REFERENCES: in tuberculosis forms. Vertebral biopsy is of no interest in Brucellar spondylodis-tuberculosis group in 18.18% and in 9.52% of the brucellosis cases. Against 14.29% in the brucellosis group. Draining abscess was necessary in the 36.36% of cases of TB. Was only positive in one case of brucellosis, whereas it allowed diagnosis in 54.55% of tuberculosis patients compared to 47 .62% in the other group. It of para abscesses -vertebral in 54.55% for the TB group versus 23.81% for (TB) and 61 .90% (Brucellosis) respectively. The imaging allowed the detection frequent in the 02 groups (71 .88%). It was a multifocal localization in 27 .27% condition was present in 80.95% for the brucellosis group versus 81 .82% for the TB group.

Spondylodiscitis still frequent. It affects both old and young patients. It makes diagnostic and therapeutic difficulties. Objectives: to identify the characteristics and outcomes of infectious spondylo-discitis (ISD) in patients over 65 years old. Methods: A monocentric retrospective study including patients hospitalized for ISD in the rheumatology department of university hospital of Monastir,TUNISIA between January 2009 and August 2019. Results: Among 70 patients with ISD, 21 (11 male, 10 female) or 30% are over 65 years old. The average age was 70.6 years (65-82 years). History of diabe-tes (n = 9), hypertension (n = 9), hemodialysis (n = 5), heart disease (n = 5) were the most risk factors reported, while in younger patients, spinal surgery, epidural infiltrations and long-term general corticosteroid therapy were the main risk factors. The mean time for consultation was 142.3± 73 days longer than for younger patients. Fever was present in 0,14% of cases. Assessment time found that already 5 patients had paraplegia or spinal cord compression, 19/21 patients had epiduritis on spinal cord MRI. Soft tissue abscesses were present in close rate in both younger and old patients. Biological assessment showed an inflam-matory syndrome and hyperleucocytosis in 92% and 38% of patients respecti-vely (compared to 73% and 27% in younger patients). Germs were identified in 14 patients (473%). Common germs were the most involved (12 patients), while in younger patients, specific- germs were the most reported. Follow up has shown that neurological sequelae are more prevalent in elderly.

Conclusion: ISD in patients over 65 years old require a careful attention in thera-peutic management given that age according to this study seems to influence the prognosis. In fact, these patients are more susceptible to disability due to neurological complications.


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TUBERCULOUS SEPTIC ARTHRITIS: CLINICAL FEATURES OF TWELVE CASES

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Background: Extrapolmonary forms of tuberculous septic arthritis account only for 1% of tuberculous infections. Although TB infection is rare in western coun-tries, arthropathy is still a common problem in developing countries.

Objectives: Describe clinical features of tuberculous septic arthritis seen by the rheumatologist.

Methods: Retrospective descriptive study, lead in the rheumatology department of Farhat Hached Hospital, including medical files between 1999 and 2020. Data of patients diagnosed with tuberculosis arthropathy were analysed.

Results: Twelve patients were diagnosed with tuberculosis septic arthritis. Six men and women were enrolled with a sex ratio of 1. The mean age of diagno-sis was 47.5±16.16 years. Mean delay of diagnosis was 12.83±15.12 months. A triggering factor like a trauma was described in 8.3% and comorbidities were associated in 16.7% of the cases, mainly diabetes and chronic renal dysfunction. Type of pain was inflammatory in 91.7% of the time. The disease presented as a monoarthritis in 91.7% and an oligoarthritis in 8.3% of the cases. Chronic forms were observed in 91.7% and acute forms in 8.3% of the cases. Transmission was hematological in 60%, directly inoculated in 20% and secondarily disseminated from another site in 20% of the cases. Arthritis affected the knees in 50%, followed by the hips in 33.3% and then the ankles and wrist in 8.3% of the cases each. Fever was noted in 41.7% and general condition was altered in 50% of the patients. Chest radiographs showed the presence of infiltrates or micronodules in 33.3% of the patients. Bone erosions were detected in 66.7% of plain radio-graphs, while narrowing of the joint was seen in 83.3% and and juxta articular osteoporosis in 50% of the cases. MRI showed the presence of abscess in 33% of the cases. The Mantoux test was positive in 2 cases, of which, one didn’t receive the recommended neonatal vaccine. Culture was positive in the synovial fluid in 25%, in sputum in 16.7%, and in urine in 83.3% of the cases. Synovial biopsy was performed for all patients. It showed a non specific synovial inflammation in 50%, granulomatous inflammation in 33.3% and caseous necrosis in 16.7% of the cases.

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