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Responsiveness To Change Of a Global Ultrasound Assessment Score In Psoriatic Arthritis Patients

Program Book Publication:

Maria Laura Acosta Felquer, Rheumatology Unit, Internal Medical Services, Hospital Italiano de Buenos Aires

Abstract Supplement and Online Publication:

These authors will be published in a supplement of the [Arthritis & Rheumatism](#) journal (on-line only) as well as the abstracts section of the My Annual Meeting website (www.ACRannualmeeting.org). **Maria Laura Acosta Felquer**¹, Santiago Ruta¹, Javier Rosa¹, David A. Navarta¹, Carla Saucedo¹, Ricardo Garcia-Monaco², Mirtha Sabelli¹ and Enrique R. Soriano³, ¹Rheumatology Unit, Internal Medical Services, Hospital Italiano de Buenos Aires, ²Radiology and Imagenology Department, Hospital Italiano de Buenos Aires, ³Rheumatology Unit, Internal Medical Services, Hospital Italiano de Buenos Aires, Instituto Universitario Hospital Italiano de Buenos Aires, and Fundacion PM Catoggio

Abstract Text

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Background/Purpose: Psoriatic arthritis (PsA) manifests clinically in several ways, including arthritis, enthesitis, and dactylitis.

Assessment of disease activity in PsA should ideally record each feature. An Ultrasound (US) composite score could help in this evaluation. The objective was to analyze the responsiveness to disease activity change of a US global assessment score, including entheses tendons and joints in patients with PsA.

Methods:

Consecutive PsA patients (CASPAR criteria), initiating or changing traditional DMARDs or TNF inhibitors as decided by their treating rheumatologists were included. US examination was performed by an experienced rheumatologist using both grey scale (GS) and power Doppler (PD). The following areas were assessed: 2-3 MCP joints, 2-3 proximal PIP joints, wrists, knees and second and fifth MTP joints. Knee and heel entheses were examined. Both second and third flexor and fourth and sixth extensor tendons of the hands were examined for tenosynovitis. Synovitis, tenosynovitis and enthesitis were defined according to OMERACT definitions. Both GS and PD synovitis were graded on a semiquantitative scale from 0 to 3, and enthesitis and tendons with a 0 to 1 scale. For each one of the structures examined (enthesitis, tendons and synovial) an initial US score was obtained by multiplying the semiquantitative scale by the number of sites involved. Finally adding the US structure specific scores a global US score was constructed. Physical examination was performed before US examination and included swollen and tender joint counts, patient's pain and disease activity VAS, HAQ, DAS28, CDAI, SDAI, PASE, PASI, CPDAI, Leeds Enthesitis Index (LEI) and BASDAI. CRP level and ESR were obtained within 48 hours. All patients underwent both clinical and ultrasound assessment at the day entering the study and at three months follow-up.

Results:

: 26 patients (69 % males, mean (SD) age: 51 (13), mean disease duration 3 years (95% CI: 1.45-4.66) were included. Eleven patients initiated therapy with DMARDs, 6 changed DMARDs, 3 added second DMARDs, and finally, 6 patients started therapy with TNF inhibitors. Basal and three months follow up data are shown in the table. All features except LEI improved. Global Ultrasound assessment score and their different components also showed significant improvement after therapy change. After three months of treatment 14 (54%) patients achieved Minimal Disease Activity (MDA). The US score showed an area under the ROC curve of 0.64 (95% CI: 0.43-0.87), for discrimination of non MDA and a score equal or greater than 10 showed 75% sensitivity and 64% specificity for the diagnosis of non MDA.

	Basal assessment, mean (95% CI)	Three months follow-up assessment, mean (95% CI)	P value (Wilcoxon signed Rank test)
DAS28	4.05 (3.4-4.7)	3.1 (2.3-3.8)	<0.0001
BASDAI	5.6 (4.1-7.1)	3.4 (1.9-5)	<0.0001
HAQ	0.84 (0.43-1.25)	0.55 (0.18-0.92)	0.0005
LEI	0.56 (0.01-1.1)	0.125 (0-0.3)	0.1178
Dactylitis	1.15 (0.41-1.9)	0.5 (0.01-1.01)	0.0017
ESR	21 (8.1-33.9)	15.3 (7.5-23.1)	0.0058
CRP	6.8 (2.3-11.2)	2.2 (0.87-3.5)	0.0091
PASI	2.8 (0.86-4.8)	1.8 (0.1-3.6)	0.0001
PASE	40.6 (32.9-48.2)	34.1 (25.8-42.3)	0.0003
CPDAI	4.5 (2.9-6.1)	1.9 (0.06-3.6)	<0.0001
CDAI	17.7 (11.9-23.5)	9.7 (4.5-14.9)	<0.0001
SDAI	18.8 (13-24.5)	10.2 (4.8-15.6)	0.0008
% MDA (95% CI)	3.8 (0.9-19.6)	54 (33-73)	0.0004 (chi2)
Ultrasound joint score	14.1 (6.7-21.5)	7.2 (2.6-11.9)	<0.0001

