Acknowledgements: This study was supported by the National Natural Science Foundation of China (No. 82071930).
Disclosure of Interests: None Declared.
DOI: 10.1136/annrheumdis-2023-eular.2897

POS0923 THE TRANSITION FROM ACTIVE LESIONS TO STRUCTURAL CHANGES ON SACROILIAC MRI AND ITS ASSOCIATED FACTORS

Keywords: Spondyloarthritis, Real-world evidence, Registries

U. Kalyoncu[1], G. Ayan[1], L. Kılıç[1], P. Atagündüz[2], S. Akar[3], N. S. Yasar Bilge[4], E. Dalkılıç[5], Y. Pehlivan[5], O. Küçükşahin[6], C. Bes[7], H. Emmungil[8], D. Ersözlü[9], A. Ates[10], R. Mercan[11], G. Kimyon[12], S. S. Koca[13,13,13], E. Gönüllü[14], V. Yazısız[15], N. A. Kanıtez[16], A. Erden[17,17], B. N. Coşkun[5], B. Yağız[5], S. Yilmaz[18], T. Kaşifoğlu[4], A. İ. Ertenli[1], S. Kiraz[1]. *[1]Hacettepe University Medical Faculty, Department of Internal Medicine Division of Rheumatology, Ankara, Turkey*; *[2]Marmara University, Medical Faculty, Department of Internal Medicine Division of Rheumatology, Istanbul, Turkey*; *[3]Izmir Katip Celebi University, Medical Faculty, Department of Internal Medicine Division of Rheumatology, Izmir, Turkey*; *[4]Eskisehir Osmangazi University Medical Faculty, Department of Internal Medicine Division of Rheumatology, Eskisehir, Turkey*; *[5]Uludag University Medical Faculty, Department of Internal Medicine Division of Rheumatology, Bursa, Turkey*; *[6]Ankara Yıldırım Beyazıt University, Department of Internal Medicine Division of Rheumatology, Ankara, Turkey*; *[7]Istanbul Basaksehir Cam and Sakura City Hospital, Department of Internal Medicine Division of Rheumatology, Istanbul, Turkey*; *[8]Trakya University Medical Faculty, Department of Internal Medicine Division of Rheumatology, Tekirdag, Turkey*; *[9]Adana City Training and Research Hospital, Department of Internal Medicine Division of Rheumatology, Adana, Turkey*; *[10]Ankara University Medical Faculty, Department of Internal Medicine Division of Rheumatology, Ankara, Turkey*; *[11]Namık Kemal University Medical Faculty, Department of Internal Medicine Division of Rheumatology, Tekirdag, Turkey*; *[12]Mustafa Kemal University Medical Faculty, Department of Internal Medicine Division of Rheumatology, Hatay, Turkey*; *[13]Fırat Unıversity Medical Faculty, Department of Internal Medicine Division of Rheumatology, Elazig, Turkey*; *[14]Sakarya University Medical Faculty, Department of Internal Medicine Division of Rheumatology, Sakarya, Turkey*; *[15]Akdeniz University Medical Faculty, Department of Internal Medicine Division of Rheumatology, Antalya, Turkey*; *[16]Koc University Medical Faculty, Department of Internal Medicine Division of Rheumatology, Istanbul, Turkey*; *[17]Ankara City Hospital, Department of Internal Medicine Division of Rheumatology, Ankara, Turkey*; *[18]University of Health Sciences, Department of Internal Medicine Division of Rheumatology, Ankara, Turkey*

