age between 36 and 65 (79.3%, vs 82.1%). Most of the respondents declared treating patients with CGD (93.1%, vs 79.1%). Regarding treatment modalities, physical therapy was the most prescribed in both specialties (81.5% and 48.3%, respectively). Only RTO (85.5%) prescribed manual therapy. Concerning medical treatment, anti-inflammatory were the most prescribed drugs in both groups (92.6, and 34.5%, respectively). Sixty-seven percent of RTO prescribed anti- vety medication. Interestingly, it was the least prescribed drug by ORL (6.9%). Only RTO (59.3%) prescribed Muscle relaxants.

**Conclusion:** Despite the disparities in the management of CGD, physical ther- apy remains the first prescribed treatment by Tunisian doctors. Further studies are needed to establish a consensus to treat CGD.

**Disclosure of Interests:** None declared

DOI: 10.1136/annrheumdis-2021-eular.2230

**POS1275**

PERITENON THICKENING IS ASSOCIATED WITH THE INTENSITY OF MANUAL SPORTS ACTIVITY

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**Background:** Peritenon enlargement has been considered as a specific ultra- sound finding associated with psoriatic arthritis based on studies in patients. Recent observations in athletes have demonstrated the existence of this finding although its relationship with the type of physical activity performed has not been determined.

**Objectives:** To determine to what extent manual physical activity is associated with the prevalence of peritenon thickening in the fingers of healthy athletic subjects.

**Methods:** Thirty-five healthy young male volunteers were recruited from a local sports centre in the community of Madrid. All of them performed sports activities with their hands for more than 12 hours a week. A digital dynamom- eter was used to determine the flexion strength of the fingers of the domi- nant hand. A single observer performed an ultrasound scan of this hand to determine the presence or absence of a hypoechoic image surrounding the extensor digitorum tendon of the 2nd, 3rd, 4th and 5th fingers, according to previous definitions. Mean flexion strengths were compared with the number of positive ultrasound findings.

**Results:** Fifteen volunteers (mean age 24.3 years, BMI 24.4) did not present peritenon enlargement (42.8%). The mean ± standard deviation of the fingers flexor strength according to the number of peritenon enlargement detected were 43.5 ± 6.2, 49.2 ± 3.8, 53.2 ± 1.64 and 63.0 ± 4.83 Kg for volunteers with none, 1, 2, 3 and 4 peritenon enlargements, respectively. (ANOVA P<0.001; Pearson's coefficient 0.827, P<0.001). Correlation between BMI, body fat percentage or flexor strength according to the number of peritenon enlargement detected was not demonstrated.

**Conclusion:** Peritenon enlargement, also known as peritenon tendon inflam- mation, is detectable by ultrasound scan in healthy subjects and it seems to be associated to the physical activity intensity, indirectly measured by the flexor strength of the fingers.

**REFERENCES:**


**Disclosure of Interests:** None declared

DOI: 10.1136/annrheumdis-2021-eular.2740

**POS1276**

LONG TERM OUTCOME OF MULTIPLE ULTRASOUND GUIDED SUPRASCAPULAR NERVE BLOCK IN TREATMENT OF FROZEN SHOULDER IN DIABETIC PATIENTS

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**Background:** Frozen shoulder is prevalent among diabetic patients, and usu- ally has aggressive course, with more tendency to be bilateral and resistant to treatment. Suprascapular nerve block (SSNB) is used with increasing frequency by anesthetists and rheumatologists in the management of frozen shoulder. We previously introduced a protocol of nine injections for SSNB with better short term outcome than single SSNB injection (1). Long term outcome of SSNB in management of frozen shoulder is still not determined.

**Objectives:** To evaluate the long term effect of multiple (nine) ultrasound guided supra-scapular nerve block in treatment of diabetic frozen shoulder.

**Methods:** A retrospective cohort study followed up 40 diabetic patients who received a course of ultrasound guided multiple supra-scapular nerve block (9 injections) on 2014. In this study we retroactively assessed the patients from previously recorded data at a mean duration of 6 years after completing the 9 injection course SSNB clinically by measuring the shoulder active range of motion (using a goniometer in three planes: abduction, internal, and external rotation). Visual analogue scale and Functional assessment by shoulder pain and disability index (SPADI).

**Results:** Thirty four patients (85% of original cohort) completed the long term follow up.

The patients were 19 (55.9%) females, 60.6 y mean age, and the mean of dis- ease duration was 85.6 months. The majority of patients (33 patients 97.05%) continued improvement and gained within normal complete range of motions in all directions and excellent grade of shoulder function (Table 1).

