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.

REFERENCE

- [1] Richette P, Doherty M, Pascual E, Barskova V, Becce F, Castañeda-Sanabria J, Coyfish M, Guillo S, Jansen TL, Janssens H, Lioté F, Mallen C, Nuki G, Perez-Ruiz F, Pimentao J, Punzi L, Pywell T, So A, Tausche AK, Uhlig T, Zavada J, Zhang W, Tubach F, Bardin T. 2016 updated EULAR evidence-based recommendations for the management of gout. *Ann Rheum Dis*. 2017 Jan;76(1):29-42

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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.

Disclosure of Interests: None declared

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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.

Disclosure of Interests: None declared

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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.

The first one, also had recurrent skin infections associated with bilateral anterior and posterior uveitis. The second one admitted by recurrent oral and genital ulcerations associated with severe oral candidiasis, arthritis, erythema nodosum and positive pethargy test. The third one diagnosed as peripheral spondyloarthritis admitted with low-grade fever, palmoplantar psoriasis as well as acute extensive anterior and posterior uveitis in left eye and chronic anterior and posterior uveitis in right eye with CMV positive.

Conclusion: HIV infection might be misdiagnosed as a rheumatic disease. It is important to screen patients with inflammatory autoimmune rheumatic manifestations for HIV infection for its implications in the diagnosis and management.

REFERENCES

- [1] Global AIDS Update 2016. Geneva, Switzerland: Joint United Nations Programme on HIV/AIDS. Accessed August 5, 2018.
- [2] Calabrese LH. Human immunodeficiency virus (HIV) infection and arthritis. *Rheum Dis Clin North Am.* 1993;19:477–88.
- [3] Fox C, Walker-Bone K. Evolving spectrum of HIV-associated rheumatic syndromes. *Best Practice & Research Clinical Rheumatology.* 2015 Apr 1;29(2):244–58.

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AB0899

COMPUTER TOMOGRAPHY GUIDED BIOPSY YIELD IN PYOGENIC VERTEBRAL OSTEOMYELITIS. AN EXAMINATION OF INFLUENCING FACTORS

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Background: Vertebral Osteomyelitis (VO) is an infectious disease that could involve intervertebral space (discitis), which it is avascular in adults. VO and discitis may occur together or independently. Both are frequently the result of a spreading of a distant focus, such as infectious endocarditis or soft tissue infection. Due to the lack of direct blood supply, reliability of blood cultures is low, so biopsy is highly encouraged by current guidelines. Treatment includes long term antibiotic (ATB), that should be initiated after biopsy (if possible) and sometimes, further surgery is needed.

Objectives: To analyze which factors influence the result of a CT-guided biopsy in patients with VO.

Methods: Retrospective observational study including adult patients diagnosed of VO based on the combination of clinical presentation with either a definitive bacteriologic diagnosis or pathological and/or imaging studies, who underwent CT-guided biopsy from January 2010 to January 2019. Demographic features, concurrent diseases, clinical history (length of pain and fever prior to admission), laboratory findings, microbiological diagnosis and radiological data were compiled. Days until biopsy from admission, prior antibiotic exposure was also collected. We considered as immunosuppressed patients those who had rheumatic or inflammatory bowel disease undertaking immunomodulatory drugs, solid organ transplantation receptors, and patients with an active malignancy or Human Immunodeficiency Virus (HIV) infected. Clinical and radiological history of lumbar stenosis or disc herniation was considered as prior spine pathology. Spinal infections after surgery, Fungal and tuberculous disease were excluded. We considered deaths attributable to PVO those which were directly caused by the infectious picture and/or its complications during the next year after diagnosis.

Results: Seventy-two of 109 patients with VO underwent biopsy (66.06%). Thirty-nine brought a positive culture (54.2%). Basal demographic and clinical features are exposed in table 1. Positive cultures included 33 cases (84.61%) of Gram+ infection (23 *Staphylococcus* and 6 *Streptococcus*) and 6 (15.39%) by Gram- bacilli (3 cases of *Pseudomona aeruginosa*, 2 *Escherichia coli* and 1 *Brevundimona spp*).

	CULTURE +		CULTURE -	
	N= 39 (54.2%)		N= 33 (45.8%)	
Male sex	26	66.67%	22	66.67%
Age	62.66 (mean)	sd:15.25	61.84 (mean)	sd:11.81
High blood pressure	20	51.28%	18	54.55%
Diabetes	12	30.77%	6	18.18%
Chronic Kidney Disease III-V	7	17.95%	6	18.18%
Immunosuppressed	8	20.51%	6	18.18%
Prior Spine Pathology	22	56.41%	23	69.69%
Liver cirrhosis	5	12.82%	9	27.27%

Conclusion: In our population, it has been observed that not a single variable collected showed influence on culture result, although a negative tendency is observed in cases of prior antibiotic exposure, with no significance. Since CT guided biopsy is a safe technique, offering an acceptable reliability, our results support its use even in those cases that empirical antibiotic had been already initiated.

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AB0900

ACUTE PARAPARESIS AS CLINICAL PRESENTATION OF VERTEBRAL OSTEOMYELITIS

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Background: Vertebral Osteomyelitis (VO) is an infectious disease that could produces neurologic complications such as paresthesia, limb weakness or even acute paraparesis (AP)¹.

Objectives: To analyze the clinical characteristics of patients with VO with AP as clinical presentation.

Methods: Single center retrospective observational study including adult patients diagnosed of VO based on the combination of clinical presentation with either a definitive bacteriologic diagnosis and/or imaging studies, who had a clinical examination at diagnosis compatible with AP, from January 2010 to January 2019. ASIA score (American Spinal Injury Association) was registered at diagnosis and one year after. Clinical and radiological history of lumbar stenosis or disc herniation was considered as prior spine pathology. We considered deaths attributable to PVO those which were directly caused by the infectious picture and/or its complications during the next year after diagnosis.

Figure 1

Results: In 15 of 122 patients with VO (18.30%), AP was described on physical examination at admission. Basal demographic and clinical features are exposed in table 1. ASIA scores at diagnosis and 1 year after are showed in chart 1. Duration of pain prior to diagnosis had a median of 24 days (7.5, 55). C reactive protein showed a median value of