AMG tolerability was good. 15-25% patients had mild dyspepsia. Discontinuation of therapy due to side effects was only in 6 patients (0.93%). The development or worsening of arterial hypertension, as well as other cardiovascular complications, was not observed.

**Conclusion:** AMG is an effective, well-tolerated NSAID, which is appropriate for long-term treatment of OA, RA and AS.

**Disclosure of Interests:** None declared

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**AB0796**

**DIFFERENCES AND SIMILARITIES OF THE BONE: CARTILAGE UNIT IN PATIENTS WITH PRIMARY OSTEOARTHRITIS AND SECONDARY OSTEOARTHRITIS CAUSED BY RHEUMATOID ARTHRITIS**

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**Background:** Despite distinct aetiologies of joint diseases, the osteoarthritic end-stage of primary osteoarthritis and rheumatoid arthritis are described using similar radiological features. However, primary and secondary osteoarthritis may be different at the bone-cartilage unit depending on the pathogenesis.

**Objectives:** The main purpose was to investigate the histological differences in the bone-cartilage unit of the hip joint in patients with primary osteoarthritis and patients with secondary osteoarthritis due to rheumatoid arthritis.

**Methods:** Femoral heads were obtained during arthroplasty from 12 patients with primary osteoarthritis and six patients with secondary osteoarthritis due to rheumatoid arthritis. Twelve femoral heads from healthy age- and sex-matched subjects were obtained post-mortem. Femoral heads were investigated using stereological methods to provide unbiased quantitative data. The femoral head, articular cartilage, calcified cartilage, subchondral bone, and osteophytes were measured.
Table 1: Volume and thickness of the bone-cartilage unit, femoral head volume and osteophyte area in healthy subjects (HS), osteoarthritis (OA) and rheumatoid Arthritis (RA) patients.

<table>
<thead>
<tr>
<th></th>
<th>Healthy subjects (n = 12)</th>
<th>Osteoarthritis (n = 12)</th>
<th>Rheumatoid Arthritis (n = 6)</th>
<th>ANOVA OA vs RA</th>
<th>HS vs RA</th>
<th>HS vs OA</th>
</tr>
</thead>
<tbody>
<tr>
<td>Age (years)</td>
<td>Median [95% CI]</td>
<td>62 [60.65;65]</td>
<td>62 [59.65;65]</td>
<td>63 [60.65;65]</td>
<td>0.984</td>
<td>—</td>
</tr>
<tr>
<td>Femoral head volume (cm³)</td>
<td>52[39.6;64.3]</td>
<td>43[37.3;50.0]</td>
<td>41[33.6;48.7]</td>
<td>0.233</td>
<td>—</td>
<td>—</td>
</tr>
<tr>
<td>Antecubital volume (cm³)</td>
<td>7.4[4.9;9.9]</td>
<td>5.1[4.0;6.1]</td>
<td>2.9[1.6;4.3]</td>
<td>&lt;0.001</td>
<td>0.012</td>
<td>&lt;0.001</td>
</tr>
<tr>
<td>Articular cartilage thickness (µm)</td>
<td>1413</td>
<td>1134</td>
<td>721[403;1040]</td>
<td>&lt;0.001</td>
<td>0.029</td>
<td>&lt;0.001</td>
</tr>
<tr>
<td>Subchondral bone thickness (µm)</td>
<td>227[172;282]</td>
<td>406[285;527]</td>
<td>409[186;632]</td>
<td>0.021</td>
<td>1.000</td>
<td>0.099</td>
</tr>
<tr>
<td>Calcified cartilage thickness (µm)</td>
<td>108[81.1;143]</td>
<td>119[94.1;151]</td>
<td>56[62.5;127]</td>
<td>0.016</td>
<td>0.017</td>
<td>0.046</td>
</tr>
<tr>
<td>Osteophyte area (mm²)</td>
<td>8.8[2.2;35.7]</td>
<td>70[44.1;121]</td>
<td>49[4.7;513]</td>
<td>0.0081</td>
<td>1.000</td>
<td>0.073</td>
</tr>
</tbody>
</table>

Data are presented as mean [95%CI]. Statistical significance was found using one-way ANOVA. The Post-hoc Bonferroni test was used to identify intergroup differences. Data not normally distributed was log-transformed and presented as geometric mean [95%CI].

Conclusion: Patients with secondary osteoarthritis due to rheumatoid arthritis had thinner articular cartilage and calcified cartilage but were otherwise not significantly different from patients with primary osteoarthritis. Thus, the inflammatory joint in rheumatoid arthritis was associated with a more pronounced loss of cartilage than the degenerative joint disease in primary osteoarthritis. The thicker calcified cartilage in primary osteoarthritis has been attributed to endochondral ossification; this does not seem to be the case in rheumatoid arthritis.

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AB0797 GRANULYSIN MEDIATED CYTOTOXICITY AND ITS SERUM CONCENTRATION IN PATIENTS WITH KNEE OSTEOARTHRITIS

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Background: In OA joint, synovial membrane contain immunocompetent cells (1-4), which produce predominantly pro-inflammatory cytokines (2,5), justifying the name “osteoarthritis” and directing the development of disease towards mild systemic inflammatory condition (6). Granulysin (GNLY) is mediator of cellular immunity expressed in T and NK cells in 15 kDa isoform and annexin V+ target cells by flow cytometry. In some samples anti-GNLY and/or anti-perforin antibodies were added. IL-15 concentration was measured by ELISA, Nonparametric Kruskal-Wallis and Mann-Whitney U test, as well as Spearman correlation test were used for statistical evaluation.

Results: In lymphocytes of OA patients GNLY expression and NK cell-mediated apoptosis of K-562 cells did not differ significantly from the healthy control. In OA patients only, RC8 antibody against cytotoxic GNLY molecule significantly decreased apoptosis of K-562 cells. RF10 anti-15 kDa GNLY did not show such effect. Anti-perforin antibody completely abolished apoptosis in both groups tested and the effects of additionally added RC8 or RF10 anti-GNLY antibodies were not observed. Serum IL-15 concentration in healthy controls and OA patients was low and did not show statistically significant difference. GNLY expression in lymphocytes, and particularly in NK subset, positively correlated with VAS of pain and 6-minutes walking distance.

Conclusion: In OA patients, GNLY mediated apoptosis is involved in apoptosis of NK sensitive K-562 cells in vitro and might be involved in the killing of damaged joint cells in vivo after direct contact.

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Disclosure of Interests: Gordana Laskarin Speakers bureau: Yes, at the professional meetings, Tatjana Kehler Speakers bureau: At some congresses and meetings, Viktor Persic Speakers bureau: At some meetings and congresses, Merica Aralica: None declared, Božena Ćurko-Cofek: None declared, Marija Rogoznica: None declared, Ivan Rosovic: None declared, Tamara Kauzlaric-Zivkovic: None declared, Sandra Rusac-Kucik: None declared, Daniel Rukavina: None declared


AB0798 GENDER DIFFERENCES IN DURATION OF SYMPTOMS AND PREOPERATIVE EXPECTATIONS IN TOTAL KNEE ARTHROPLASTY PATIENTS

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