declared, Miles Parkes: None declared, Gavin Clunie: None declared, Deeapak Jadon: None declared


AB0720 IMPACT OF SPONDYLOARTHRITIS ON THE MALE SEXUAL FUNCTION: LIMITING FACTORS
Alia Fazza1, Leila Rouachéd1, Mourad Dali Kheddardine2, Saoussen Miladi1, Kmar Ouenniche1, Leila Souassni1, Selma Chekili1, Salma Kassab1, Kawahter Ben Abdelghani1, Nouira Yasine1, Ahmed Laatar1, 1Imongi slim hospital, rheumatology, tunis, Tunisia; 2Rabta, urology, tunis, Tunisia

Background: The impact of Spondyloarthritis (SpA) on patients' sexual life and erectile function has been gathering the attention of the scientific community over the last decade. Several factors may condition sexual function for SpA patients: microangiopathy, pain, decreased range of motion, joint swelling and extraarticular features such as fatigue.

Objectives: To assess the erectile function and the sexual desire in a cohort of male patients with SpA and to identify the factors related to the disease limiting the sexual life.

Methods: This is a cross sectional study including sexually active male patients with SpA (ASAS criteria). A questionnaire was performed, consisting in two parts. One part filled by a rheumatologist with data of the disease (comorbidities, the presence of a coxitis, disease activity (BASDAI and ASDAS), function index (BASFI) and current treatment). The other part consisted in a questionnaire filled by an urologist, with data on pain during intercourse, the international index of erectile function (IIEF5), intensity and frequency of sexual desire and disease impact on private life. For statistical analysis, we used Khi2-test for qualitative variables and Student-test for quantitative variables. A p value ≤0.05 was considered significant.

Results: We included 37 male patients with SpA, 18.9% had psoriatic arthritis, 51.4% had ankylosing spondylitis and 29.7% had inflammatory bowel disease spondyloarthritis. The mean age was 42.5 ± 1.8 years. Sixty two percent of patients were married. Mean disease duration was 11.4 ± 7.1 years. The mean disease activity and functional scores were as follow: BASDAI=2.57 ± 1.96, ASDAS CRP=2.36 ± 1.09, BASFI=2.59 ± 2.54. For the treatment side: 40.5% were on NSAIDs, 70.3% on csDMARDs and 56.8% of patients were on biotherapy (33.3% on Adalimumab, 52.4% on infliximab and 14.3% on Etanercept). The mean visual analog pain scale during intercourse was 2.97 ± 1.89 and the erectile function has been gathering the attention of the scientific community over the last decade. Several factors may condition sexual function for SpA patients: microangiopathy, pain, decreased range of motion, joint swelling and extraarticular features such as fatigue.

Conclusion: Our results suggest the impact of SpA on patients' sexual function was deteriorated in 80.6% of patients.

REFERENCES

Disclosure of Interests: None declared


AB0721 EPIDEMIOLOGICAL, CLINICAL AND PROGRESSION FACTORS OF SPONDYLOARTHRITIS IN A TERTIARY CARE HOSPITAL
Ismael González Fernández1, Carlota Itiguez2, Antia Crespo Colmar3, Ximena Elizabeth Larco Rojas1, Carolina Alvarez Castro1, Clara Moriano1, Alejandra López Robles1, Manuel Martin1, Elvira Diez Alvarez2, María Eva Vallejo Pascual2, Trinidad Pérez Sandoval1, 1University Health Care Complex of Leon, Rheumatology, Leon, Spain; 2University of Leon, Faculty Economics and Business Sciences, Leon, Spain

Background: Spondyloarthritis (SpA) is a heterogeneous group of diseases that predominantly affect the axial skeleton, with a debut generally before 45 years. Among the factors favoring radiological progression are, among others, high levels of CRP, tobacco consumption and diagnostic delay.

Objectives: To describe clinical-epidemiological characteristics and analyze possible factors of radiological progression (based on the development of syndesmophytes) in patients with a diagnosis of SpA in our hospital.

Methods: Retrospective, descriptive observational study of patients diagnosed with SpA (New York, ASAS and AMOR criteria) in the University Health Care Complex of León for 45 years (1973-2018).

