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Disclosure of Interest: J. Kuemmerle-Deschner Grant/research support from: Novartis, SOBI, Consultant for: Novartis, SOBI, K. Hoertnagel: None declared, S. Schlipf: None declared, S. Hansmann: None declared, A. Hospach: None declared, X. Liu: None declared, S. Benseler: None declared, A. Weber: None declared
DOI: 10.1136/annrheumdis-2018-eular.5620

SAT0615 SYMPATHETIC JOINT EFFUSION IN AN URBAN HOSPITAL

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Background: Sympathetic joint effusion (SJE) or sympathetic synovial effusion (SSE) is a rheumatologic entity that has not been well defined in the medical literature. It is a non-inflammatory synovial fluid collection that is associated with infection or inflammation of an adjacent anatomic structure.[1] The epidemiology and clinical characteristics of SJE/SSE are largely unknown. This knowledge gap has led to a lack of recognition and misdiagnosis by clinicians.
Objectives: Our study aimed to determine incidence, demographic information, and describe the clinical characteristics and potential triggering conditions for this presumptive reactive phenomenon.
Methods: We conducted a study of patients>18 years of age hospitalised at Temple University Hospital (TUH) between January 31, 2010 and December 10, 2016 who underwent diagnostic arthrocentesis for painful effusions. Individuals with synovial fluid white blood cell count (WBC) in the normal range of 200 WBC/mm3 or less were included. Patients with both non-inflammatory and inflammatory range synovial fluid of greater than 200 WBC/mm3 were excluded to limit confounders. Demographic and clinical data of 72 patients were included for detailed analysis.
Results: SJE/SSE was seen in 80/882 hospitalised patients (incidence of 9%). Seventy-two patients fulfilled inclusion criteria for detailed chart review. Demographic information revealed: male 46/72 (64%), female 26/72 (36%), African-American 38/72 (53%), Caucasian 16/72 (22%), Hispanic 10/72 (14%), undefined and other 8/72 (11%). Onset was typically acute, with 45/72 (63%) of patients developing symptoms within six days of arthrocentesis. All patients (100%) with SJE/SSE presented with painful effusion, and a minority had physical findings of warmth 23/72 (32%) or erythema 12/72 (17%). Interestingly, nearly a third of patients 21/72 (29%) were misdiagnosed with crystal or septic arthritis based solely on clinical exam, and empiric treatment was often administered prior to arthrocentesis. The most commonly affected joint was the knee 61/72 (85%), followed by the elbow 5/72 (7%), shoulder 3/72 (4%) and hip 3/72 (4%). Identifiable pathology in the affected limb was found in 29/72 (40%) of patients. Infection was the most common etiology, found in 17/29 (59%) of patients, and included cellulitis, abscess, osteomyelitis, septic bursitis, myositis, and necrotizing fasciitis. The majority of cases of SJE/SSE 23/29 (79%) were associated with concomitant infection, DVT or intramuscular hematoma in the affected limb which required specific therapeutic interventions.
Conclusions: Sympathetic joint effusion or sympathetic synovial effusion (SJE/SSE) is relatively common in hospitalised patients. SJE/SSE may be a sentinel sign for a more serious disorder affecting the same limb. Clinicians should maintain a heightened index of suspicion for SJE/SSE. A search for underlying infection, venous thrombosis, and intramuscular hematoma in the affected limb is warranted when encountering acute painful joint effusion with normal range synovial fluid WBC count.

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Acknowledgements: Dr. Daohai Yu, Ph.D.
Dr. Mark Weiner, M.D.
Disclosure of Interest: None declared
DOI: 10.1136/annrheumdis-2018-eular.3303

SAT0616 TEN-YEAR RETENTION RATE OF INFLIXIMAB IN PATIENTS WITH BEHÇET'S DISEASE-RELATED UVEITIS

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Background: To date, a few studies have reported the long-term efficacy of Infliximab (IFX) in Behçet's disease (BD)-related uveitis.[1,2] Nevertheless, it is known that TNF-α inhibitor drugs may lose their efficacy over time due to the formation of anti-drug antibodies, causing secondary failure and influencing the retention rate of these agents.[3] In this regard no previous study has specifically investigated IFX retention-rate in BD-related uveitis.
Objectives: To evaluate the 10 year drug retention rate of IFX in BD-related uveitis, the effect of a concomitant use of disease modifying anti-rheumatic drugs (DMARDs) on drug survival and differences according to the lines of biologic treatment.
Methods: Cumulative survival rates were studied using the Kaplan-Meier plot, while the Log-rank (Mantel-Cox) test was used to compare survival curves.
Results: Forty patients (70 eyes) were eligible for analysis. The drug retention rates at 12-, 24-, 60- and 120 month follow-up were 89.03%, 86.16%, 75.66% and 47.11% respectively. No differences were identified according to the use of concomitant DMARDs (p=0.20), while a statistically significant difference was observed in relation to the different lines of IFX treatment (p=0.014). Visual acuity improved from baseline to the last follow-up visit (p=0.047) and corticosteroids-sparing effect was observed (p<0.0001)
Conclusions: IFX retention rate in BD-uveitis is excellent and is not affected by concomitant DMARDs

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Disclosure of Interest: None declared
DOI: 10.1136/annrheumdis-2018-eular.1174

SAT0617 COMORBIDITY IN PATIENTS AFFECTED BY AVASCULAR NECROSIS OF THE FEMORAL HEAD AND IMPACT OF COEXISTENT DISEASES ON CONTRALATERAL JOINT INVOLVEMENT

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Background: Avascular necrosis (AN) represents a significant problem of modern rheumatology. The highest incidence of this disease is in able-bodied men. The risk of disability among patients with avascular necrosis of the femoral head (ANFH) is high, especially in case of bilateral process, as AN tends to progress steadily and results in osteoarthritis due to untimely diagnosis. Patients with AN can be affected by other coexistent diseases, that can influence the disease presentation and management.
Objectives: This study aimed to analyse the prevalence and pattern of comorbidities in patients affected by ANFH and to determine if there is a differential pattern of comorbidities in patients with bilateral and unilateral ANFH.
Methods: This was a cross-sectional study, comprising 102 adult patients, aged 48,[38–58] with a diagnosis of ANFH according to Ficat and Arlet criteria. Sociodemographic, anthropometric, clinical parameters of interest were collected from medical records. In order to characterise the burden of coexisting diseases or conditions Charlson Comorbidity Index was calculated. The data obtained were processed with STATISTICA 10.0 using descriptive and nonparametric statistics.
Results: Among a total of 102 patients, a significant prevalence of comorbidities (86,27%) was found. 78,85% of all patients suffered from 2 or more coexistent conditions. The most prevalent comorbidities were: cardiovascular diseases