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 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=0.0001). Obesity had not have an impact on pain severity. Severely radiological images (p>0.05) 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=0.029). 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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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 [24.3;30]</td>
<td>0.00000</td>
</tr>
<tr>
<td>Bod Pod % fat mass</td>
<td>45.4 [42.1;53.8]</td>
<td>37.7 [28.6;41.1]</td>
<td>0.00042</td>
</tr>
<tr>
<td>% lean mass</td>
<td>54.6 [46.2;57.9]</td>
<td>62.3 [58.9;71.4]</td>
<td>0.00042</td>
</tr>
<tr>
<td>fat mass (kg)</td>
<td>43.4 [36.1;69.9]</td>
<td>31.06 [23.23;38.204]</td>
<td>0.00986</td>
</tr>
<tr>
<td>lean mass (kg)</td>
<td>55.00 [49.48;67.77]</td>
<td>40.36 [33.12;49.058]</td>
<td>0.18537</td>
</tr>
<tr>
<td>BIA fat mass (kg)</td>
<td>42.75 [48.6;5]</td>
<td>33.150 [28.4;35.5]</td>
<td>0.03577</td>
</tr>
<tr>
<td>lean mass (kg)</td>
<td>55.9 [53.9;75.1]</td>
<td>54.500 [49.9;62.6]</td>
<td>0.45832</td>
</tr>
<tr>
<td>skeletal muscle mass (kg)</td>
<td>27.8 [23.9;32]</td>
<td>25.6 [22.9;32]</td>
<td>0.70167</td>
</tr>
<tr>
<td>skeletal muscle mass (%)</td>
<td>43.5 [43.4;47]</td>
<td>47.1 [43.4;48]</td>
<td>0.41568</td>
</tr>
<tr>
<td>DXA Total Body</td>
<td>97276 [8602;109154]</td>
<td>62628 [57839;8506]</td>
<td>0.60253</td>
</tr>
<tr>
<td>total body lean mass (g)</td>
<td>47030 [39300;67239]</td>
<td>25562 [21164;36369]</td>
<td>0.05976</td>
</tr>
<tr>
<td>total body fat mass (g)</td>
<td>49861 [42793;57088]</td>
<td>36426 [32273;43341]</td>
<td>0.97371</td>
</tr>
</tbody>
</table>

Conclusion: From methods of body composition assessment, air-replacement bodyplethysmography (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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POS1281 FASCIAL ULTRASOUND: THE CONTEXT FOR DRY NEEDLING: HIGHLIGHTS IN TREATMENT OF MYOFASCIAL PAIN, POSTURAL IMBALANCE

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Background: Muscles and fascia are the major source of pain in rheumatic diseases. Dry needling under ultrasound guidance (DN-US) is a crucial therapeutic approach to treat muscle pain [1,2], the definition ‘myo-fascial’ calls for searching trigger points (TrPs) in fascia to improve the treatment effectiveness.

Objectives: Aim was to evaluate the relevance of fascial ultrasound for DN-US in myofascial pain.

Methods: We included 36 patients (21 females, 20-69 years old) with myo-fascial pain. Patients were examined in different localisations (low back, limbs, shoulder, neck pain), postural imbalance; did DN-US protocol according to R. Bubnov [1]; trigger points were identified according, fine (28G) steel needle DN-US was applied. Additionally considered fascial structures for detecting areas of abnormalities (hypervascularity, heterogeneity, hypomotility, adhesions) aka ‘trigger points’ and potential nerve compression/irritation and did precise DN-US where appropriate.

Results: In all patients movement restored and pain decreased after muscles DN; in 30 patients additionally we detected and did successful DN-US the

REFERENCES:
[1] R. Gresse1, N. El Amri1, K. Baccouche1, S. Lataou2, H. Zeglaoui1, E. Bouajina1. Farhat Hached Hospital, Rheumatology, Sousse, Tunisia.

Background: Spondyloarthritis (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 [19-97 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 50.05 %. CT-guided biopsy was performed in 59.46 % 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 epidural and soft tissue extension tuberculosis was then considered to be the cause. The evolution after initiation of adequate antibiotic treatment was interposed with neurological complications in one case of tuberculosis SD.

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

Disclosure of Interests: None declared.

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POS2985 Spondyloarthritis Without Documented Germ: What Therapeutic Management?

R. Gresse1, N. El Amri1, K. Baccouche1, S. Lataou1, H. Zeglaoui1, E. Bouajina1. Farhat Hached Hospital, Rheumatology, Sousse, Tunisia.

Background: Spondyloarthritis (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.

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

Disclosure of Interests: None declared.

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