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

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

<table>
<thead>
<tr>
<th>Tendon</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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**POS1279 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 (ADRs) 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 ± 17.2 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%), articul- lar for one patient (2.2%), urinary for two (4.4%), and multifocal for 8 patients (17.8%). An anti-tuberculous treatment (based on quadtherapy; Rifa
dine(R), Isoniazide(I), Pyrazinamide (Z) and Ethambutol (E)) during 2 months, followed by bioterrorism on (R) and (I) was prescribed for an average duration of 10.85 months [6-24 months]. ADRs 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 ADRs 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:**


**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 ± 17.79 years [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 as such: dorso-lumbar (21.2%), dorsal (15.4%), lumbaro-sacral (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 contribu- tive 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 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.

**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 Taher 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 by a body mass index (BMI) ≥30. Functional impairment was assessed by the Womac index and Lequesne index.

**Results:** The study included 186 patients. There were 31 males and 155 females. The mean age was 60±10 years. The percentage of obese patients was 53.8%. The mean age was similar in both groups obese and non obese. There were more women in the obese group compared to the non obese group (p=0.0001), more patients who had diabetes mellitus and dyslipidemia (p=0.002). Non-obese patients had a shorter duration of symptoms with no statistical significance (p=0.151). Obese patients had more involvement of both knees (p=0.001). Obesity did not have an impact on pain severity. Seventy-five radiological images (p=0.001) were more frequent in obese patients. Functional impairment was similar in both groups. However, the percentage of patients having a very important functional impairment with Lequesne index was higher in obese patients (p<0.028). Obese patients also needed more physical therapy sessions (p=0.035).

**Conclusion:** Knee osteoarthritis in obese patients is characterized with the female gender predominance, bilateral knee involvement, and a more severe images on radiographs. Thus the need for better control of weight and the importance of physical activity.

**REFERENCES:**

**Disclosure of Interests:** None declared.

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**POS1282**

**VERIFICATION OF MANIFESTATIONS OF SARCOPIA IN OBESE PATIENTS WITH THREE METHODS FOR BODY COMPOSITION ASSESSMENT**

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**Background:** With new technologies for body composition assessment determining changes learn, muscle and fat mass, Prevention of sarcopenia obesity is timely detection of decrease.

**Objectives:** Aim of the study was to compare the effectiveness of three methods of body composition assessment such as bioimpedance analysis (BIA), air-replacement bodyplastimography (BodPod) and Dual X-ray absorptiometry Total body Fat (DXA Total Body) in the verification of reducing skeletal muscle mass as sign of sarcopenic obesity in obese patients.

**Methods:** The study group included 95 patients aged 21-69 y.o. (average age 59.3±11.05 years) with BMI>30.0. The control group included 37 patients aged 37-69 y.o. (average age 50.7±16.0 years) of the same age without obesity with BMI 20.0-29.9 kg/m². Body composition was tested using BIA, BodPod and DXA with calculating fat, lean and skeletal muscles mass (kg) and % in all the patients.

**Results:** According to BIA the groups differ only in fat mass (FM) 42.7±(4.8,6.3) vs 33.15 (28.4,35.5) kg; p=0.036 and did not differ (p>0.05) in lean (LM), skeletal muscle mass (SM) and % of FM and SM. According to BodPod analyses groups differed in the FM 3.4 [36.8,19,94] vs 31.02 [23,23,38] kg; p=0.007, % FM 45.4 [42,153,6] vs 377 [28,6,41] kg; p=0.003 and % LM - 54.6 [46,2,579] vs 62.3 [58,9,71] kg; p=0.003, but had statistically equivalent values of LM 55 [49.48;767] vs 40.36 [33.12;49.96] kg, p=0.19. According to DXA Total Body analyses statistically significant differences (p<0.05) have been identified between the groups in FM and % FM of the hands, feet, trunk, total body (p>0.05), but not in LM and % LM (p>0.05) (Table 1).

