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AB0438

A STUDY COMPARING EFFICACY OF INTRA-ARTICULAR STEROID (IAS) VS INTRAARTICULAR SCLEROSANT IN PATIENTS WITH PERSISTENT SYNOVITIS OF KNEE IN RHEUMATOID ARTHRITIS

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Background: Chronic persistent synovitis is commonly seen in inflammatory arthritis like RA where despite adequate DMARD therapy, few joints are chronically inflamed. They are the reason for increasing morbidity and poor functional status in these patients. Some patients show persistent synovitis despite intra-articular steroids and hence they are needed to identify other drugs like sclerosant which can be of use in improving pain and functional status.

Objectives: To compare the efficacy of Intra-articular steroid versus sclerosant in rheumatoid arthritis (RA) with persistent synovitis despite optimum dose of csDMARDs and to determine, if sclerosant is superior/non-inferior to steroids.

Methods: This is a single blinded-observational pilot study, conducted in Institute of Rheumatology, Madras Medical College for a period of 1 year. 20 patients with persistent synovitis (knees) despite optimum DMARD therapy are recruited as per inclusion and exclusion criteria. Disease and joint related activity and functional status are documented. Ethical committee approved the study. After getting written informed consent patients were randomized into two groups (A and B). Group A received IAS (Triamcinolone Acetonide) and group B received sclerosant (1% Polidocanol). They are assessed at 1, 4, 12 and 24 week and various parameters documented. The results are analysed with SPSS v22 software. **Inclusion Criteria:** 1. RA diagnosis according to ACR/EULAR2010 criteria in the age between 20 and 70 years with persistent synovitis of knee. 2. Patients not willing for biological therapy. **Exclusion Criteria:** 1. Age <20->70 yrs. 2. Pregnant & Lactating women. 3. Severe co-morbidities, clotting disorders and local infections. 4. Contraindications for intra-articular procedure. 5. Osteoarthritis and other arthritis and CTD. 6. Recent intra-articular injection within 3 months.

Results: 40 patients were recruited for the study, with 20 in each group. 45% patients in group A and 65% patients in group B, showed significant improvement in DAS28, CRP, VAS pain and function. VAS scores improved within 1 week and no adverse effects were noted. Both the interventions found to be effective in reducing the pre operative VAS pain and function scores. However, Mean VAS Scores after 1 week of sclerosant injection found to be lesser than that of steroid group and the difference was statistically significant ($p < 0.05$).

Conclusion: Intra-articular sclerosant (1% Polidocanol) is non-inferior to steroids in patients with persistent knee synovitis. It could be used as an effective alternative to steroids considering their side effect profile.

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AB0439

YTTRIUM-90 SYNOVIORTHESIS. OUR EXPERIENCE FOR 25 YEARS

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Background: Radioactive synoviorthesis (RS) is the intra-articular injection of a colloidal suspension of particles marked with a radioisotope that selectively irradiates the synovial membrane, respecting bone and cartilage. The radiocolloid is phagocytosed by type 2 synovial cells of the synovial membrane, causing fibrosis and decreased production of synovial fluid. Intra-articular puncture is ensured by obtaining synovial fluid and then the radiopharmaceutical is instilled followed by 1ml of triamcinolone acetate (40mg). After the procedure a graphic gamma image is made to assess the adequate distribution of the radionuclide in the joint cavity. With a half-life of 2.5 days, the drug will continue to emit radiation for weeks, with symptomatic improvement which is observed from the second week. The main indication of this technique is refractory chronic synovitis to local and/or systemic treatment.

Objectives: To describe the clinical-demographic characteristics of patients treated with RS in our hospital, and to assess the efficacy and safety of this technique.

Methods: Retrospective observational study that analyzes the radiosynoviorthesis practiced in the Nuclear Medicine service of the Doce de Octubre Hospital between January 1994 and December 2018 is analyzed. A total of 113 techniques were analyzed in 89 patients from our center and other hospitals without Nuclear Medicine service, and data of 72 patients could be obtained from their clinical history. The efficacy of the technique was defined as total or partial, considering objective data (swelling and joint function) and subjective data (patient evaluation).

Results: 95 articular instillations were included in 72 patients, 46% women and 54% men; with an average age of 51.4 ± 15 [21-82] years, the knee articulations were injected with Yttrium-90 (5 millicuries). The patients had knee effusions lasting for an average of 18 months (IR 10-60). The temporal distribution was very heterogeneous, decreasing over the years (1994-1998: 23%, 1999-2003: 32%, 2004-2008: 20%, 2009-2013: 16%, 2014-2018: 9%). 93% of RS were indicated by the rheumatology service and 7% by traumatology. In the classification by pathologies, 72.2% had systemic rheumatological disease. The most frequent causes of indication were rheumatoid arthritis (25%), psoriatic arthropathy (24%), spondyloarthropathy (17%) and pigmented villonodular synovitis (11%). Less frequent were juvenile idiopathic arthritis (5%), arthrosis (4%), microcrystalline arthritis (5%) and non-specific chronic synovitis (9%). 79% had been previously infiltrated with steroid, with an average of 2.8 ± 1.8 [1-10] injections/knee. The 79% had maintained treatment with NSAID, the 42% with systemic steroid, the 55% with DMARDs and the 14% with biological therapy; appearing the therapeutic effect in the first 8 weeks in the 80% of the patients. 13 patients needed a re-institution with an average between radiosynoviorthesis of 25 ± 21 [6-80] months. Side effects were scarce (2.8%) and local in nature; 8.3% required a knee prosthesis.

Conclusion: RS has demonstrated acceptable efficacy and safety in cases of refractory synovitis of both mechanical and inflammatory etiology. Despite this, it is a procedure little used nowadays.

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CHANGES IN KEY LABORATORY VALUES WITH TOFACITINIB 5 MG BID TREATMENT IN PATIENTS WITH PSORIATIC ARTHRITIS AND RHEUMATOID ARTHRITIS

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Background: Tofacitinib is an oral Janus kinase inhibitor for the treatment of psoriatic arthritis (PsA) and rheumatoid arthritis (RA). In most countries where tofacitinib is approved, 5 mg twice daily (BID) is the recommended dose for PsA and RA. An important component of any product labelling is information on the need for laboratory monitoring.