Background: Patients with inflammatory bowel disease (IBD), Crohn’s disease (CD) and ulcerative colitis (UC), commonly face the presence of extraintestinal manifestations (EIMs). Spondyloarthritis (SpA) is present in about 10-39% of patients with IBD, being the most frequent EIM [1]. Diagnosis of axial SpA (axSpA) in IBD represents a clinical challenge. The diagnostic value of Ankylosing Spondylitis Assessment Society (ASAS) criteria that are used for defining inflammatory back pain (IBP) in axSpA, in patients with the association of axSpA and IBD is not clear.

Objectives: To determine the diagnostic value of ASAS criteria for IBP (2009) and to evaluate factors that are associated with a higher risk of axSpA in patients with IBD.

Methods: The study included 91 patients with IBD (UC -52 patients (57.1%), CD -39 (42.9%), males - 47 (51.6%), mean age 40.2±17.7 years, duration of IBD - 7.7±7.6 years). IBP was defined by ASAS criteria (2009). AxSpA in patients with IBD is recommended to be diagnosed by the combination of Inflammatory Back Pain (IBP), and imaging (MRI and X-ray) [2]. Imaging of lumbar spine and sacroiliac joints was performed to patients, who fulfilled the ASAS criteria for IBP. X-ray - 55 patients; MRI (T1, STIR) -41 patients. Imaging was considered positive when patients had at least unilateral sacroiliac stage 2 or higher according to the accepted grading system on X-Ray, or MRI-verified sacroiliac.

Results: Low back pain was observed in 84 (92.3%) patients with IBD, 39 (42.9%) patients fulfilled the criteria for ASAS for IBP; MRI-verified sacroiliac was present in 26 patients. Changes on X-ray were present in 40 patients. After imaging, 26 patients were diagnosed with axSpA, 14 of them fulfilled the modified New York criteria for the ankylosing spondylitis. Diagnostic value of the ASAS criteria was the following: sensitivity 76.9%, specificity 67.2%, PPV 0.51, NPV 0.87, LR+ 2.3, and LR- 0.3 (ECCO consensus definition used as the “gold standard”). Presence of arthritis - OR 10.77 [95% CI 2.26-44.2], p=0.005, arthralgia - OR 4.12 [95% CI 1.55-10.95], p=0.005, CD - OR 2.92 [95% CI 1.14-7.48], p=0.025 and IBP - OR 8.07 [95% CI 2.6-23.23], p=0.001 was associated with a higher risk of axSpA diagnosis in the univariate logistic regression model. The associations remained statistically significant when the multivariate logistic regression model was constructed – arthritis 20.03 [95% CI 3.05 -131.69], CD – 3.51 [95% CI 1.04-11.82], IBP - 8.72 [95% CI 2.64-28.79], R2=0.486.

Conclusion: The ASAS criteria for IBP had a good diagnostic value in patients with IBD. The diagnostic value of the ASAS criteria for IBP (2009) in patients with IBD was comparable to the following in the patients with chronic back pain. Clinicians should pay attention to the presence of arthritis, arthralgia, IBP and CD, as these factors were associated with a higher risk of being diagnosed with axSpA in patients with IBD.

REFERENCES:

Disclosure of Interests: None declared


AB0875

ASSESSMENT OF CLINICAL SIGNS OF SPONDYLOARTHRITIS IN PATIENTS WITH INFLAMMATORY BOWEL DISEASE

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Methods: We selected patients diagnosed with SpA and enthesitis followed by imaging, who started biological therapy with a TNF inhibitor, an IL17 inhibitor or an IL12/23 inhibitor. For the records to be included, it was necessary to have clinical information from the period of performing the ultrasound. All images were obtained from the Achilles tendon, with the same ultrasound equipment, grayscale and settings for each patient. To homogenize the results of the analysis, the gray intensity mean index (IMIG) was used, which has been shown to appropriately discriminate the inflammatory pathology from the mechanical or healthy controls as well as being sensitive to change.

Results: 14 patients were included: 6 treated with a TNF inhibitor, 4 with an IL17 inhibitor and 4 with an IL12/23 inhibitor. Patients 2, 3, 5, 7, 10, 11, and 12 had enthesophytes.

Disclosure of Interests: None declared


AB0876

CAN ULTRASONOGRAPHIC PERIPHERAL ENTHESITIS MIRROR SPINAL RADIOGRAPHIC ABNORMALITIES AND OTHER DISEASE PARAMETERS IN PATIENTS WITH RADIOPHGRAPHIC AXIAL SPA?

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Background: Although enthesitis is the hallmark of spondyloarthritides, the association between peripheral enthesitis, spinal radiographic affection and disease assessment parameters is still underestimated.

Objectives: In this cross-sectional prospective study, we aimed to evaluate the relation of US pattern of peripheral enthesitis with the spinal radiographic changes and other disease parameters in patients with radiographic axial spondyloarthritis (SpA).

Methods: Fifty-eight patients with radiographic axial SpA (ASAS criteria) were studied for the presence and pattern of peripheral lower limb enthesitis according to the Outcome Measures in Rheumatology (OMERACT) US definitions: Achilles tendon, plantar fascia, proximal and distal patellar ligaments, and quadriceps tendon insertions. The findings then were correlated with the radiographic spinal abnormalities, Bath AS radiographic index (BASRI), Bath AS disease activity index (BASDAI), Bath AS functional index (BASF1), Bath AS metrology index (BASM1) together with the HLA-B27 status and inflammatory markers using Spearman rho correlation coefficient.

Results: The mean age was 37.96 (±13.1) years, 75.86% were males. Thirty-six patients (62%) had US enthesitis (USE) with a mean age of 39.2 (±12.8). HLA-B27 was positive in 61% of patients with USE and 54.5% in those without. There was no difference between patients with and without USE regarding the disease duration, age at onset but those with USE showed less diagnostic delay (p = 0.03). Clinical enthesitis and peripheral arthritis were more frequent in those with USE (50% vs 22.7% and 25% vs 13.6% respectively). No substantial significant difference has been found between the inflammatory, structural and total scores of USE and BASRI, BASFI and BASDAI (p > 0.05). No correlation could be detected between BASRI and USE scores (rs=0.12, p=0.45 for inflammatory, rs=0.25, p=0.11 for structural and rs=0.18, p=0.28 for total score). There was a positive correlation between BASMI and both inflammatory and total scores of USE (rs=0.485, p<0.003). No significant association between BASDAI, CRP or ESR and USE scores.

Conclusion: Ultrasonographic peripheral enthesal abnormalities couldn’t reflect the spinal radiographic changes or disease assessment parameters in patients with radiographic axial SpA. However, these results can be considered preliminary and more studies on wider scales are needed to support our findings.