**Table 1. Effectiveness of three methods for body composition assessment**

<table>
<thead>
<tr>
<th>INDICATORS</th>
<th>STUDY GROUP</th>
<th>CONTROL GROUP</th>
<th>p</th>
</tr>
</thead>
<tbody>
<tr>
<td>Weight (kg)</td>
<td>106 [96,122]</td>
<td>80 [77,81]</td>
<td>0.00251</td>
</tr>
<tr>
<td>BMI (kg/m²)</td>
<td>376 [104,124]</td>
<td>26.8 [24,30]</td>
<td>0.00000</td>
</tr>
<tr>
<td>Bod Pod % fat mass</td>
<td>45.4 [42,153,8]</td>
<td>377 [28,6,41]</td>
<td>0.003424</td>
</tr>
<tr>
<td>% lean mass</td>
<td>54.6 [46,2,579]</td>
<td>62.3 [58,9,71]</td>
<td>0.003424</td>
</tr>
<tr>
<td>fat mass (kg)</td>
<td>43.00 [36.8,69,935]</td>
<td>31.02 [23,23,38,304]</td>
<td>0.009836</td>
</tr>
<tr>
<td>lean mass (kg)</td>
<td>50.02 [49,48,677]</td>
<td>40.36 [33,122,49,058]</td>
<td>0.185377</td>
</tr>
<tr>
<td>BIA fat mass (kg)</td>
<td>42.75 [4.8,6.3]</td>
<td>33.15 [28,4,35.5]</td>
<td>0.035771</td>
</tr>
<tr>
<td>lean mass (kg)</td>
<td>59.5 [53,95,710]</td>
<td>54.850 [49,9,62,6]</td>
<td>0.458312</td>
</tr>
<tr>
<td>skeletal muscle mass (kg)</td>
<td>27.8 [23,9,3,2]</td>
<td>25.6 [22,9,23]</td>
<td>0.701678</td>
</tr>
<tr>
<td>skeletal muscle mass (%)</td>
<td>45.3 [43,3,47]</td>
<td>471 [42,3,48]</td>
<td>0.415687</td>
</tr>
<tr>
<td>DXA Total Body</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>total body lean mass (g)</td>
<td>97276 [80602,109154]</td>
<td>62628 [57839,8506]</td>
<td>0.060253</td>
</tr>
<tr>
<td>total body fat mass (g)</td>
<td>47300 [39390,56729]</td>
<td>25652 [31264,3639]</td>
<td>0.099796</td>
</tr>
<tr>
<td>total body muscle mass (g)</td>
<td>49861 [42793,57008]</td>
<td>36426 [32273,4334]</td>
<td>0.937717</td>
</tr>
</tbody>
</table>

**Conclusion:** From methods of body composition assessment, air-replacement bodyplastimography (BodPod) is the most sensitive in the verification of skeletal muscle mass reduction in obese patients. This method shows that patients with obesity have a significantly reduced muscle mass compared with normal weight or overweight subjects.

**REFERENCES:**

**Disclosure of Interests:** None declared.

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**POS1283**

**SPONDYLODISCITIS WITHOUT DOCUMENTED GERM: WHAT THERAPEUTIC MANAGEMENT?**

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**Background:** Spondylodiscitis (SD) is an infectious inflammation that affects the vertebrae, vertebral discs and adjacent structures. It may have a bacterial or non-bacterial etiology. Although analysis has improved and identification of pathogens is highly pursued, in one third of cases, no organism can be identified.

**Objectives:** The objective of our work is to describe the epidemiological, clinical and evolutionary profile of SD with no germ identified and management.

**Methods:** This is a retrospective study including 37 cases of SD with no germ identified, collected in the Rheumatology Department of Farhat Hached hospital in Sousse, Tunisia over a period of 22 years (1998-2020).

**Results:** The mean age was 59.7 years [18-97 years]. These were 21 men (56.76 %) and 16 women (43.24 %). Spinal pain was the major symptom. The lumbar location was the most frequent in 56.76 % of cases. It was a multifocal localization in 21.62%. The imaging allowed the detection of para abscesses -vertebral in 43.24%. An epiduritis was objectified in 50.54%. CT-guided biopsy was performed in 50.46% and it was not conclusive. A bacteriological survey was carried out and came back negative. Spondylodiscitis was presumed to be tubercular and staphylococcal in respectively 62.16 % and 18.92 %.

The tuberculosis origin was retained in view of the chronic evolution, the multi-stage damage in the radiological assessment. While staphylococcal SD was retained due to the presence of cutaneous lesion and subacute evolution. Large-spectrum antibiotic therapy was initiated in the other cases. One case was initially considered to be staphylococcal, but with epidual and soft tissue extension tuberculosis was then considered to be the cause. The evolution after initiation of adequate antibiotic treatment was interspersed with neurological complications in one case of tuberculosis SD.

**Conclusion:** Our results show a higher frequency of presumed tuberculosis SD considering the endemicity of our country and the improvement under anti tuberculosis treatment.

**REFERENCES:**

**Disclosure of Interests:** None declared.

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