Conclusion: We found psychiatric symptoms such as obsessive-compulsive besides somatization, anxiety, depression, hostility and sleep disturbances higher in the patients with CSP. Additionally, psychiatric symptoms, anxious and depressive temperaments were more common in the patients with fair/poor shoulder function. Self-esteem was not related with the pain. All these findings indicate the importance of psychological health in the patients with CSP. In order to reach treatment goals, psychiatric symptoms and temperament profiles of these patients also should be considered.

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THU0489

HIP INVOLVEMENT IN DIFFUSE IDIOPATHIC SKELETAL HYPEROSTOSIS (DISH): CROSS-SECTIONAL STUDY

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Background: In DISH or Forestier-Rotés disease, hip involvement is often misdiagnosed as hip osteoarthritis, especially when it is the initial manifestation of the disease or in patients with scarce vertebral signs. At present, a correct identification of this entity may suppose considerable therapeutic implications¹.

Objectives: The purpose of this study was to assess the prevalence and characteristics of hip involvement in our cohort of patients with DISH and evaluate the association of this extra-spinal manifestation with the variables studied.

Methods: We carried out a cross-sectional study in DISH patients who met Resnick and / or Utsinger classification criteria. We collected demographic, anthropometric, clinical and imaging data. Hip involvement was defined as the characteristic irregular bony excrescences above acetabulum. The cohort was divided between patients with and without hip involvement. A univariate descriptive analysis was performed with means and standard deviations, absolute frequencies and percentages. The normality of the data was checked using the Shapiro-Willis test. The bivariate analysis, for the qualitative variables, the χ^2 test or Fisher's exact test were identified. For the quantitative variables, the Student's t-test was used if the data followed a normal distribution, and otherwise using the Mann-Whitney U test.

Results: Of the 58 patients included, 67.2% were male. The median age was 69.4 years (44-89). The average time of disease evolution was 14.8 (+9.3) years. Although the most frequent initial symptom was thoraco-lumbar pain (39.7%), hip complaints were initially present in 13.8%. 22.6% of patients did not fulfil Resnick classification criteria. Hip involvement was identified in 53.4% and a 61.3% the cartilage space were preserved. In the bivariate analysis, hip involvement was associated with female sex, a reduction in the intermaleolar distance (IM) and the presence of certain enthesopathies (greater trochanter, superior iliac spines and distal patellar entheses). The acetabular ossifications were significantly related to the mixed pattern compared to the other possible phenotypes of the disease.

Conclusion: Hip involvement has been described in more than 50% of our patients. We found out that it was associated with female sex and a more broad ossification phenotype (mixed pattern). The measurement of IM distance could be useful for the clinical evaluation of this condition. Ossifications of other pelvic ring entheses were more observed in association with acetabular hyperostosis than other peripheral insertions.

References:

- [1] Jung-Mo Hwang, Deuk-Soo Hwang, Chan Kang, Woo-Yong Lee, et al. Arthroscopic Treatment for Femoroacetabular Impingement with Extraspinal Diffuse Idiopathic Skeletal Hyperostosis. Clin Orthop Surg 2019; 11: 275–281.

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THU0490

DEEP FRICTION MASSAGE VERSUS LOCAL STEROID INJECTION FOR TREATMENT OF PLANTAR FASCIITIS: A RANDOMIZED CONTROLLED TRIAL

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Background: Deep friction massage (DFM) has long been proven to be effective in the treatment of some tendinopathies.

Objectives: to evaluate the efficacy of DFM in the treatment of plantar fasciitis (PF) in comparison with local steroid injection.

Methods: In this randomized controlled trial, 60 patients with PF were selected from those attending the rheumatology and rehabilitation outpatient clinic and

then randomized to receive either 40mg triamcinolone local injection (group I: 30 patients; 41 heals) using the medial approach or to receive seven sessions of deep transverse friction massage (10 min each) every other day (group II: 30 patients; 36 heels). The outcome measures were the pain and function assessment by visual analog scale and foot function index, respectively, at 2 and 6 weeks of follow-up.

Results: Demographic data showed a statistically insignificant difference in age, female to male ratio, and BMI in both groups. The mean age was 39.42 years in group I and 41.32 years in group II (P=0.86). The female to male ratio was 3: 1 in group I and 2.75: 1 in group II, and the mean BMI was 32.41 in group I and 33.31 in group II (P=0.51). At 2 and 6 weeks of follow-up, DFM led to less improvement in pain and function compared with local steroid injection (P=0.001 and 0.002, respectively, at both time points of follow-up).

Conclusion: This study revealed that DFM is not effective as a single modality in treatment of PF. Further large-scale studies are needed to support this observation.

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THU0491

HYALURONIC ACID INJECTION IN PLANTER FASCIITIS: CAN WE USE?

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Background: Plantar fasciitis is the most common cause of hind foot pain. Treatment is aimed at pain reduction and maintaining or improving function. Several types of injected materials are used including corticosteroids, hyaluronic acid and Platelet-rich plasma.

Objectives: The aim of this study was to evaluate the efficacy of hyaluronic acid injection in comparison to corticosteroid injection for the treatment of degenerative plantar fasciitis.

Methods: This study included forty patients with degenerative plantar fasciitis diagnosed according to clinical examination and ultrasound findings. They were divided into two groups. Group one included twenty patients who were injected with Methylprednisolone (MP). Group two included another twenty patients who were injected with hyaluronic acid (HA). Clinical assessment was done including morning heel pain, localized heel tenderness, patient assessment of heel pain using the numerical rating scale (NRS), Functional assessment using the Manchester-Oxford foot questionnaire (MOXFQ) and musculoskeletal ultrasound assessment including planter fascia thickness, echogenicity, power Doppler signals, erosions and calcification. Patients were injected and a follow up was done at two and six weeks for each group.

Results: The two groups MP & HA showed no significant baseline differences in clinical and sonographic variables, while they both significantly improved from baseline after two & six weeks injection (P<0.001). The MP group achieved a significant improvement in NRS, MOXFQ, planter fascial thickness and echogenicity in the first follow up after two weeks better than the second follow up after six weeks (P<0.001). The HA group achieved significant improvement in NRS, MOXFQ, planter fascial thickness and echogenicity in the second follow up after six weeks better than the first follow up after two weeks (P<0.001).

Over all, MP group had significant improvement clinically and sonographically than HA group after two weeks (P<0.001), while HA group had significant improvement clinically and sonographically in comparison with MP group after six weeks.

Conclusion: Our study supports the use of a single injection of hyaluronic acid as therapy for plantar fasciitis in preference to methylprednisolone acetate injections, while MP offers short term improvement (after two weeks). HA injection offers better therapeutic advantages in the intermediate-term follow up (after six weeks). Moreover, it has a longer duration of action and enables better tissue healing and can therefore be used as an effective alternative treatment for plantar fasciitis.

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THU0492

MAGNETIC RESONANCE IMAGING OF THE SACROILIAC JOINTS IN PATIENTS WITH HYPERMOBILITY: A RETROSPECTIVE COHORT STUDY

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Background: The incidence of inflammatory and structural lesions on magnetic resonance imaging of sacroiliac joints (MRI SIJs) in patients with hypermobility related disorders has not been fully investigated. Hypermobility patients are more susceptible to pelvic instability and biomechanical stress of the SIJs, leading to MRI SIJ changes