superior to MR alone (75.6% / 97.3%) (see Figure). CT had the best interrater reliability ($\kappa = 0.875$) followed by MR (0.665) and XR (0.517). CR+MR reliability was similar (0.662) compared to MR alone, while CT+MR reliability (0.732) was superior.

Figure 1. Frequency of positive and negative findings in radiography (XR), computed tomography (CT), magnetic resonance imaging (MR) and combinations and resulting diagnostic accuracy values. SE: Sensitivity, SP: Specificity, LR+/-: negative/positive likelihood ratio.

Conclusion: In conclusion, XR is inferior to cross-sectional imaging and should be replaced by MR or CT for differential diagnosis. While MR is the most sensitive imaging technique, it lacks specificity when compared to CT. CT alone has high diagnostic accuracy, despite being insensitive to bone marrow lesions such as fatty metaplasia or osteitis. Adding CT to MR leads to an increase in specificity at a minor expense of sensitivity.

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OP0257

VALUE OF COLOR DOPPLER ULTRASOUND ASSESSMENT OF SACROILIAC JOINTS IN NON-RADIOGRAPHIC AXIAL SPONDYLOARTHRITIS: A COMPARISON WITH ANKYLOSING SPONDYLITIS

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Background: Ultrasound (US) is an accessible imaging technique with a possible role to diagnose active sacroiliitis, so this technique is projected as a promising diagnostic tool for the diagnosis of spondyloarthritis (SpA). The diagnostic value of sacroiliac US has been studied in patients with Ankylosing Spondylitis (AS), becoming a useful and practical tool in comparison with MRI. There are scarce data on the utility of US in the evaluation of Non-radiographic Axial Spondyloarthritis (nr-axSpA).

Objectives: The aim of this study is to evaluate the diagnostic utility of color Doppler ultrasound (CDUS) for the detection of sacroiliitis in patients with nr-axSpA and AS.

Methods: Patients with nr-axSpA (n=114) and AS (n=80) were enrolled in the study with standardized clinical criteria. According to the Bath Ankylosing

Spondylitis Disease Activity Index (BASDAI), nr-axSpA and AS patients were separately divided into active group (n=47, n=43) and inactive group (n=67, n=37). All patients underwent clinical evaluation, and CDUS of sacroiliac joints (SIJs) within the same week. Vascularization, the resistive index (RI) of the SIJs and the first foraminal ramus of the lateral sacral artery were observed and measured by a sonographer who is blinded to initial clinical and radiological assessments. The associated statistics and graphs were utilized to obtain the relationship, which were reflected by the Co-index receiver operating characteristic (ROC) curve or calculating the area under ROC curve (AUC), between the RI of the SIJs and the RI of the first foraminal ramus of the lateral sacral artery in nr-axSpA and AS by using the Logistic Regression analysis methods, SPSS24.0 and MedCalc19.6.0 software. With MRI-proven sacroiliitis as the diagnostic standard, the Kappa test was used to measure the consistency between the RI of the SIJs and MRI.

Results: 1. The RI of the SIJs (AUC=0.855, P<0.001) and Co-index (AUC=0.886, P<0.001) were similar sufficient (Z=1.331, P=0.183) to distinguish the active and inactive group in nr-axSpA. 2. The RI of the SIJs (AUC=0.869, P<0.001) and Co-index (AUC=0.893, P<0.001) were also similar sufficient (Z=1.292, P=0.196) to distinguish the active and inactive group in AS. 3. Neither of the RI of the first foraminal ramus of the lateral sacral artery in nr-axSpA (AUC=0.748, P<0.001) and AS (AUC=0.674, P=0.003) was outstanding to distinguish the active and inactive group. 4. The RI of the SIJs was similar sufficient (Z=0.267, P=0.790) to detect sacroiliitis in nr-axSpA and AS. 5. The Co-index was also similar sufficient (Z=0.146, P=0.884) to detect sacroiliitis in nr-axSpA and AS. 6. The RI of the SIJs in nr-axSpA and AS showed moderate consistency with MRI (the Kappa values were 0.534 and 0.609, respectively, P<0.01).

Conclusion: The RI of the SIJs is a possible role to diagnose active sacroiliitis, so CDUS is projected as a promising diagnostic tool for the diagnosis of nr-axSpA and AS in comparison with MRI.

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HPR Abstract Session (II)

OP0258-HPR

IS THERE A SUBSET OF PATIENTS WITH SJÖGREN'S SYNDROME WHO ARE MORE AT RISK FOR SEXUAL DYSFUNCTION? RESULTS FROM A SCOPING REVIEW

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Background: Individuals with Sjögren's syndrome (SS) experience significantly higher levels of sexual dysfunction and sexual distress than healthy controls (van Nimwegen et al., 2015). Identifying associated factors may help to identify a subgroup of patients with SS who may benefit from early intervention to maintain sexual wellbeing and avoid unnecessary sexual disruption.

Objectives: To explore and map the salient symptoms and factors that influence alterations in sexual functioning and intimate relationships for people with SS.

Methods: The protocol for this review was registered with the Open Science Framework prior to commencement of the searches. The peer-reviewed search strings were used to search the following databases from inception to June 2019: Cochrane Library, CINAHL [EBSCO], MEDLINE [ProQuest], PUBMED [MEDLINE], ScienceDirect, Scopus and Web of Science. Grey literature was searched for on academic databases, topic-specific repositories, and Google Scholar. Databases were searched using key terms corresponding to sexual functioning and intimate relationships. Studies were included if their participant sample was comprised of adults aged ≥18 years, with a diagnosis of primary or secondary SS. Studies were not excluded based on source type, methodology or design. To qualify for inclusion, studies needed to have been peer-reviewed and available in English. Retrieved articles were then screened against the inclusion/exclusion criteria by two reviewers. Hand-searching was conducted on the reference lists of included articles, as well as the three most prevalent publishing journals until saturation had been achieved.

Results: The search strategy returned 3527 unique citations. After screening processes were completed, only 19 articles met the inclusion criteria. Studies were predominately conducted in European countries (79%), within the last decade (68%; 2010-2019), and were mainly quantitative (n = 17; 89.5%), case-controlled