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.

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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.

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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-Llano². 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.

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FRI0447

FIRST COMPREHENSIVE LONG-TERM ASSESSMENT OF MUSCULOSKELETAL CONSEQUENCES AMONG EBOLA SURVIVORS

Y. M. Pers¹, A. Dubois², T. A. Barry³, M. D. Sall³, L. March⁴, M. S. Sow³, A. K. Keita⁵, B. Taverne⁵, J. F. Etard⁵, A. Toure⁶, M. Barry⁷, E. Delaporte⁵ on behalf of Postebogui Study Group. ¹CHU Montpellier, Montpellier, France; ²Rheumatologie libérale, Brive, France; ³Donka University National Hospital, Conakry, Guinea; ⁴LPED UMR 151, Aix Marseille Univ, IRD, LPED, Marseille, France; ⁵TransVIHMI INSERM, IRD, University of Montpellier, Montpellier, France; ⁶Conakry University, Conakry, Guinea; ⁷University Gamal Nasser, Conakry, Guinea

Background: The tremendous size of the 2013-2016 West African outbreak of Ebola virus disease (EVD) resulted in a sizeable population of survivors, many reporting short-term sequelae such as arthralgia and myalgia.

Objectives: We aimed to report a detailed and long-term description of patients' musculoskeletal (MS) symptoms.

Methods: We performed a cross-sectional study following systematic rheumatological screening of patients included in the Postebogui cohort (Conakry district). We used regression models to establish the magnitude of EVD as a risk factor for developing chronic MS pain by comparison with a control cohort and to establish risk factors for developing MS pain among survivors.

Results: The study included 313 patients (55.6% female), with a median age of 28.2 years (IQR 21-37), and a median time from ETC discharge to rheumatological visit of 26.2 months (IQR 23-30). Chronic MS pain was reported in 216 (69%) patients, and was predominantly mechanical (48%). Enthesis and painful peripheral joints were largely involved (91%) with symmetrical distribution. Previous Ebola infection was a major risk factor for chronic MS pain (aOR, 6.662 [95% CI, 4.522-9.921]). Among survivors, increasing age (OR 1.14, 95% CI 1.08-1.22) and female gender (OR 3.58, 95% CI 1.22-11.80) were both associated with persistent MS pain, while myalgia experienced during the acute phase of EVD appeared protective (OR 0.14, 95% CI 0.04-0.42).

Conclusion: Our study provides the most accurate long-term description of MS disorders among Ebola survivors. Joint and muscle pain sequelae are frequent and require specialized care.

Disclosure of Interests: None declared

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FRI0448

FOUR CASES OF SYPHILIS MIMICKING RHEUMATOLOGICAL CONDITIONS PRESENTING TO THE GENERAL RHEUMATOLOGY SERVICE AT ST GEORGES HOSPITAL, LONDON, UK IN 2018-2019

S. Qureshi¹, K. Moss¹, A. Ezeonyej¹, V. Sandhu¹. ¹St George's Hospital, London, United Kingdom

Background: Sir William Osler once wrote: "He, who knows syphilis, knows medicine"

Whilst the Tuskegee Syphilis trials live in infamy, the advent of successful penicillin treatment and sexual health education resulted in the lowest recorded incidence ever in 2001¹.

Unfortunately, cases of syphilis have nearly tripled in the past decade (from 2,847 in 2009 to 7,541 in 2018 in the UK)¹. WHO now estimates the global median prevalence of Syphilis, among men who have sex with men, is 6%². The current cohort of clinicians will therefore have limited clinical experience of Syphilis, which can often mimic rheumatic conditions. We present the clinical experience of a tertiary teaching centre hospital.

Objectives: To identify the scope of clinical cases, with a diagnosis of Syphilis, during 2018-2019 at St Georges University Hospital, London, UK.

Methods: Clinical cases were identified by health professionals and a retrospective review of medical records was undertaken.

Results: There were 4 cases identified during 2018-19.

Case 1: The patient was diagnosed with bilateral uveitis secondary to primary syphilis, and immunosuppression may have contributed to this.

Case 2: The rash developed after the initial presentation and an extended infection screen was performed.

Case 3: The patient had a 6 month duration of symptoms and had had a negative sexual health screen 1 year prior to presentation.

