We scanned 330 fingernails. The US study revealed dystrophy in 75 nails (22.7%) of the nails, in 17 patients (51.5%): Undulations or pitting (n=47), fol-

The most common patterns of nail involvement were:

- Undulations or pitting (n=47)
- Splitting (n=32)
- Subungual hyperkeratosis (n=25)
- Leukonychia (25 nails)

Psoriatic arthritis (PsA) is an independent predictor of the onset of psoriatic arthritis (PsA). Assessment of nail disease is difficult given the limited utility of clinical assessment tools for the nail. Recently, ultrasound (US) proved to be informative in the assessment of nail involvement.

Objectives: We aimed to describe morphologic ultrasonographic nail disease changes and to look for correlations between these features and the characteristics of the PsA.

Methods: The study included patients diagnosed with PsA according to the CASPAR criteria. They underwent a thorough clinical examination with special regard to the presence of enthesis using the Spondyloarthritis Research Consortium of Canada (SPARCC) Enthesitis Index.

The US study bilaterally explored entheseal sites at six sites: proximal plantar fascia, distal Achilles tendon, distal and proximal patellar tendon insertion, distal quadriceps tendon and distal brachial triceps tendon. We evaluated the following elemental lesions of enthesis at each site: thickness and structure of the tendon, calcifications, bursae, erosions, power Doppler signal in bursa or enthesis full.

Results: Of the 33 patients, 39.4% were male. The mean age was 51.2±12.5 years. The mean disease duration was 13.5±10.2 years. The mean DAPSA was 22.8±19.7 [0.1-84.5]: remission (n=9), low activity (n=5), moderate activity (n=11), high activity (n=8).

Inclusion, 11 patients (33.4%) patients presented with psoriatic onychopathy (45 fingernails) with a mean mNAPSI of 14.1±16. Out of the 528 entheseseal sites, 92 were tender at the palpation (17.4%) with a mean SPARCC at 2.87. A total of 396 entheseal sites were examined by US. In 140 of them (35.35%), US found at least 1 sign indicative of enthesopathy. The most affected tendon was the distal Achilles tendon (42/396), followed by proximal plantar fascia (32/396), distal patellar tendon (20/396), quadriceps tendon (20/396), distal brachial triceps tendon (14/396) and finally proximal patellar tendon (12/396).

The most common elemental lesions were enthesophytes (176), erosions (114) and calcifications (50).

We found a positive correlation between age and both calcification (r=0.38±0.07) and enthesophytes (r=0.479, p=0.005). We found a positive correlation between enthesophyte and the tender and swollen joints count (r=0.352, p=0.045, r=0.378, p=0.03) and the SPARCC score (r=0.397, p=0.022).

Patients with higher BASDAI had thicker tendons (r=0.355, p=0.05). Patients with nail dystrophy had more bursitis and erosions. US scores did not correlate with sex, disease duration and disease activity measures (ASDAS, DAPSA, DAS28 and PASI). Patients with subclinical entheseal involvement didn’t have higher inflammatory biomarkers (ESR, CRP).

Conclusion: Ultrasound offers an appropriate alternative for the evaluation of the nail unit. In our study it was able to detect subclinical involvement of the nail in 30 fingernails and in two patients.

Disclosure of Interests: None declared

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ULTRASONOGRAPHIC ASSESSMENT OF ENTHESEAL INVOLVEMENT IN PSORIATIC ARTHRITIS

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Background: Enthesal involvement is a frequent and distinctive feature of psoriatic arthritis (PsA), often under diagnosed. It is especially associated with nail involvement. Because clinical examination is not sensitive enough for the detection of early signs of this involvement, US may be considered as an alternative imaging technique in the diagnosis of enthesopathy.

Objectives: The aim of the present study is to evaluate US enthese abnormalities in PsA and their correlation with clinical characteristics.

Methods: The study included patients diagnosed with PsA according to the CASPAR criteria. They underwent a thorough clinical examination with special regard to the presence of enthesitis using the Spondyloarthritis Research Consortium of Canada (SPARCC) Enthesitis Index.

The US study bilaterally explored enthesal sites at six sites: proximal plantar fascia, distal Achilles tendon, distal and proximal patellar tendon insertion, distal quadriceps tendon and distal brachial triceps tendon. We evaluated the following elemental lesions of enthesis at each site: thickness and structure of the tendon, calcifications, bursae, erosions, power Doppler signal in bursa or enthesis full tendon.

