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-vertigo 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 therapy remains the first prescribed treatment by Tunisian doctors. Further studies are needed to establish a consensus to treat CGD.

Disclosure of Interests: None declared

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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>
</tr>
</thead>
<tbody>
<tr>
<td>SPDAl 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>
</tr>
<tr>
<td>SPDAl disability score (100)</td>
<td>(69.2 ± 2.7)a</td>
<td>(6.25 ± 2.25)b</td>
<td>(0.4 ± 0.8)c</td>
</tr>
<tr>
<td>SPDAl total (100)</td>
<td>(69.1 ± 1.6)a</td>
<td>(8.15 ± 5.4)b</td>
<td>(1.1 ± 0.9)c</td>
</tr>
<tr>
<td>Patient global assessment (100)</td>
<td>(90.3 ± 2.5)a</td>
<td>(8.2 ± 4.2)b</td>
<td>(0.4 ± 1.1)c</td>
</tr>
<tr>
<td>Night pain (100)</td>
<td>(55.4 ± 10.2)a</td>
<td>(10.3 ± 5.4)b</td>
<td>(3.3 ± 1.1)c</td>
</tr>
<tr>
<td>Abduction (180°)</td>
<td>(77.5 ± 4.7)a</td>
<td>(110.3 ± 10.3)b</td>
<td>(174.2±6.2)b</td>
</tr>
<tr>
<td>External rotation (100°)</td>
<td>(46 ± 12.6)a</td>
<td>(80.1 ± 10.2)b</td>
<td>(86.4±10.3)b</td>
</tr>
<tr>
<td>Internal rotation (70°)</td>
<td>(34.5 ± 2.4)a</td>
<td>(55.4 ± 10.1)b</td>
<td>(60.2±9.5)b</td>
</tr>
</tbody>
</table>

* P < 0.05 there was a significant statistical difference a,b,c,--- the alphabet of different symbols ---marks a significant statistical difference between groups: SPDAl: shoulder pain and disability index

Conclusion: The multiple injection courses for supra-scapular nerve block has an excellent long term efficacy as treatment of diabetic frozen shoulder. This method should be the treatment of choice in patients of diabetic frozen shoulder who do not respond to physiotherapy.

REFERENCES:

Disclosure of Interests: None declared

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After therapy, 7 patients had regression of symptoms and 1 patient had a permanent neurological impairment.

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

**REFERENCES:**

**Disclosure of Interests:** None declared

**DOI:** 10.1136/annrheumdis-2021-eular.3190

### POS1279

**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 (semimembranosus [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.

**Results:** The mean age (standard deviation) of the patients and control groups were 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 hypoechoic (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%). We found significant correlations between tendon thickness and VAS (<0.752, p=0.004), and pain location (<0.680, p=0.008). SM thickness had higher accuracy to predict tendinopathy than ST thickness (80.6% vs. 68.9%, respectively).

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

<table>
<thead>
<tr>
<th>Tendons</th>
<th>Cutoff</th>
<th>Sensitivity</th>
<th>Specificity</th>
<th>+PV</th>
<th>-PV</th>
<th>Accuracy</th>
<th>AUC</th>
</tr>
</thead>
<tbody>
<tr>
<td>SM</td>
<td>&gt;6.6</td>
<td>70.2</td>
<td>89.8</td>
<td>85.7</td>
<td>76.8</td>
<td>80.6</td>
<td>0.835</td>
</tr>
<tr>
<td>ST</td>
<td>&gt;3.7</td>
<td>56.7</td>
<td>79.6</td>
<td>71.1</td>
<td>67.6</td>
<td>68.9</td>
<td>0.696</td>
</tr>
</tbody>
</table>

**SM:** semimembranosus, **ST:** semitendinosus, +PV: positive predictive value, -PV: negative predictive value, AUC: area under curve.

**Conclusion:** US changes are frequently present in patients with PM knee pain. Tendon thickness is an accurate predictor of tendinopathy. These findings suggest that US screening of all individuals with PM knee pain is a useful tool for improving patient outcomes and decreasing tendon-related disability.

**Disclosure of Interests:** None declared

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### POS1280

**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 spondylodiscitis (TS).

**Results:** Fifty-two patients were included (37F/15M). Their mean age was 55.21 years ± 17.79 [19-91]. TS was more frequently unilateral (75%) than multifocal (25%). Lumbar spine involvement was the most common (57.7%) and more frequent in women (83.4%) but with no statistically significant difference (p = 0.02). Other localizations were described such as: dorso-lumbar (21.2%), dorsal (15.4%), lumbarocaudal (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 plateau and vertebral collapse were the major signs (82.7%, 55.4% and 67.3%, respectively).

**Conclusion:** TS is a rare but serious clinical condition which may lead to severe deformity and early or late neurological complications. Spinal involvement is often unilateral and mostly diagnosed with lumbar pain or stiffness. Multifocal forms, touching several parts of the spine, however remain rare. Our findings remain consistent with those of the literature.

**Disclosure of Interests:** None declared

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### POS1281

**HOW DOES OBESITY INFLUENCE THE FEATURES OF KNEE OSTEOARTHRITIS?**

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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...