AB0798
THE PRESENCE OF HEEL ENTHESITIS DURING PHYSICAL EXPLORATION IN PATIENTS WITH RADIOGRAPHIC AXIAL SPONDYLOARTHRITIS IS ASSOCIATED WITH POORER OUTCOMES AFTER 2 YEARS OF FOLLOW-UP. DATA FROM REGISPONSER-AS
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Background: Enthesitis represents one of the most important peripheral musculoskeletal manifestation in patients with axial Spondyloarthritis (axSpA). The prevalence and the burden of the disease associated with this symptom have been widely studied in axSpA and Psoriatic Arthritis (PsA). However, studies evaluating specifically the heel enthesitis and its impact over time are scarce.

Objectives: To evaluate the prevalence of patients with heel enthesitis during physical exploration in patients with radiographic axSpA (n=axSpA); and to evaluate the association of heel enthesitis with higher Patient Reported Outcomes (PROs) and to assess the impact of the heel enthesitis on the outcome measures after two years of follow-up in these patients.

Methods: Observational and prospective study during 2 years of follow-up that included patients with n=axSpA from the REGISPONSER-AS study (Spanish Rheumatology Spondyloarthritis Registry). The patients were divided into two groups according to the presence on heel enthesitis on physical exploration during the study visit. The PROs measures were the Global VAS, BASDAI, ASDAS, BASFI and the mental and physical components from the SF12 questionnaire. Linear regression models were performed using the PROs as the dependent variable and the presence of heel enthesitis as the explanatory variable, adjusting for bDMARDs intake and age. The impact of the heel enthesitis on PROs over two years of follow-up was evaluated using mixed models for repeated measures adjusting for confounders. Finally, the influence of the heel enthesitis on the outcome measures was assessed using mixed models where the PROs were the dependent variable and the presence of heel enthesitis was the independent variable.

Results: 749 patients were included (mean age 48.4 years; 75.3% men; 46.1% patients suffered from heel enthesitis on the study visit. Patients with heel enthesi- 
ts presented an increase (p coefficient, 95%CI) in Global VAS (1.32, 0.52-2.12), BASDAI (1.49, 0.81-2.18), ASDAS (0.45, 0.12-0.77) and BASFI (5.94, 1.78-17.259) compared with patients without heel enthesitis after adjusting for confounders. The impact of the presence of enthesitis on the PROs on two years of follow-up is shown in Table 1. Patients with heel enthesitis showed higher scores during the two years of follow-up in Global VAS, BASDAI, ASDAS, and BASFI. In addition, the percentage of patients who achieved ASDAS-LDA after 2 years of follow-up was lower in patients with heel enthesitis (15.9% vs. 31.5%, p=0.030) in comparison with patients without enthesitis. No differences were found regarding ASDAS-ID.

Conclusion: The presence of heel enthesitis during physical exploration was associated with poorer scores on the outcome measures after two years of follow-up, in comparison with patients without heel enthesitis. The achievement of a low disease activity is less likely in patients with this manifestation.

Disclosure of Interests: None declared.

AB0799
ANATOMICAL ABNORMALITIES OF THE LOWER LUMBAR SPINE DO NOT CHANGE THE COURSE OF NON-RADIOLOGICAL AXIAL SPONDYLOARTHRITIS
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Background: Diagnosing early spondyloarthropathy (SpA) is crucial for effective therapeutic intervention. Magnetic resonance imaging (MRI) helps us to diagnose non-radiographic SpA (n-axSpA) in an early stage according to the criteria of the imaging arm of the Assessment of Spondyloarthritis International Society (ASAS) classification. Diagnosis of sacroiliitis using MRI has limitations because of the lack of specificity and sensitivity. Several differential diagnoses are well known and should be considered. In our daily practice, anomalies of the lower lumbar spine and the sacrum, such as spondylosis, dysraphia, or assimilation joints, are often found to be accompanied by changes in the sacroiliac joints (SIJ) corresponding to sacroilitis.

