Therefore, the following were recorded for each year 1946-2018: total number of papers published per year on prosthetic joints only was also calculated. We searched for English-language and diagnostic accuracy of biomarkers to exclude infection in the acute hot joint presentation. Laboratory tests were repeated after one month from first visit, when steroids were started, and about every three months during follow-up (for at least 24 months).

Results: Fifteen PMR patients (26%) described a connection with environmental agents: six PMR patients reported a vaccination, 3 an upper respiratory tract infection and 1 pneumonia before the onset of disease. Five patients reported a connection with an environmental trigger of PMR. The model of multivariate linear regression which better predicted a shorter time to normalize inflammatory reactants (R squared 27.46%, p=0.0042) comprised the presence of an environmental trigger and a higher CRP. A linear regression analysis confirmed an inverse correlation between CRP at onset ant time to normalize inflammatory reactant (r= -0.3031, p=0.0208). A significant correlation was demonstrated between presence of environmental trigger and shorter time to normalize inflammation (r= -0.5215, p<0.0001), lesser frequency of gleno-humeral synovitis on US (r= -0.3774, p=0.0038).

Conclusion: Our work describes a correlation between environmental triggers in PMR and higher CRP at diagnosis and faster response to therapy. We may suppose that these patients belong to a more specific subtype of PMR, in whom external stimuli, such as vaccinations or infections, may lead to a deregulated response within the context of an impaired immune and endocrine system. We recommend a systematic research of previous infections or vaccination in recent onset PMR.

Disclosure of Interests: None declared

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BIOMARKERS IN THE DIAGNOSIS OF ACUTE HOT JOINTS: AN EVALUATION OF RESEARCH INTEREST 1960-2018

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Background: The acute hot joint presentation is a common clinical emergency, often the result of crystal arthritis or trauma. However, all diagnoses can mimic septic arthritis, which should be excluded promptly due to the potential for rapid joint destruction and significant morbidity. The gold-standard test for septic arthritis is synovial fluid culture, which can take several days to perform. Meanwhile, patients are often admitted and given antimicrobials. Other specialties have made use of rapid tests as trigger of PMR. The model of multivariate linear regression which better predicted a shorter time to normalize inflammatory reactants (R squared 27.46%, p=0.0042) comprised the presence of an environmental trigger and a higher CRP. A linear regression analysis confirmed an inverse correlation between CRP at onset ant time to normalize inflammatory reactant (r= -0.3031, p=0.0208). A significant correlation was demonstrated between presence of environmental trigger and shorter time to normalize inflammation (r= -0.5215, p<0.0001), lesser frequency of gleno-humeral synovitis on US (r= -0.3774, p=0.0038).

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NEURALGIC AMYOTROPHY AND HEPATITIS E INFECTION: REPORT OF 6 CASES AND REVIEW OF THE LITERATURE

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Background: Neuromyopathic arthropathy (NA) or Parsonage and Turner syndrome is triggered at least in 25% by a viral infection: parvovirus B19, CMV, HSV, etc... Recently, few cases of Hepatitis E Virus (HEV) related NA were reported. This particular association remains little known and is overlooked by most physicians. Besides, clinical, electrodiagnostic (EDX) and MRI characteristics, as well as evolution of HEV-related NA have not been fully described yet.

Objectives: To describe 6 cases of HEV-related NA and to perform a review of the literature.

Methods: We describe longitudinally clinical examination, electrodiagnostic (EDX), biological and MRI results of 6 cases of HEV-associated NA, diagnosed in our center.

Results: The 6 cases were aged between 33 and 57 years old (mean 44.5), sex ratio was 5M/1F. All patients had positive IgM anti-HEV (serology) and a cervical MRI that could not explain clinical presentation. Overall, the 6 patients totalize 26 mononeuropathies (range 1 to 8 per patient), 5/6 patients had a severe presentation of NA, with bilateral and asymmetric symptoms (3 cases). HEV-related NA involved classical nerves such as supra-escapular (6 cases, twice bilaterally) and long thoracic nerves (5 cases), some less classical nerves like anterior