Disclosure of Interests: Ana V Orenes Vera: None declared, I Vázquez-Gómez: None declared, L Montolio-Chiva: None declared, Eduardo Flores: None declared, Desamparados Ybañez: None declared, Elia Valls-Pascual Grant/research support from: Roche, Novartis, and Abbvie. Speakers bureau: AbbVie, Lilly, Pfizer, MSD, Novartis, Janssen, Bristol Myers Squibb, UCB Pharma, À Martínez-Ferrer: None declared, A Sendra-García: None declared, Arthur Delaporte:on behalf of Postebogui Study Group. 1CHU Montpellier, Montpellier; France; 2 Rheumatology Department, Hôpital Brive, France; 3 Donka University National Hospital, Conakry, Guinea; 4 LPED UMR 151, Aix Marseille Uni, IRD, LPED, Marseille, France; 5 TransVHIMI INSERM, IRD, University of Montpellier; Montpellier; France; 6 Conakry University, Conakry, Guinea; 7 University 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 ETD discharge to rheumatological visit of 26.2 months (IQR 23-30). Chronic MS pain was reported in 216 of 28.2 years (IQR 21-37), and a median time from ETD discharge to rheumatological visit of 26.2 months (IQR 23-30). Chronic MS pain was reported in 216 of 28.2 years (IQR 21-37), and a median time from ETD discharge to rheumatological visit of 26.2 months (IQR 23-30).

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

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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 Undifferentiated Inflammatory Arthritis RPR 1:16
3 40 Male Nil Joint pain, alopecia, uveitis and rash, weight loss MSM Primary SYPHIS 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

Unfortunately, cases of syphilis have nearly tripled in the past decade (from 2,847 in 2009 to 7,541 in 2018 in the UK). WHO now estimates the global median prev-
Rheumatoid arthritis

Background:

Objectives: To describe current management and outcome of septic arthritides on native joint in French rheumatology departments.

Methods: Retrospective, nation-wide multicentric study. 127 French rheumatology departments were contacted to report 10 successive cases of septic arthritis on native joint that occurred between the 01/01/16 to 31/12/17 (excluding mycobacteria). Characteristic, diagnosis procedure, therapeutic management and outcome were recorded.

Results: 52 centers included 363 patients (mean age 64±18.7 years, mean Charison comorbidity index 4±3). 28.3% patients had a preexisting arthropathy on affected joint. Monoarthritis was observed in 89.6% patients, knee was the most frequent site (38.9%). The most frequent pathogens were Staphylococcus sp (50.7%) and Streptococcus sp. (23.3%). Bacteremia was found in 54 (15.1%) patients and endocarditis in only 12 (3.0%). Management was heterogeneous. All patients received antibiotics for a mean duration of 46.7±22 days (including intravenous route: 17.3±15.4 d). An initial monotherapy was administered in 42.3% of patients. Surgical procedure (mostly lavage 70.6%) was performed in 171 (48.3%), joint immobilization in 128 (35.3%) (median duration of 21.7±14.1 days). 94 (29.2%) patients have had serious complications including 29 (9.5%) death. Factors associated with death are reported in the table.

Conclusion: This study shows that management of septic arthritis is very heterogeneous with a still high rate of morbidity and mortality. We identified age, comorbidity, Strep-tococciemia and preexistent artharthropy were associated with mortality. Of note, duration of antibiotics was not. Thus, new guidelines are needed in order to facilitate septic arthritides management.

Table:  

<table>
<thead>
<tr>
<th>Factors</th>
<th>Survivor (N=279)</th>
<th>Dead (N=29)</th>
<th>Univariate analysis P</th>
<th>Adjusted Odds ratio (95%IC)</th>
<th>Multivariate analysis P</th>
</tr>
</thead>
<tbody>
<tr>
<td>Age</td>
<td>65 (16-97)</td>
<td>62 (32-98)</td>
<td>&lt;0.001</td>
<td>1.07 (1.03-1.12)</td>
<td>&lt; 0.001</td>
</tr>
<tr>
<td>Charlson’s index</td>
<td>1 (0-12)</td>
<td>2 (0-9)</td>
<td>0.0001</td>
<td>1.3 (1.05-1.63)</td>
<td>0.018</td>
</tr>
<tr>
<td>Delay before antibiotic initiation</td>
<td>8.5 (0-310)</td>
<td>5 (0-75)</td>
<td>0.0484</td>
<td>0.99 (0.96-1.02)</td>
<td>0.562</td>
</tr>
<tr>
<td>C-reactive in the previous 3 months</td>
<td>13.3%</td>
<td>33.3%</td>
<td>0.0184</td>
<td>2.56 (0.75-8.74)</td>
<td>0.133</td>
</tr>
<tr>
<td>Bacteremia</td>
<td>42.4%</td>
<td>71.4%</td>
<td>0.0061</td>
<td>5.07 (1.14-37.7)</td>
<td>0.013</td>
</tr>
<tr>
<td>Antibiotics in the previous 3 months</td>
<td>26.6%</td>
<td>56.6%</td>
<td>0.0056</td>
<td>6.7 (2.04-22.01)</td>
<td>0.002</td>
</tr>
</tbody>
</table>

