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POS1154

CHARACTERISTICS OF SURGICALLY TREATED TUBERCULOUS AND BRUCELLAR SPONDYLODISCITIS

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Background: Although rare in most developed countries, tuberculous and brucellar spondylodiscitis are still frequent in the mediterranean countries. Management of spondylodiscitis may require a surgical intervention in cases of spinal cord or root compression, bone destructions and deformities, unsuccessful medical treatment or large abscesses.

Objectives: To study characteristics and outcome of surgically treated tuberculous and brucellar spondylodiscitis.

Methods: Medical records of patients who were admitted into the physical therapy and rehabilitation ward immediately post surgery of the spine were retrospectively studied. The study included records from January 2010 to December 2020.

Results: Twenty patients were diagnosed with tuberculous or brucellar spondylodiscitis for which they underwent surgery. The mean age of diagnosis was 49.7± 11.9 years. The sex ratio was 1:1. The diagnosis was delayed in 60% of the cases due to atypical presentations. Fatigue was reported in 45% of the patients, back pain in 60% of the cases, radicular pain in 15% of the cases, fever in 20% of the patients and abnormal gait in 60% of the cases. Tuberculosis was identified in 75% of cases and brucellar infection in 25% of the cases. On biology, elevated inflammatory markers were noted in 60% of the cases. Intra-dermal reaction for tuberculosis was positive in 9 patients while cultures allowed the diagnosis of tuberculosis in 1 patient. Wright serology test confirmed the diagnosis of brucellar infection in all 5 cases. In the remaining ones, vertebral biopsy or intraoperative samples allowed the diagnosis of the tuberculous spondylodiscitis. Cervical spine involvement was noted in 5% of cases, lumbar spine in 25% and dorsal spine in 30% of the cases. All patients received antibiotics and spinal immobilization. Surgery was indicated in 78.6% of cases for spinal cord decompression and in 21.4% of the cases for voluminous abscesses. Anterior approach was used in 7.1% of the cases and posterior approach in 92.9% of cases. 23.1% of the patients benefited concomitantly with spinal fusion surgery. Post operative success was immediately confirmed by recovery of normal gait in 15.4% of the patients. Complications after surgery were reported in 35.7% of the cases. They consisted in spinal instability in 60% of the cases, abscesses in 20% of the cases and the emergence of secondary articular localizations in 20% of the cases. 28.6% of the patients underwent a second surgery mainly to stabilize the spine. Before surgery, walking was impossible for 65% of the patients and 12 months after surgery only 30% of the patients couldn't walk (p=0.001). 15.8% of the patients developed later on pressure ulcers and 45% of the patients were prescribed appropriate wheelchairs.

Conclusion: Spinal surgery in tuberculous or brucellar spondylitis may be indicated if medical treatment is insufficient and especially if neurological complications occur. Surgery may be invasive with various complications but sometimes it could be the only option to treat a neurological deficit.

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POS1155

INFECTIOUS RISK DURING BIOLOGIC THERAPY FOR INFLAMMATORY RHEUMATIC DISEASES: DATA FROM THE TUNISIAN BINAR REGISTRY

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Background: The development of biologics for the treatment of systemic rheumatic diseases increased the risk of infections. The management of this complication deserves particular attention since it remains a major cause of morbidity and mortality.

Objectives: The aim of our study was to determine infection frequency under biological treatment and consequences on the therapeutic management.

Methods: Patients included in the Biological National Registry (BINAR) from 2016 to 2020. Data related to the disease, biological agents, and infections occurring under biologic disease-modifying antirheumatic drugs (bDMARDs) were collected.

