REFERENCES

- [1] 2010 rheumatoid arthritis classification criteria: an American College of Rheumatology/European League Against Rheumatism collaborative initiative/D. Aletaha [et al.]/Ann. Rheum. Dis. – 2010. – Vol. 69. – P. 1580-1588.
- [2] Sirotko, V. Clinico-tool differential diagnostics erosive lesions of joints at patients with rheumatoid and reactive arthritis/V. Sirotko, A. Litvyakov// VEDECKY PRUMYSL EVROPSKÉHO KONTINENTU-2013: materiály IX mezinárodní vědecko-praktické konference, Praha, 27 listopadu - 05 prosince 2013 ročník/Praha Publishing House «Education and Science». – Praha, –2013. –P. 23-24.

Disclosure of Interests: None declared

DOI: 10.1136/annrheumdis-2019-eular.2610

AB1180 ULTRASOUND SEMIOTICS OF DEFEATS OF THE JOINTS IN REACTIVE ARTHRITIS AND OSTEOARTHRITIS

Volha Sirotko¹, Uladzimir Sirotko², Alexandr Litvyakov¹. ¹Vitebsk State Order of Peoples' Friendship Medical University, Department of internal diseases, Vitebsk, Belarus; ²Vitebsk State Order of Peoples' Friendship Medical University, Department of traumatology, orthopedics and military field surgery, Vitebsk, Belarus

Background: The most common cause of knee joint damage in people of working age is osteoarthritis. However, in recent years, cases of reactive arthropathy, which often takes a chronic course, have become more frequent [1]. Given the current possible ultrasonic equipment, relevant is the study to study the ultrasonic features of defeat of joints with ReA and OA.

Objectives: To study the ultrasonic features of joint lesions at osteoarthritis and reactive arthritis.

Methods: We studied 55 patients with ReA and 22 patients with OA. Among patients with ReA were 25 women and 20 men, median age was 31 years (18 to 47), the median duration of the current Imple - of 2.86 (0,07-29,0) months. Among patients with OA were examined in 15 women and 7 men, median age was 56.5 years (43-61), the median duration of flow OA - 139 months (12-360 months). All patients with ReA at the time of the study or in history had confirmed genital chlamydial infection. All patients were multiphasic dynamic study of the knee by the ultrasonic device expert class using a sensor with a frequency of 12 MHz.

Results: As a result of the ultrasound examination of the 110 joints with ReA, we have identified: pronounced synovitis in 69 (62.7%) joints, but the absence of pathological vascularization in the projection of the synovium; narrowing of the joint space 73 (66.4%) joint; heterogeneous structure of the ligament in 82 (75%) joints, tenosynovitis in 20 (18%) joints, thickening entheses in 89 (80.9%) joints, hypoechoic entheses in 72 (65.5%) joints, hyperechoic inclusions in projection entheses in 39 (36%) joints; local osteolysis of cortical layer of bone in the fixation entheses with the formation of erosive lesions in 77 (70%) joints, osteitis 26 (23.6%) joints; swelling parenthetically in 81 (74%) joint effusion parenthetically 49 (44.5%) joints (Fig. 1 a,b,c).

a. b. c.

Fig.1(a,b,c) Ultrasound examination of knee joints in a patient with ReA

As a result of the ultrasound examination of the 44 joints with osteoarthritis, we have identified: a decrease in the thickness of the cartilage and narrowing of the joint space of degree 1 in 14 (31.8%) joints, reducing the thickness of the cartilage and narrowing of the joint space of 2 degrees in 22 (50%) of the joints, reducing the thickness of the cartilage and narrowing of the joint space grade 3 in 20 (45.6%) joints; subchondral osteosclerosis and cysts rebuilding bone was detected in 42 (95.5%) joints, the heterogeneity of the cords in 15 (of 34.10%) joints, thickened ligaments in 1 (2.30%) joint; single marginal osteophytes in 26 (59.1%) joint; multiple osteophytes in 20 (45.50%) joints; 29 (65.9%) joints detected a moderate effusion (Fig.2 a,b,c).

b. b. c.

