interosseous nerve (3 cases, twice bilaterally), and some very unusual ones such as the lateral antebrachial cutaneous nerve (1 case) and the sensory fibers of median nerve (1 case). NA also involved accessory spinal (2 cases, once bilaterally) and phrenic nerves (1 case bilaterally), both originating from cervical plexus. The EDX pattern of these nerve lesions consisted of unique or multiple extensive asymmetric inflammatory mononeuropathies with severe axonal loss and numerous denervation signs damage involving mostly the supra-scapular. On scapular MRI (available for 5/6 patients), amyotrophy in at least one muscle was observed in all patients. Out of 26 nerves involved, after 12 months all had well recovered (above 3/5 MRC scale).

Conclusion: HEV should be systematically screened when NA is suspected, whatever the severity, if the onset is less than 3 or 4 months (before IgMs anti-HEV disappear). HEV-related NA appears to be frequently associated with a severe pattern, without modifying the recovery usually observed.

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AB0942 INFECTIOUS SPONDYLODISCITIS: TUBERCULOSIS VERSUS BRUCELLOSIS

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Background: Infectious spondylodiscitis is a serious impairment that can compromise the functional and vital prognosis. The determination of the germ responsible is the key of the treatment.

Objectives: The objective of our work is to describe the epidemiological, clinical and evolutionary profile according to the germ responsible by comparing tuberculous and brucellar spondylodiscitis.

Methods: This is a retrospective study including 32 cases of spondylodiscitis with specific germs (*Mycobacterium tuberculosis* and *Brucella*) collected in an internal medicine department over a period of 18 years (2000-2018).

Results: These were 20 men and 12 women with an M / F ratio of 1.66. The average age of our patients was 50.63 [16-84]. The germ implicated was Koch's Bacillus in 11 patients (34.38%) and *Brucella* in 21 patients (65.63%). The mean age for tuberculosis (TB) was 45.18 years versus 53.48 years for brucellosis. Spinal pain was the major symptom in the 02 groups. The deterioration in general condition was present in 80.95% for the brucellosis group versus 81.82% for the tuberculosis group.

Biological inflammatory syndrome was observed in 94.24% of the brucellosis group and 63.63% of the TBC group. The lumbar location was the most frequent in the 02 groups (71.88%). It was a multifocal localization in 27.27% (TB) and 61.90% (Brucellosis) respectively. The imaging allowed the detection of para abscesses -vertebral in 54.55% for the TB group versus 23.81% for the brucellar group. An epiduritis was objectified in 36.36% of the TB group against 33.33% for that of brucellar. CT-guided biopsy was performed in 54.55% of tuberculosis patients compared to 47.62% in the other group. It was only positive in one case of brucellosis, whereas it allowed diagnosis in 36.36% of cases of TB.

The evolution after initiation of adequate antibiotic treatment was interspersed with neurological complications in the tuberculosis group in 18.18% of cases against 14.29% in the brucellosis group. Draining abscess was necessary in the tuberculosis group in 18.18% and in 9.52% of the brucellosis cases.

Conclusion: Our results show a higher frequency of neurological complications in tuberculosis forms. Vertebral biopsy is of no interest in Brucellar spondylodiscitis unlike tuberculosis forms where it allows the diagnosis.

References:

- [1] Bousson, et al (2014). Infection rachidienne: du germe lent au staphylocoque doré. *Revue Du Rhumatisme Monographies*, 81(1), 27–35.
- [2] Bierry, G., & Dietemann, J.-L. (2012). Imagerie des spondylodiscites infectieuses. *EMC - Radiologie et Imagerie Médicale - Musculosquelettique - Neurologie - Maxillofaciale*, 7(4), 1–16.

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AB0943 INFECTIOUS SPONDYLODISCITIS OF THE ELDERLY: CHARACTERISTICS AND OUTCOMES

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Background: 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 spondylodiscitis (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 diabetes (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 inflammatory syndrome and hyperleukocytosis in 92% and 38% of patients respectively (compared to 73% and 27% in younger patients). Germs were identified in 14 patients (47.3%). 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 therapeutic 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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AB0944 TUBERCULOUS SEPTIC ARTHRITIS: CLINICAL FEATURES OF TWELVE CASES

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Background: Extrapulmonary forms of tuberculous septic arthritis account only for 1% of tuberculous infections. Although TB infection is rare in western countries, 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 tuberculous arthropathy were analysed.

Results: Twelve patients were diagnosed with tuberculous septic arthritis. Six men and women were enrolled with a sex ratio of 1. The mean age of diagnosis 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 radiographs, 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 8.3% 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. Common quadri therapy was prescribed for all patients with a mean treatment duration of 11.41±1.37 months. Surgery was performed in only two