A high prevalence of type 2 diabetes was present in 24 (40%). A low-grade inflammatory state was demonstrated with high prevalences in MS, comparable or also higher than those reported for SpA-related entheses. Our data, obtained using the most recent OMERACT’s definition for US-detected enthesitis (proposed for SpA), also suggest a low specificity of this definition, in consideration of the high prevalence of MS-associated entheses. Moreover PD was associated to enthesal pain expressed as LEI. Both GIs and GSDs showed a correlation with overweight and type 2 diabetes. As secondary result, this study demonstrated that almost half of patients with MS could have a concurrent diagnosis of DISH. Patients with DISH were older, with higher levels of inflammation, and higher scores of US-defined entheses. Our results suggest that MS and DISH could be strictly related; diffuse entheses with a low-grade inflammatory state should be regarded as potential factor of progression from MS towards a conlaimed DISH.


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THU0521 EVALUATION OF LIVER FIBROSIS IN PATIENTS WITH RHEUMATOID ARTHRITIS UNDER METHOTREXATE TREATMENT. UTILITY OF FIBROSCAN AND BIOMARKERS IN ROUTINE CLINICAL PRACTICE.

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Background: Despite therapeutic advances in recent years, methotrexate (MTX) remains the gold standard for the treatment of rheumatoid arthritis (RA). Among the side effects that have been blamed on it are liver fibrosis (LF) and cirrhosis, although late studies have failed to show such a relationship. The only validated test in the diagnosis of LF is biopsy. Given the relevance of MTX in the treatment of RA, it is important to evaluate non-invasive diagnostic options for LF such as transient elastography (FibroScan, FS).

Objectives: To evaluate the percentage of LF in RA patients treated with MTX. Secondly, to assess the correlation between altered liver function, RA activity, and LF. To determine whether dose and/or duration of treatment with MTX may affect the development of LF in such patients.

Methods: We did a prospective study between February 2019 and January 2020. Patients affected of RA treated with MTX were included. Patients with basal liver disease, hepatitis B, hepatitis C and steatohepatitis, alcohol consumption, type 2 diabetes mellitus, chronic renal failure, heart failure, obesity and concomitant treatment with leflunomide or antiretrovirals were excluded. Demographic, clinical, and therapeutic variables were collected. Liver fibrosis was assessed by FS in kilopascals (kpa) and using the APRI score. RA Activity was assessed by DAS28 score. Continuous variables are described with mean and standard deviation (SD), and qualitative variables are shown with absolute value and percentage. Spearman’s and Mann-Whitney’s U tests were used for the bivariate analysis.

Results: Fifty patients were included (Table 1 and 2). Of these, 38 were women (76%) with mean age of 61.8 years (SD 11.7) and mean RA evolution time of 13.7 years (SD 8.2). The mean DAS28 at the visit was 2.39 (SD 1.1). The FS showed an average of 4.8 kPa (SD 2). The mean duration of treatment with MTX was 85.8 months (SD 93.3) and that of AD-MTX was 5414.6mg (SD 5011). Patients were divided into those with DA-MTX greater than 4000mg (21, 42%) and less than 4000mg (29, 58%) and no significant differences were found in terms of LF in FS (p 0.637) or APRI scale (p 0.806). No significant differences were found in terms of treatment duration either. Six patients (12%) had elevated aspartate aminotransferase (AST) and 9 (18%) had elevated alanine aminotransferase (ALT). No significant difference was found in FS values in relation to ALT, but it was with elevated AST (p 0.021). Similarly, differences were found in APRI based on AST (p 0.045). Metabolic syndrome was collected in 4 patients (8%) without significant differences with FS or APRI values. There were no significant differences in LF depending on gamma-glutamyl transpeptidase (GGT) values.

Conclusions: FS and APRI score are useful for the determination of LF in RA patients treated with MTX. There is no evidence of a relationship between AD-MTX and LF by FS or APRI. AST values may be related to the presence of fibrosis as determined by FS or APRI. The presence of the metabolic syndrome are not.

Disclosure of Interests: J. Sánchez Iturri2, N. Alcorta Lorenzo1, L. Samaniego Leoz2, J. A. Valero Jaime1, C. A. Eguíluz Dubuc1, L. M. Lopez Dominguez1, O. Maiz-Alonso1, E. Uriarte Isaselaya1, J. J. Cancio Fainol1, E. M. Zapata Morcillo2, J. M. Belzunegui Otano1. 1Hospital Universitario Donostia, Rheumatology, Donostia, Spain; 2Hospital Universitario Donostia, Gastroenterology, Donostia, Spain

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