Case 4: The patient had no features of extra pulmonary sarcoidosis and an infectious screen was undertaken.

All 4 cases were referred to the Infectious Disease Unit for treatment. 3 patients received standard treatment with Penicillin, and 1 patient received an oral course of Doxycycline, due to a penicillin allergy.

2 of the 4 cases had complete resolution of symptoms, and 2 of the cases had only partial resolution of symptoms at the time of publication.

Conclusion: Syphilis can present with an inflammatory arthritis, PMR and GCA -type symptoms, ocular inflammation, neurological disturbance and rashes that can mimic autoimmune conditions.

Our cases highlight the increasing incidence, as well as the risk of reactivation following immunosuppression. Current practice does not advise routine testing for syphilis prior to initiation of immunosuppressive therapy. However the rising incidence should prompt careful evaluation, and detailed sexual history, particularly in high risk groups. The diagnostic test interpretation and treatment requires close collaboration with Infectious Diseases Specialists.

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FRI0449

MANAGEMENT AND OUTCOME OF SEPTIC ARTHRITIS OF NATIVE JOINT: A NATIONWIDE SURVEY

P. Richebé¹, S. Godot², G. Coiffier³, P. Guggenbuhl³, D. Mulleman⁴, M. Couderc⁵, E. Dernis⁶, V. Deprez⁷, C. Salliot⁸, S. Urien⁹, R. Brault¹⁰, A. Ruyssen-Witrand¹¹, E. Hoppe¹², J. E. Gottenberg¹³, C. Roux¹⁴, S. Ottaviani¹⁵, M. Breban¹⁶, M. Beaufre¹⁶, A. Michaut¹⁷, L. Pauvele¹⁸, C. Darrieutort¹⁹, D. Wendling²⁰, P. Coquerelle²¹, G. Bar³, E. Gervais¹⁰, V. Goeb⁷, M. Ardizzone²², E. Pertuiset²³, S. Derolez¹, J. M. Ziza², R. M. Flipo²⁴, R. Seror¹ on behalf of Osteoarticular Infection Study Group. ¹Kremlin-Bicêtre University Hospital, Le Kremlin-Bicêtre, France; ²Diaconesses Croix Saint-Simon Hospital, Paris, France; ³Rennes University Hospital, Rennes, France; ⁴Tours University Hospital, Tours, France; ⁵Gabriel-Montpied University Hospital, Clermont-Ferrand, France; ⁶Le Mans Hospital, Le Mans, France; ⁷Amiens Nord University Hospital, Amiens, France; ⁸Orléans Hospital, Orléans, France; ⁹Cochin University Hospital, Paris, France; ¹⁰Poitiers University Hospital, Poitiers, France; ¹¹Toulouse University Hospital, Toulouse, France; ¹²Angers University Hospital, Angers, France; ¹³Strasbourg University Hospital, Strasbourg, France; ¹⁴Nice University Hospital, Nice, France; ¹⁵Bichat University Hospital, Paris, France; ¹⁶Ambroise-Paré Hospital, Boulogne-Billancourt, France; ¹⁷La Roche-sur-Yon Hospital, La Roche-sur-Yon, France; ¹⁸Maison Blanche Hospital, Reims, France; ¹⁹Hôtel-Dieu University Hospital, Nantes, France; ²⁰Besançon University

Patient	Age	Sex	Past Medical History	Symptomatology	Risk Factors	Presumed Diagnosis	Serology
1	69	Male	Hypertension GCA	Bilateral visual loss, rash	MSM Prednisolone Tocilizumab	GCA-related visual loss	RPR 1:64 TPPA 1: 10248
2	46	Female	Nil	Joint pain and swelling, rash	Hepatitis B Core Antibody positive MSM	Undifferentiated Inflammatory Arthritis Primary Syphilis	RPR 1: 16
3	40	Male	Nil	Joint pain, alopecia, uveitis and rash, weight loss			RPR 1: 16 TPPA 1: 10248
4	86	Female	Pulmonary Sarcoidosis, Squamous cell carcinoma of left maxillary sinus	Lower motor neuron facial nerve palsy	Prednisolone	Sarcoidosis	RPR 1:4 TPPA 1:80

GCA: Giant cell arteritis, MSM: Men who have sex with men, RPR: rapid plasma regain, TPPA: Treponema pallidum particle agglutination assay