Objectives: To investigate the presence of anatomical anomalies of the lower lumbar spine in our cohort of early diagnosed n-axSpA patients fulfilling the criteria of axSpA and show if they cause a difference in the outcome.

Methods: Patients (n = 56, age < 45 years, symptom duration 3–24 months) recently diagnosed with sacroilitis using MRI and meeting the ASAS criteria for axial SpA were followed-up for 2 years. We retrospectively analyzed the anatomical anomalies of the lower lumbar spine on MRI and, if available, on radiographic images.

Results: MRI on 10 revealed that 15 (26.7%, 1 female and 14 males) of 56 patients had anatomical anomalies of the lower lumbar spine, indicating bone marrow edema with clinical axSpA according to the ASAS classification criteria. Spondylosis, assimilation joints, and dysraphia were found in 7 (21.7%), 5 (15%), and 7 (12.5%) patients, respectively. The presence of HLA-B27 and assessment results (CRP-ASDAS and BASDAI, BASMI) were similar to patients without the mentioned anatomical anomalies. Patients with spondylosis and dysraphia of the lower spine and those without anomalies displayed similar progression of MRI findings between t0 and t2.

Conclusion: In addition to the well-known inflammatory causes of sacroilitis, such as pregnancies or intensive sporting activity, anatomical peculiarities could not be considered noninflammatory reasons. Contrary to the latest literature, they are not responsible for non-specific sacroilitis. No difference in the development of axial SpA was observed when patients with and without anatomical changes were compared.

Disclosure of Interests: None declared.

Table 1. Impact of the presence of heel enthesitis on PROs over two years of follow-up: mixed models for repeated measures.

<table>
<thead>
<tr>
<th>Current heel enthesitis</th>
<th>No current heel enthesitis</th>
<th>p-value</th>
<th>p-value age and bDMARDs adjusted</th>
</tr>
</thead>
<tbody>
<tr>
<td>N = 46</td>
<td>N = 703</td>
<td>Mean (SD)</td>
<td>p-value</td>
</tr>
<tr>
<td>Global VAS</td>
<td>5.1 (2.8)</td>
<td>4.3 (2.6)</td>
<td>0.015</td>
</tr>
<tr>
<td>BASDAI</td>
<td>4.8 (2.7)</td>
<td>3.9 (2.7)</td>
<td>&lt;0.001</td>
</tr>
<tr>
<td>ASDAS-ID</td>
<td>2.9 (1.1)</td>
<td>2.6 (1.1)</td>
<td>0.007</td>
</tr>
<tr>
<td>BASFI</td>
<td>43.8 (29.7)</td>
<td>40.0 (27.4)</td>
<td>0.245</td>
</tr>
<tr>
<td>PC-SF12</td>
<td>33.3 (11.4)</td>
<td>35.3 (10.7)</td>
<td>0.128</td>
</tr>
<tr>
<td>MC-SF12</td>
<td>47.4 (14.2)</td>
<td>48.2 (12.2)</td>
<td>0.547</td>
</tr>
</tbody>
</table>

AB0800
ULTRASONOGRAPHY OF SUPRASPINA TUS ENТЕHESI 5 IM AG IN AXIAL SPONDYLOARTHRITIS
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Background: Several scoring systems have been developed to quantify ultrasound (US) abnormalities of the enthese in patients with spondyloarthropathy (SpA). These scores included enthese of the lower limb, triceps tendon, and lateral epicondylar tendon [1] [2]. Studies regarding the involvement of supraspinatus enthesis in patients with SpA are scarce.

Objectives: This study aimed to assess the supraspinatus enthesis in patients with axial SpA using ultrasonography.

Conclusion: In patients with n=axSpA, the presence of heel enthesitis on physical exploration was associated with poorer scores on the outcome measures after two years of follow-up, in comparison with patients without heel enthesitis. The achievement of a low disease activity is less likely in patients with this manifestation.

Disclosure of Interests: None declared.

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