16.9, at week 5 48.3 ± 34.2 vs 64.5 ± 20.2 $p = 0.004$). Neuropathic pain indices improved significantly according to the DN4 (5.2 ± 1.1 vs 5.0 ± 0.6 , at week 5 2.3 ± 0.6 vs 4.5 ± 0.6) and Pain DETECT questionnaires (17.0 ± 3.2 vs 18.4 ± 2.2 , at week 5 7.3 ± 3.06 vs 16.8 ± 3.8).

Abstract THU0486 – Figure 1. Dynamics of VAS pain intensity with different treatments

However, disease activity did not differ significantly in either group (group I 5.6 ± 0.6 vs 4.8 ± 1.6 $p = 0.4$; group II 4.9 ± 0.3 vs 5.2 ± 1.2 $p = 0.8$).

Conclusion: This preliminary data shows greater effectiveness of Pregabalin in comparison with NSAID and DMARD treatment, both in terms of pain intensity and the neuropathic pain component, which is of practical importance.

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THU0487 PERINEURAL INJECTION THERAPY; A NEW MODALITY IN MANAGEMENT OF MECHANICAL LOW BACK PAIN; A COMPARATIVE STUDY

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Background: Chronic mechanical low back pain represents the second leading cause of disability worldwide being a major welfare and economic problem¹.

Subcutaneous prolotherapy treats prolonged pathological peripheral neurogenic inflammation for several painful conditions. As it induces apoptosis of proliferating peptidergic nociceptors and neovessels by reducing vascular endothelial growth factor²

Objectives: To assess the effectiveness of subcutaneous perineural injection therapy in management of pain, physical function, disability and psychological status in mechanical low back pain

Methods: Ninety patients with non-radiating non-specific chronic mechanical low back pain (LBP) that persisted for 12 weeks or more were selected in this study. (Patients with inflammatory LBP, radiating, or LBP due to specific cause, pregnant women or Patients with implanted pacemaker or spinal cord stimulator were excluded from this study). After giving written consent; the patients were randomly divided into 3 groups 30 patients in each. Group I received 8 weekly subcutaneous injections of 1 ml of buffered dextrose 5% in each chronic constriction injury points and tender points in back and buttock. Group II treated by using pulsed electromagnetic field stimulation (PEMFs) for 30 minutes over the lower lumbar region with frequency of 10 Hz and intensity of 2 millitesla every other day for 8 weeks. Group III received sham PEMFs. All patients will be instructed to follow an exercise program in the form of stretching for hamstring, calf, and back muscles, and strengthening exercises for back and abdominal muscles. Assessments were performed at baseline, at the end of the treatment and after four months, using the following measurements: visual analog scale (VAS), Western Ontario and McMaster Universities Osteoarthritis Index (WOMAC) scores, Lequesne index, Hospital Anxiety and Depression Scale (HADS).

Results: The mean age of patients in the 3 groups was 40.2 ± 10.5 , 38.3 ± 9.9 , and 43.1 ± 10.8 respectively. The mean VAS was 7.9 ± 1.4 , 8.2 ± 0.6 , and 7.6 ± 1.1 respectively. No baseline differences existed between all groups in all parameters. There was significant improvement in VAS, WOMAC and HDAS in group I & II ($p < 0.05$) after treatment, and 4 months later (figure 1). While the improvement in group III was non-significant ($p > 0.05$). The improvement in group I was better than in group II with significant difference between the two groups ($p < 0.05$) after treatment and 4 months follow up.

Figure 1: the improvement of the perineural group after treatment and 4 months later

Abstract THU0487 – Figure 1

Conclusion: Perineural Injection Therapy is an effective new modality in management of pain, physical function, psychological status and disability in mechanical low back pain.

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THU0488 ACHILLES TENDON RUPTURE ASSOCIATED WITH THE USE OF FLUOROQUINOLONES IN PATIENTS OLDER THAN 60 YEARS

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Background: Fluoroquinolones (FQ) are a class of broad-spectrum antibiotics whose use has spread as they are considered safe and well tolerated drugs. Among its musculoskeletal side effects, Achilles tendon rupture (ATR) is a well-known complication that can be disabling, arising recent interest from the pharmacovigilance system after evaluating the reported side effects.

Objectives: To describe the epidemiological and clinical features of patients diagnosed with FQ-associated ATR in a Spanish tertiary hospital.

Methods: A retrospective observational study was performed, which included all patients older than 60 years who were diagnosed of ATR in our center during the period 2000-2017, identifying patients who had been previously treated with FQ. The demographic, clinical and outcome data were obtained from their medical records.

Results: During the study period, 44 patients with ATR were identified, 8 (14.6%) of them previously treated with FQ. In this group of patients, the mean age at diagnosis of ATR was 77.37 ± 9.54 years, being male 6 (75%). Four of them (50%) received concomitant treatment with corticosteroids (CS) and one patient had undergone kidney transplantation due to nephroangiosclerosis. Seven patients (87.5%) were treated with Levofloxacin and one case received Ciprofloxacin, all of them orally. The indication for FQ treatment in half of the cases was acute bronchitis and in the other half exacerbations of underlying respiratory pathology (chronic obstructive pulmonary disease and diffuse interstitial lung disease). The mean duration of treatment with FQ was 6.16 ± 2.4 days, while the mean time from the start of treatment to the diagnosis of ATR was 19.25 ± 14.83 days. In seven patients (87.5%) the rupture was spontaneous, while one patient presented traumatic rupture (low impact trauma). 87.5% of the ruptures were total ruptures and all cases required surgical treatment, without recurrence reported. The comparison of the characteristics of patients with ATR who had or not received treatment with FQ is shown in the table, identifying significant differences in favor of a higher percentage of patients who were smokers, received concomitant treatment with CS and had spontaneous rupture in the group of patients who had received FQ.