OBJECTIVES: To study the specific features of the symptomatogenic effect and tolerability of paracetamol (P), glucosamine sulfate (GS), chondroitin sulfate (CS), and meloxicam (M) in patients with knee osteoarthritis (OA).

Methods: An 18-month open-label randomized prospective parallel-group trial enrolled 80 patients with knee OA who fulfilled the American College of Rheumatology criteria and signed the informed consent. They had Kellgren and Lawrence grades I–III OA with visual analogue scale pain intensity of > 40 mm in the target knee, a body mass index of < 35 kg/m², and no clinical dysfunctions of vital organs and systems. The patients were randomized into 4 groups: 1) P 2g daily; 2) a standard GS regimen; 3) a standard CS regimen; 4) M 15mg daily. The patients were followed up for 18 months. The effectiveness was evaluated by the WOMAC questionnaire, Lequesne index, and OMERACT-OARSI (D scenario) during 8 visits. Laboratory and clinical examination as well as electrocardiography were performed. Adverse events were recorded during each visit.

Results: After 4 weeks of treatment, symptomatic improvement was noted in all groups; however, the best effect was achieved by the use of M and continued to the end of the study. The percentage of patients reacting to the therapy by the OMERACT-OARSI criteria was highest in M group (100%), reached 90% in GS, 85% in CS groups and 75% in P group. In the groups of P, GS and CS failed to respond to treatment 25, 10, and 15% correspondingly. However, medium narrowing of articular space (NAS) was measured at the end of the study and was significantly lower in GS group (-0.07; p=0.0002), CS (-0.10; p=0.004) and M (-0.06; p=0.006). Besides, the quota of patients without heavy NAS (> 0.5 mm in medial KJ) was the lowest in GS group as compared with three other groups.

Conclusion: The results of this trial suggest that it is expedient to use GS, CS and M long, support the recent guidelines of the European Society for Clinical and Economic aspects of Osteoporosis and OA (ESCEO), and can give proofs of the efficiency and safety of GS, CS, and M used in the treatment of knee OA.

Disclosure of Interests: None declared

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AB0862 CONSENSUS STATEMENT ON INTRA-ARTICULAR INJECTIONS OF PLATELET-RICH PLASMA FOR THE MANAGEMENT OF KNEE OSTEOARTHROSIS

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Objectives: To evaluate the place of X-ray- and ultrasound-derived parameters of structural damage for pain perception in knee osteoarthritis patients. From the assessed ultrasound parameters, medial and lateral) were measured in mm in full extension and flexion position, respectively. Imaging modalities such as radiography and musculoskeletal ultrasound may assess those structural findings and both are well embedded in routine clinical practice. However, their association with pain severity is poorly studied.

Objectives: To evaluate the place of X-ray- and ultrasound-derived parameters of structural damage for pain perception in knee osteoarthritis patients.

Methods: Sixty-four knees from 38 patients with KOA fulfilling the ACR criteria were assessed. The pain severity was evaluated in all knees by 100-mm visual analogue scale (VAS). Anteroposterior radiographs of the fully extended knees in an upright weight-bearing position were obtained and images were evaluated according to the Kellgren-Lawrence (KL) and OARSI atlas. All patients were investigated with a portable MyLab 25 Gold system equipped with an LA435 transducer (Esaote SpA, Genoa, Italy) by two experienced ultrasonographers. The presence or absence of synovial thickening, effusion in the suprapatellar bursa, and popliteal cyst were assessed. Medial meniscal extrusion and medial and lateral cartilage thickness (medial and lateral) were measured in mm in full extension and flexion position, respectively. Femoral osteophytes were semi-quantitatively scored using a scale consisted of four grades (0-3).

Results: The levels of pain differed significantly in the KL groups (p ≤ 0.01) and in the groups classified according to the medial tibiofemoral compartment narrowing defined in line with the OARSI atlas (p ≤ 0.005). The other knee osteoarthritis radiographic characteristics derived from the OARSI atlas did not correlate with the pain. From the assessed ultrasound parameters, medial


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AB0863 RADIOGRAPHY VERSUS ULTRASONOGRAPHY – WHICH IMAGING MODALITY TELLS US MORE ABOUT PAIN SEVERITY IN KNEE OSTEOARTHROSIS?

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Background: Osteoarthritis (OA) is a leading cause of disability worldwide and pain is its cardinal symptom. Ranging from structural injuries to central sensitization, multifactorial mechanisms play an important role in pain perception in patients with knee OA (KOA) defining a discrepancy between pain and structural damage. Imaging modalities such as radiography and musculoskeletal ultrasound may assess those structural findings and both are well embedded in routine clinical practice. However, their association with pain severity is poorly studied.

Objectives: To evaluate the place of X-ray- and ultrasound-derived parameters of structural damage for pain perception in knee osteoarthritis patients.

