Objectives: To describe the clinical features and outcomes of septic spondylodiscitis and to identify factors associated with an unfavourable clinical outcome.

Methods: Retrospective study including 107 patients followed up in our department between 1999 and 2019. Clinical, radiological and microbiological data were collected. We divided patients into two groups: patients with unfavourable clinical outcome (defined as death, drug toxicity, neurological complication, sepsis or persistent pain) (group 1) and patients with a favourable one (Group 2).

Results: We included 107 patients (49 women and 58 men), with a mean age of 55 years old [16 - 86]. The median delay of consultation was 3 months. Predisposing factors were found in 59 patients (55.1%). Inflammatory back pain was seen in 78.5% of cases. Neurologic deficit was noticed in 16.82% of cases: motor deficit in 1.8% of cases, spinal cord compression in 1.8% of cases and Cauda equina syndrome in 2.8% of cases. An inflammatory biological syndrome was found in 90.6% of cases. The lumbar spine was involved in 55%. The spondylitis was multifocal in 19.6% and multi-stage in 15.8% of cases. CT and Spinal MRI was performed respectively in 60% and 78.8% of cases and showed paravertebral abscess in 63.5%, epiduritis in 54.2%, intra-disc abscess in 4.67%, spinal cord compression 9.3%, and vertebral osteylisis in 8.4% of cases. The causative microorganism was mycobacterium tuberculosis in 59.8%, brucella in 20.56%, and pyogenic germs in 16.8% of cases. 34.5% of patients had an unfavourable clinical outcome: persistent pain was noticed in 18.7%, drug toxicity occurred in 13% of cases, neurological complication occurred in 10.2% of cases, sepsis occurred in 3.7% of cases and 3.7% of patients were dead.

In the group 1 the frequency of diabetes, impairment of the general state and clinical evidence of neurological impairment at presentation was higher, but with no statistically significant difference. Similarly, the presence of paravertebral abscess, epiduritis or spinal cord compression was slightly more frequent, with no significant difference. There was no statically significant difference in the age (p=0.15), the localisation and the causative microorganism (p=0.68).

Conclusion: Spondylodiscitis is a rare but serious condition that leads to significant long-term morbidity. In our study, unfavourable clinical outcomes were found in the presence of diabetes, neurological impairment at presentation and the presence of paravertebral abscess, epiduritis or spinal cord compression in MRI but without statistically significant difference.

Disclosure of Interests: None declared


AB1249 HOSPITAL ADMISSIONS IN PATIENTS WITH CHRONIC RHEUMATIC DISEASES RECEIVING ADALIMUMAB. DESCRIPTIVE STUDY OF A COHORT

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Background: Patients with chronic rheumatic diseases (CRD) treated with biological DMARDs may increase the risk of complications and hospitalisations for serious adverse reactions (SAR). Concomitant treatment with conventional DMARDs and corticosteroids may increase the risk of complications.

Objectives: To describe the prevalence and characteristics of hospital admissions among patients with CRD who are currently receiving Adalimumab (ADL) in a hospital setting.

Methods: Cross-sectional, retrospective, unicentric study. Data obtained from a cross-sectional study to determine levels of ADL and antihypertensive therapeutics in patients currently receiving ADL. We clustered the income in SAR and income not related to bDMARD, describe the clinical and therapeutic data. Groups were compared using Student's t-test and Chi-squared test.

Results: We included 103 patients on ADL treatment, 54.5% (56) men, 45.6% (47) women. The mean age was 54.6 years (SD ± 13.04). 38.8% diagnosed of rheumatoid arthritis, 42.7% spondyloarthritides, 15.5% psoriatic arthritis and 2.9% juvenile idiopathic arthritis. 33% (34) had at least one income, mean 2.29 SD ± 2.93 (1-17). Within this group, the mean age was 62.3 years (SD ± 9.93), the mean time of exposure to ADL was 98.9 months SD ± 43.68 (3.48-151.49). 44.1% (15) had a standard dose of ADL and 55.9% (19) had a minimum effective dose. 55.9% (19) also received scDMARD and 47.1% (16) oral corticosteroids with a mean dose of prednisone of 3.4 mg (SD ± 4.6), 78% were produced, 7 (9%) by SAR and 71 (91%) not related to bDMARD. The average income per SAR was 0.50 SD ± 1.48. The mean time of exposure to ADL in the group of patients with SAR was 101.97 months SD ± 33.8, in contrast to patients without hospital admissions that was 65.02 months SD ± 50.17 (p =0.01). Patients without incomes received a daily mean dose of prednisone of 2.45 mg/day SD ± 3.71 while those with SAR admission of 4.58 mg/day SD ± 4.00 (p =0.05).

Conclusion: 33% (34) of patients had at least one admission, they were older (62.3 years SD ± 9.93) than those without incomes. The mean of income was 2.29 SD ± 2.93 (1-17). 55.9% of patients also had a scDMARD prescribed and 47.1% oral corticosteroids. 9% of the admissions were by SAR with an average ADL exposure of 101.97 months SD ± 33.8 compared to patients without hospital admissions, mean 65.02 months SD ± 50.17 with statistically differences (p <0.01). In addition, differences were found regarding the dose of prednisone, patients with admissions by SAR received 4.58 mg/day SD ± 4.00 unlike those without incomes who received 2.45 mg/day SD ± 3.71 (p <0.05).

Weakness of the study is a selection bias since we include the data of patients with current ADL treatment, losing information of those in whom...

