Table 1. List of unhealthy infant of colchicine exposure in pregnancy (TO: Through pregnancy)

Problems	Diagnosis	Exposure time	Colchicine details mg/d	Delivery mode, time w	Gender/ Birth weight g	Concomitant medication
Nonopere cardiac septal defect	BD	first 8 week	1	Vaginal, 40	M 3400	-
Nonopere cardiac septal defect	Vasculitis	first 20 week	1	C/S, 31	Unknown	Corticosteroid
Heart valve stenosis	BD	TO	1-1.5	Unknown	Unknown	-
Pink tetralogy of fallot (opere)	FMF	TO	3-4	C/S, 38	M 3200	-
Inguinal hernia	FMF	TO	2	C/S, 33	M 1370	Corticosteroid
Nephrolithiasis	BD	TO	0.5-1	C/S, 38	M 3640	Azathioprine, Corticosteroid
Death	AS	first 8 week	Unknown	C/S, 34	Unknown	Sulfadiazine

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- Disclosure of Interests:** None declared
DOI: 10.1136/annrheumdis-2019-eular.3999

AB1243

OBESITY, METABOLIC SYNDROME AND OTHER COMORBIDITIES: INFLUENCE ON RHEUMATOID ARTHRITIS AND PSORIATIC ARTHRITIS ACTIVITY AND QUALITY OF LIFE

Soraia Azevedo¹, Daniela Faria¹, Joana Silva¹, Joana Rodrigues¹, Joana Neves², Daniela Peixoto¹, José Tavares-Costa¹, Sérgio Alcino¹, Carmo Afonso¹, Filipa Teixeira¹. ¹Unidade Local de Saúde do Alto Minho, Rheumatology department, Ponte de Lima, Portugal; ²Hospital de Braga, Rheumatology department, Braga, Portugal

Background: Patients with rheumatic inflammatory conditions have an increased risk of premature death due to cardiovascular causes. It can be explained by the unfavourable interaction between the inflammatory process and the traditional cardiovascular risk factors. In obesity, especially if visceral, and in rheumatic diseases, there is production of pro-inflammatory cytokines, which contributes to an increase in cardiovascular risk. The influence of body mass index (BMI) on the evolution, activity and quality of life in rheumatoid arthritis (RA) and in psoriatic arthritis (PsA) has been proven. However, studies evaluating the influence of the abdominal circumference (AC) and metabolic syndrome (MS) are meagre.

Objectives: To assess the influence of BMI, AC and MS, on disease activity and quality of life in RA and PsA, using parameters of inflammatory activity (sedimentation rate (SR) and C-reactive protein (CRP)), Activity Score (DAS28), Visual Analogue Pain Scale (VAS) and Health Assessment Questionnaire (HAQ) and to compare patients with RA and PsA.

Methods: A cross-sectional study, including 150 patients with RA, diagnosed according to the ACR/EULAR criteria and 75 patients with PsA (CASPAR criteria). Assessment of weight, height, AC, SR and CRP of all patients, clinical and demographic data collection. The presence of MS was assessed according to WHO definition. Participants completed HAQ and disease activity was measured by DAS28. SPSS was used for the statistical analysis, significance level was 2-sided $p < 0.050$.

Results: Age, duration of illness, schooling and professional class were similar in RA and PsA. In RA there was a predominance of females (78.7%), while in PsA a predominance of males (53.3%). There were no differences between the quality of life (by HAQ), or in the disease activity (by DAS28 or by inflammatory parameters). PsA patients had significantly higher BMI and AC. The number of comorbidities was higher in cases of PsA. Dyslipidaemia and hyperuricemia were significantly more frequent in this group of patients. Independently the underlying pathology (RA or PsA), the number of comorbidities correlated positively with DAS28, with HAQ, CRP and SR.

In RA group, there was a positive correlation of both BMI and AC with HAQ, also MS associated the highest HAQ values. Overweight/obesity ($\text{BMI} \geq 25 \text{ kg/m}^2$) were associated with at least one painful joint. Still, the risk of having at least one swollen joint was 3.4 times higher in patients

with increased AC (95% CI: 1.08-10.39). There was an association between the BMI and AC and the CRP value. Patients with $\text{BMI} \geq 25 \text{ kg/m}^2$ and with increased AC had DAS28 values significantly higher. MS was associated with significantly higher SR.

In PsA group Patients with MS had higher CRP values, more joint pain and higher disease activity according to DAS28. Patients with $\text{BMI} \geq 25 \text{ kg/m}^2$ also had more painful joints and higher CRP values. None of the patients with normal BMI had swollen joints, however 20.4% of overweight patients had at least one swollen joint. There was no association between the disease phenotype and BMI, AC or MS.

Conclusion: In this study there was a higher prevalence of classic cardiovascular risk factors in patients with PsA. The number of comorbidities showed to influence inflammatory parameters, disease activity and quality of life. We found that BMI, AC and MS are associated with disease activity, which may be improved by weight reduction and control of comorbidities. Therefore they should be considered in the treatment of rheumatologic diseases.

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Disclosure of Interests: None declared

DOI: 10.1136/annrheumdis-2019-eular.3461

AB1244

TUBERCULOUS SPONDYLODISCITIS : A CASE SERIES ANALYSIS

Lobna Ben Ammar¹, Aicha Ben Tekaya¹, Ines Mahmoud¹, Olfa Saidane¹, Mohammed Ben Hammamia², Rawdha Tekaya¹, Leila Abdelmoula¹. ¹Charles Nicolle Hospital, Rheumatology, Tunis, Tunisia; ²Charles Nicolle Hospital, Cardiovascular Surgery, Tunis, Tunisia

Background: Spinal tuberculosis or Pott's disease is one of the many manifestations of active tuberculosis and is still common in Mediterranean countries such as Tunisia with high endemicity. Definitive diagnosis of tuberculous spondylodiscitis requires the identification of Mycobacterium tuberculosis.

Objectives: We aimed to describe clinical, laboratory, diagnostic and therapeutic features of spinal tuberculosis.

Methods: Retrospective study including 64 patients followed up in our department between 1999 and 2019. Clinical, biological and radiological data were collected. Therapeutic outcome was studied.

Results: We studied 64 patients included 35 women and 17 men with a mean age of 56 years old [16 - 86]. Seven patients had a contact with Mycobacterium Tuberculosis Bacilli and 3 patients had a history of pulmonary tuberculosis. The median delay of consultation was 6 months. Inflammatory back pain was found in 79%. Other clinical symptoms: 27.4% fever, 40.3% night sweats, 74.1% impaired general condition. Neurologic deficiency was noticed in 16.1% of cases. 7 patients had another localization of tuberculosis. The inflammatory biological syndrome was found in 92% of cases. The lumbar spine was involved in 58% of patients, followed by the dorsal spine (41.9%) and cervical spine (9.67%). The spondylitis was multifocal and multi-stage in 24.19% of cases. Plain