Disclosure of Interests: No declared.

AB0054

SEQUENTIAL INTRA-ARTICULAR INJECTIONS OF LINEAR AND CROSS-LINKED HYALURONIC ACIDS IN THE TREATMENT OF GONARTHROSIS

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Background: Sequential intra-articular injections of linear and cross-linked hyaluronic acids in the treatment of gonarthrosis

Methods: 134 patients were treated with anti-TNFα inhibitors 21/68, anti-TNFα mab = 21, Etanercept= 17, Tocilizumab = 12, Infliximab = 7, Rituximab = 11) with different formulations: LHA and CL-LHA. The infection was bacterial, viral or mycotic [n (%) = 38 (53), 61 (88), 7 (8)]. A large proportion of the patients were on conventional immuno-suppressive therapy. The factors related to the occurrence of infectious incidents were: use of corticosteroids p <0.0001, habitat in rural areas p = 0.042.

Conclusion: More than a third of patients have infectious complications after TNFα treatment in our study sometimes with serious issue. Thus, with the emergence of these accidents, the physician has to be very vigilant when instituting this biotherapy, and secondly, a rigorous and prolonged monitoring of the patients.

Disclosure of Interests: None declared


AB0056

CUTANEOUS ADVERSE EFFECTS WITH BIOLOGIC AGENTS

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Background: Biologic agents (BA) are designed to treat chronic inflammatory diseases (CID), however, the adverse effects inherent with these drugs are more and more encountered. Among them are dermatological manifestations: cutaneous manifestations, allergic reactions or even skin cancers, which sometimes require stopping treatment temporarily or permanently.

Objectives: The goal of this work consists to identify the cutaneous manifestations (CA) that have been reported to the most commonly used biologics in CID. Methods: It's a prospective study in patients received in day hospital and treated with BA for CID during a period of 9 months (October 2017 - June 2018), we collected all the data on CA after a complete dermatological examination, not forgetting that we appreciated the prototype of the patients, the level of exposure to the sun and means of photoprotection.

Results: We collected the data of 68 patients under BA for the study (Adalimumab = 21, Etanercop= 17, Tocilizumab = 21, Infliximab = 7, Rituximab = 11) with a clear female predominance 59.4%, the mean age was 39 years. 37 (54%) had cutaneous manifestations, the main CA occurred with TNFα inhibitors 21/68 (30%), with more often skin infections. The other CA encountered were cutaneous rashes and allergic reactions, appearance of psoriasis or eczema and injection site reactions, we didn't cross any skin cancer.

Conclusion: Cutaneous manifestations remain frequent and relatively benign with BA. This work confirms the importance of education and dermatological monitoring of patients treated with biologic drugs in the CID. This prospective study needs to be completed over a longer period especially to screen any skin cancer.

Disclosure of Interests: None declared


AB0057

ASSESSMENT OF MATRIX METALLOPROTEASE 3 (MMP3) AS A POTENTIAL BIOMARKER FOR RHEUMATOID ARTHRITIS IN ALGERIAN PATIENTS

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Background: Anti Tumor Necrosis Factor alpha (TNFα) has significantly improved the prognosis of some chronic inflammatory diseases (CID). Nevertheless, they carry with them a significant risk of opportunistic infections, imposing a rigorous surveillance and an adequate education of the patients. In a context of endemic tuberculosis, it is imperative to take the appropriate precautions to detect this kind of infection in rheumatists under anti TNFα.

Objectives: The aim of our work was to study the profile of infectious incidents in patients treated with anti TNFα.

Methods: This is a prospective and descriptive study in patients treated with anti-TNFα over a 12-year period (2006–2018). We examined all infectious complications for each patient who received an anti-TNFα for CID while assessing the level of severity, the type of infection and the risk factors that may be related to this type of incident.

Results: During the study period, 134 patients were identified, these patients were followed for ankylosing spondylitis (AS) for 58 cases, 36 for enteric rheumatism, 23 for psoriatic arthritis and 17 for rheumatoid arthritis. The mean age was 48.3 years (19-64 years), the mean age of the disease was 44.2 months (8-140).

The molecules used were: infliximab, etanercept, adalimumab with a respective number n (%) = 29 (21), 44 (33), 61 (46). Of the 134 patients evaluated, 71 were diagnosed and treated by a physician (in 47 patients), only 5 were serious: 2 cases of tuberculosis were reported (intestinal and ganglionic tuberculosis), 1 case of chickenpox of the adult, 1 case with perianal abscess, 1 case of erysipelas of the lower limb. The infection was bacterial, viral or mycotic [n (%) = 38 (53), 61 (88), 7 (8)]. A large proportion of the patients were on conventional immuno-suppressive therapy. The factors related to the occurrence of infectious incidents were: use of corticosteroids p <0.0001, habitat in rural areas p = 0.042.

Conclusion: More than a third of patients have infectious complications after TNFα treatment in our study sometimes with serious issue. Thus, with the emergence of these accidents, the physician has to be very vigilant when instituting this biotherapy, and secondly, a rigorous and prolonged monitoring of the patients.

Disclosure of Interests: None declared