Disclosure of Interests: Pauline Richebé: None declared, Sophie Godot: None declared, Guillaume Collier: None declared, Pascal GUGGENBUHL: None declared, Denis Mulleran: None declared, Marion Couderc: None declared, Emmanuel Dennis: None declared, Lilly, Novartis, Valentine Deprez: None declared, Carine Salliot: None declared, Saik Urien: None declared, Rachael Breault: None declared, Adeline Ruyussen-Witrand Grant research/support from: Abbvie, Pfizer, Consultant of: Abbvie, BMS, Lilly, Mylan, Novartis, Pfizer, Sandoz, Sanofi-Genzyme, Emmanuel Hoppé: None declared, Jacques-Eric Gottenberg Grant/research support from: BMS, Pfizer, Consultant of: BMS, Sanofi-Genzyme, UCB, Speakers bureau: Abbvie, Eli Lilly and Co., Roche, Sanofi-Genzyme, UCB, Christian Roux: None declared, Sebastien Ottaviani: None declared, Maxime Breban: None declared, Marie Beaufreire: None declared, Alexia Michaut: None declared, Loïc Pauvele: None declared, Christelle Darrieutort: None declared, Daniel Wendling: None declared, Pascal COQUERELLE: None declared, Gérardine Bart: None declared, Elisabeth Gervais: None declared, Vincent Goeb: None declared, Marc Aridzonne: None declared, Edouard Pertuiset: None declared, Sophie Deroze: None declared, Jean Marc Ziza: None declared, René-Marc Fipio Consultant of: Johnson and Johnson, MSD France, Novartis, Sanofi, Speakers bureau: Johnson and Johnson, MSD France, Novartis, Sanofi, Raphaëlle Seror Consultant of: BMS UCB Pfizer Roche

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FR10451  

MEASURES OF DISEASE SEVERITY PREDICT DISABILITY AND QUALITY OF LIFE DIFFERENTLY IN RHEUMATOID ARTHRITIS AND CHRONIC CHIKUNGUNYA DISEASE


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Background: Chronic rheumatological manifestations similar to those of rheumatoid arthritis (RA) have been described after chikungunya virus infection. However, the clinical significance of the symptoms and disease severity in the two conditions has not been directly compared.

Objectives: To compare, using identical measures of disease severity and patient outcomes, the impact of disease severity measures and symptoms on outcomes in RA and chronic chikungunya disease.

Methods: Forty patients with chronic chikungunya arthralgia two years post-infection and 40 matched patients with RA were enrolled in Roraima, Brazil. Twenty-eight joints were assessed for tenderness and swelling, a pain intensity visual analogue scale, musculoskeletal stiffness questionnaire, modified Health Assessment Questionnaire and the EuroQol EQ5D-5L quality of life assessment were completed. The importance of the various measures of disease severity were analysed using Spearman’s rank correlation and regression analysis.

Results: Tender and swollen joint counts, pain and stiffness were all predictive of the HAQ disability index in RA, but only stiffness was significantly associated with disability in chikungunya patients (Table 1). Tender and swollen joint counts, pain and stiffness were predictive for all EQ5D quality of life domains (except anxiety/depression) in RA patients. In contrast, in chikungunya disease, tender joint counts were predictive only of usual daily activities; pain was predictive of impaired mobility, self-care and discomfort, while stiffness was predictive for the mobility and anxiety/depression domains (Figure 1). Swollen joint counts were not associated with any of the patient outcomes in chikungunya disease. Linear regression analysis confirmed (p=0.003) that the effect of swollen joint count on the HAQ disability index depends on the underlying disease.

Table 1. Association of disease severity with HAQ disability index in rheumatoid and CHIKV+ arthritis

<table>
<thead>
<tr>
<th>Severity measure</th>
<th>Rheumatoid arthritis</th>
<th>CHIKV+ arthritis</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>r (p)</td>
<td>r (p)</td>
</tr>
<tr>
<td>Tender joint count</td>
<td>0.56 (0.0002)</td>
<td>0.24 (0.14)</td>
</tr>
<tr>
<td>Swollen joint count</td>
<td>0.60 (0.0001)</td>
<td>0.02 (0.99)</td>
</tr>
<tr>
<td>Joint pain (VAS)</td>
<td>0.55 (0.0002)</td>
<td>0.29 (0.07)</td>
</tr>
<tr>
<td>Stiffness severity</td>
<td>0.57 (0.0001)</td>
<td>0.38 (0.02)</td>
</tr>
</tbody>
</table>

Figure 1. Association of disease severity with quality of life domains in rheumatoid and CHIKV+ arthritis

Conclusion: The value of all the disease severity measures tested in RA were confirmed, but tender joint counts may have more limited value in the assessment of chronic chikungunya disease. Joint swelling appears to have little impact for chikungunya patients, while stiffness appears to be an important metric to quantify chikungunya arthritis disease severity.

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RELATIONSHIP BETWEEN MEMBRANE-BOUND AND SOLUBLE RECEPTOR FOR ADVANCED GLYCATION END PRODUCTS AND DISEASE ACTIVITY IN JUVENILE IDIOPATHIC ARTHRITIS PATIENTS

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Basic and translational science in paediatric rheumatology.