models 1 to 4 were 0.79(0.73-0.85), 0.78(0.72-0.84), 0.76(0.70-0.82), and 0.74(0.68-0.81), respectively.

MODEL	1		2		3		4	
PREDICTORS	β	95% CI	β	95% CI	β	95% CI	β	95% CI
Disease duration	-0.07	-0.11, -0.02	-0.06	-0.11, -0.02	-0.06	-0.11, -0.02	-0.08	-0.12, -0.03
Current NSAIDs	-1.14	-2.24, -0.05	-0.96	-2.02, -0.10	-1.09	-2.12, -0.05	-0.85	-1.87, -0.18
Last 12 months flares	-0.42	-0.70, -0.13	-0.23	-0.41, -0.06	-0.25	-0.05, -0.06	-	-
sUA <6 mg/dl	1.68	0.38, 2.98	0.82	0.00, 1.65	0.76	-0.06, 1.57	-	-
Tophi	-1.66	-3.18, -0.14	-0.68	-1.65, -0.29	-0.73	-1.79, -0.32	-	-
VAS patient disease	-0.64	-1.28, -0.00	-0.09	-0.24, -0.06	-	-	-	-
Baseline GAS	1.59	-0.20, 3.38	-	-	-	-	-0.47	-0.83, -0.12
Intercept	-3.50	-8.36, 1.34	0.76	0.00, 1.52	0.60	-0.10, 1.31	2.03	0.64, 3.43
PERFORMANCE								
C-statistic	0.81	0.73, 0.88	0.81	0.73, 0.88	0.80	0.73, 0.87	0.77	0.69, 0.85
Optimism-corrected	0.77		0.78		0.78		0.77	
Hosmer–Lemeshow test	0.64		0.37		0.38		0.49	

Conclusion: These preliminary prediction models for inactive disease showed good performance in gouty patients from a real-life secondary setting. External validation in ad-hoc studies is required to identify the best model and to search for additional predictors and increase its predictive performance.

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AB0894 CHANGE OF ULTRASONOGRAPHIC SIGNS DURING URATE LOWERING THERAPY IN PATIENTS WITH GOUT

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Background: US is widely used in clinical practise in gout diagnosis and follow up. However, the crystal resolution time is not widely studied in gout patients by ultrasonography.

Objectives: To explore related factors of changes in gouty patients by ultrasonography after initiation of uric acid lowering therapy.

Methods: There were 72 gout patients enrolled who admitted to First hospital of Peking University from December 2012 to June 2017. All the patients had clinical and ultrasound examination at both knees, ankles and feet joints at the baseline. Regular uric acid lowering therapy started for one year. The endpoint was the last time who repeat the ultrasound examination during the follow up. According with uric acid level and its measuring time, the area under the curve was calculated to reflect the uric acid burden.

Results: In the 216 joint regions of 72 patients, double contour sign were detectable in 112/216(51.85%), tophi were detectable in 71/216(32.87%). Among MTP Joints, DCS was detected in 32/144 (22.22%),

and tophi in 47/144 (32.64%). Among Knee joints, DCS was detected in 33/144 (22.92%), tophi in 4/144 (2.78%). Among ankle joints, DCS was detected in 47/144(32.64%), tophi in 20/144(13.89%). DCS disappearance occurred in 38/55 (69.09%) joints positive for DCS at baseline. Time-to-disappearance was 148 days (63-985 days). Tophi disappeared completely in 18/45 joints (40%). Time-to-disappearance was 382.5 days(397.25-686 days). There was no significant difference in age, BMI, duration of disease and complications between DCS persisted group and DCS disappearance group. SUA in the DCS disappeared group at baseline, second, third, fourth and ninth months of follow-up was significantly lower than that of the non-disappeared group. SUA load in the DCS group was significantly lower than the non-disappeared group. Post hoc tests showed that SUA levels fell significantly from baseline through fourth month of follow-up in DCS disappeared group, and SUA of the sixth months was the lowest.

Conclusion: To screen for specific features of gout such as DCS or tophi by US at initiation of ULT and during follow-up is a useful, and effective modality to detect the lowering and often disappearance of burden of urate load in gouty joints.

