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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AB1243

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

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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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AB1244

TUBERCULOUS SPONDYLODISCITIS : A CASE SERIES ANALYSIS

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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

radiographs revealed narrowing of disc spaces in 67.7% of cases and vertebral erosion, vertebral fracture and a paravertebral spindle in 14.51%.

Computed tomography and Spinal magnetic resonance imaging was performed respectively in 62.9% and 70.9% of cases. They showed paravertebral abscess in 66.1%, epiduritis in 56.4%, intra-discal abscess in 3.22%, spinal cord compression in 8.06%, and vertebral osteolysis in 9.67% of cases. Tuberculin Skin Test was performed in 57 (92%) patients and it revealed a positive result in 29 (47%) patients. Disc vertebral biopsy was performed in 45 patients and was contributive in 32.2% of cases revealing caseating granulomas.

A four-drug therapy including isoniazid (INH), rifampin (RMP), pyrazinamide (PZA) and ethambutol (EMB) were administered to 59 (95.16%) patients for the initial two months. Three patients received initial three-drug combination therapy. Following the initial 4-drug regimen, most patients continued to receive a two-drug regimen with RMP and INH for a mean duration of nine months. Over 80% of patients had an immobilisation.

Adverse effects of anti-TB therapy were noted in 17.7% of the patients; [nausea-vomiting: 1.6%, hepatotoxicity: 9.6%, rash: 3.2%, hyperuricemia: 3.2%]. A surgery was needed for 6.4% of patients. Neurological complication occurred in 4 cases, sepsis occurred in 2 other cases and 2 patients were dead.

Conclusion: Spinal tuberculosis results in a significant rate of morbidity due to its insidious course and delayed diagnosis. Early establishment of definitive etiologic diagnosis and appropriate treatment is of paramount importance to prevent development of sequelae.

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AB1245 COMPARATIVE ANALYSIS OF SPONTANEOUS INFECTIOUS SPONDYLITIS: PYOGENIC VERSUS BRUCELLA

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Background: Infectious spondylitis is an infectious disease of the spine or paraspinal structures that can be caused by various microorganisms. Without adequate chemotherapy, the outcome can be fatal or result in severe neurologic damage. Therefore, differentiating the etiology of spondylitis is very important.

Objectives: To compare the clinical features, laboratory and radiological aspects, treatment and outcome data of patients diagnosed as brucellar spondylitis (BSP) and pyogenic spondylitis (PSP).

Methods: Retrospective study including 45 (22 BSP and 23 PSP) spondylodiscitis hospitalized in our department between 1999 and 2019. The diagnosis was based on clinical, biological, radiological and bacteriological data.

Results: The patients' mean age was 54 years. There were 31 men (68.8%) and 14 women (31.2%). There was no difference in mean age and sex between the two groups ($p=0.8$ and $p=0.4$; respectively).

The pyogenic group had a relatively higher proportion of Predisposing factors especially diabetes ($p=0.04$). PSD patients suffered an impaired general condition more frequently than BSD patients ($p=0.01$) while BSD patients complained of night sweats more frequently compared to PSD cases ($p=0.026$).

The peak CRP value was higher in the pyogenic group than in the brucella group (87 mg/L and 37 mg/L, respectively, $p=0.027$), whereas the ESR was not significantly different between the groups (71 mm/h and 67 mm/h, respectively, $p=0.7$). We found no statistically significant difference regarding the seat of the spondylitis. Whereas, multifocal involvement was higher in PSD ($p=0.049$). Radiologically, the frequency of prevertebral, paravertebral, epidural, and psoas abscess formations and spinal cord compression was similar in both groups ($p=0.8$).

Surgical interventions and percutaneous sampling and/or abscess drainage were applied more frequently in PSD but with no significant difference ($p<0.23$). Favourable clinical outcome rate was 60% in PSD and it was 72% in BSD group ($p=0.39$).

Conclusion: The clinical and radiological manifestations of spontaneous spondylitis differ based on the causative organism. Pyogenic spondylitis patients tend to have a more severe clinical course and a higher CRP level. However, there was no significant difference regarding the presence of abscess and epiduritis or the occurrence of complications between brucella and pyogenic spondylitis.

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AB1246 PREDICTORS OF IMPAIRED QUALITY OF LIFE IN PATIENTS WITH SYSTEMIC DISEASES

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Background: Systemic diseases are heterogeneous diseases that represent one of the leading causes of disability in the industrialized world and can even reduce life. They are associated with high rates of disability, premature mortality, and significant social costs.

Objectives: The objectives of our study were to evaluate the quality of life (QoL) of patients with systemic disease and a comparison between these patients, to search for factors predicting the impairment of quality of life during systemic diseases, and to evaluate work disability of those patients.

Methods: We conducted a cross-sectional study at the Internal Medicine Department of the Farhat Hached Hospital in Sousse between July 2017 and September 2017. We investigated patients with systemic rheumatic, thrust or remission who were present as outpatients or were admitted to the ward during this period. The outcomes were baseline Short Form Health Survey physical (PCS) and mental (MCS) component summary scores QoL. Work disability was evaluated by the work productivity assessment impairment (WPAI) questionnaire. Correlations were calculated by the test t student or Anova factor test and comparison with chi2 test.

Results: Two hundred thirty five patients were included, 183 females and 52 males. The average age was 48,3 years with extremes between 15 and 90 years old. Forty seven per cent of the population had work during the study. The most frequent diseases were: Systemic lupus erythematosus (SLE) in 66 patients, Behçet syndrome in 33 patients and Sjogren primary syndrome (SPS) in 27 patients. Mean PCS were 52.55 ± 17.3 and MCS scores were 47.74 ± 14.8 . For the predictors related to patients: the age ((PCS: $r=-0.250$, $p=0.000$), (MCS: $r=-0.160$, $p=0.014$)), the presence of comorbidities (PCS $p=0.003$) and the low level of education ($p=0.001$) were significantly correlated with impaired QoL, the presence of profession was not significantly correlated with QoL. For the predictors related to the disease; inflammatory myositis influences most the QoL. Pulmonary manifestations (PCS: $p=0.021$, MCS: $p=0.006$) were the most correlated with impaired QoL. Disease index of activity was calculated in 3 diseases and it was significantly correlated with impaired QoL: SLE ((PCS: $r=-0.581$, $p=0.000$), (MCS: $r=-0.494$, $p=0.000$)), SSP ((PCS: $r=-0.500$, $p=0.007$), (MCS: $r=0.522$, $p=0.005$)), Systemic sclerosis ((PCS: $r=0.698$, $p=0.012$), (MCS: $r=0.710$, $p=0.01$)). Work disability was evaluated in working patients: absenteeism was at 31.16 ± 24 , productivity impairment at 48.77 and systemic sclerosis was the most disease predictive of absenteeism and work disability ($p=0.011$).

Conclusion: QoL may be severely impaired in patients suffering from systemic diseases. We studied for the first time the predictors of impaired QoL for all patients followed in our department. Our study concord with literature (1), beside the objective criteria resulting from clinical examination and biological investigations, it seems essential to take into account the individuality of each patient. This measure aims to further humanize medical practice and maintain the quality of life of patients.

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AB1247 RISK FACTORS FOR ADVERSE CLINICAL OUTCOME IN SEPTIC SPONDYLODISCITIS

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Background: Spondylodiscitis is defined as a serious infection of the intervertebral disc and/or adjacent vertebrae. It can lead to neurological sequelae and put life-threatening ones into play.