Disclosure of Interests: None declared.

Methods: 39 knee GA patients, 19 adults (50–65 years) and 20 elderly (>65 years), underwent twice IA injections, i.e. LHA only at baseline and CL-LHA after 1 week. The same injections were repeated after 6 months. Clinical assessment - visual analog scale (VAS) for pain, range of motion (ROM) and WOMAC index for knee functional limitation - was performed at baseline and after 3, 6, 9, 12 months. Blood, collected at baseline, after 1 week and 3 months, was analysed for relevant cytokines and collagen telopeptide II (CTX-II). Synovial fluid (SF) from patients with recurrent knee effusion (GA worse group) was biochemically analysed at baseline and 1 week. SF proteomic analysis was also carried out at specific time points.

Results: This HA-regimen improved joint pain and function independently from the age; plasma and synovial biochemical analyses indicate the attenuation of inflammatory cytokines (IL-1β, IL-6, and IL-17) and the stabilization of CTX-II; ultrasonograph data show an improvement of cartilage conditions and thickness at 12 months.

Conclusion: Sequential IA injections of LHA and CL-LHA represent a highly effective treatment especially in low degree GA patients and produce a significant and perduring improvement also in the GA worse group. The efficacy is likely dependent on the sequential administration of LHA and CL-LHA: the pharmacokinetic rationale of this combination will be discussed.

References: E. Barbieri1,2*, P. Sestili1, F. Mannello1, G. Annibali1, S. Contarini1, E. Barbieri1,2.

Disclosure of Interests: None 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

Objectives: This study evaluates clinical and biochemical effects of sequential intra-articular (IA) injections of two different formulations of hyaluronic acid (HA) in gonarthritic (GA) patients. The first formulation consists in linear HA (LHA, MW 800-1200kDa; Regenflex Starter, Regenyal Labs, Italy) and the second in an intercalated mixture of cross-linked and linear HAs (CL-LHA, MW 1-2 MDa the crosslinked form and 500kDa the linear, intercalated one; Regenflex BioPlus).

Methods: 134 knee GA patients were followed for ankylosing spondylitis (AS) for 58 cases, 36 for enteric 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 (86), 7 (8)]. A large proportion of the patients were on conventional immunosuppressive therapy. The factors related to the occurrence of infectious incidents were: use of corticosteroids p <0.001,1, 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: infections, 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 2019), we reviewed all the data on CA after a complete dermatological examination, not forgetting that we appreciated the phenotype 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, Etanercept+ 17, Tocilizumab = 12, 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 did not 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 need 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: Matrix metalloproteinase 3 (MMP3) is a protease induced by rheumatoid pannus pro-inflammatory cytokines during rheumatoid arthritis (RA) and degrades many cartilage and bone components. Its serum level is a useful marker for predicting joint destruction and evaluating disease activity.

Objectives: First, compare MMP3 production in RA patients to controls, then try to place this marker in the evaluation of disease activity.

Methods: We subjected 208 RA patients of Asian and 120 controls of North African population to this study. We used two test groups, the first group used the MMP3 test and the second group compared the following tests: RA: n = 134; sex ratio: 1: 5; age: 50 ± 14 years; disease duration: 7 ± 9 years, Healthy controls: n = 67; sex ratio: 1: 7; age: 38 ± 11 years, Population control: Patients with: ○ Inflammatory rheumatism: n = 80, ○ Chronic inflammatory diseases (CID): 18 Connective tissue disease (CTD), 14 chronic hepatitis C and 2 Crohn disease (CD).

The goal of this work consists to identify the cutaneous manifestations (CA) that have been reported to the most commonly used biologics in CID.

Disclosure of Interests: None declared.