Conclusion: 53 adult patients infected HPVB19 in 10 years at community hospital in Japan. Epidemic season were 4year cycle and skin eruption and joint symptoms appeared 4-5 days after upper respiratory symptoms. Previous study show that a second-phase illness with rash and arthralgia appear 10-11 days after the appearance of upper respiratory symptoms.³⁾ In our study, a second-phase symptoms appeared about one week earlier than in previous study. Half of the patients were weakly ANA positive.

References:

- [1] Human Parvoviruses. Jianming Qie, Maria Soderlund-Venermo, Neal S. Young. *Clinical Microbiology Reviews* 2017; 30: 43-113
- [2] Clinical Presentations of Parvovirus B19 Infection. Jessica T. LT COL, etc. *American Family Physician* 2007; 75: 373-6
- [3] Experimental Parvoviral Infection in Humans. M J Anderson, etc. *J Infect Dis* 1985; 152: 257-65

Season of onset

Clinical symptoms and time course

Disclosure of Interests: None declared

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FRI0445 HLA-B27 IN POSTSTREPTOCOCCAL REACTIVE ARTHRITIS WITH ENTHESITIS

L. Naishtetik¹, L. Khimion¹, O. Yashchenko¹, P. Dolinsky². ¹National Medical Academy of Postgraduate Education named after P.L. Shupyk, Kyiv, Ukraine; ²The Institute of Traumatology and Orthopedics, Kyiv, Ukraine

Background: Poststreptococcal reactive arthritis (PSRA) is a very common diagnosis in rheumatology practice, which develops after recent pharyngeal streptococcal infection and characterized by aseptic inflammation in one or more joints and periarticular involvement. Now no diagnostic criteria have been agreed [2,4]; association of the expression of HLA-B27 and PSRA is not clear [1,3].

Objectives: In our study we analyzed the features of PSRA in presence of HLA-B27.

Methods: 88 patients (48 female and 40 male) aged between 18-55 years with complains of pain, tender and swollen joints developed after recent pharyngeal streptococcal infection underwent standard physical and laboratory rheumatological examinations. Acute rheumatic fever and other inflammatory arthritis were excluded.

Results: 60 patients (68,2%) had oligo-polyarthralgia, 10 patients (11,4%) - monoarthritis, 24 patients (27,3%) had asymmetrical oligoarthritis, 4 patients (4,5%) had polyarthritis, enthesitis was found in 4 (4,5%) patients, tenosynovitis of the palmar flexor tendons in 10 cases (11,4%) and the peroneal tendons of the ankles in 5 patients (5,7%), one-sided sacroiliitis (confirmed by MRI) in 5 patients (5,7%). The mean level of ASL-O was 542U/ml, CRP -15mg/L, ESR -34mm/H; HLA-B27 was present in 24 (30,7%) patients. HLA-B27 positivity was

connected to enthesitis, sacroiliitis, more joint involvement with higher levels of ESR and CRP.

Conclusion: 30% of patients with poststreptococcal reactive arthritis are HLA-B27 positive, the presence of HLA-B27 leads to more frequent development of enthesitis, polyarthritis and sacroiliitis with higher level of inflammatory activity which dictate the need for longer supervision of such patients for possible triggering of ankylosing spondylitis development.

References:

- [1] Ahmed S, Ayoub EM, Scornik JC, Wang C-Y, She J-X. Poststreptococcal reactive arthritis. Clinical characteristics and association with YLA-DR alleles. *Arthritis Rheum* 1998; 41:1096-102.9[
- [2] Gibofsky A, Khanna A, Suh E, et al. The genetics of rheumatic fever: Relationship to streptococcal infection and autoimmune disease. *J Rheumatol Suppl.* 1991;30:1-5. [PubMed] [Google Scholar]
- [3] Leitch DN, Holland CD/ Reactive arthritis, beta-hemolytic Streptococcus and Staphylococcus aureus. *Br J Rheumatol* 1996;35:912.
- [4] Mackie SL, Keat A. Poststreptococcal reactive arthritis: what is it and how do we know? *Rheumatology (Oxford)* 2004;43:949-54. 10.1093/rheumatology/keh225 [PubMed].