Methods: Sixty-four knees from 38 patients with KOA fulfilling the ACR criteria were assessed. The pain severity was evaluated in all knees by 100-mm visual analogue scale (VAS). Anteroposterior radiographs of the fully extended knees in an upright weight-bearing position were obtained and images were evaluated according to the Kellgren-Lawrence (KL) and OARSI atlas. All patients were investigated with a portable MyLab 25 Gold system equipped with an LA435 transducer (Esaote SpA, Genoa, Italy) by two experienced ultrasonographers. The presence or absence of synovial thickening, effusion in the suprapatellar bursa, and popliteal cyst were assessed. Medial meniscal extrusion and medial and lateral cartilage thickness (medial and lateral) were measured in mm in full extension and flexion position, respectively. Femoral osteophytes were semi-quantitatively scored using a scale consisted of four grades (0-3).

Results: The levels of pain differed significantly in the KL groups (p ≤ 0.01) and in the groups classified according to the medial tibiofemoral compartment narrowing defined in line with the OARSI atlas (p ≤ 0.005). The other knee osteoarthritis radiographic characteristics derived from the OARSI atlas did not correlate with the pain. From the assessed ultrasound parameters, medial


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AB0861 CURRENT PHARMACOTHERAPY FOR KNEE OSTEOARTHRITIS: SPECIFIC FEATURES OF SYMPTOMATIC AND DISEASE MODIFYING EFFECTS

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Objectives: to study the specific features of the symptomatogenic effect and tolerability of paracetamol (P), glucosamine sulfate (GS), chondroitin sulfate (CS), and meloxicam (M) in patients with knee osteoarthrosis (OA).

Methods: An 18-month open-label randomized prospective parallel-group trial enrolled 80 patients with knee OA who fulfilled the American College of Rheumatology criteria and signed the informed consent. They had Kellgren and Lawrence grades I–III OA with visual analogue scale pain intensity of > 40 mm in the target knee, a body mass index of < 35 kg/m², and no clinical dysfunctions of vital organs and systems. The patients were randomized into 4 groups: 1) P 2g daily; 2) a standard GS regimen; 3) a standard CS regimen; 4) M 15mg daily. The patients were followed up for 18 months. The effectiveness was evaluated by the WOMAC questionnaire, Lequesne index, and OMERACT-OARSI (D scenario) during 8 visits. Laboratory and clinical examination as well as electrocardiography were performed. Adverse events were recorded during each visit.

Results: After 4 weeks of treatment, symptomatic improvement was noted in all groups; however, the best effect was achieved by the use of M and continued to the end of the study. The percentage of patients reacting to the therapy by the OMERACT-OARSI criteria was highest in M group (100%), reached 90% in GS, 85% in CS groups and 75% in P group. In the groups of P, GS and CS failed to respond to treatment 25, 10, and 15% correspondingly. However, medium narrowing of articular space (NAS) was measured at the end of the study and was significantly lower in GS group (-0.07; p=0.0002), CS (-0.10; p=0.004) and M (-0.06; p=0.006). Besides, the quota of patients without heavy NAS (> 0.5 mm in medial KJ) was the lowest in GS group as compared with three other groups.

Conclusion: The results of this trial suggest that it is expedient to use GS, CS and M long, support the recent guidelines of the European Society for Clinical and Economic aspects of Osteoporosis and OA (ESCEO), and can give proofs of the efficiency and safety of GS, CS, and M used in the treatment of knee OA.

Disclosure of Interests: None declared

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meniscal extrusion and medial femoral cartilage showed a weak correlation with pain levels (r = .254, p = .043; r = -.265, p = 0.034, respectively). Nevertheless, in the multivariate analysis after adjusting for age and BMI, both variables did not reach significance for explaining the differences in VAS levels. No association between the presence of synovial effusion and popliteal cyst and pain severity was found.

**Conclusion:** Plain radiography and ultrasonography reflect different structural changes in osteoarthritis that may play an important role in pain perception. Both imaging modalities can complement each other in order to improve the evaluation of the patient with KOA.

**Disclosure of Interests:** None declared

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**AB0865**

**EPIDURITIS IN INFECTIOUS SPONDYLODISCITIS**

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**Background:** The main problem with infectious spondylodiscitis (ISD) is the diagnosis difficulty. Tuberculosis, with deceptive clinical semiology, remains to date the most common cause in underdeveloped and developing countries.

**Objectives:** To report the frequency and characteristics of epiduritis in ISD and to specify its short and medium-term impact through a series of 70 cases.

**Methods:** A systematic review of literature including studies involving patients ranging from 45 patients (Carmona L, 2018) to Cochrane reviews of 1767 patients (Campbell Kirk, 2015). From these studies, the number of patients, adverse reactions (i.e. pain, erythema) and serious adverse reactions (infections) were calculated.

**Results:** Within our study, there was a large variation of numbers of adverse effects of hyaluronic acid and corticosteroids amongst studies, with percentages as variable as 0-9.3%. Corticosteroids demonstrated 11-26% reduction of adverse events compared to hyaluronic acid. However, confidence intervals were found to not be statistically significant.

**Conclusion:** Intra-articular injections of corticosteroids and hyaluronic acid, although deemed clinically effective, continue to demonstrate variable rates of adverse effects and infection amongst patients with progressive knee osteoarthritis.

**Disclosure of Interests:** None declared

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