INTRODUCTORY TALK ON CRYSTAL ANALYSIS

Anne-Kathrin Tausche. University Clinic Dresden, Rheumatology, Dresden, Germany

Rheumatologists are used to do the arthrocentesis to diagnose (and treat) patients with joint effusions. Crystal arthropathies are the most common inflammatory joint diseases. So the prompt detection of (micro-) crystals in joint fluid by microscopic analysis is of outstanding importance to make the right diagnosis of the very common disease gout or CPPD-arthritis (1). Since many years the EULAR facilitates practical courses in microscopy of crystals to start the training of rheumatologists in that helpful technique. During the practical skill course the trainee will be shown how to properly prepare are slide of SF, analyze the preparation with ordinary light, simple and compensated microscope and learn to discriminate urate from CPPD-crystals2,3.

REFERENCES:

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SP0025 RELIABILITY IN THE LAST 10 YEARS: CAPILLAROSCOPIC CHARACTERISTICS VERSUS INSTRUMENTAL DETECTION

Ariane Herrick. University of Manchester, Salford Royal Hospital NHS Foundation Trust, Division of Musculoskeletal and Dermatological Sciences, NIHR Manchester Musculoskeletal Biomedical Research Centre, Manchester, United Kingdom

Background: With nailfold capillaroscopy there are different aspects of reliability to consider, including reliability of qualitative image grading (e.g. ‘early’, ‘active’ and ‘late’) and also of semi-quantitative and quantitative measures including capillary density, apical width and presence of giant capillaries. The reliability of image acquisition (i.e. test-retest reliability) is especially important if nailfold capillaroscopic parameters are to be used in longitudinal studies (e.g. clinical trials) which involve acquiring repeat images over time. Last time when assessing reliability, it is important to recognise that the nailfold capillaries cannot always be clearly seen, and cannot therefore be evaluated.

Objectives: To highlight the different aspects of reliability relating to nailfold capillaroscopy and how these have been addressed in studies over the last 10 years.

Methods: Review of recent studies

Results: 1. Intra-observer reliability has been shown in several studies to be higher than inter-observer.
2. Assessment of ‘evailability’ varies between observers and therefore also needs to be taken into account when assessing reliability.
3. Subject to evailability, certain parameters demonstrate high intra- and inter-observer reliabilities. Reliability differs across different capillaroscopic parameters.

Conclusion: Recent studies examining reliability of capillaroscopy suggest that certain parameters, including image grade, capillary density and apex width have high intra-and inter-observer reliabilities (subject to nailfold image evailability, which remains a major challenge). Standardised training is likely to improve reliability.

REFERENCES: