REFERENCES

- [1] Suzuki T, Yoshida R, Hidaka Y, Seri Y. Proliferative Synovitis of the Shoulder Bursae is a Key Feature for Discriminating Elderly Onset Rheumatoid Arthritis Mimicking Polymyalgia Rheumatica From Polymyalgia Rheumatica. *Clin Med Insights Arthritis Musculoskelet Disord* 2017;10: 1179544117745851.
- [2] Suzuki T, Yoshida R, Okamoto A, Seri Y. Semiquantitative Evaluation of Extrasynovial Soft Tissue Inflammation in the Shoulders of Patients with Polymyalgia Rheumatica and Elderly-Onset Rheumatoid Arthritis by Power Doppler Ultrasound. *Biomed Res Int* 2017;2017: 4272560.

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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 will be recruited for the study from the Physical medicine, Rheumatology and Rehabilitation Outpatient Clinic of Al-Azhar University Hospitals starting from November 2017 till may 2018.

Patients with secondary OA. All systemic autoimmune diseases. Previous local GC injection within 3 months preoperative evaluation were excluded. Twenty healthy individuals matched for age, sex and BMI with patients were also enrolled 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 and Synovitis were assessed.

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.

Groups Variables		Before (N = 30)	After (N = 27)	p-value
Resistin (ng/ml)	Mean	7.6	6.9	0.3
±SD	2.8	2.6		

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

Groups Variables		Before (N = 30)	After (N = 27)	p-value
U/S	No effusion	0 (0%)	14 (52%)	< 0.001*
	Mild effusion	11 (37%)	10 (37%)	
Moderate efusin		19 (63%)	3 (11%)	

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..

REFERENCES

- [1] Hardcastle SA, Gregson CL, Deere KC, Smith GD (2013): High bone mass is associated with an increased prevalence of joint replacement: a case –control study. *Rheumatology*, 52 (6): 1042-51.
- [2] Karvonen-Gutierrez CA, Harlow SD, Mancuso P, Jacobson J (2013): Association of leptin levels with radiographic knee osteoarthritis among a cohort of midlife women, *Arthritis Care and Research*, 65 (6): 936-44.
- [3] Lazar MA (2007): Resistin and Obesity associated metabolic diseases. *Horm Metab Res.*, 39:710-6.
- [4] Perruccio V, Mahomed N, Chandran V, Gandhi R (2014): Plasma adipokine levels and their association with overall burden of painful joints among individuals with hip and knee osteoarthritis. *Journal of Rheumatology*, 41 (2): 334–337.
- [5] Kellgren J and Lawrence J (1957): Radiological assessment of osteoarthritis. *Ann Rheum Dis.*, 16 (4):494-502.

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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.

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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 (IFI) on HEp-2 cells. Among ANA, anti-dense 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