**Disclosure of Interests:** None declared

DOI: 10.1136/annrheumdis-2021-eular.2951

**Table 1.**

<table>
<thead>
<tr>
<th>Clinical Parameters</th>
<th>At base line</th>
<th>At 4 months</th>
<th>Last follow up at (72months±4)</th>
<th><em>P</em> value</th>
</tr>
</thead>
<tbody>
<tr>
<td>SPADI pain score (100)</td>
<td>(68.8±0.5)a</td>
<td>(10.3±7.4)b</td>
<td>(0.9±1.9)c</td>
<td>0.00*</td>
</tr>
<tr>
<td>SPADI disability score (100)</td>
<td>(69.2±7.7)a</td>
<td>(6.25±2.5)b</td>
<td>(0.4±0.8)c</td>
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</tr>
<tr>
<td>SPADI total (100)</td>
<td>(69.1±8.5)a</td>
<td>(8.15±5.4)b</td>
<td>(1.1±0.9)c</td>
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<td>Night pain (100)</td>
<td>(90.2±8.2)a</td>
<td>(8.2±4.2)c</td>
<td>(0.4±0.2)c</td>
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<tr>
<td>Abduction (180°)</td>
<td>(55.4±10.2)a</td>
<td>(10.3±4.9)b</td>
<td>(2.3±1.1)c</td>
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<tr>
<td>External rotation (100°)</td>
<td>(77.5±4.7)a</td>
<td>(170.3±10.3)b</td>
<td>(174.2±6.2)b</td>
<td>0.00*</td>
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<tr>
<td>Internal rotation (70°)</td>
<td>(46±12.6)a</td>
<td>(80.1±10.2)b</td>
<td>(86.4±10.3)b</td>
<td>0.00*</td>
</tr>
</tbody>
</table>

**REFERENCES:**

A. Fekl1, I. Sellami2, R. Akrout3, S. Ben Jemaa1, A. Hria1, M. Ezeddine1, M. H. Kallel1, H. Fourati1, S. Bakhbout1,1Hedi Chaker Hospital, Rheumatology, Sfax, Tunisia; 2Hedi Chaker Hospital, Occupational Medicine, Sfax, Tunisia

**Background:** Spondylodiscitis is an infective process of the disc and the two adjacent vertebrae. It is quite a rare disease accounting for 2–7% of all cases of septic osteomyelitis. These spinal infections touch commonly a single level, the lumbar spine being the most affected. Non-contiguous spine level involvement is seldom reported in the literature. This last group is for the most part imputable to granulomatous organisms [1,2].

**Objectives:** Study the clinical, microbiological, radiological, therapeutic and evo- lutionary characteristics of non-contiguous multi-levels spondylodiscitis.

**Methods:** We conducted a retrospective descriptive study over twenty-one years in the Department of Rheumatology. The diagnosis of spondylodiscitis was based on combination of clinical, biological and radiological arguments.

**Results:** Eight patients had non-contiguous multi-levels infectious spondylodisc- itis. There were 6 men and 2 women. The mean age was 53.3±26.2 years. The mean delay from onset of symptoms to diagnosis was 134.6±77.7 days. Back pain was the most common symptom. All patients had spinal syndrome. The Signs of spinal cord compression were observed in 3 patients. C-reactive protein levels were elevated in 6 patients (mean: 56 ± 30.8 mg/L). Plain radiography, performed in all cases, showed pathological pictures in 7 patients. Magnetic resonance imaging was performed in 6 patients. Vertebral levels affected were thoracic / lumbar in 6 cases, cervical/thoracic in 1 case and cervical/lumbar in 1 case. The paravertebral abscesses was associated to the disc involvement in 3 cases. Epiduritis was associated in 3 cases. Pathogens were isolated in all cases. Tuberculosis was the most common cause. The leading causative agents in non-tuberculosis spondylodiscitis were staphylococcus aureus, brucella and streptococcus B. Two microorganisms combined were found in two cases (myco- bacterium tuberculosis associated to Escherichia coli in one case and mycobac- terium tuberculosis associated to Brucella in another). Medical treatment was adapted to the microbial culture and the sensitivity profile of the etiological agent.

**Disclosure of Interests:** None declared

DOI: 10.1136/annrheumdis-2021-eular.3190

Downloaded from http://ard.bmj.com/ on 19 May 2021.
After therapy, 7 patients had regression of symptoms and 1 patient had a permanent neurological impairment.

Conclusion: Multilevel spondyloقيدses involving non-contiguous spine segments is rare. Although atypical organisms are generally held to be responsible, the common bacteria such as Staphylococcus B or Staphylococcus aureus should not be overlooked.

REFERENCES:

Disclosure of Interests: None declared
DOI: 10.1136/annrheumdis-2021-eular.3190

POS1278 THE PREVALENCE AND CLINICAL SIGNIFICANCE OF ULTRASONOGRAPHIC FINDINGS OF DISTAL MEDIAL HAMSTRING TENDONS IN PATIENTS WITH POSTEROMEDIAL KNEE PAIN

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Background: Periarticular abnormalities are common ultrasonographic (US) findings in individuals with knee pain. Incidental US observations, including thickening of the distal hamstring tendons, require explanations for their clinical importance. Tendon thickness may be a good indicator of tendinopathy and tendon dysfunction. Also, it is uncertain whether these tendon changes are correlated with knee pain.

Objectives: The aim of this study was to determine US findings of distal medial hamstring tendons in patients with posteromedial (PM) knee pain and assess the diagnostic values of tendon thickness in predicting tendinopathy.

