A retrospective analysis of 74 case histories of patients diagnosed with NDA was carried out. The study group consisted of 26 men and 48 women, of unclear genesis.

Results: Patient tested positive for homozygous mutation in WISP-3 gene. He was treated with ibuprofen and supportive measures. Orthopedic consultation obtained and planned for hip, knee replacement during follow up. Follow up imaging and acute phase response was advised after three months.

Conclusion: Although PPRD was classically described as a degenerative disease, the findings presented in our case show coexisting inflammation. Bone marrow edema in weight bearing areas, synovial effusion may be explained as part of cartilage degeneration like in osteoarthritis but synovial hypertrophy with contrast enhancement, power Doppler signals in ultrasound, ANA positivity may be signs of coexisting inflammatory or autoimmune phenomenon.

REFERENCES:

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GENDER FEATURES OF VERIFICATION OF DIAGNOSIS UNDIFFERENTIATED ARTHRITIS
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Background: Undifferentiated arthritis (UDA) is an inflammatory arthritides that does not meet the criteria for any rheumatologic disease. Early verification of UDA is currently one of the main goals of modern rheumatology, since a diagnosis established at an early date allows determining a therapeutic strategy. The high social significance of arthritis lies in the predominant lesion of people of working age, the steady progression of the disease, early disability and a reduction in life expectancy.

Objectives: To study the gender characteristics of verification of the diagnosis of undifferentiated arthritis.

Methods: A retrospective analysis of 74 case histories of patients diagnosed with UDA was carried out. The study group consisted of 26 men and 48 women, mean age 50.6 ± 4.3 years. All patients underwent a comprehensive laboratory and instrumental examination according to the standard of an articular syndrome of unclear genesis.

Results: According to the data obtained, the duration of the articular syndrome averaged 2.53 ± 1.2 years. In 29 patients (21.6% of women and 17.6% of men), on average, after 1.72 ± 0.9 years, the diagnosis of NDA was clarified. Taking into account modern diagnostic criteria, the following diseases were verified: rheumatoid arthritis in 13.5% (12.2% in women and 1.3% in men), anklylosing spondylitis in 10.8% (7.7% in women and 8.1% in men). Osteoarthritis, psoriatic arthritis and APS were diagnosed in 5.4%, 1.4% and 1.4% of women, and gouty arthritis, bone tuberculosis and HIV in 4.1%, 1.4% and 1.4% of men respectively. In 60.8% (43.2% in women and 17.6% in men), the etiology of arthritis was not verified.

Conclusion: In a third of patients with UDA, diagnosis verification takes about 2 years on average. In more than half of patients, the diagnosis remains the same. According to the data obtained, rheumatoid arthritis was more often verified in women, while anklylosing spondylitis in men, which is consistent with statistical data.

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