patients. Enthesitis (11%), uveitis (11%), Chron's disease (7%), dactylitis (3%), and psoriasis (3%) was also noted. Nearly %30 patients required non IL-1 biologic therapy (BTx) to control SpA symptoms (axial 70%, peripheral 30%). 40% of the patients needed to switch non IL-1 BTx to another biologic agent because of lack of efficacy on SpA symptoms (25%) or due to the adverse event (25%) and active FMF not responding to non IL-1 biological agent (50%).

Conclusion: We showed the following: 1) more female predominance in FMF-SpA patients compared to classic SpA, 2) FMF-SpA patients had lower frequency of HLA B27, 3) up to %30 of the patients required non-IL-1 BTx to control SpA symptoms and 4) in patients on non IL-1 BTx FMF symptoms responded in 80%.

Table 1. The clinical characteristics of FMF-SPA patients

Age*	45.1±16.4
Male, n (%)	16 (57.2)
SpA symptom duration, years*	9.5±7.0
FMF symptom duration, years*	12.6±9.6
HLA-B27 positivity, n (%)	5 (29.4)
Mainly axial involvement, n (%)	21 (75)
Mainly peripheral involvement, n (%)	7 (25)
mNY positivity, n (%)	15 (53.5)
MEFV (M694V) mutation	18
MEFV (non M694V) mutation	19
Amyloidosis, n (%)	4 (14.2)
Non IL-1 biological treatment for SpA symptoms, n (%)	10 (35.7)

*(mean ±S.D.)

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Diagnostics and imaging procedures

AB1072

ROLE OF ULTRASOUND IN DETECTION OF SHOULDER JOINT PATHOLOGIES IN ASYMPTOMATIC RHEUMATOID ARTHRITIS PATIENTS

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Background: Rheumatoid arthritis (RA) is a chronic inflammatory disease that results in progressive destruction of structural components of the joints¹. It commonly affects the shoulder leading to pain, tenderness and decreased range of motion². Increased shoulder pain has been found to correlate strongly with disease severity³, however there is little information available in the literature regarding shoulder pathologies in asymptomatic RA patients.

Objectives: To determine the prevalence of pathologies in asymptomatic shoulders in rheumatoid arthritis patients and role of ultrasound to detect it.

Methods: A cross-sectional study including two groups, first group included 36 RA patients, meeting the ACR/EULAR classification criteria for RA with no shoulder complaints. The second group included 36 healthy control subjects of similar age groups and sex, with no shoulder complaints. They were recruited from rheumatology outpatient clinic in Mansoura University Hospital. Only asymptomatic shoulders of both groups were examined clinically by inspection, palpation and special tests, then examined by ultrasound using Toshiba Xario 200 machine with 13 MHz superficial probe including biceps tendon, subscapularis tendon, supraspinatus tendon, subacromial subdeltoid (SASD) bursa, infrapinatus tendon, posterior glenohumeral joint for effusion or synovitis, acromioclavicular joint and humeral head for erosions. Findings of both groups were compared to each other.

Results: Asymptomatic shoulders in RA patients showed significant number of pathologies in 72% of the examined patients in comparison with healthy subjects (17%). According to frequency, humeral erosions were detected in 12 patients (33%), acromioclavicular osteoarthritis in 8 patients (22%), biceps tenosynovitis, supraspinatus tendinopathy, glenohumeral effusion in 6 patients (17%),

subscapularis tendinopathy in 4 patients (11%), SASD bursitis in 2 patients (6%), Infrapinatus tendinopathy in 1 patient (3%).

The healthy group showed less number of pathologies including supraspinatus tendinopathy 3 (8%), acromioclavicular osteoarthritis 2 (6%), humeral erosions 1 (3%).

A) Ultrasound scan of supraspinatus tendon longitudinal view and SASD bursa of asymptomatic shoulder shows SASD bursitis B) Ultrasound scan of supraspinatus tendon longitudinal view in healthy asymptomatic individual shows supraspinatus tendinopathy

Conclusion: A significant high rate of different pathologies can be present in shoulders of RA patients despite negative history and normal physical examination. Ultrasound can be used for early detection and better management before irreversible joint destruction.

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AB1073

DYNAMICS OF X-RAY CHANGES IN THE HIP JOINTS WITH EARLY AXIAL SPONDYLOARTHRITIS PATIENTS.

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Background: in almost half of patients with ankylosing spondylitis (AS) in Russia, damage to the hip joints (HJ) is detected, but the rate of its progression has not been studied.

Objectives: to evaluate the radiological progression of coxitis in patients with early axial spondylarthritis (axSpA) for two years.

Methods: the study involved the patients of the Moscow cohort CORSAIR (Early Spondylarthritis Cohort), which was formed in V.A. Nasonova Research Institute of Rheumatology. We analyzed 62 patients with a diagnosis of axSpA (ASAS criteria 2009), observed for at least 2 years and having survey images of the pelvic bones during inclusion in the cohort and 2 years after the start of observation. The average age at the time of inclusion in the cohort was 29.2 ± 6.4 years with an average disease duration of 23.8 ± 16.2 months, 32 men and 30 women, 92% of patients positive for HLA-B27. All patients received standard anti-inflammatory therapy.

Results: when including out of 62 patients in the study, only one (2%) patient showed X-ray changes in HJ, Fig. 1 (a; b)). After 2 years of follow-up, the number of patients with radiological changes in HJ increased to 13 (21%), Fig. 1 (a; b). Patients were divided into two groups depending on the presence of radiological progression in HJ.