Disclosure of Interests: Boris Anthony Blanco Caceres: None declared, Fernando Perez-Ruiz Grant/research support from: Asociación reumatologos de Cruces, Consultant for: Grünenthal, Menarini, Fundación Española Reumatología, Paula García Escudero: None declared, Marta González Fernández: None declared


AB1250 SLE AND SEXUAL FUNCTION: ARE WE FORGETTING MEN?

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Background: Whereas SLE is uncommon in men, the disease is usually more severe and requires more aggressive immunosuppression in male patients. There are multiple studies regarding sexual aspects in women with SLE, but information about sexual function in male patients is quite scant.

Objectives: To determine the relationship between SLE and sexual function alterations in men, through the application of validated questionnaires.

Methods: We performed a longitudinal study in a third-level referral center in Mexico City. We included men aged ≥16 years who fulfilled ACR criteria for SLE and who were sexually active. All subjects answered the International Index of Erectile Function-15 (IIEF-15), the SF-36 and the Short Form-36 (SF-36). All analyzes were performed with a confidence level of 95% using SPSS software.

Results: We included 108 male SLE patients. Mean age was 37.2±1.1 years and most patients (87%) were taking immunosuppressive therapy. Comorbidities were present in 58% of subjects, with dyslipidemia and hypertension being the most prevalent (34% and 28%, respectively). The prevalence of sexual dysfunction (SD) was 53%. In the basal visit, the only significant differences between the patients with SD and those without SD were a lower education degree (p=0.007) and persistent lymphopenia (p=0.01). There was a positive correlation between global IIEF-15 score and SF-36 score (r=0.46, p=0.001). The physical function domain had the highest correlation (r=0.50, p=0.001). Likewise, there was a weak negative correlation between IIEF-15 and HAQ score (r=−0.25, p=0.012). Also, the IIEF-15 had a weak correlation with the absolute lymphocyte count (r=0.27, p=0.005) and oxidized LDL (r=0.31, p=0.04). In the follow-up visit the only significant differences between the patients with SD compared with subjects without SD was a low absolute lymphocyte count (1031±89 vs 1458±119, p=0.005); the correlations mentioned in the baseline visit remained significant. Regarding erectile function, 44% of the subjects had some degree of dysfunction. The rest of the variables are shown in Table 1.

Abstract AB1250 Table 1. Demographic, clinical and laboratory features

<table>
<thead>
<tr>
<th>Variable</th>
<th>Mean ± SEM</th>
</tr>
</thead>
<tbody>
<tr>
<td>Age (years)</td>
<td>37.2 ± 1.1</td>
</tr>
<tr>
<td>Body mass index (kg/m²)</td>
<td>26.5 ± 0.4</td>
</tr>
<tr>
<td>Less than 10 years of schooling (%)</td>
<td>21/108 (19.4)</td>
</tr>
<tr>
<td>Time since SLE diagnosis (years)</td>
<td>9.1 ± 0.6</td>
</tr>
</tbody>
</table>

Conclusion: Sexual function is affected in men with lupus, regardless of comorbidities and treatment. Interestingly, lymphopenia is persistently associated with an impaired sexual function, which could be related to the role it plays in endothelial dysfunction and atherosclerosis. The patients’ disease perception, which is influenced by their academic level and physical role in their daily activities, seems to affect their sexual performance and quality of life.

Disclosure of Interests: Jonathan Campos-Guzmán: None declared, Ana Barrera-Vargas: None declared, Samuel Govea-Pelaez: None declared, Diana Gómez-Martín: None declared, Jorge Alcocer-Varela: None declared, Diana Padilla-Ortiz: None declared, Javier Merayo-Chalico Speakers bureau: Pfizer


AB1251 ASSOCIATION BETWEEN VITAMIN D DEFICIENCY AND A HIGHER RATE OF DISEASE ACTIVITY IN PATIENTS WITH SPONDYLOARTHITIS

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Background: Spondyloarthritis is a group of chronic inflammatory diseases with involvement of the axial skeleton (mainly), and also of peripheral joints. Patients with spondyloarthritis have a significant prevalence of vitamin D levels below normal and that would correlate with the degree of activity of the disease.

Objectives: To determine the association between vitamin D deficiency and the degree of activity of the disease (inflammatory activity) in a cohort of patients with spondyloarthritis.

Methods: Observational, extensive and transversal study. We propose a retrospective review of the database of patients with spondyloarthritis who were treated in the outpatient clinics of the Rheumatology Service of the General University Hospital of Ciudad Real during September 2016 to September 2018. Patients with the data will be selected. necessary for the analysis of the variables under study. The variables evaluated will be described using measures of frequency and measures of central tendency/dispersion as appropriate. To assess the association between vitamin D deficit and activity index, the odds ratio (OR) will be calculated. All analyzes were performed with a confidence level of 95% using SPSS 21.0

Results: The first advances of the results of the study are presented. 101 patients were analyzed, of which 58 were men and 43 women, with an average age of 46.33 years (+/- 13.02 DE), 15 (14.85%) were non-radiographic axial spondyloarthritis, 48 (47.52%) ankylosing spondylitis, 24 (23.76%) psoriatic arthropathy, 3 (2.97%) spondyloarthropathy associated with inflammatory bowel disease, and 11 (10, 89%) were other types of spondyloarthritis. The average of the activity was a BASDAI of 4.355 (+/- 2.376 SD), 64 patients were in activity (BASDAI> = 4) and 31 patients (30.69%) with an elevation of acute phase reactants. Vitamin D levels were 24.52 (+/- 9.21 SD), 77 patients (76.24%) presented figures

REFERENCES