Background: Recent epidemiological data on HBV and HCV in Turkey revealed that the seroprevalence rates of hepatitis B surface antigen and antibody against HCV were 4% and 1%, respectively, and seropositivity rates for hepatitis B surface antibody and hepatitis B core antibody were 31.9% and 30.6%, respectively. A previous multicenter nationwide study conducted in Turkey reported that the HBsAg positivity was determined in 2.3% of patients with rheumatoid arthritis (RA) and 3% of patients with ankylosing spondylitis (AS), and the anti-HCV positivity was detected in 1.1% of patients in each group. Given these rates, viral hepatitis is still considered a potential threat to patients with rheumatic diseases, specifically for the treatment-related viral reactivation.

Objectives: This study aimed to evaluate the serologic HBV and HCV frequency and clinical characteristics among our patients with RA or SpA and receive biological treatments based on this background.

Methods: The prospective TReasure database, which observationally collects data of patients with rheumatic diseases from fifteen centers across Turkey, was analyzed for viral hepatitis, patient characteristics, and treatments used. TReasure registry study protocol, and the data collection was started on December 2017. At the time of the analysis for this study was performed, the registry database included 3147 patients with RA and 6071 patients with SpA. For hepatitis B, Hepatitis B surface antigen (HBsAg), anti-HBV core antibody (anti-HBc), and anti-HBV surface antibody (Anti-HBs) tests were evaluated. HBV-DNA was studied in HBsAg positive patients. Anti-HCV antibody has been studied for HCV.

Results: A total of 9218 patients (3147 RA and 6071 patients with SpA) were included in the analyses. The screening rate for HBV was 97% in RA and 94.2% in SpA groups. HBsAg positivity rates were 2.6% and 2%, anti-HBs positivity rates were 32.3% and 34%, anti-HBc positivity rates were 20.3% and 12.5%, HBV DNA positivity rates were 3.5% and 12.5%, and anti-HCV positivity rates were 0.8% and 0.3% in these groups, respectively (Table 1).

Table 1. Serological analyses in the study group

<table>
<thead>
<tr>
<th></th>
<th>RA</th>
<th>SpA</th>
</tr>
</thead>
<tbody>
<tr>
<td>N (%)</td>
<td>N (%)</td>
<td></td>
</tr>
<tr>
<td>Hepatitis testing</td>
<td>2896</td>
<td>2809 (97.00)</td>
</tr>
<tr>
<td>HBsAg positivity</td>
<td>2750</td>
<td>71 (2.6)</td>
</tr>
<tr>
<td>Anti-HBs positivity</td>
<td>2708</td>
<td>876 (32.32)</td>
</tr>
<tr>
<td>Anti-HBc positivity</td>
<td>2362</td>
<td>480 (20.3)</td>
</tr>
<tr>
<td>HBV-DNA positivity</td>
<td>454</td>
<td>16 (3.5)</td>
</tr>
<tr>
<td>Anti-HCV positivity</td>
<td>2602</td>
<td>22 (0.8)</td>
</tr>
</tbody>
</table>

The HBsAg (+) patients were older and had higher comorbidities, including hypertension, diabetes, and coronary artery disease. In addition, RF positivity was more in HBsAg(+) cases. The most frequently prescribed bDMARDS were adalimumab (28.5%), etanercept (27%), tocilizumab (23.4%), and biologics (21.5%) in the RA group, whereas adalimumab (48.1%), etanercept (31.4%), infliximab (22.6%), and certolizumab (21.1%) in the SpA group. HBV reactivation was observed in one patient with during RA treatment, who received rituximab and prophylaxis with tenofovir.

Figure 1. Prescription proportions of medications in the rheumatoid arthritis (RA) and spondyloarthitis (SpA) groups

Conclusion: The epidemiological characteristics of patients with rheumatic diseases and viral hepatitis are essential for effective patient management. This study provided the most recent epidemiological characteristics from the prospective TReasure database, one of the most comprehensive registries in rheumatology practice. According to the results of our study; it can be thought that there is no risk in the choice of treatment by the rheumatologist in patients who receive appropriate prophylaxis.

Disclosure of Interests: None declared


POS1185 PERFORMANCE OF ADENOSIN DEAMINASE ACTIVITY IN SYNOVIAL FLUID FOR THE EARLY DIAGNOSIS OF TUBERCULOUS ARTHRITIS: A META-ANALYSIS

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Background: Adenosin deaminase activity (ADA) has shown good performance in diagnosing pleural, peritoneal and meningeal tuberculosis. Still, the performance of ADA activity in synovial fluid for the diagnosis of tuberculous arthritis has received less attention.

Objectives: To analyze the performance of ADA in synovial fluid to diagnosis tuberculous arthritis.

Methods: We research Medline and EMBASE from the inception to October 2021 and the American College of Rheumatology and European League Against Rheumatism for conference abstracts (2012-2021) to assess the accuracy of ADA activity in synovial fluid compared to a composite reference standard (necrotizing granulomas in a synovial biopsy; acid-fast stain, Mycobacterium culture or RT-PCR assay for tuberculous arthritis and/or clinical response to tuberculosis treatment) to early diagnosis tuberculous arthritis. We performed meta-analysis using a random-effects model and evaluated the sources of heterogeneity via subgroup analysis and meta-regression.

Results: Seven independent studies (N= 307 subjects) that compared ADA activity in synovial fluid with the composite reference standard were included. The pooled sensitivity and specificity of ADA activity was 0.939 (95% confidence Interval [CI], 0.873-0.977; heterogeneity p=0.297; I²=17.4%) and 0.885 (95% confidence Interval [CI], 0.833-0.925; heterogeneity p=0.002; I²=85.3%) compared to the composite reference standard, respectively. The random-effects model for pooled diagnostic Odds Ratio was 74.582 (95% CI, 19.826-280.57; heterogeneity p=0.133; I²=38.8%). The receiver operating characteristic curve area was 0.9617 (95% CI, 0.925-1.00), Meta-regression did not identify the type of study (prospective or retrospective), country of publication, type of assay, or cut-off value as sources of heterogeneity.

Conclusion: Measuring adenosin deaminase activity in synovial fluid demonstrates good performance for the early diagnosis joint tuberculosis.

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Disclosure of Interests: None declared


POS1186 STUDY OF SPONDYLODYSDICITIS WITHOUT BACTERIOLOGICAL DOCUMENTATION FROM A COHORT OF 142 PATIENTS WITH SUSPECTED INFECTIOUS SPONDYLODYSDICITIS ON IMAGING

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Background: The incidence of infectious spondylodiscitis was estimated at 2.4/100,000 people in 2002. When faced with an image of spondylodiscitis on imaging, infectious spondylodiscitis is the most feared etiology. In recent years, several non-infectious spondylodiscitis etiologies have been described: Andersson lesion, crystal-induced discopathy, degenerative changes, etc (2). The identification of the germ by blood cultures or disc-vertebral puncture-biopsy allows the treatment to be best adapted antibiotic. Bacteriological investigation is inconclusive in about 30% (1). More and more undocumented spondylodiscitis are described.

Objectives: The aim of this study is to describe a cohort of spondylodiscitis without bacteriological documentation and to compare it to spondylodiscitis with bacteriological documentation.

Disclosure of Interests: None declared