Fig.2 (a,b,c) Ultrasound examination of knee joints in a patient with OA

Conclusion: Ultrasound criteria of joint damage in ReA are: no hypervascularization synovium; pronounced synovitis; narrowing of the joint space; thickening entheses with hypo-anechoic areas; local osteitis with osteolysis of the cortical layer of bone in the fixation entheses and the formation of erosive lesions; parenthetically swelling.

Ultrasound criteria of lesions of the joints in OA are: narrowing of the joint space; thinning hrase; hyperechoic zones of subchondral osteosclerosis; cysts rebuilding of the subchondral bone; hyperechoic marginal osteophytes.

REFERENCES

- [1] Kumar, P. Reactive arthritis and research/P. Kumar, D. S. Bhakuni, S. Rastogi/J. Infect. Dev. Countries. – 2014. – Vol.8, №5. – P. 648 – 654.

Disclosure of Interests: None declared

DOI: 10.1136/annrheumdis-2019-eular.4616

AB1181 ULTRASOUND PATHOLOGICAL PATTERNS AT CARPAL TUNNEL LEVEL IN RHEUMATOID ARTHRITIS AND IDIOPATHIC CARPAL TUNNEL SYNDROME

Gianluca Smerilli, Emilio Filippucci, Andrea Di Matteo, Antonella Draghessi, Stefania Gasparini, Antonella Incorvaia, Marco Di Carlo, Walter Grassi. Università Politecnica delle Marche, Rheumatology Unit, Jesi, Italy

Background: High-frequency ultrasound (US) has proven to be a useful imaging tool for the evaluation of carpal tunnel pathology. US impact in the assessment of idiopathic carpal tunnel syndrome (CTS) has been widely investigated, but only few studies have been carried out with the aim of revealing the pathologic conditions responsible for CTS in rheumatoid arthritis (RA) patients¹.

Objectives: The aim of this study is to evaluate US findings at carpal tunnel level in a cohort of patients with RA, focusing on those with a clinical diagnosis of CTS, and to compare these findings with those observed in a cohort of patients with idiopathic CTS (without RA).

Methods: Fifty-six patients with RA fulfilling the ACR/EULAR 2010 classification criteria were consecutively enrolled. CTS was diagnosed according to the American Academy of Neurology practice parameter for CTS. We also enrolled 19 patients with idiopathic CTS and evaluated 24 symptomatic wrists, excluding those already surgically decompressed. The US assessment was performed using a MyLab ClassC (Esaote SpA) US system, working with a 6-18 MHz linear probe. The power Doppler (PD) frequency was set at 9.1 MHz. The following grey scale (GS) US pathologic findings were assessed at the carpal tunnel level: cross-sectional area (CSA) of the median nerve at the carpal tunnel inlet (at the level of the pisiform and scaphoid bones), presence of finger flexor tenosynovitis and palmar radio-carpal synovitis (both in GS and PD), and marked bone profile irregularities. The median nerve was considered enlarged if its CSA was more than 12 mm². We evaluated the presence of intra-neural PD signals at the carpal inlet and scored its entity (0=no PD signal, 1=one single vessel within median nerve, 2=two or three single or two confluent vessels and 3=more than three single or more than two confluent vessels).

Results: CTS was diagnosed in 21 out of 112 wrists (18.75%) and in 14 out of 56 RA patients (25%).

Enlarged median nerve was found in 4 out of 21 wrists with RA and CTS (19%), in 6 out of 84 wrists of patients without CTS (7.1%) and in 22 out of 24 wrists of patients with idiopathic CTS (91.7%). Flexor tenosynovitis was found in 6 out of 21 wrists with RA and CTS (28.6%), in 8 out of 84 wrists of patients without CTS (8.2%) and in 4 out of 24 wrists with idiopathic CTS (16.7%). Palmar radio-carpal synovitis was found in 4 out of 21 wrists with CTS (19%), in 10 out of 84 wrists of patients without CTS (11.9%) and in 1 out of 24 wrists with idiopathic CTS (4.2%). Marked bone profile irregularities were detected in 3 out of 21 wrists with CTS (14.3%), in 22 out of 84 wrists without CTS (26.2%) and in none of the patients without RA. In RA patients, positive intra-neural PD signal was found in 9 out of 21 wrists with CTS (42.8%) and