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Disclosure of Interests: None declared

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Clinical nail involvement was associated with bursitis and erosions. New studies including larger study groups are required to verify the findings of the present study.

Disclosure of Interests: None declared

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Table 1. Disease activity assessment at 6 months of secukinumab therapy.

<table>
<thead>
<tr>
<th></th>
<th>Baseline</th>
<th>6 months after SEC</th>
<th>Mean difference</th>
<th>P value</th>
</tr>
</thead>
<tbody>
<tr>
<td>SJC</td>
<td>4,8±5,4</td>
<td>1,9±3,1</td>
<td>-2,9 (IC95%: -3,9 a -1,7)</td>
<td>p&lt;0,001</td>
</tr>
<tr>
<td>TJC</td>
<td>7,7±5,6</td>
<td>3,9±4,1</td>
<td>-3,8 (IC95%: -5,1 a -2,4)</td>
<td>p&lt;0,001</td>
</tr>
<tr>
<td>Spinal pVAS</td>
<td>6,1±3,2</td>
<td>4,2±2,9</td>
<td>-1,9 (IC95%: 2,4 a -1,4)</td>
<td>p&lt;0,001</td>
</tr>
<tr>
<td>CRP (mg/L)</td>
<td>7,7±9,9</td>
<td>4,0±5,9</td>
<td>-2,9 (IC95%: 4,5 a -1,3)</td>
<td>p&lt;0,009</td>
</tr>
<tr>
<td>ASDAS-CRP</td>
<td>2,5±1,9</td>
<td>1,8±1,3</td>
<td>-0,7 (IC95%: -0,9 a -0,4)</td>
<td>p&lt;0,001</td>
</tr>
<tr>
<td>DAPSA</td>
<td>27,7±12,1</td>
<td>16,7±10,4</td>
<td>-11 (IC95%: -15,3 a -6,8)</td>
<td>p&lt;0,001</td>
</tr>
</tbody>
</table>


Patients with non-pathological sacroiliac x-ray and MRI had to have spine pain VAS ≥4/10 after failure to NSAIDs, prior to the onset of SEC, to be included. Medical records were reviewed to collect demographic and clinical data, features of PsA (manifestations, treatments and activity assessment). Descriptive statistics and then a comparative analysis with the Student t-test to analyze the effectiveness of SEC were performed.

Results: Of 98 PsA patients treated with SEC, 58 (59.2%) had axial involvement, of which 41 (71%) female. Mean age was 54 y.o (SD 10) and average duration of the disease was 10 years (SD 8). All 58 patients had peripheral disease (33% joint erosions), 55 (95%) had psoriasis, 20 (34%) showed dactylitis and 39 (67%) had enthesitis. Sacroiliac x-ray was damaged in 36% (66%) patients (grade I-IV) and 25 (40%) pathological MRI, with HLAB27+ at 8 (14%) patients. Average BMI was 29 (SD 8), with an obesity rate of 33% (19 pt). Observed comorbidities were hypertension (27 pt, 47%), diabetes mellitus (6 pt, 10%), dyslipidemia (23 pt, 40%), active smoking (18 pt, 31%) and malignancy (6 pt, 10%). Regarding previous treatments, 90% had received CDMDRs, particularly methotrexate (86%) and 40% had been exposed to at least one OMDM at 15 pt to one, 9 to two, 6 to three and 10 to four or more. 7% patients were on 300 mg dose and 51 patients on 150 mg dose (dose escalation to 300 mg was performed in 16 patients and 44% respond and maintain SEC). Average drug survival time was 1.4 (SD 1) years. At 6 months of SEC therapy, tender and swollen joint count, spinal pain VAS, CRP, ASDAS-CRP and DAPSA had significantly decreased (Table 1). 29 (50%) patients suspended SEC during follow-up due to primary inefficacy (8), secondary inefficacy (16), adverse events (3), latex allergy (1) and remission (1). Adverse events do not differ from those reported in clinical trials.

Conclusion: Secukinumab in real-world setting provided improvements in the axial and peripheral manifestations of PsA, using both the 150 mg and 300 mg doses.

Disclosure of Interests: MARIA MARTIN LOPEZ: None declared, Beatriz Joven-Ibáñez Speakers bureau: Abbvie, Celgene, Janssen, Merck Sharp & Dohme, Novartis, Pfizer, José Luis Pablos: None declared

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