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FRI0446 VIRAL ARTHRITIS: DESCRIPTIVE ANALYSIS OF A SERIES OF 131 PATIENTS

A. V. Orenes Vera¹, I. Vázquez-Gómez¹, L. Montolio-Chiva¹, E. Flores¹, D. Ybañez¹, E. Valls-Pascual¹, À. Martínez-Ferrer¹, A. Sendra-García¹, V. Núñez-Monje¹, I. Torner Hernández¹, J. J. Alegre-Sancho¹, N. Fernandez-Llanio². ¹Hospital Doctor Peset, Valencia, Spain; ²Hospital Arnau de Vilanova, Valencia, Spain

Background: Arthritis of viral aetiology is considered the most frequent cause of acute arthritis. The most common etiologic agent is parvovirus B19 (B19). Besides, other viruses can lead to inflammatory joint disease, such as Epstein-Barr virus (EBV), Cytomegalovirus (CMV), Human immunodeficiency virus (HIV), Rubella, Mumps, Hepatitis B and C virus (HBV and HCV) and Chikungunya (in transcontinental travellers or immigrants).

Objectives: To describe the epidemiological characteristics, clinical and analytical course, evolution and treatment of a series of patients with a confirmed diagnosis of viral arthritis.

Methods: A descriptive study was performed, considering a series of cases of viral arthritis collected between 2000 and 2019. Epidemiological (sex, age, the season of the year, year of diagnosis, children of pediatric age), clinics (joint pattern, prodromes, accompanying clinic) and analytical (CRP, ESR, ANA, RF) variables were collected. Statistical analysis was performed with the SPSS 22.0 program.

Results: The data of 131 patients (109 women, 22 men), with a mean age of 39.7 years (SD 11.9) were collected. 93.9% of the cases were produced by B19, 3.8% by EBV, and only 3 by other viruses (1 by CMV, 1 by HBV, 1 by Mumps). The highest incidence years were 2005(55 cases), 2000(10 cases) and 2016(8 cases). Almost half of the cases (46.6%) occurred in spring, while 32.8% in summer, 15.3% in winter and 5.3% in autumn. Contrary to the expectations, only 20% of the patients had children in pediatric age.

The most frequent clinical picture was acute polyarthritis (53.4%), followed by inflammatory polyarthralgias (19.1%). Moreover, acute oligoarthritis was present in 10.7% of cases, and acute monoarthritis in 3.1% of cases. More than half of the patients (54.2%) had prodromes, most frequently respiratory symptoms, and the joint clinic was accompanied by a skin rash in 35.1% and fever in 29% of cases. Analytically, 33.6% presented high CRP, 39.7% high ESR, 19.8% transient anemia, 9.9% positive ANA (4.6% transiently), 9.1% anti dc-DNA (7.6% transiently), and 10.7% positive RF (3.1% transiently). In 79.4% of cases, the clinic picture was limited, with a mean duration of 36 days (SD 47.7), but 12.3% had recurrences. The 69.5% of the patients needed treatment with acetaminophen and/or NSAIDs (6.7% did not need treatment), but corticotherapy was needed in 21.4% of cases. 4.6% of the cases evolved to chronicity, which made DMARD necessary in 3 patients (two of them with a final diagnosis of rheumatoid arthritis, being treated with Methotrexate and Leflunomide, and the third one had a diagnosis of undifferentiated connective disease, treated with Hydroxychloroquine).

Conclusion: B19 remains the most common cause of viral arthritis in our population. It appears with a sporadic, occasionally epidemic, pattern of presentation, predominantly in warm seasons. A clinical presentation as an oligoarthritis or an acute monoarthritis or even the positivity of autoimmunity markers, should not make us rule out this possible aetiology. One out of 20 cases can evolve to chronicity and even make necessary the addition of DMARD.