Results: The study included 298 patients with a mean age of 49.2 years [18-79] 175 patients with rheumatoid arthritis and 123 with spondyloarthritis (Axial Spondyloarthritis=48, Enteropathic Arthritis=41, Psoriatic Arthritis=34). Anti Tumor necrosis factor-alpha (Anti-TNF) agents were the most prescribed bDMARDs in 87.9% (n=263) of patients: Infliximab 20.4% (n=61), Etanercept 23.1% (n=69), Adalimumab 24.6% (n=74) and Certolizumab (n=79). No patients were treated with Golimumab. Tocilizumab and Rituximab were prescribed respectively in 10.4% (n=31) and 5% (n=15) of patients. Infections occurred in 9 patients (3.1%) with a total of 13 infectious episodes 12 bacterial and a viral one. The site of infections was: respiratory (38%), urinary (15%), cutaneous (23%), ORL (8%), infective endocarditis (8%), and other (8%). The infectious agent was identified in only 3 patients. The outcomes were favorable in most cases except in one patient where there was a definitive interruption of bDMARDs. The patient was hospitalized for sepsis complicating a cutaneous infection with favorable outcomes under antibiotics within a week. The biological agent with higher risk of infections was Tocilizumab (p = 0.056), unlike Rituximab (p = 0.483) and Anti-TNF (p = 0.082). All patients who had an infectious episode were under corticosteroids.

Conclusion: Our results confirm that bDMARDs are predisposing to infections, but data from BINAR showed that most infections were trivial with no serious outcomes. Therefore, infections should be assessed in patients under bDMARDs for an early therapeutic intervention.

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POS1156

INFECTIONS AND OTHER ADVERSE EFFECTS WITH BIOLOGICAL THERAPIES OVER THE PAST 10 YEARS

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Background: Biological therapies have marked a difference in the treatment of many autoimmune conditions. As all treatments, they have their side effects although little evidence of long-term effects has been reported.

Objectives: Analyze retrospectively the appearance of infections that required hospitalization and other side effects in patients treated with biological therapies over the past 10 years.

Methods: Biological drugs dispensed in our center to non-cancer patients from 2008 to 2018 were reviewed. Health records were collected from our database and all statistical analyzes were performed with the SPSS program.

Results: 24 different biological drugs applied to 34 medical conditions; 847 treatments were dispensed over a total of 555 patients. The median age was 44 years with a mean duration of 3.6 years of treatment. The most commonly used drug were adalimumab (n = 280, 33%), infliximab (n = 119, 12%), etanercept (n = 97.13%), rituximab (n = 63, 7%), vedolizumab (n = 47, 5.5%) and omalizumab (n = 43.5%). The rest of the drugs were administered <30 times each (ustekinumab, golimumab, certolizumab, tocilizumab, secukinumab and abatacept), representing <4% of the total sample.

The underlying conditions included Crohn's Disease (n = 262, 31%), rheumatoid arthritis (n = 133, 16%), ulcerative colitis (n = 118, 14%), spondyloarthropathies (n = 86, 10%), psoriatic arthritis (n = 56, 7%), psoriasis (n = 49, 6%), asthma (n = 34, 4%), nephropathies (n = 19, 2%) and vasculitis (n = 13, 1.5%). The rest were pathologies with <10 cases.

During treatment, infection requiring hospitalization occurred in 10.2% (n = 86). The most frequent focus of infection was respiratory (n = 23, 27%), abdominal (n = 19, 22%), soft tissue-bone (n = 17 cases, 20%), urinary (n = 7, 8%) and tuberculosis (n = 4, 5%). No case of hepatitis reactivation was observed. At the time of hospital admission, 46% of patients were only under biological therapy, 21% had another non-corticosteroid immunosuppressant, 17% were associated with corticosteroid, and 15% had triple therapy (corticosteroids, another immunosuppressant and the biological drug). The drugs associated with more infections were: abatacept 20%, rituximab 16% and adalimumab 13%.

During the study period, 14 deaths (1.7%) were observed; being the cause cancer-related (n=5), infection (n=5), the disease itself for which was receiving biological treatment (n=2), and endocrine metabolic causes (n=2).