REFERENCES


AB1152 CORRELATING SERUM RESISTIN LEVEL TO ULTRASONOGRAPHIC FINDINGS OF OSTEOARTHRITIC KNEES AFTER INTRA-ARTICULAR GLUCOCORTICOID INJECTION

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Background: Osteoarthritis (OA) is one of the ten disabling diseases affecting 9.6% of men and 18% of women aged over 60 worldwide (1). OA characterized by articular cartilage loss, subchondral bone remodeling, soft tissue damage and low grade synovitis. It is the most common form of arthritis and major cause of disability in the adult population (2). The main source of resistin in humans is mononuclear cells (3). Evidence has shown that higher serum levels of resistin in patients with severe OA compared to controls with no OA and resistin are detected in both serum and synovial fluid, proving its systematical and local involvement in inflammatory changes of OA (4).

Objectives: The aim of this work is to study the effect of local GC intra-articular injection on the level of serum resistin in OA knees and to study the relation between different serum levels of resistin and US findings of the knee.

Methods: Thirty patients with primary knee OA Grade 2-3 Kellgren Lawrence score (5) in acute flare according to ACR criteria with or without effusion were included in this study as a control group. Serum Resistin level was measured and Musculoskeletal ultrasound examination of the knee before and three months after steroid injection was done by TOSHIBA APILO 400. linear probe frequency 12L5. Effusion examination of the knee before and after injection. It was 7.6 ng/ml in patients before injection and 5.1 ng/ml in patients after injection.

Results: Serum resistin showed significant difference (p-value < 0.05) before and after injection. It was 7.6 ng/ml in patients before injection and 5.1 ng/ml in patients after injection.

<table>
<thead>
<tr>
<th>Groups</th>
<th>Variables</th>
<th>Before (N = 30)</th>
<th>After (N = 27)</th>
<th>p-value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Resistin (ng/ml)</td>
<td>Mean</td>
<td>7.6</td>
<td>6.9</td>
<td>0.3</td>
</tr>
<tr>
<td>ASD</td>
<td>2.8</td>
<td>2.6</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

US showed significant difference (p-value < 0.001) before and after injection as regard effusion level.

<table>
<thead>
<tr>
<th>Groups</th>
<th>Variables</th>
<th>Before (N = 30)</th>
<th>After (N = 27)</th>
<th>p-value</th>
</tr>
</thead>
<tbody>
<tr>
<td>U/S</td>
<td>No effusion</td>
<td>0 (0%)</td>
<td>14 (52%)</td>
<td>&lt; 0.001</td>
</tr>
<tr>
<td></td>
<td>Mild effusion</td>
<td>11 (37%)</td>
<td>10 (37%)</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Moderate effusion</td>
<td>19 (63%)</td>
<td>3 (11%)</td>
<td></td>
</tr>
</tbody>
</table>

Conclusion: Resistin could be considered as an important severity marker of knee OA. Serum resistin level is markedly decreased after intra articular steroid injection into OA knee joint. The longer the duration of illness the higher the resistin level. The older the age the higher the resistin level. The longer the duration of illness, the higher the radiological grade.

AB1153 EVALUATION OF DIAGNOSTIC DISCREPANCY USING THE ASAS CRITERIA AND F-18 NaF PET/CT IN PATIENTS WITH SUSPECTED AS

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Background: The latest ASAS diagnostic criteria allow early diagnosis of ankylosing spondylitis by using MRI. Nuclear imaging techniques may detect increased bone turnover not only during inflammation, but probably also paralleling postinflammatory reparative changes at starting point of new bone formation.

Objectives: We focus on diagnostic discrepancy to evaluate AS between fluorine-18 sodium fluoride (F-18 NaF) PET/CT and assessment of spondyloarthritis international society (ASAS) criteria in patients with chronic low back pain suspected ankylosing spondylitis.

Methods: Sixty-eight patients with chronic lower back pain over 3 months and limited lumbar movement were included. Among them, 49 patients who fulfilled ASAS diagnostic criteria were included as AS groups and 19 others were controlled. For clinical assessment, ESR, CRP, BASDAI, and BASFI scores were measured. For imaging assessment, conventional radiography for sacroiliitis and F-18 NaF PET/CT were performed. We defined AS-positive lesions on PET/CT as uptake of sacroiliac joint, syndesmophyte, enthesitis lesions and facet joint.

Results: No significant differences were observed in the baseline demographic evaluation between two groups in terms of age, sex, follow-up period and clinical parameters including BASDAI, BASFI, ESR level. However, there were significant differences in terms of HLA-B27 positive value, CRP level and standard uptake value ratio (SUVr) of sacroiliac joint in patients fulfilled ASAS criteria.

Conclusion: In diagnosing AS, F-18 NaF PET/CT showed 79.59% sensitivity, 84.21% specificity and 80.88% accuracy. This shows the diagnostic value of the F-18 NaF PET/CT, which can be a good alternative to the diagnosis of early ankylosing spondylitis, and can evaluate whole body lesions in a single session.

Disclosure of Interests: None declared


AB1154 CLINICAL SIGNIFICANCE OF MONOSPECIFIC ANTI-DFS70 IN ANTINUCLEOLAR ANTIBODY (ANA)-POSITIVE PATIENTS

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Background: The most commonly used method for ANA detection is the indirect immunofluorescence test (IFT) on HEp-2 cells. Among ANA, anti-speckled fine speckled (DFS) 70 antibodies produce a pattern (nuclear dense fine speckled) that can be confused with homogeneous or fine speckled pattern (typical of ANA-associated rheumatic disease, AARD). The presence of anti-DFS70 have been reported in a variety of clinical