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.

Disclosure of Interests: None declared

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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.

Disclosure of Interests: None declared

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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.