AB1134 IMPACT OF INFLAMMATORY BOWEL DISEASE ON DAPSA REMISSION IN PATIENTS WITH PSORIATIC ARTHRITIS: A PROPENSITY SCORE-MATCHED RETROSPECTIVE ANALYSIS OF “CROSS” MULTIDISCIPLINARY PROJECT PATIENTS’.

Keywords: Psoriatic arthritis, Remission

M. Giannotta1, V. Venerito1, L. Pacello2, M. B. Principi3, C. Fot2, A. Di Leo2, F. Iannone1, Policlínico di Bari, Reumatologia, Bari, Italy; Policlínico di Bari, Dermatologia, Bari, Italy; Policlínico di Bari, Gastroenterologia, Bari, Italy

Background: Psoriatic Arthritis (PsA) is a chronic inflammatory disease and patients with PsA have an increased risk of developing inflammatory bowel disease (IBD) [1]. It’s not clear whether the coexistence of IBDs in PsA patients on bDMARDs is associated with the achievement of clinical outcome.

Objectives: The aim of this study was to identify whether IBDs may impact on 12-month remission of articular disease assessed by Disease Activity Index for Psoriatic Arthritis (DAPSA) in PsA patients on monoclonal anti-TNFα or anti-IL12/23 therapy.

Methods: Patients with classified PsA according to CASPR criteria with active skin psoriasis who underwent monoclonal anti-TNFα or anti-IL12/23 therapy.

Results: Of 123 patients with PsA on monoclonal bDMARDs therapy, the algorithm retrieved a sample of 74 patients (IBD group 37 patients, control group 37 patients).

REFERENCES: NIL.

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AB1133 AXIAL PSORIATIC ARTHRITIS: ISOLATED ENTITY OR PHENOTYPE FORM ONLY

Keywords: Psoriatic arthritis, Spondyloarthritis

S. Abdelmaoulo1, S. Lefkir1, Issad Hssani Beni Messous Hospital, Rheumatology, Algiers, Algeria

Background: The latest literature data increasingly emphasizes the axial involvement of Psoriatic Arthritis (PsA). The clinical and radiographic characteristics suggest that it is a new entity compared to the axial involvement of Ankylosing Spondylitis (AS), while therapeutic advances and cytokine targets suggest that it is a clinical form only.

Objectives: The objective of our study is to compare the characteristics of patients with axial PsA (axPsA) and axial AS (axAS).

Methods: Patients≥18 years old, with axPsA or axAS, during registration in the prospective monocentric register, between August 2012 and August 2022. A rheumatological investigation including: clinical, laboratory and genetic assessments as well as imaging with conventional radiography of the pelvis and spine was performed.

Results: Of 250 patients (58 PsA vs 192 AS) with axial involvement, isolated axPsA patients were older at diagnosis (age of diagnosis of axial involvement was 35.8 ± 29.4). Patients with isolated axPsA were more likely to have: Less clinical inflammatory back pain compared with patients with isolated axAS; less limited schöber index (10/14 vs 10/12), finger-to-ground distance often equal to 0 cm in axPsA, less contracture of the paravertebral muscles, less reduction in thoracic expansion (4 vs 2cm). Less limitation of inguinal pain (hip flexion 100 ± 70), a higher dactylitis count sDd (0.3±1.2 vs 0.1±0.8), more nail lesions which could suggest looking for an association between nail damage and the presence of dactylitis in PsA, less extensive skin psoriasis [PsA= 2-13] and less presence of uveitis (18.96% (11/58) vs 23.95% (46/192)). Human Leucocyte Antigen (HLA-B27) positivity was negatively associated with isolated axPsA disease (20% vs 78%). AxPsA were less frequently had radiographic sacroiliac with unilateral asymmetry pattern [On the X-ray, the SI were either normal or slightly modified, deliberately asymmetrical, rarely grade 4, the syndesmophytes were most often asymmetrical, coarse and of lumbar location, the heels were affected in less severe involvement, most often represented by simple shielding] and average patients showed slight spinal/pelvic radiographic progression (OR: 0.14; 95% CI: 0.01, 0.58). Finally, AxPsA had lower BASDAI and HAQ scores (OR 0.10, 95% CI 0.010 0.47/ OR 0.03, 95% CI 0.00 to 0.17) and lower PRO evaluation (PRO spine pain 39.65 ± 49.47 and PRO fatigue 50 ± 52.6%).

Conclusion: Isolated axial PsA and AS are uncommon, axPsA has different clinical and radiographical characteristics when compared to AS. AxPsA is largely independent of HLAB27, it was associated with distinct radiographic ax AS features, increased spinal progression and low grade radiographic sacroiliac as well as lower disease activity and impact scores.


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