Conclusion: SpA is an independent CVS risk factor. Anti-TNF drugs were associated with a reduced CVS risk in these patients.

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POS1016

ANKYLOSING SPONDYLITIS IN WEST AFRICAN PATIENTS: A SERIES OF 37 CASES REPORTED IN TOGO

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Background: Spondyloarthritis (SpA) is generally uncommon in sub-Saharan Africa, in part because of the rarity of HLA-B27 in this region.

Objectives: The aim of our study was to determine the epidemiological, semiological, paraclinical and therapeutic aspects of ankylosing spondylitis in rheumatology in Togo.

Methods: This was a retrospective multicenter descriptive study on the files of patients suffering from ankylosing spondylitis seen in an outpatient setting or hospitalized in one of the four Rheumatology departments of Togo in the period from January 1, 2000 to December 31, 2019. The diagnosis was essentially radio-clinical based on the modified New York criteria.

Results: In 20 years, and out of a population of 35,304 rheumatic patients, we have collected 37 cases of ankylosing spondylitis, meaning a hospital frequency of 0.10% and an annual frequency of 1.85 cases. There was clearly a male predominance with an M / F ratio of 4.28. The onset of the disease was on average of 29.62 ± 10.27 years and the diagnosis delay on average of 9.45 ± 9.20 years. The clinic was dominated by spinal pain in the form of chronic inflammatory cervical-dorsal-lumbar pain (41.2%) or lumbar pain (29.4%). Common joint injuries were those of the knees (57.69%), ankles (26.9%) and shoulders (23.1%). The most frequent extra-articular manifestations were ocular with conjunctivitis (62.5%) and uveitis (37.5%). Due to the delayed diagnosis, significant spinal deformities including hypercyphosis, straightness and ankylosis were found; the radiography of the spine objectified syndesmophytes (50.0%) with ankyloses and the bamboo column (23.5%) and that of the pelvis objectified sacroiliitis at stage 3 (54.6%) and at stage 4 (27.3%). The HLA B27 antigen was positive in 10.8% of cases. NSAIDs and sulfasalazine were the most commonly used drugs in management, respectively in 94.3% of symptomatic treatment and 92.6% of background therapy.

Conclusion: Ankylosing spondylitis is relatively rare in Togo, affecting more men and young adults. There are no clinical or paraclinical particularity. The delay in diagnosis reflects the importance of the radiological signs. Treatment is mainly done by NSAIDs and DMRADs in particular sulfasalazine, due to their accessibility.

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POS1017

CARDIOVASCULAR RISK IN DIFFERENT CLINICAL VARIANTS OF SPONDYLOARTHRITIS

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Background: Numerous studies have shown that the life expectancy of patients with spondyloarthritis (SPA) is, on average, 5-7 years less compared to the population, and the overall mortality rate is 1.6-1.9 times higher than the population, while mortality from cardiovascular disease increases by 20-40%.

Objectives: of the current study were to assess the cardiovascular risk in pts with with ankylosing spondylitis, psoriatic arthritis and psoriatic spondyloarthritis and to compare different cardiovascular risk scales in these pts.

Methods: The study included 54 patients with SpA aged 45 to 65 years. The patients were divided into 3 groups: patients with ankylosing spondylitis (AS) who meet the modified New York criteria for AS (1984) (n = 14), patients with psoriatic arthritis (PsA) who meet the CASPAR criteria (Classification criteria of Psoriatic Arthritis, 2006) (n = 18) and patients with psoriatic spondyloarthritis (PsSpA) meeting the modified New York criteria for AS and CASPAR criteria for PsA (n = 22).

The average age in the AS group was 55.5 ± 6.43 years, in the PsA group - 57.4 ± 5.76 years, in the PsSpA group - 55.0 ± 6.45 years. Men made up 64.3% in the AC group, 50% in the PsA group, and 49% in the PsSpA group.

Three indices of cardiovascular risk evaluation (Systematic COronary Risk Evaluation (SCORE) with increasing coefficient 1.5 for inflammatory diseases, Reynolds Risk Score (RRS), and the third modification of QRESEARCH Cardiovascular Risk Algorithm (QRISK3) were calculated.

After the numerical assessment of the indicators, each patient was graded in the degree of CVR with the allocation of low, medium, high and very high degree. To stratify the degrees, an estimate of the total risk on the SCORE scale was used: with a value of less than 1%, the risk was considered low, from> 1% to 5% - medium or moderately increased, from> 5% to 10% - high, and> 10% - very high.

Results: The values of the indices were in the AS group SCORE - 3.05±2.41%, RRS - 5.05±2.67%, QRISK3 - 6.68±3.11%, in pts with PsA SCORE - 4.11±2.22%, RRS - 5.72 ± 2.46%, QRISK3 - 7.25 ± 2.51% and in pts with PsSpA SCORE - 4.78 ± 2.65%, RRS - 6.35 ± 2.34 %, QRISK3 - 8.02 ± 3.25%.

Table 1. The number of pts corresponding to different degrees of risk depending on the used CVD risk assessment scale, n = 54

Degrees of risk	SCORE	RRS	QRISK3
Low	9	2	0
Medium	32	26	16
High	12	23	28
Very high	1	3	10

When assessing CVR using various risk assessment scales (RRS, QRISK3, SCORE), the highest values were obtained in the PsSpA group.

When comparing the results obtained, it was found that the majority of the surveyed belonging to a low degree of CVR according to SCORE (9 people), when evaluated using other scales, fell into the group of medium or high risk. The assessment of the risks of 10-year significant cardiovascular events in patients with SPA using the SCORE index does not coincide with the QRISK3 index data in 70.4% of cases, with the RRS data - in 42.6% of cases, and the SCORE index shows lower values of the expected risk. The highest values were obtained when assessing CVR using the scale QRISK3.

Conclusion: The highest CVR values were obtained in the PsSpA group using various risk assessment scales (RRS, QRISK3, SCORE). There was a discrepancy in the severity of CVR calculated using different rating scales in SpA patients. The largest values were obtained when using the scale QRISK3, and the smallest when calculating the CVR using the scale SCORE.

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POS1018

IMPORTANCE OF LATERAL SPINE VIEW IN DXA BONE DENSITOMETRY IN PATIENTS WITH SPONDYLOARTHRITIS

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