

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.

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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 (U/S) findings in individuals with knee pain. Incidental U/S 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 or not?

**Objectives:** The aim of this study was to determine U/S 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). U/S 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 58.6% of them located the pain at 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. U/S abnormalities among patients were hypoechoogenicity (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 ( $r=0.752$ ,  $p=0.004$ ), and pain location ( $r=0.680$ ,  $p=0.008$ ). 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.**

Tendons	Cutoff	Sensitivity	Specificity	+PV	-PV	Accuracy	AUC
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

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

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

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### ADVERSE DRUG REACTIONS IN TUBERCULOSIS AND MANAGEMENT

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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.

**Objectives:** The aim of this study was to assess the different adverse drug reactions (ADR's) in patients treated with first-line anti-tubercular drugs.

**Methods:** This retrospective study included 45 cases of TB followed in the Rheumatology department of Farhat Hached hospital in Sousse, Tunisia, over a period of 22 years (1998-2020).

**Results:** The mean age was  $52.2 \pm 17.72$  years [14-95 years]. These were 19 men (42.2%) and 26 women (57.8%). The different locations of tuberculosis were as follows: pulmonary for 5 patients (11.1%), spinal for 26 patients (57.8%), articular for one patient (2.2%), urinary for two (4.4%), and multifocal for 8 patients (17.8%). An anti-tuberculosis treatment (based on quadrytherapy: Rifadine(R), Isoniazide(I), Pyrazinamide (Z) and Ethambutol (E)) during 2 months, followed by biotherapy based on (R) and (I) was prescribed for an average duration of 10.85 months [6-24 months]. ADR's were observed in 53.33% of patients. Abdominal pain and nausea were detected in 5 cases (11.1%). Hepatic cytolysis was noticed in 8 cases (17.8%) under (R). Cholestatic hepatitis occurred in 9 cases (20%) under (R). Asymptomatic Hyperuricemia was detected in 15 cases (33.3%) with (E). Two cases of toxiderma were detected: the first under (E) and the second under (E) + (Z). Ethambutol was responsible for a case of DRESS syndrome and a case of drug-induced hepatitis. One case of hemolytic anemia had occurred under (R). A sensorineural hearing loss was noted under streptomycin in one case. No fatal side effects were observed. These ADR's were reversible in all cases.

**Conclusion:** The treatment of TB can cause a variety of ADRs. Early recognition by active surveillance and appropriate management of these ADRs might improve adherence and treatment success.

#### REFERENCES:

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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  $\pm 17.79$  [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 ( $p = 0.2$ ). Other localizations were described such 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%, 65.4% 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 unifocal 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.

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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 Taher Sfar 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