Ultrasound tendon score	1.3 (0.3-2.3)	0.3 (0.008-0.63)	0.0010
Ultrasound enthesitis score	9.75 (7.2-12.3)	5.1 (3.6-6.7)	<0.0001
Ultrasound total score	25.2 (17.1-33.2)	13.3 (8.1-18.5)	<0.0001

Conclusion: This new global ultrasound score showed responsiveness to treatment change over the short term in patients with PsA. Further validation in a larger population is needed.

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Submitter's E-mail Address: enrique.soriano@hospitalitaliano.org.ar

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First Author

Presenting Author

Maria Laura Acosta Felquer
Rheumatology Unit, Internal Medical Services, Hospital Italiano de Buenos Aires
Buenos Aires,
Argentina

Email: marial.acosta@hospitalitaliano.org.ar -- Will not be published

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Author Classification: Fellow in training, Adult - F3

Second Author

Santiago Ruta, MD
Rheumatology Unit, Internal Medical Services, Hospital Italiano de Buenos Aires
Buenos Aires, Argentina

Peron 4190

Buenos Aires,
Argentina

Email: santiago.ruta@hospitalitaliano.org.ar -- Will not be published

[Click to view Conflict of Interest Disclosure](#)

Author Classification: Not applicable (Non-Trainee)

Third Author

Javier Rosa, MD

Rheumatology Unit, Internal Medical Services, Hospital Italiano de Buenos Aires

Peron 4190

Buenos Aires, 1181

Argentina

Phone Number: 5411495903781

Email: javier.rosa@hospitalitaliano.org.ar -- Will not be published

[Click to view Conflict of Interest Disclosure](#)

Author Classification: Not applicable (Non-Trainee)

Fourth Author

David A. Navarta, MD

Rheumatology Unit, Internal Medical Services, Hospital Italiano de Buenos Aires

Peron 4190

Internal Medicine

Buenos Aires,

Argentina

Email: david.navarta@hospitalitaliano.org.ar -- Will not be published

[Click to view Conflict of Interest Disclosure](#)

Author Classification: Not applicable (Non-Trainee)

Fifth Author

Carla Saucedo, MD

Rheumatology Unit, Internal Medical Services, Hospital Italiano de Buenos Aires

Peron 4190

Buenos Aires,

Argentina

Email: carla.saucedo@hospitalitaliano.org.ar -- Will not be published

[Click to view Conflict of Interest Disclosure](#)

Author Classification: Not applicable (Non-Trainee)

Sixth Author

Ricardo Garcia-Monaco, MD

Radiology and Imagenology Department, Hospital Italiano de Buenos Aires

Peron 4190

Buenos Aires, 1181

Argentina

Email: ricardo.garciamonaco@hospitalitaliano.org.ar -- Will not be published

[Click to view Conflict of Interest Disclosure](#)

Author Classification: Not applicable (Non-Trainee)

Seventh Author

Mirtha Sabelli, MD

Rheumatology Unit, Internal Medical Services, Hospital Italiano de Buenos Aires

Peron 4190

Buenos Aires,

Argentina

Email: mirtha.sabelli@hospitalitaliano.org.ar -- Will not be published

[Click to view Conflict of Interest Disclosure](#)

Author Classification: Not applicable (Non-Trainee)

Eighth Author

Enrique R. Soriano

Enrique R. Soriano, MD, MSc

Rheumatology Unit, Internal Medical Services, Hospital Italiano de Buenos Aires, Instituto Universitario Hospital Italiano de Buenos Aires,
and Fundacion PM Catoggio

Peron 4190

Buenos Aires,

Argentina

Phone Number: 54 11 4959 0378**Fax Number:** 54 11 4959 0378**Email:** enrique.soriano@hospitalitaliano.org.ar -- Will not be published**Alternate Email:** dr.enriquesoriano@gmail.com -- Will not be published

* ACR Member

* Membership Number 700772D6-B46F-DE11-9555-005056834DF6

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