cases and cervical in 6% of cases. Standard X-rays showed abnormalities suggestive of spondylodiscitis in 88.67% of cases. Magnetic resonance imaging was then performed in 76.41% patients and was pathological in all cases. The abnormalities found were paravertebral abscess in 23.58% of cases, epiduritis in 10.37% of cases and association of abscess and epiduritis in 32.07% of cases. The rest of the abnormalities noted were vertebral osteolysis (8.49%), spinal cord compression (9.43%) abnormalities of the intervertebral disc with narrowing and/or signal modification (4%). The abnormalities were monofocal in 82.07% of cases and bifocal in 13.2% of cases. 78.57% of bifocal lesions were objectified in tuberculous spondylodiscitis. 82.07% of the spinal injuries were single-stage and 15.09% were bi-staged. 75% of these were of tuberculous origin. There were 2.83% of spondylodiscites up to 3 stages and all were tuberculous.

Conclusion: MRI is a great diagnostic aid during infectious spondylodiscitis. It also allows to orient towards the etiological diagnosis.

Disclosure of Interests: None declared

DOI: 10.1136/annrheumdis-2019-eular.6280

SAT0473

MUSCULOSKELETAL STIFFNESS IN CHIKUNGUNYA DISEASE: DISTINCT FROM PAIN AND RELEVANT TO QUALITY OF LIFE

Hugh Watson¹, Sarah Tritsch², Liliana Encinales³, Andres Cadena⁴, Carlos Cure⁵, Alexandra Porras⁶, Alejandro Rico Mendoza⁶, Aileen Chang². ¹Aarhus University, Department of Clinical Medicine, Aarhus, Denmark; ²The George Washington University, School of Medicine and Health Sciences, Washington, United States of America; ³Allied Research Society LLC, Barranquilla, Atlantico, Colombia; ⁴Clinical de La Costa Ltda, Barranquilla, Atlantico, Colombia; ⁵Biomelab, Barranquilla, Atlantico, Colombia; ⁶Universidad El Bosque, Grupo de Medicina Comunitaria y Salud Colectiva, Bogota, Colombia

Background: Musculoskeletal stiffness is reported to be frequent following chikungunya infection and can persist for many months after infection. However, stiffness severity and its impact is not well characterised in this disease. A stiffness patient reported outcome instrument has been developed for use in rheumatoid arthritis.

Objectives: Our objective was to assess the use of this questionnaire and importance of musculoskeletal stiffness in a cohort of chikungunya