**Objectives:** To compare the epidemiological, clinical, biological, radiological, bacteriological profile as well as the management and prognosis of spondylodiscitis over the last 20 years.

**Methods:** Retrospective study including 113 patients hospitalized in our department between 1999 and 2018. The diagnosis was based on clinical, biological, radiological and bacteriological data. Spondylodiscitis were divided into two groups: spondylodiscitis occurring between 1998 and 2008 (1st decade) and those between 2009 and 2018 (2nd decade).

**Results:** Of the 113 identified patients, 54 (47.8%) occurred between 1998 and 2008, with male predominance in both groups (50.2 and 59.3%, respectively; p = 0.3). The average age was 55 years (p = 0.7). Diabetes was more frequent in the 1st decade but without a statistically significant difference (p = 0.1). On the other hand, consumption of unpasteurized dairy products was more frequent during the 2nd decade (p < 0.001) as well as the presence of intercurrent infection (p = 0.01).

The estimated delay between symptom onset and diagnosis was longer between 1998 and 2008 (5.6 months and 3.2 months respectively, p = 0.005). The presence of neurological signs was more frequent between 2009 and 2018 (p = 0.001), especially radiculalgia (p = 0.02). The sedimentation rate was higher in the 1st decade (93mm and 72mm respectively, p = 0.002).

We found no statistically significant difference in the location of spondylodiscitis (p = 0.4) and the multifocal involvement (p = 0.5).

Radiographic signs were significantly more prevalent in the 1st decade (p = 0.002), in particular disc space narrowing (p = 0.02) and irregularity of the intervertebral plates (p = 0.01). Computed tomography was more often performed during the 1st decade (p = 0.008), unlike magnetic resonance imaging, performed in 88.1% of cases during the 2nd decade (p < 0.001). In contrast, the frequency of para-vertebral abscesses, epiduritis and spinal cord compressions were similar in the two groups (p = 0.6; p = 0.9 and p = 0.3, respectively).

Tuberculosis was more frequent in the 1st decade (p = 0.009). Disc-vertebral bony fusion, more performed in the 1st decade (p = 0.04), but its frequency was similar between the two groups (p = 0.1). For pyogenic spondylodiscitis, blood cultures were more positive in the 2nd decade but without a statistically significant difference (p = 0.6). On the other hand, the anatomopathological aspect was more frequently suggestive of a pyogenic germ in the 2nd decade (p = 0.04).

A surgical procedure was more frequently performed between 2009 and 2018 but with no statistically significant difference (p = 0.2). All patients received antibiotic therapy. A change in treatment was made in 23.7% of cases between 2009 and 2018 (p = 0.01). The prognosis was better during the 1st decade (p = 0.01). On the other hand, the occurrence of immediate complication during tuberculosis spondylodiscitis was more frequent during the 2nd decade (p = 0.03), in particular the toxicity of anti-tuberculosis treatment (p = 0.04).

**Conclusion:** In the last decade, the diagnosis of spondylodiscitis has been made earlier. However, these are more severe forms with an increased frequency of neurological complications, probably due to an increase in the proportion of virulent germs. Moreover, the effectiveness of the bacteriological investigation does not differ between the two periods studied.

**Disclosure of Interests:** None declared

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