Background: Both active and chronic lesions can be seen on sacroiliac MRI.
Objectives: Aim was to compare the demohraphic and disease characteristics of patients with active and structural lesions on sacroiliac MRI in a bDMARD cohort of Spondyloarthritis (SpA) patients.
Methods: TReasure is a national, multicentre, longitudinal, and observational database, initiated in Turkey in 2017 and now includes 17 centres [1]. 1230/7015 (17.5%) patients with SpA [including Psoriatic arthritis (PsA)] had findings consistent with sacroiliitis on MRI that was recorded by the radiologist at each center for the presence of active and structural lesions. Demographic characteristics of the patients, SpA associated characteristics; dactylitis, enthesitis, uveitis, IBD, SpA family history, hip involvement, hip replacement, sacroiliitis by mNY, syndesmophyte. disease activity during bDMARD initiation; ASDAS-CRP, ASDAS-ESR, BASDAI, ESR, CRP, VAS (physician global, patient global), function and quality of life; BASFI (>40 mm), HAQ-DI (<0.5, 0.5-1.0, >1.0), EQ5D, were assessed and compared between groups with active/ active and structural/structural lesions.
Results: Of 1230 patients with sacroiliac MRI, 548 (44.5%) had only active lesions, 418 (33.9%) had both active and structural lesions, and 264 (21.5%) had only structural lesions. The diagnoses of the patients were r-SpA 833 (67.7%), peripheral SpA 329 (26.7%), nr-SpA 321 (26.1%), enteropathic SpA 79 (6.4%), PsA 64 (5.2%). From `only active lesion` to `only structural lesion` on MRI, age was older, disease duration was longer, meeting mNY criteria and hip involvement was more common, HLA-B27 positivity was more common, syndesmophyte was more common, uveitis was more common, and metrological indices (BASMI and Schober`s test) was worse (Table 1). Multivariate analysis showed factors associated with the development of structural lesions from active lesions, disease duration with OR 1.09 (CI 95% 1.04-1.14), mNY positive sacroiliitis with OR 3.36 (95% CI 1.52-7.40) and uveitis with 3.80 (95% 1.23-11.8).
Conclusion: Transition from active lesions to structural lesions in sacroiliac MRI may be time-related, and chronicity develops in approximately 5 years. As expected, when structural lesions develop on MRI, the rate of meeting the mNY criteria increases around 3 times. There is a relationship between uveitis and the development of structural damage. The relationship of metrological indices with structural damage should also be considered. However, the lack of central reading in MR is a limitation in this assessment.
REFERENCE:
[**1**] Kalyoncu U, et al. Turk J Med Sci. 2018 Aug 16;48(4):856-861.

Table 1. Characteristics of patients with active/active and structural/ structural lesions on MRI

	MRI with active lesion n=548	MRI with active and chronic lesion n=418	MRI with chronic lesion n=264	P
Current Age (y)	40 (33-48)	41 (35-50)	45 (38-52)	**<0.001**
Gender (male) n, (%)	279 (50.9)	200 (47.8)	146 (55.3)	0.16
Disease duration (symptom-bDMARD initiation)	5.1 (2.4-9.0)	5.9 (2.7-10.3)	7.5 (3.1-14.7)	**<0.001**
Disease duration (diagnosis-bDMARD initiation)	1.6 (0.5-4.4)	2.2 (0.6-5.9)	2.9 (0.7-7.4)	**<0.001**
AS n=833	301 (36.1)	323 (38.8)	209 (25.1)	NA
Peripheral SpA n=329	176 (53.5)	91 (27.7)	62 (18.8)	
nr-AxSpA n=321	204 (63.6)	76 (23.7)	41 (12.8)	
Enteropathic arthritis n=79	41 (51.9)	24 (30.4)	14 (17.7)	
PsA n=64	31 (48.4)	25 (39.1)	8 (12.5)	
BMI	25.9 (23.4-29.4)	27.6 (23.4-30.6)	26.7 (23.9-30.9)	0.011
mNY criteria	301 (56.9)	323 (80.0)	209 (81.3)	**<0.001**
BASMI	1.8 (1.0-2.6)	3.0 (1.8-3.8)	3.4 (1.9-4.6)	**<0.001**
Schober`s test ≤ 2 cm n (%)	11 (4.2)	23 (12.6)	19 (19.2)	**<0.001**
HAQ-DI score	0.50 (0.20-0.90)	0.63 (0.35-0.98)	0.63 (0.30-1.0)	**0.025**
HAQ-DI <0.5, n (%)	126 (45.3)	66 (28.4)	40 (31.0)	**0.001**
HAQ 0.5-1.0, n (%)	84 (30.2)	105 (45.3)	53 (41.1)	
HAQ > 1.0, n (%)	68 (24.5)	61 (26.3)	36 (27.9)	
Syndesmophyte, n (%)	57 (12.1)	62 (17.4)	56 (24.3)	**<0.001**
Enthesitis, n (%)	155 (34.9)	70 (21.2)	64 (31.2)	**<0.001**
Uveitis, n (%)	45 (8.3)	34 (8.3)	42 (16.2)	**0.001**
Hip involvement, n (%)	45 (9.3)	69 (18.3)	49 (20.4)	**<0.001**

