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Disclosure of Interests: None declared

DOI: 10.1136/annrheumdis-2019-eular.3637

THU0691

CLINICAL, RADIOLOGICAL, THERAPEUTIC ASPECT AND PROGNOSTIC OF INFECTIOUS SPONDYLODISCITIS WITHOUT BACTERIOLOGICAL EVIDENCE

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Background: Early microbiological diagnosis and multidisciplinary management are the main predictive factor for successful treatment in septic spondylitis. However, the therapeutic management of spondylodiscitis without bacteriological diagnosis is not well codified.

Objectives: To evaluate whether there is clinical, biological or significant imaging between patients with infectious spondylodiscitis as they had or not a microbiological diagnosis.

Methods: Retrospective study including 107 patients hospitalized in our department between 1999 and 2018. The diagnosis was based on clinical, biological, radiological and bacteriological data.

Results: This study involved 107 patients, including 58 men (54.2%) and 49 women (45.8%) with a mean age of 55 years [16–86]. Spinal pain was observed in all cases and the lumbar spine was most affected (54.2%). A neurological deficit was noted in 16.82% of cases. The inflammatory syndrome was present in 90.6% of cases. Radiographs of the spine were abnormal in 83.1% of cases. CT and Spinal MRI were performed respectively in 60% and 78.8% of cases. Disco vertebral biopsy was performed in 73 patients and was contributory in 46.5% of cases.

We divided patients into two groups: patients with a confirmed biological diagnosis (group 1: 45.3%) versus patients in whom the diagnosis had been held on presumptive criteria (group2: 54.2%). There was no statically significant difference in the age ($p=0.5$), sex ($p=0.3$), risk factors such as diabetes ($p=0.8$), the start mode ($p=0.4$), the presence of an impaired general condition ($p=0.3$), night sweats ($p=0.1$) and a neurological deficit ($p=0.8$), biological parameters ($p=0.3$) and the occurrence of complications ($p=0.09$) between the two groups. Vertebral condensation in radiographs of the spine was higher in group 2 and this was statically significant ($p=0.03$). In addition, the consumption of unpasteurized milk and positivity of wright serology was higher in the first group ($p=0.001$ and $p<0.001$; respectively). Similarly, contributive histological result of vertebral biopsy was more frequent in group 1 ($p=0.007$).

Conclusion: Diagnosing infectious spondylodiscitis is facilitated by improved access to MRI testing. However, microbiological diagnosis is the main key to a successful management of this life threatening infection.

Disclosure of Interests: : None declared

DOI: 10.1136/annrheumdis-2019-eular.8090

THU0692

OCULAR MANIFESTATIONS IN BEHCET'S DISEASE MAY BE MORE COMMON IN CHILDREN THAN ADULTS: RESULTS OF A SYSTEMATIC REVIEW

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Background: Behcet's disease (BD) can develop in both children and adults, but they may have different clinical features. Ocular involvement is common in BD and causes substantial impairment. The frequency of ocular involvement in BD has a wide range (5 to 89%).

Objectives: This study determined the frequency and type of ocular manifestations in childhood and adult BD and compared prevalence of ocular manifestations by geographic location in those with BD.

Methods: The protocol of ocular conditions in rheumatic conditions was registered at clintrials.gov (NCT03753893). Search terms were: conjunctivitis, keratoconjunctivitis sicca, xerophthalmia, uveitis, eye hemorrhage, optic neuritis, papilledema, orbital disease, retinal artery/vein occlusion, macular edema, retinitis, chorioretinitis, scleritis, iridocyclitis, choroid hemorrhage, blindness and amaurosis fugax in patients with BD. The search was performed with the assistance of an information specialist. Medline, Cochrane and Web of Science were used searching papers that spanned from their inception (1966, 1991 and 1990 respectively) to October 5, 2018. Studies were included if they had a minimum of twenty patients and reported the frequency of ocular manifestations within BD. Random effects models were used to combine the prevalence of ocular manifestations using Revman 5.3. Heterogeneity was evaluated using I^2 and funnel plots.

Results: The search resulted in 3129 articles, of which 33 were included for meta-analysis. Eye manifestations were more frequent in childhood onset BD with the mean [95% Confidence Interval] frequency of 50 [38–63]% compared to 34 [25–43]% in adults. In both children and adults, posterior uveitis (children 27% vs. adults 25%) was the most common ocular manifestation, followed by anterior uveitis (children 18% vs. adults 23%). When comparing the distribution of ocular manifestations in Behcet's in adults, there was geographic variation higher along the ancient Silk Road with ocular manifestations occurring in 40% of patients from Turkey and the Middle East. Ocular manifestations were similar in Europe (36%) and North America (36%), but less frequent in North Africa (26%) and East Asia (20%).

Conclusion: The frequency of ocular involvement is higher in children when compared to adults with BD. The most common manifestation in the eyes is posterior and then anterior uveitis. Ocular involvement also presents regional differences.

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Figure: The prevalence (A) and geographic distribution (B) of ocular manifestations in adults with Behcet's disease.