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 regimen was efficient in hyperuricemia 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


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 2.995%; CI 1.35, 6.60; p=0.007).

Conclusion: NPJIs are complex PJIs 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.


**AB0897 ABSCESSES DURING OSTEOARTICULAR BRUCELLOSIS: 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 the most common complications and it may be the only clinical manifestation.

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

Methods: We conducted a retrospective study including 26 patients who followed in our hospital for osteoarticular brucellosis from 1998 to 2018.

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 was 4.76 months [1-12]. Prominent clinical symptoms were osteoarticular 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 >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 respectively 138 mm [7-37] and 0-125 mm [7-37] in 26 cases (mean 30 mm [9-61] and 125 mm [37-37] 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.

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.


**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. 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 involvement.

Objectives: The aim of these study to scope the light on HIV associated rheumatic diseases. Involvements.(2,3)

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 mm⁻³ 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 ulcers associated with severe oral candidiasis, arthritis, erythema nodosum and positive pethargy test. The third one diagnosed as peripheral spondyloarthritides admitted with low-grade fever, palmoplantar porsisosis 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**


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**DOIs:**