Methods: We studied distal medial hamstring tendons (seminembranosus [SM] and semitendinosus [ST]) of 104 patients (104 knees) with non-traumatic unilateral PM knee pain and 118 healthy controls (236 knees). US evaluations included tendon thickness, echogenicity, the presence of intrasubstance tears, calcification, and vascularity. Evaluation was done by a single radiologist.

Results: The mean age (standard deviation) of the patients and control groups was 51.7 (10.4) years and 49.8 (9.9) years, respectively. The mean visual analogue scale (VAS) for pain among patients was 5.1 and 56.8% of them located the pain at the medial joint line. The studied patients had significantly higher mean SM thickness (7.17 mm vs. 5.46 mm, respectively) and ST thickness (3.93 mm vs. 3.45 mm, respectively) than the controls. US abnormalities among patients were hypoechogenicity (62.5%), intrasubstance tears (31.7%), loss of fibrillar pattern (23.1%), Baker cyst (20.2%), calcification (18.3%), Anserine bursitis (11.5%), and neovascularization (6.7%). A significant correlation was found between tendon thickness and VAS (r=0.752, p=0.004), and pain location (r=0.680, p=0.008). SM thickness had higher diagnostic values of tendon thickness in predicting tendinopathy.

Tendons Cutoff Sensitivity Specificity +PV -PV Accuracy AUC
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SM >6.6 70.2 89.8 85.7 76.8 80.6 0.835
ST >3.7 56.7 79.6 71.1 67.6 68.9 0.696

Table 1. Diagnostic values of tendon thickness in predicting tendinopathy.

Disclosure of Interests: None declared
DOI: 10.1136/annrheumdis-2021-eular.3233

PO3218 HOW DOES OBESITY INFLUENCE THE FEATURES OF KNEE OSTEOARTHRITIS?

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Background: Around 10 million people worldwide contract tuberculosis (TB) every year. According to the World Health Organization (WHO), approximately one-quarter of the world’s population is latently infected with Mycobacterium tuberculosis. Its treatment is extremely long and patients may experience a variety of adverse reactions.

Disclosure of Interests: None declared
DOI: 10.1136/annrheumdis-2021-eular.3365

PO3279 ADVERSE DRUG REACTIONS IN TUBERCULOSIS AND MANAGEMENT

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Background: Knee osteoarthritis and obesity are both major health problems. It is now admitted that the prevalence of knee osteoarthritis gets higher with obesity and that weight loss helps knee function and allows patients to avoid surgery.

Objectives: The aim of this study was to study the influence of obesity on knee osteoarthritis features.

Methods: A cross-sectional study was conducted in the university hospital Tahir Star of Tunisia over a period of 6 months. Patients who had knee osteoarthritis confirmed by radiographs were included. Sociodemographic, clinical, radiological and therapeutic data were collected from medical records and visits. Obesity was defined as a body mass index (BMI) of ≥30 kg/m². Clinical data were collected from patient visits.

Disclosure of Interests: None declared
DOI: 10.1136/annrheumdis-2021-eular.3190

POS1290 SPINAL LOCATION OF TUBERCULOSIS: WHAT HAS CHANGED OVER THE LAST YEARS?

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Background: Tuberculosis (TB) is no longer a disease limited to developing nations and is still a major cause of significant morbidity and mortality worldwide. It can affect the different parts of the spine.

Objectives: The aim of this study was to determine the preferred spinal location of TB.

Methods: We conduct a retrospective and descriptive study in a single rheumatology department. Data were collected from observations of patients hospitalized in the past 20 years (2000-2020) who have been diagnosed with tuberculous spondyloقيدses (TS).

Results: Fifty-two patients were included (37F/15M). Their mean age was 55.21 years ± 17.79 [19-91]. TS was more frequently unifocal (75%) than multifocal (25%). Lumbar spine involvement was the most common (57.7%) and more frequent in women (63.3%) but with no statistically significant difference (p = 0.02). Other localizations were described as: dorso-lumbar (21.2%), dorsal (15.4%), lumbosacral (3.8%) and cervical (1.9%). Lumbar pain was present in 34 patients (65.4%) and 29 patients (55.8%) suffered from segmental lumbar stiffness. Imaging was contributive by showing the vertebral location using standard X-rays, computed tomography and magnetic resonance imaging. Disc pinch, erosion of vertebral plateaus and vertebral collapse were the major signs (82.7%, 55.4% and 87.2%, respectively).

Disclosure of Interests: None declared
DOI: 10.1136/annrheumdis-2021-eular.3273

PO3128 THE PREVALENCE AND CLINICAL SIGNIFICANCE OF ULTRASONOGRAPHIC FINDINGS OF DISTAL MEDIAL HAMSTRING TENDONS IN PATIENTS WITH POSTEROMEDIAL KNEE PAIN

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Table 1. Diagnostic values of tendon thickness in predicting tendinopathy.

Disclosure of Interests: None declared
DOI: 10.1136/annrheumdis-2021-eular.3233