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.

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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