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AB0895 EFICACY AND SAFETY OF ALLOPURINOL WHILE TITRATING HYPERURICAEMIA IN GOUTY PATIENTS

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Background: according to EULAR 2016 recommendations (1), a drug of choice for gout treatment in patients with normal kidney function is Allopurinol, which should be started at 100 mg daily and titrated up to 600-900 mg daily (raised up for 100 mg every 2-4 weeks) in order to reach the target serum uric acid (SUA) level of < 6 mg/dL (360 μmol/L). However, this advice is mostly not followed in daily clinical practice, mainly because of the adverse events precaution.

Objectives: to monitor the efficacy and safety of different dose regimens of Allopurinol while treating hyperuricaemia in gouty patients.

Methods: in a prospective study gouty patients were included consequently, as they have entered the Rheumatology Institute in Belgrade, classified as either chronic or newly-diagnosed. Allopurinol was titrated monthly up to the recommended SUA level or the severe adverse events occurrence (following hypersensitive drug reactions, liver and kidney function tests and the number of blood cells). Patients were followed-up for 6 months.

Results: study enrolled 61 patients (92,1% male) aged 59,2 (9,6) years. Their mean (SD) SUA level was 454,8 (99,3), 362,7 (60,9) and 388,2 (74,4) μmol/L at 1,2 or 3 months of therapy, respectively. At three months of therapy, target SUA level was reached by 45 (73,8%) of patients treated with Allopurinol up to 300 mg daily. For non-responders, Allopurinol was raised to 400-600 mg daily and additional 12 (19,6%) of patients reached the target SUA level (mean 353,6 (36,2) μmol/L), whereas only 6,6% of patients did not reach the therapeutic goal. Gouty flares were identified in 11/61 (18%) of patients, gastrointestinal symptoms were reported by 6/61 (9,8%), 5/61 pts (8,2%) have evolved

hepatotoxicity with minor liver function abnormalities and Allopurinol induced mild skin rash was seen in 7/61 (11%) of patients. All adverse events were mild and the therapy was not changed.

Conclusion: Allopurinol increasing dose regime was efficient in hyperuricaemia treatment, and the target goal was reached by 93.4% of patients. All adverse reactions were mild and did not influence dose regimen at the end of the 6 months period of follow-up.

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Infection-related rheumatic diseases

AB0896

REINFECTION OF PROSTHETIC JOINT WITH A DIFFERENT MICROORGANISM: A PROSPECTIVE COHORT STUDY

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Background: Treatment failure of prosthetic joint infection (PJI) may be due to relapsing infection (with the same microorganism) or a new infection (with a different microorganism). Data on new prosthetic joint infections (NPJI) are scarce, although they represent a devastating complication and a therapeutic challenge of joint arthroplasty.

Objectives: The aim of this study was to describe epidemiological, clinical and microbiological characteristics of NPJI, their treatment and outcome.

Methods: This observational single-center cohort study was conducted in a French referral center for bone and joint infections. All patients admitted between January 2000 and December 2015 with a documented hip or knee PJIs and at least 2 years of follow-up, were identified. Among those, all patients treated in our center for at least two successive PJIs, involving the same joint and due to different microorganisms, were included. We compared these patients with a random selection of 124 "single"-PJIs (72 knee and 52 hip prostheses) treated in our center and followed at least 2 years.

Results: Among 909 PJIs treated during the study period, 62 patients with 70 NPJIs were included (7.7%). NPJIs developed more frequently in knee (15.7%) than in hip prostheses (4.4%) ($p < 0.001$). Median [range] age was 70 [66-80] years old and median [range] body mass index was 28.7 [25-33] kg/m². Median [range] duration from the first to the NPJI was 16 months [0-98]. Hematogenous spread of the infection was quite higher in NPJIs compared to single-PJIs (92% versus 31% ($p = 0.0001$)). NPJIs were predominantly monomicrobial (82%), due to *S. aureus* (29%), *Streptococcus* sp. (29%) *Gram-negative bacilli* (11%) or others (31%).

A curative strategy was applied to 71% of the patients with a NPJI: DAIR (31%), 1-stage exchange arthroplasty (24%), 2-stage exchange arthroplasty (5%) and other strategies (11%). For the other patients, prolonged suppressive antibiotic therapy was prescribed (29%), combined with surgery in 10% of patients. Eight patients had a second NPJI, 6 were an acute hematogenous PJI.

Four risk factors for NPJI were identified by multivariate analysis: chronic dermatitis (odds ratio [OR] 11.49; 95% CI, 2.40, 55.01; $p = 0.002$), 2-stage exchange arthroplasty during the first PJI (OR 6.99; 95% CI, 2.83, 17.27; $p = 0.0001$), high blood pressure (OR 3.17; 95% CI, 1.39, 7.20; $p = 0.006$) and male gender (OR 2.99; 95% CI, 1.35, 6.60; $p = 0.007$).

