

AB0733

**PSORIATIC ARTHRITIS IN NIGERIAN PSORIASIS PATIENTS - MYTH OR A MISSING LINK?**

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**Background:** Beyond true arthritis, Psoriatic arthritis (PsA) is known with dactylitis and enthesitis. Enthesitis is postulated as the central pathogenic process in seronegative spondyloarthritis<sup>1</sup>, and the primary finding in psoriatic arthritis<sup>2</sup>. Psoriasis (Ps) is now reported increasingly in Nigeria. But the notion of the rarity of PsA still remains in the absence of systematic documentation of PsA among psoriasis patients, with few cases reported from Rheumatology clinics<sup>3</sup>.

**Objectives:** This study set out to determine the prevalence of PsA among Nigerian Ps patients using the Classification for Psoriatic Arthritis (CASPAR) criteria, and to evaluate enthesitis amongst them.

**Methods:** This hospital-based, cross-sectional study was carried out at the dermatology clinic over an 18-month period. All patients seen within the study period with biopsy-established Ps were recruited. Fifty-three (53) Ps patients, 16 years or older, were enrolled. The CASPAR criteria was used to diagnose PsA. A modified Spondyloarthritis Research Consortium of Canada (SPARCC) enthesitis chart was used to document enthesial inflammation sites. Diagnosis of enthesitis was made by clinical examination.

**Results:** Fourteen participants fulfilled the CASPAR criteria (8 females, 6 males, F:M = 1.3:1) giving a PsA prevalence of **26.4%**. Using the Moll & Wright clinical classification, Oligo/Mono-articular pattern was the most documented (Fig 1). No patient had arthritis mutilans. Enthesitis was found in **ALL(100%)** PsA patients (Table 1). Highest frequencies were found in the right iliac, right patella and both plantar fascia (Fig 2). Multiple sites were involved in 87.5% of patients.

**Conclusion:** Psoriatic arthritis can not be considered rare among Nigerian Ps patients. Enthesitis has been suggested as the primary finding, and the initial site of inflammation in PsA<sup>2,4</sup>. Our findings reinforce these theories in an African population. Whilst other studies reported occurrence of enthesitis in 30-50% of PsA patients<sup>5</sup>, our study found 100%. Admittedly though a small study population, it suggests that enthesitis may well be the missing link to finding more PsA patients in Nigeria and Psoriasis patients of West African descent.

**References:**

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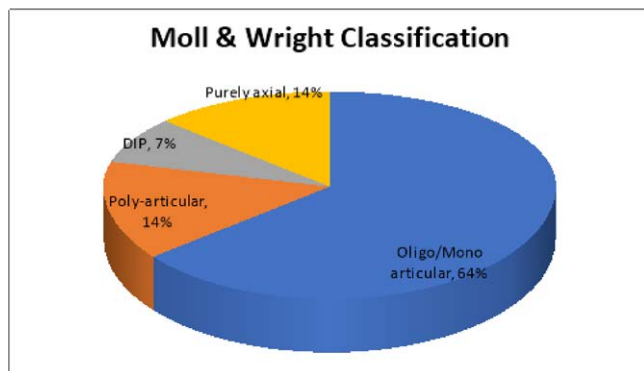


Fig 1. Moll & Wright articular patterns.

Table 1.

VARIABLE	PsA, n=14	No PsA, n=39	Sig
	n (%)	n (%)	
Inflammatory Eye Disease			
Yes	4 (28.6)	1 (2.6)	0.014f
No	10 (71.4)	38 (97.4)	

Table 1.

VARIABLE	PsA, n=14	No PsA, n=39	Sig
	n (%)	n (%)	
Nail Involvement			
Yes	8 (57.1)	13 (33.3)	0.066*
No	6 (42.9)	26 (66.7)	
Dactylitis			
Yes	3 (21.4)	0 (0)	0.016f
No	11 (78.6)	39 (100.0)	
Enthesitis			
Yes	14 (100)	1 (2.6)	0.000f
No	0 (0)	38 (97.4)	

PsA=psoriatic arthritis, f=Fischer's exact, \*=Pearson's chi-square, sig=significance level.

**INVOLVED ENTHESEAL SITES**

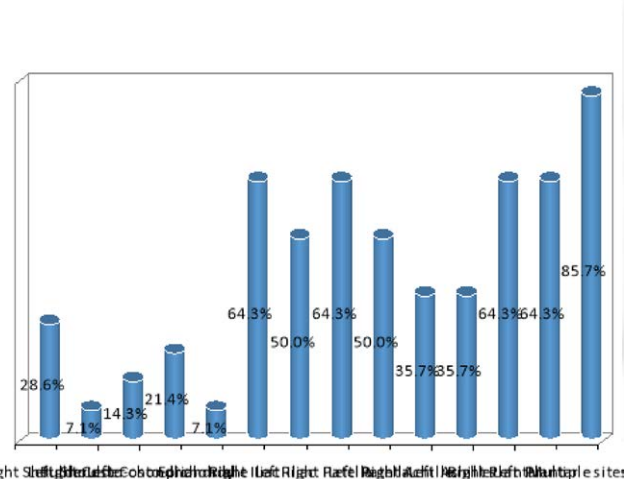


Fig 2. Enthesitis Distribution

**Disclosure of Interests:** None declared

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**EFFICACY AND SURVIVAL OF APREMILAST IN PATIENTS WITH PSORIATIC ARTHRITIS AND PSORIASIS IN REAL CLINICAL PRACTICE**

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**Background:** Apremilast (APR) is a phosphodiesterase 4 Inhibitor. APR has been demonstrated to be an effective and safe therapy in the treatment of active psoriatic arthritis (PsA) and psoriasis in patients who were intolerant of or unresponsive to synthetic Disease-modifying Antirheumatic Drugs (DMARDs).

**Objectives:** To assess the effectiveness and survival rates of APR in a cohort of patients diagnosed with PsA and psoriasis with arthritis in real clinical practice.

**Methods:** An open, longitudinal, prospective, descriptive study. A total of 80 patients diagnosed with PsA or psoriasis with arthritis were included. All patients received the starting dose of oral APR as per the Summary of Product Characteristics and a maintenance dose of 30mg every 12 hours. The following variables were collected: age, gender, years of evolution, prior treatment with DMARDs, swollen and tender joint counts (SJC, TJC), C-Reactive Protein (CRP), and presence of dactylitis, enthesitis and cutaneous psoriasis. Treatment response was evaluated in all patients at 6, 12 and 18 months follow-ups. Efficacy in patients with PsA was evaluated using the Disease Activity in Psoriatic Arthritis (DAPSA)-based criteria: low activity (DAPSA 5-14) and clinical remission (DAPSA 0-4). To assess the level of enthesitis, Maastricht Ankylosing Spondylitis Enthesitis Score (MASSES) index was used. Efficacy in patients with psoriasis was evaluated using the Psoriasis Area and Severity Index (PASI)-based criteria: PASI-75 (improvement ≥ 75% of the baseline PASI). Kaplan-Meier method was used for survival analysis.

**Results:** Of the 80 patients included in our cohort: 42 patients were diagnosed with PsA and 38 with psoriasis. 57.1% of patients with PsA and 63.2% of patients with psoriasis were men with a mean age of 48.2 ± 11.1 and 48.2 ± 14.8 and mean duration of disease 3.5 ± 1.4 and 3.2 ± 2.6 years respectively. Most of