US defined erosions were significantly more prevalent in the dactylitis group: 34 erosions in 217 patients (29.5%) versus 16 erosions in 128/13 (14.4%) patients in non-dactylitis. Sites prone to erosive damage in both groups were the wrists, MCP:1,2 and MTP:4.5. The right MCP2 (n=9) and MTP2 (n=6) were among the most com-
monly affected in the dactylitis group, but erosions corresponding at the dactyl-
us digit level were overall low.

Conclusion: This study identifies a more severe phenotype in very early DMARD
naive PsA presenting with dactylitis with higher prevalence of ultrasonic ero-
sions. Longitudinal follow up will determine whether dactylitis represents a poor
prognostic factor in very early PsA, which may be a useful discriminator for risk
stratification in future PsA management recommendations.

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Involvement, enthesitis, dactylitis), US (synovitis count by (Gray Sclere), Power Doppler(PD) + synovitis), thickening and hypoechoegenicity at enthesis, PD+ enthesis, entheses with structural components; biological (high sensitive C-reactive protein (hsCRP), Erythrocyte Sedimentation Rate (ESR)). US examination included 798 joints and 3078 entheses (bilateral shoulders, acromioclavicular joints, elbows, wrists, hips, knees, ankles; entheses at the projection of these joints (total number - 54). US entheseal findings were fixed according to consensus-based US definition and scoring for enthesis in spondyloarthropathies and PsA (OMERACT US).

Results: In all 57 patients: male - 25 (43.9%), mean age 43.4±10.3(SD) years (y), PsA duration was 7 (3;10) y, Ps duration 10 (8; 22) y; 53 (41.1%) had axial involvement, 42 (73.7%) dactylitis, 8 (14%) clinical entheses, and 56 (98.2 %) skin psoriasis, Psoriasis Activity and Severity Index score 6.4 (2.1-4.4), Disease Activity in PsA score 18.1 (10.2;26.1), hsCRP 10.1 (2.4;21.4), ESR 130 (21.3;315). Synovitis count increased with age noticeably (r=0.508, p<0.01), and weak correlation of PD+ synovitis (r=0.262, p=0.049) and age was found. The entheseal thickening and hypoechoegenicity and structural findings increased with age respectively (r=0.345, p=0.009; r=0.337, p=0.01). There was no correlation between PD+ enthesis and age. The association between PD+ enthesis and blood biomarkers of inflammation (hs-CRP (r=0.364, p=0.008); ESR (r=0.358, p=0.008) was found.

Conclusion: Our study found significant relationship between age and US synovitis count and association between age and US entheseal involvement was noted. Only PD+ entheses was not related with age in comparison with other US entheseal findings. The presence of PD US signal in association with increased inflammatory blood biomarkers can be evaluated as the sign of disease activity regardless of age and not as age-related lesion in PsA patients.

References:

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