Conclusion: NPJIs are complex PJI affecting more frequently the knee prostheses. They occur predominantly via hematogenous spread from a distant infectious focus, especially the skin. In these complex settings, management by multi-disciplinary teams, should be adapted to each clinical situation.

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AB0897

ABSCESSES DURING OSTEOARTICULAR BRUCELOSIS: A STUDY OF 26 CASES

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Background: Brucellosis remains an important economic and public health problem in developing countries. The osteoarticular involvement is one of its serious complication mainly due to abscess formation.

Objectives: The aim of our study was to identify the frequency and radiological features of abscesses during osteoarticular brucellosis.

Methods: We conducted a retrospective study including 26 patients who have been hospitalized for osteoarticular brucellosis from 1998 to 2018. The diagnosis of brucellosis was made on the basis of clinical symptoms, imaging finding (CT scan or MRI) and isolation of brucella species in blood or tissue specimens and/or a positive Wright agglutination test.

Results: Twenty six patients were included. 15 patients were male. The mean age was 52 years [21-77]. The geographical origin of the patients was rural in 80% of the cases. The average duration of symptoms progression was 4.76 months [1-12]. Prominent clinical symptoms were inflammatory pain (all cases), fever (in 21 cases) and sweating (in 17 cases). Weight loss was found in 11 cases (42.8%) and hepatomegaly was found in 1 patient. The physical examination revealed a paresis of the two lower limbs in 2 cases. Brucella agglutination test was $\geq 1/160$ in all cases (mean 1/760). Blood cultures were negative in all cases. Erythrocyte sedimentation rate (ESR) and serum C-reactive protein level were ranged 2-108 mm (mean 41.37 mm) and 0-125 mg/l (mean 30 mg/l) respectively. Leucopenia was found in only 1 case and leukocytosis in 6 cases. The most frequent osteoarticular involvement was spondylodiscitis in 20 cases (76.9%) affecting the lumbar dorsal and cervical spine in respectively 12, 6 and 2 cases. Sacroiliitis was found in 4 cases (15.4%) and septic arthritis in 2 cases (7.7%). Biopsy was performed in 8 cases, but bacteriological examination was contributory to the diagnosis in 2 cases. The radiological findings showed that 14 patients (53.8%) had abscesses. Soft tissue abscesses were detected in 7 cases with mean size of 1.3 cm [0-9cm]. Bilateral psoas abscess was recorded in one case. Epidural collection was revealed in 3 cases with an average size of 0.3 cm [0-5cm]. Paravertebral and peri-vertebral abscesses were detected in 5 cases. Intradiscal abscesses were observed in 3 cases. Cord compression and involvement of root nerve were noted in respectively 6 and 1 cases. Compared to the group without abscesses, subjects with abscesses had higher ESR and the difference was statistically significant (mean ESR 26.83 vs 55.9 mm) ($p = 0.016$). There was no statistically significant link between duration of symptoms or duration of hospitalization and the presence of abscesses. All patients had antibiotic treatment (cyclins and rifampicin). The evolution was favorable in all cases. Surgical intervention was required in one case (evacuation of an epidural abscess).

Conclusion: Our study showed that abscesses are frequent in osteoarticular brucellosis. In spite of the low risk of complication, we have to screen it using a cross sectional imaging.

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AB0898

HIV AND RHEUMATOLOGICAL DISEASES. MISDIAGNOSIS OR CONSEQUENCE!

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Background: Human immunodeficiency virus (HIV) infection is pandemic nowadays, more than 35 million people are infected with HIV, with two-thirds being resident in Africa.⁽¹⁾ The incidence of rheumatic manifestations in HIV infection was reported in about 4 to 71.3% cases in different studies depending on the stage of the disease and musculoskeletal involvements.^(2,3)

Objectives: The aim of these study to scope the light on HIV associated rheumatic syndromes. Rheumatic disease were a misdiagnosis or not?

Methods: Cross sectional study of patients admitted to rheumatology unit in Alexandria University with a previous diagnosis of autoimmune rheumatic diseases, resistant to treatment, were screened for HIV.

Results: Three patients found to be HIV positive with low CD4+ less than 200 cells mm³ among 130 screened patients. Two patients were diagnosed as behcet disease due to recurrent oral and genital ulcers.