



370 - Tendinitic Involvement Can Precede the Development of Synovial Inflammation in Anti-CCP Positive Patients : Results of US Examination at An Early Arthritis Clinic

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Hall D (Pennsylvania Convention Center)

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Purpose: We describe a form of rheumatic disease characterized by early tendinitic involvement with the presence of anti-CCP antibody and good outcome.

Method: We have evaluated the record of 355 patients seen in 36 months at our early arthritis clinic. All the referring out-patients were evaluated for clinical and laboratory parameters according to a standardized form which include all the core sets variables of ACR response criteria, the calculation of DAS28 and the determination of serum anti-CCP and RF. All the patients had wrists, hands and feet US examination performed at the same time visit and X-ray hands and feet examination.. **Results:** Eighteen patients (F15 pts/M3 pts, mean age 51+14y, mean disease duration 16+6wks) who presented at rheumatological examination sign and symptoms of peripheral joint involvement (morning stiffness, pain and swollen joints) did not have at US evaluation articular synovitis but only tenosynovitis and/or tendonitis. The distribution of US tendon involvement was : 5 patients wrist flexor (right/left/bilateral 5/4/4), 8 pts wrist extensor (r/l/b 5/7/4), 14 pts digital flexor (r/l/b 12/14/12), 9 pts digital extensor (r/l/b 8/9/8). The most frequent US localization of tendon inflammation was at metacarpal-phalangeal level (15 pts). Fourteen patients had high level of anti-CCP antibody (mean values 306+389 U/ml) and 12 were RF positive. Mean baseline values were : ESR 29.7±18.9 mm/1st h, CRP 0.69±1.1 mg/dl, HAQ 0.76±0.58, DAS28 4.27±0.82, (1 pt low DAS, 3 pts high DAS, 14 patients medium DAS). None of the patients presented joint erosions at X-ray baseline examination.

Because of isolated tendon inflammation none of the patients received any DMARDs and were treated only with AINS and/or low steroid daily dose. After a mean follow-up of 15±7 months 7 patients are in remission without treatment, 8 patients developed synovial joint inflammation (4-8 months later) and were treated with standard MTX weekly dose with good outcome (4 pts remission, one pt LDA, 3 medium disease activity). Only two patients developed radiological erosions. At the last US examination (after 15±7 m) tendonitis/tenosynovitis was still present in 8 pts, 5 pts presented synovial inflammation and 5 had complete US resolution.

Conclusion: US examination is useful for the recognition of an isolated tendinitic involvement in anti-CCP positive patients. The form seems to have a good clinical outcome.

Keywords: rheumatoid arthritis (RA), tendonitis/bursitis and ultrasound

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