Results: A total of 218 patients were collected, 59.6% were men and 40.4% were women with an average age of onset of symptoms of 30.56 ± 12.06 years and a diagnosis of 35.59 ± 12.26 (diagnostic delay defined by a median of 2 years before the great dispersion of data). 81.2% have HLA-B27 positive. 64.2% come predominantly León capital, also highlighting other areas such as La Bañeza (9.6%) and Astorga (6.4%). 13.8% are ex-smokers, 18.8% are active smokers and 67.4% are non-smokers. 68.3% made their debut with inflammatory low back pain. 67% developed some anterior uveitis throughout its evolution. 72.9% have axial involvement and 27.1% joint axial and peripheral involvement. 89.9% met criteria New York (NY), 83% criteria ASAS and 1.8% criteria AMOR for the diagnosis of SpA. 17.4% developed syndesmophytes. The activity of the disease was assessed by BASDAI and PCR (taking the reference point of our laboratory, 5 mg/l as the cut-off point) at the time of diagnosis (p < 0.000289). We did not obtain a statistically significant relationship.

Disclosure of Interests: None declared


AB0722 DOES THE ULTRASOUND OF SACROILIAC JOINTS CONTRIBUTE TO THE DIAGNOSIS OF SPONDYLOARTHRITIS?
Dorra Ben Nessib1, Wafa Hamdi1, Kaouther Maatallah1, Henda Riahi2, Hanene Feijani1, Dhaifa Kaffel1, Med Montacer Kchir1, 1Kassab Institute, Rheumatology, Manouba, Tunisia; 2Kassab Institute, Radiology, Manouba, Tunisia

Background: Although pelvic radiography is a robust imaging modality to detect sacroiliitis, radiographic changes require at least 5 years to develop after symptom onset, hence the increasing interest in new imaging tools in the field of spondyloarthritis (SpA). Whereas the diagnostic utility of magnetic resonance imaging (MRI) and computed tomography (CT) of sacroiliac joints (SIJ) has been extensively studied in many cohorts, the contribution of SIJ ultrasound (US) in the diagnostic of SpA has been little-studied.

Objectives: The objective of this study is to assess the performance of SIJ US for detecting sacroiliitis and to determine its sensitivity and specificity in patients with SpA.

Methods: Consecutive patients, aged 16 years and over, consulting for symptoms suggestive of SpA (inflammatory back pain, enthesitis or dactylitis) from February 2014 to February 2017 were enrolled in this cohort. Eligible patients underwent physical examinations, laboratory tests, SIJ US, CT and/or MRIs, following a standardized protocol. Patients with a conventional radiography showing a confirmed sacroiliitis (grade 3 or 4) were not included. The US was considered positive when showing a unilateral or bilateral vascularization (Doppler signals). Then, resistive index (RI) was measured. After analyzing clinical and radiological data and HLA typing, two experienced rheumatologists, blinded to US results, proceeded to the classification of the patients into 2 groups: confirmed SpA or no SpA. Their final diagnosis was considered the gold standard in inter-rater agreement for the results of SIJ examination.

Results: Forty-five patients, 10 men and 35 women, with an average age of 39 years were included. The mean duration of symptoms was 75 months (6 years). A family history of SpA was noted in 2.22% of patients

REFERENCES

Disclosure of Interests: None declared

patients. A personal history of Reiter’s syndrome was noted in 2.22% of patients and of uveitis in 6.86%. Morning stiffness was noted in 60% (n=239) of patients. Good response to nonsteroidal anti-inflammatory drugs (NSAIDs) and to physical activity were respectively reported by 42.22% (n=19) and 57.8% (n=26) of patients. Twenty-seven per cent of the patients were HLA-B27+. Fifty-one per cent of the studied patients fulfilled the ASAS criteria for axial SpA and 46.7% fulfilled the Amor criteria. After a follow-up between 2 and 3 years, the diagnosis of SpA was confirmed by the referring rheumatologists in 31 (68.9%) patients and excluded in 14 (31.1%) patients. Among the 31 patients with confirmed SpA, 61.3% (n=19) had a positive US (with a mean RI estimated at 0.75) and 38.7% (n=12) had a normal US. Among the 14 patients in whom SpA was excluded, 50% (n=7) had a positive US (with a mean RI estimated at 0.7) and 50% had a normal US. Sensitivity and specificity of US examination were estimated at 61.5% and 50%. Positive and negative likelihood ratio were estimated at 73% and 36.8%. Association between US findings and rheumatologists’ diagnosis of SpA was not statistically significant (p=0.47).