Continious variables were presented as median (%25-75)

Acknowledgements: NIL.
Disclosure of Interests: None Declared.
DOI: 10.1136/annrheumdis-2023-eular.3212

POS0924 USEFULNESS OF LOW-DOSE CT IN PSORIASIS AND PSORIATIC ARTHRITIS PATIENTS WITH NON-SPECIFIC AXIAL SYMPTOMS

Keywords: Imaging, Psoriatic arthritis

S. A. Germe[1], G. Ayan[1], S. Dogan[2], B. Yalici-Armagan[2], L. Kılıç[1], U. Kalyoncu[1]. *[1]Hacettepe University, Department of Internal Medicine, Division of Rheumatology, Ankara, Turkey*; *[2]Hacettepe University, Department of Dermatology and Venereology, Ankara, Turkey*

Background: Low-dose CT (ldCT) has been shown advantegous over conventional radiography (CR) in showing spinal structural changes in Axial Spondyloarthritis (AxSpA) [1,2]. There is no data on the value of ldCT in psoriatic arthritis (PsA) patients.
Objectives: The aim of this study is to determine the contribution of spinal ldCT to the diagnosis and disease severity in patients with psoriasis (PsO) and PsA with non-spesific axial symptoms.
Methods: 143 PsO patients referred from the Dermatology Outpatient Clinic in the last 9 months were evaluated; patients with any axial symptoms (116) were included. 47 of 116 patients (40.5%) had ldCT. Patients were evaluated with pelvis CR, lumbar/cervical CR and whole spinal ldCT. Age, gender, PsO and PsA disease duration were recorded. Patients were divided into four groups according to CR findings; 1. Modified New York criteria (mNY) not met, 2. Only sacroiliitis (SI) according to mNY, 3. SI and syndesmophyte (SIN) present, 4. Only SIN (according to the consensus of two rheumatologists UK and LK). All spinal CTs (coronal and sagittal planes) were evaluated by two rheumatologists. Syndesmophytes were determined between C2-S1 and it was also noted if bridging was present (according to the consensus of two rheumatologists UK and GA). The contribution of spinal ldCT to axial involvement was evaluated.
Results: 47 patients (n=15 (32%) with inflammatory, n=32 (68%) non-specific axial symptoms) were evaluated in this study. The mean age of the patients (68.1% female, 31.9% male) was 47.4 years. Median duration of PsO was 15 years. Median disease duration of 10 patients with a previous diagnosis of PsA was 4.5 years. 12 (25.5%) patients had only PsO and 35 (74.5%) patients had PsA. 25/35 (71%) of those with PsA had axial involvement (SI and/or SIN) according to CR, CR was normal in 10/35 (29%) patients (Figure 1). When the whole spinal ldCT was evaluated, SIN was detected in 8/12 (66.7%) of patients with only PsO (8 thoracic, 4 lumbar, 2 cervical). On the other hand, 30/35 (85.7%) of PsA patients had SIN (Figure 1). The distribution of SIN in ldCT is shown in Table

Ann Rheum Dis: first published as 10.1136/annrheumdis-2023-eular.3212 on 30 May 2023. Downloaded from http://ard.bmj.com/ on February 18, 2024 at Eskisehir Osmangazi University. Protected by copyright.