Figure 1. Change of VAS between the two groups.

Figure 2. Change of VAS between the two groups.

Conclusion: Caudal epidural injection is cheap, effective and practical technique in controlling pain and stiffness of the spine in radiographic axial SPA with acceptable complications and relatively sustained effect. Studies including bigger number of participants and longer span of follow up still required.

Table. Comparison between the two groups as regards demographic and outcome data

Item	Group 1	Group 2	P value
Age	40.31±4.54	38.88±5.44	0.423
Sex			
Male	10(62.5%)	9(56.2%)	0.719
Female	6(37.5%)	7(43.8%)	
Disease duration (in years)	3.13±1.48	3.22±1.24	0.847
VAS			
At baseline	7.88±0.81	7.75±0.77	0.658
After 2 weeks	4.06±0.68	6.13±1.54	<0.001
After 8 weeks	4.44±0.63	6.56±1.21	<0.001
% improved at 2 weeks	11(68.8%)	3(18.8%)	0.004
% improved at 8 weeks	6(37.5%)	2(12.5%)	0.102
ASDAS			
At baseline	3.62±0.51	3.58±0.37	0.814
After 2 weeks	2.50±0.53	3.04±0.71	0.020
After 8 weeks	2.72±0.52	3.13±0.55	0.036
% improved at 2 weeks	10(62.5%)	3(18.8%)	0.012
% improved at 8 weeks	7(43.8%)	2(12.5%)	0.057

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AB0645

PREDICTORS OF THE EFFECTIVENESS OF INTRA-ARTICULAR GLUCOCORTICOID INJECTIONS IN RHEUMATIC HIP INVOLVEMENT

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Background: Hip involvement in chronic inflammatory rheumatic diseases is a turning point in the course of the disease because of disability and functional impairment. Total joint replacement surgery rate in spondyloarthritis increased

40% despite the use of Disease-modifying anti-rheumatic drugs (DMARD) and biologic treatment. Intra-articular glucocorticoid injection may help prevent hip joint replacement surgery and radiographic progression.

Objectives: This study aimed to determine predictive factors of the steroid injections' efficiency in chronic inflammatory rheumatic diseases with hip involvement.

Methods: This is a retrospective study over a 13-years (2006-2019) that included patients followed for chronic inflammatory rheumatic diseases complicated by hip involvement and underwent intra-articular glucocorticoid injection.

Results: Forty-two patients were enrolled: 32 male (76,2%) and 10 women (23,8%). The average age was 27 years [6-73] at the time of the steroid injection. Ankylosing spondylitis (AS) was present in 73,8% of cases (radiographic axial spondylarthritis 90,3%, Psoriatic spondylitis 6,5% and peripheral enthesitis 3,2%) and juvenile idiopathic arthritis (JIA) in 26,2% of cases (enthesitis-related arthritis 63,6%, oligoarticular JIA 18,2%, seronegative polyarticular JIA 9,1% and juvenile psoriatic arthritis 9,1%). Active smoking was found in 47,6% of cases. All patients were on DMARD: NSAIDs (19%), methotrexate (42,9%), salazopyrin (23,8%), combination of methotrexate and salazopyrin (2,4%) and anti-TNF alpha (7,1%).

Hip involvement was bilateral in 81% of patients. Examination revealed pain and limited hip mobility in all cases. Radiographic forms in AS were: early coxitis (17,2%), condensing form (17,2%), destructive form (58,6%), synostosis (3,4%) et combined (3,4%). During JIA, hip involvement was destructive in 45,4% of cases and minimal to moderate in the remaining cases.

Lequesne algofunctional index averaged 11 (3-18). An improvement was reported in 63,4% of cases. Statistically significant decrease was found in the BASDAI score, visual analogue scale (VAS) for general health status as estimated by the patient and C-reactive Protein (CRP) (p=0.001; p=0.01 and p=0.03; respectively).

There was no statistically significant difference between the efficacy of intra-articular glucocorticoid injection and sex, age, smoking, diagnosis and whether the hip involvement was bilateral or not (p=0.5; p=0.2; p=0.8 and p=0.1; p=0.6; respectively). Steroid injections were less effective in patients treated with biologics (p=0.04). However, it was more effective in AS with early hip involvement (p=0.03).

Conclusion: Hip involvement is a negative prognostic factor in chronic inflammatory rheumatic diseases. Therefore, early diagnosis and management is essential in order to slow down the structural progression and the need for prosthetic surgery.

Disclosure of Interests: None declared

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AB0646

IS IT FEASIBLE TO ACHIEVE RECOMMENDED THERAPEUTICAL TARGET IN PATIENTS WITH AXIAL SPONDYLARTHROSIS IN CLINICAL PRACTICE? DATA FROM THE SPA-PAZ COHORT

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Background: Current ASAS/EULAR recommendations for the management of patients with axial spondylarthritis (axSpA) establish that the therapeutic goal to achieve in clinical practice is remission, defined as the absence of both clinical and laboratory disease activity evaluated by BASDAI/CRP or preferably ASDAS and if this is not possible, low disease activity may be an alternative. Recently, ASDAS nomenclature has been modified, calling now low disease activity to what was previously called moderate activity. To this day we do not know if this target is feasible in clinical practice.

Objectives: To analyze the frequency of patients with axSpA achieving maintained remission (R) or low disease activity (LDA) after receiving biological therapy. Secondary objectives included: i) to assess if the activity index used influences the frequency of maintained R/LDA, ii) analyze the prognostic factors for achieving maintained R/LDA.

Methods: An observational, longitudinal study of a prospective cohort (SpA-Paz) including all patients with axSpA who initiated their first biological treatment between the years 2003-2017. Demographic, clinical and analytical data were collected at the beginning of treatment and clinical disease activity measured by BASDAI/CRP and ASDAS every 6 months for 2 years. Maintained R was defined as (BASDAI < 2 & normal CRP and/or ASDAS < 1.3) and maintained LDA (BASDAI < 4 & normal CRP and/or ASDAS < 2.1) on at least 3 consecutive visits. Statistical analysis: i) measures of central tendency and dispersion for quantitative variables and frequencies for qualitative variables; ii) univariate and multivariate analysis of binomial logistic regression model and calculation of OR and 95% CI.