Conclusion: US contribution in the diagnostic of SpA has been little-studied. In our study, although US of SIJ lacked specificity, it has a satisfactory sensitivity and positive likelihood ratio. In fact, this tool is more valuable by its positivity which indicates a high probability of sacroiliitis. However, further investigation is needed in order to assess its performance for ascertaining sacroiliitis.

Disclosure of Interests: None declared


Results: Among 4066 patients with seronegative spondyloarthropathies (SpA), 156 (3.8%) had EA, not reflecting a true prevalence due to selection bias. Demographic and clinical features according to IBD groups were summarized in Table 1. Rates of presence of sacroiliitis were similar between patients with UC and CD (39.9% and 60.1%, p=0.086 respectively). Rates of HLA-B27 positivity were 31.6% and 7.1% in patients with and without radiographic sacroiliitis, respectively (p=0.01). Rates of “never-smoked” (26.5% vs 64.7%) and “current smoking” (32.4% vs 17.6%) significantly differed in patients with and without sacroiliitis (overall p=0.012).

Conclusion: Our data confirm an association between smoking status and disease manifestations, particularly radiographic sacroiliitis.

REFERENCES


Disclosure of Interests: Orhan Kucukgaskin: None declared, Abdulsamet Erden: None declared, Utuf Ilgen: None declared, Sedat Kiraz: None declared, Ali Ilhan Ertendi: Nazife Sule Yasar Bilge: Timucin Kasglojlu: Ediz Dalkilic: Cemal Bes: Nilufer Apay Kanzte: Hakan Emunung: Pamir Atagunduz: Bekis Nihan Seniz: Burcu Yagiz: Selcukler Servard Koca: Muhammet Cinar: Aksen Atez: Servet Akar: Onar Gergik: Duygu Ersol: Veli Yazcis: Gezmi Kimyon: Muge Aydin: Ridvan Mercan: Burak Oz: Zeynel Abdin Akar: Omer Karadag: Bahar Kelen: Ismail Huseyin: Servet Akar: Onay Gerzik: Duygu Ersol: Veli Yazics: Ralat University Faculty of Medicine, Rheumatology, Istanbul, Turkey: 2 Trakya University Faculty of Medicine, Rheumatology, Edirne, Turkey: 3 Eskişehir Osmangazi University Medical Faculty, Rheumatology, Eskişehir, Turkey: 4 Uludağ University Faculty of Medicine, Rheumatology, Bursa, Turkey: 5 University of Health Sciences Bakırköy Sadi Konu Education and Research Hospital, Rheumatology, Istanbul, Turkey: 6 Koç University, Rheumatology, Istanbul, Turkey: 7 Marmara University, Rheumatology, Istanbul, Turkey: 8 Marmara University Faculty of Medicine, Rheumatology, Istanbul, Turkey: 9 Hacettepe University Faculty of Medicine, Rheumatology, Ankara, Turkey: 10 Ankara University Medical Faculty of Medicine, Rheumatology, Elazığ, Turkey: 11 University of Health Sciences Gülhane Training and Research Hospital, Rheumatology, Ankara, Turkey: 12 Ankara University Faculty of Medicine, Rheumatology, Ankara, Turkey: 13 Katip Celebi University Faculty of Medicine, Rheumatology, Izmir, Turkey: 14 Adana State Hospital, Rheumatology, Adana, Turkey: 15 Akdeniz University Faculty of Medicine, Rheumatology, Antalya, Turkey: 16 Mustafa Kemal University Faculty of Medicine, Rheumatology, Hatay, Turkey: 17 Bagkent University Faculty of Medicine, Rheumatology, Adana, Turkey: 18 Namik Kemal University Faculty of Medicine, Rheumatology, Tekirdag, Turkey: 19 Yildirim Beyazit University Faculty of Medicine, Rheumatology, Ankara, Turkey: 20 Okmeydani Research and Educational Hospital, Rheumatology, Istanbul, Turkey

Background: Articular manifestations may differ in ulcerative colitis (UC) and Crohn’s disease (CD). Genetic and non-genetic factors like sex, smoking, and presence of HLA-B27 were previously shown to modify the expression of articular and extraarticular manifestations of IBD.

Objectives: The aim of this study is to document disease features and factors affecting the expression of articular manifestations in Turkish patients with IBD-related (enteropathic) arthritis under treatment with disease modifying antirheumatic drugs (DMARDs).

Methods: Data regarding enteropathic arthritis (EA) were collected from the Turkish database, a nation-wide multicenter observational registry of inflammatory arthritis patients.