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radiographic progression of spine and SIJ in female with AS.

Conclusion: The changes in SIJ scores was comparable significantly increased in both groups, but no difference in absolute score changes per median progression was 1.5 (0-3) and 1 (0-2). The CTSS and SIJ scores signifi-

cantly at baseline in delivery group and controls were 13 (8-22) and 11 (6-22), and were 19 (16-23) and 20 (13.25-27.75), and median progression was 1 (0-3) and 2 (0-3) during the median 2.9 year follow-up. The median (Q1-Q3) SIJ scores at baseline in delivery group and controls were 13 (8-22) and 11 (6-22), and median progression was 1.5 (0-3) and 1 (0-2). The CTSS and SIJ scores signifi-

cantly increased in both groups, but no difference in absolute score changes per time point between was observed. The changes in SIJ scores was comparable according to the delivery methods.

Disclosure of Interests: None declared.

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Diagnostic Value of SPECT/CT in Axial Spondyloarthritis and Other Low Back Pain

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Background: Spondyloarthropathies (SpA) including ankylosing spondylitis are characterized by inflammatory arthritis involving the spine and peripheral joints. Bone SPECT/CT is in the spotlight as it can reflect the current level of inflammation.

Objectives: We aimed to investigate the diagnostic performance of bone SPECT/CT for axial SpA (axSpA) at the level of sacroiliac joints.

Methods: Patients with low back pain who had undergone SPECT/CT for axial SpA were included in the study. The diagnosis of axSpA was retained when patients fulfilled the Assessment of SpondyloArthritis international Society criteria.

Results: A total of 164 patients were enrolled (34 patients with axSpA). The remaining 130 patients had no axSpA rheumatic inflammatory disease (n=24), vertebral herniation (n=11), avascular necrosis (n=11), and others such as bursitis, and fracture (n=85). The mean age of axSpA (37.8±15.6 years) was lower than controls (49.8±16.4 years) (p<0.001), and axSpA (64.5%) had more male than others (42.1%) (p=0.024). The sensitivity, specificity, positive and negative predictive values of bone SPECT/CT for axSpA were 83.9%, 63.2%, 34.7%, and 94.4%, respectively. The bone SPECT/CT maximal score and BASDAI score have positive correlation (r=0.481, p=0.007). The bone SPECT/CT compared with MRI is marginal correlation (k=0.369, p=0.001).

Conclusion: In patients with low back pain, the bone SPECT/CT has a high negative predictive value that can exclude AS. In addition, when contraindication in MRI the bone SPECT/CT can be an alternative test.

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Work Participation in Patients with Axial Spondyloarthritis in Germany: Results from a Multicenter, Observational Survey

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