AB1175
IS DISTAL ENTHESITIS OF EXTENSOR DIGITORUM TENDON A SPECIFIC ULTRASOUND FEATURE OF PSORIATIC ARTHRITIS?

Keywords: Ultrasound, Osteoarthritis, Psoriatic arthritis

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ABSTRACT

Background: Distal interphalangeal (DIP) joints are commonly affected in both hand osteoarthritis (OA) and psoriatic arthritis (PsA). However, enthesisitis is well known to be a hallmark of spondyloarthritis including PsA.

Objectives: Our study aimed to assess distal enthesisis of extensor digitorum tendon in PsA and hand OA using ultrasonography (US).

Methods: We conducted a cross-sectional study including two groups: Group 1 included patients with hand OA fulfilling American College of Rheumatology criteria and Group 2 included patients with PsA according to CASPAR criteria. All patients underwent a physical examination followed by an US exam. US was performed in all DIP joints. For each joint, the following abnormalities were assessed: synovial thickening, osteophytes, enthesisitis, and power Doppler signal (PDS). A quantitative score (0/1) was used for each lesion. Pearson correlation coefficient was calculated.

Results: We examined 160 DIP joints in 20 PsA patients (13 women and 7 men), with a mean age of 55.5 ± 12.1 years [53–77]. We also examined 80 DIP joints in 10 patients with hand OA (9 women and one man), with a mean age was 66±11 years [46–78]. The mean duration of hand OA and PsA symptoms were 4±3 years and 4±7 years, respectively. Synovial thickening of DIP joints was exclusively noted in PsA patients (p=0.014). Osteophytes were exclusively seen in hand OA patients (p=0.08). The number of enthesis was significantly higher in the PsA group (2.79±1.75 versus 1.2±1.75, p=0.08).

Conclusion: The number of enthesitis was significantly higher in hand OA patients (exclusively noted in PsA patients (with a mean age of 55.5 ± 12.1 years [33–77]. We also examined 80 DIP joints. For each joint, the following abnormalities were assessed: synovial thickening, osteophytes, enthesisitis, and power Doppler signal (PDS). A quantitative score (0/1) was used for each lesion. Pearson correlation coefficient was calculated.

REFERENCES: NIL.

Disclosure of Interests: None Declared.

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AB1177
SPINAL EPIDURAL ABSCESS ASSOCIATED WITH INFECTIOUS SPONDYLODISCITIS

Keywords: Osteoarthritis

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ABSTRACT

Background: Infectious spondylodiscitis and spinal epidural abscess (SEA) are relatively rare conditions that is rising in incidence. SEA is a challenging entity associated with high morbidity and mortality. That's why early diagnosis is critical in this disease.

Objectives: to describe the clinical characteristics and outcomes of patients with spinal epidural abscess associated with infectious spondylodiscitis (SEA).

Methods: we conducted a retrospective study from June 2010 to December 2022. We included 42 patients with clinically and radiologically suspected infectious spondylodiscitis. Patient characteristics and outcomes were retrospectively reviewed.

Results: We enrolled 42 patients (23men,19 women) with infectious spondylodiscitis. The mean age was 57.2 years (SD ± 15.7). Twenty-nine patients (72.5%) had SEA. All patients showed varying degrees of focal spinal pain. Fever occurred in 18 patients. Ten patients (34.7%) exhibited neurological deficits. Furthermore, 20 cases (69%) involved lumbar spine, 6 cases (20.7%) involved thoracic spine, and 3 cases (10.3%) involved cervical spine. Abscess locations was Anterior in 14 cases (48.3%), posterior in 5 cases (17.2%), and Circumferential in 10 cases (34.5%). Among 11 SEA patients, 12 cases (41.4%) had infection caused by Mycobacterium tuberculosis, 8 case had infection caused by brucellosis, 5 cases had infection caused by Staphylococcus aureus, one case had infection caused by Staphylococcus coagulase negative, one case had infection caused by Escherichia coli, one case had infection caused by candida albicans, and one case caused by Enterococcus falcalis. All patients underwent conservative treatment, two of which improved symptoms. Five cases undergo surgical treatment, one of which showed improved symptoms, 4 cases had left limb motor and sensitive dysfunction.

Conclusion: SEA is rare and is often difficult to diagnose in the early stage. Early diagnosis, followed by specific therapy is necessary to improve the prognosis of this disease.


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AB1178
THE COMPARISON OF PRP ALONE, SUPERVISED EXERCISE ALONE, AND PRP COMBINED WITH SUPERVISED EXERCISE IN MANAGEMENT OF KNEE OSTEOARTHRITIS

Keywords: Clinical trials, Physical therapy/Physiotherapy, Osteoarthritis

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ABSTRACT

Objectives: The aim of this study was to compare the effects of three different treatment modalities; physiotherapy alone, platelet-rich plasma (PRP) alone, and physical therapy combined with PRP, on pain and functional outcomes in patients with knee osteoarthritis.

Methods: A total of 120 patients were randomly assigned to one of the three treatment groups. The PRP group received three injections of autologous PRP, while the physiotherapy group received five sessions of supervised exercise. The combined group received both PRP and supervised exercise.

Results: There were no significant differences in pain and function outcomes between the three groups at the end of the treatment period. However, the combined group showed better outcomes at the 6-month follow-up.

Conclusion: PRP combined with supervised exercise is a promising treatment option for knee osteoarthritis.

Background: Platelet-rich plasma (PRP) has sparked widespread interest as a regenerative adjunct therapy, and it is increasingly being used to treat knee osteoarthritis (OA). There is a scarcity of reports on the characterization of injected products, as well as a scarcity of exercise protocols following PRP injections, despite the rising number of studies in the present PRP literature.

Objectives: The purpose of this study was to compare the efficacy of PRP with a supervised exercise program and reveal if the combination of the two treatments is effective in the management of knee OA.

Methods: This is a randomized, single-blinded, prospective, three-arm clinical trial. The PRP group received three weekly injections of fresh, leukocyte-poor PRP. The exercise group followed a structured and supervised exercise regimen for six weeks. These therapies were given in conjunction with the third group. The primary outcome was the change in overall average knee pain scores (on an 11-point numeric pain rating scale, with higher scores indicating worse pain) over a 24-week time period. The secondary outcomes were changes on the Western Ontario and McMaster Universities Osteoarthritis Index (WOMAC), durations of the functional performance tests, and health-related quality of life. For statistical analysis, the mixed model with repeated measurements (ANOVA) was performed.

Results: A total of eight-hundred four patients with mild to moderate knee osteoarthritis were randomly allocated to three groups. There was a significant group-by-time interaction for overall knee pain (p<0.001). Pain reduction from baseline to 24 weeks was greater in PRP&Exercise group (Δ-5.40, 95%CI= -5.28 to -4.39). There were significant group-by-time interactions on the WOMAC total score, durations of the functional performance tests, and physical component of SF-12 (p<0.012). Exercise group and PRP&Exercise group had statistically greater impact than PRP alone, with large to very large effect sizes in terms of pain, self-reported function and functional performance tests (p<0.012, ηp²=0.14).

Conclusion: PRP demonstrated short-term efficacy comparable to exercise or a combination of PRP and exercise; however, when compared to the other groups, it demonstrated a negative tendency in terms of long-term clinical improvements. PRP alone is not as effective as supervised exercise; however, if a patient has difficulties maintaining exercise programs for any reason, PRP can be offered as an alternative option.

REFERENCES:

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