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.

Acknowledgments: None

Disclosure of Interests: None declared

DOI: 10.1136/annrheumdis-2020-eular.2222

AB0864

DO CORTICOSTEROIDS AND HYALURONIC ACID INJECTIONS CAUSE INFECTIONS? A SYSTEMATIC REVIEW OF LITERATURE ON ADVERSE EFFECTS AND INFECTION RATES OF INTRA-ARTICULAR CORTICOSTEROID AND HYALURONIC ACID INJECTIONS IN PATIENTS WITH KNEE OSTEOARTHRITIS

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Background: Knee osteoarthritis has been a leading cause of chronic pain and disability in our increasingly aging population. Conservative management options of physiotherapy and oral analgesics offer some relief, but delivery of intra-articular injections such as corticosteroids or hyaluronic acid has increasingly become the mainstay of pain management of knee osteoarthritis. In a clinical setting, intra-articular injections offer a means to delay a total knee replacement. Despite the abundance of literature on corticosteroids and hyaluronic acid, there is no known percentage of infection rates or adverse effects that clinicians may use to inform patients prior to obtaining consent for the injection.

Objectives: To determine a rate of adverse events and infection rates in patients undergoing intra-articular injections of corticosteroids or hyaluronic acid.

Methods: A systematic review of current 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

DOI: 10.1136/annrheumdis-2020-eular.5799

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 descriptive retrospective study was conducted including patients with ISD, hospitalized in the rheumatology department at Fattouma bourguiba Hospital, Monastir TUNISIA between January 2009 and August 2019. Socio-demographic, clinico-biological and radiological data were collected.

Results: 34 male and 36 female were included. The average age was 53.91 ± 15.3 years. The mean time to visit was 80.3 ± 89 days [4,520]. Co-morbidity was noted in 66.7% of patients: diabetes (22), hypertension (18), hemodialysis (8), heart disease (4), and long term corticosteroid therapy (4). Tuberculosis contagion was present in 7.2% of patients. The most frequent reason for

consultation was low back pain (63.8%) with a root syndrome in most patients (>50%). Neurological abnormalities were noted in 8.7% of patients. Skin swelling was noted in 4.3% of patients. Biological inflammatory syndrome and hyperleukocytosis were the most biological abnormalities reported respectively in 81.2% and 30.4% of patients. Among 70 ISD: 29 were with common germ, 18 with tuberculosis, 8 with brucellosis, and 14 with an undetermined germ. 91.3% of patients underwent a spinal magnetic resonance imaging (MRI): epiduritis was documented in 72% of cases, frequently anterior (53%). The epidural abscesses association was noted in 33 patients. It was pronounced mostly at the lumbar (19) and dorsal (14) levels. Epiduritis was frequently associated with para-vertebral soft tissues infiltration: pre-vertebral thickening (32), pre-vertebral collection (17), psoas muscle abscesses, (13). Spinal cord compression was noted in 2 patients. On 3-month visit, the ISD associated with epiduritis evolution was characterized by persistence of pain, hence radiological control was justified in 6 patients. A persistent biological inflammatory syndrome was noted in 27% of cases. Furthermore, 2 deaths were observed in this group of patients.

Conclusion: Epiduritis rate in ISD requires a well-codified diagnostic and therapeutic strategy that will consider carefully the neurological prognosis involved.

References: doi: 10.1155/2019/7413089.

doi: 10.1515/folmed-2016-0035.

Acknowledgments: Rheumatology Department

Disclosure of Interests: None declared

DOI: 10.1136/annrheumdis-2020-eular.5890

AB0866

THE PREVALENCE AND CLINICAL FEATURES OF FRAILTY SYNDROME IN PATIENTS WITH SYMPTOMATIC RADIOGRAPHIC KNEE OSTEOARTHRITIS AND RHEUMATOID ARTHRITIS: A STUDY OF THE KOREAN NATIONAL HEALTH AND NUTRITION EXAMINATION SURVEY (KNHANES)

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Background: Frailty is defined as syndrome of physical decline in late life, characterized by marked vulnerability to adverse health outcomes. Knee osteoarthritis (OA) could be one of the major diseases related to frailty conditions. The prevalence and clinical features of frailty syndrome in knee OA and rheumatoid arthritis (RA) were not reported previously.

Objectives: We studied the clinical features and nutritional status of knee OA and RA patients with frailty syndrome in nationwide survey data.

Methods: Symptomatic knee osteoarthritis patients were defined who had knee joint pain accompanied with grade 2 or more Kellgren-Lawrence score in plain radiographic studies from the data of KNHANES (N=17,873, from 2010 to 2013). RA was defined who diagnosed by physician. We calculated the frailty index (score 0~1.0) using 46 items from the frailty related co-morbidities and laboratory abnormalities according to Rockwood clinical frailty scale. We analyzed the clinical features of three frailty groups [robust (≤ 0.10), pre-frail ($0.1 < \leq 0.21$), and frail (> 0.21)] in symptomatic radiographic knee OA patients and RA patients.

Results: The prevalence of Knee OA patients was 8.59% [95% CI: 8.19-9.01]. Relative risk ratio is significantly increased in pre-frail (OA; 2.66 [2.26-3.14], RA; 4.02 [3.07-5.27]) and frail group (OA; 6.27 [5.20-7.57], RA; 7.00 [5.03-9.74]) in polytomous logistic regression.

Body mass index (BMI), white blood cell, platelet, and serum creatinine were significantly increased in knee OA and RA patients with frailty syndrome. But, hemoglobin, estimated GFR (CKD-EPI equation) and EQ-5D were significantly decreased in knee OA and RA patients with frailty syndrome (Table). The daily nutritional intakes of total calories, carbohydrate, protein, fat, sodium and potassium were significantly decreased in knee OA patients with the frailty syndrome. In RA patients, the significant decreased nutritional intakes of total calories, carbohydrate, protein and fat were observed.

Conclusion: We showed increased BMI, decreased renal function and lower nutritional status in symptomatic radiographic knee OA and RA patients with frailty syndrome.