respectively) were the most frequent extra-articular manifestations of SLE. Few patients experienced main systemic signs such as renal (67 patients, 38%) and neurological (9 patients, 5%) disorders, vasculitis (6 patients, 3%), and serositis (43 patients, 24%).

The studies included in the present analysis are displayed in Table 1.

Conclusion: We observed a strong heterogeneity in the elements taken into account to establish the presence of rhupus, reflecting the lack of consensus and validated criteria to define the disease. Rhupus can represent an aggressive and disabling condition, and a harmonization in the classification criteria might represent the first step to improve the management of these patients.

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AB1178

PLANTOGRAPHIC ASSESSMENT OF FOOT DEFORMITIES IN PATIENTS WITH RHEUMATOID ARTHRITIS

Russka Shumnalieva, Simeon Monov. *Clinic of Rheumatology, Department of Internal Medicine, Medical University-Sofia, Sofia, Bulgaria*

Background: In almost one third of the patients with rheumatoid arthritis (RA) the disease begins with involvement of the small joints of the feet with high risk for developing significant foot deformities with disease progression. Irreversible structural changes occur as a result of synovitis combined with mechanical stress. The pain and the impaired static cause functional disability in these patients and the orthotic correction is often limited and with no evidence for effectiveness.

Objectives: To assess the foot structure and determine the incidence of foot deformities in patients with RA with different disease duration ranging from 3 months to more than 10 years.

Methods: Forty two RA patients (32 women and 10 men) underwent assessment of the foot structure under an axial load and while walking on a pressure measuring plate as well as a 3D scan of the feet.

Results: The most common foot deformities found in the study group included hallux valgus deformity in 73,81%, flattening of the medial longitudinal arch in 64,29% and valgus deformity of the calcaneus in 35,71% of the patients.

Conclusion: The introduction of the plantography in the clinical practice offers the opportunity for early diagnosis of foot deformities in patients with RA and indicates the necessity of correction through orthotics or surgery.

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AB1179

TYPES OF JOINT LESIONS IN REACTIVE ARTHROPATHY

Volha Sirotka¹, Uladzimir Sirotka², Alexander Litvyakov¹. ¹ Vitebsk State Order of Peoples' Friendship Medical University, Department of internal diseases №21, Vitebsk, Belarus; ² Vitebsk State Order of Peoples' Friendship Medical University, Department of traumatology, orthopedics and military field surgery, Vitebsk, Belarus

Background: Differential diagnosis of ReA has certain difficulties, especially at an early stage in the absence of confirmation of trigger infection. Radiographic signs of joint damage when the response are not specific and appear not earlier than 3-6 months from the onset of the disease; enthesitis this method is not visualized, making it difficult to timely diagnosis of ReA [1]. To determine the tactics of patient management and selection of adequate therapy is no less important to determine the duration and characteristics of the course of ReA.

Objectives: To study the ultrasonic features of joint lesions in reactive arthropathy depending on the course of the disease.

Methods: We examined 66 patients with Rea who met the preliminary international criteria were examined (4th International Workshop on Reactive Arthritis, Berlin 1999). Women were 26 (39%), men - 40 (61%),

median age - 34 years (31-42), median duration of ReA- 1 year (0.3-3.25). Among the patients there were 40 (61%) people with acute ReA and 26 (39%) people with chronic ReA. All patients had confirmed chlamydial infection (PCR and IFA). Patients underwent a comprehensive clinical and laboratory examination, MRI and ultrasound of the knee joints. Statistical processing of the information package.

Results: The MRI of the affected joints clearly visualized inflamed entheses and the presence of local osteitis with an erosive defect of the closing plate of the bone (Fig.1).

Figure 1

In patients with acute ReA were visualized: thickening of entheses more than 3 mm (98%), hypo-, anechogenic areas in the projection of the tendon-ligamentous apparatus and places of its fixation (74%), the formation of a bone defect under them with a contour of reduced echogenicity (erosion of acute inflammation - 66,8%) and uneven edges, pronounced effusion (75%), lack of strengthening of local blood flow in the projection of synovia and joint structures (Fig.2).

Figure 2

In patients with chronic ReA, the following were visualized: thickening of entheses to 3 mm (65%), hyperechogenic inclusions in the projection of the tendon-ligamentous apparatus and its fixation sites (53%), the formation of a bone defect under them with a contour of increased echogenicity (erosion of chronic inflammation - 46,9%) and uneven edges, slight effusion (28%), the absence of strengthening of local blood flow in the projection of synovia and joint structures (Fig.3).

Figure 3

All patients with ReA were found to have a positive "pain test" in palpation of the affected entheses under the control of ultrasound entesopathy.

Conclusion: Based on the results we have made the following conclusions:

- 1. Ultrasound of joints allows to identify and assess the nature of joint lesions depending on the duration of the ReA.
- 2. Ultrasound criteria of acute ReA: enthesitis, erosion acute inflammation under affected entheses, enthesopathy expressed by secondary synovitis.
- 3. Ultrasound criteria for the chronic course of ReA: enthesitis, erosion of chronic inflammation under the affected entheses, enthesopathy, minor secondary synovitis, calcinates.