10 al 14 de
noviembre
2024
Ciudad San Diego
(USA)

Sociedad Española de Reumatología

ACRreview 23

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Sociedad Española de Reumatología

Espondiloartritis Clínica y Básica

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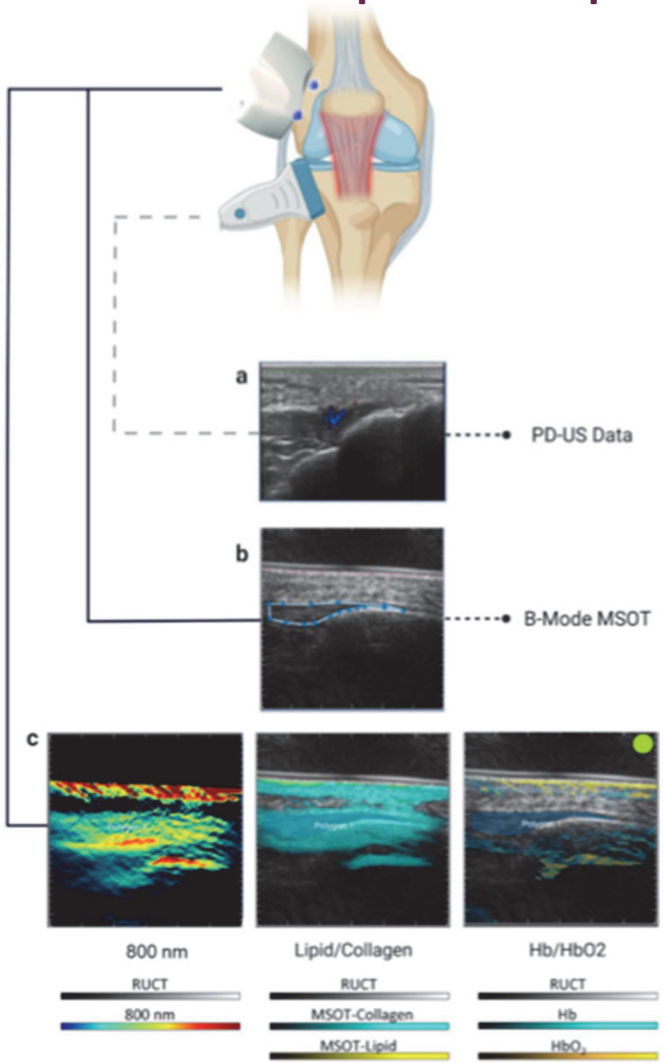
0750 (O). Multispectral optoacoustic tomography of the entheses reveals common metabolic and architectural tissue patterns in psoriatic arthritis independent of inflammation. Fagni F, et al.



30 PsO, 30 PsA and 30 HC
540 entheses were clinically assessed

Wavelength, nm	Group	Difference from HC	p value
Hb-total	PsA	0.02 (0.00 to 0.04)	0.057
	Pso	0.01 (-0.01 to 0.03)	0.328
	HC	-	-
Hb-deoxy	PsA	-0.01 (-0.02 to 0.01)	0.370
	Pso	-0.01 (-0.02 to 0.00)	0.223
	HC	-	-
Hb-oxy	PsA	0.03 (0.01 to 0.04)	0.005*
	Pso	0.02 (0.00 to 0.04)	0.044*
	HC	-	-
SO2	PsA	0.05 (0.02 to 0.07)	<0.001*
	Pso	0.04 (0.02 to 0.06)	0.001*
	HC	-	-
Collagen	PsA	-850.55 (-1323.23 to -377.87)	<0.001*
	Pso	-830.98 (-1309.27 to -352.70)	<0.001*
	HC	-	-
Lipid	PsA	27.28 (-268.74 to 323.31)	0.855
	Pso	-38.85 (-337.84 to 260.13)	0.797
	HC	-	-

Conclusion:

- PsO and PsA patients show a distinct entheseal metabolic profile independently from clinical and US-detected signs of inflammation, thereby supporting the notion of a “psoriatic disease” spectrum characterized by varying degrees of musculoskeletal inflammation.

0491 (P). Arthralgia with risk of progression to psoriatic arthritis in a large cohort of patients: role of ultrasound. García Salinas, et al.

1419 patients with arthralgia → 119/1419: **8.4%** patients with arthralgia plus Pso/or FH → **1 year** → PsA: 34/119: **29%**

Factors independently associated with PsA:

- Combination of Pso + FH (OR 32, 95%CI 1.2 - 1026)
- Synovitis by US (OR 31, 95%CI 1.1 – 967)
- US enthesopathy findings (OR 470, 95%CI 13 – 1600)
- Tender joint count (OR 0.2, 95%CI 0.1 – 0.6)
- Longer duration of Pso

Conclusion:

- The main predictor variables were US findings (synovitis and enthesopathy), as well as the combination of Pso plus FH, a lower number of tender joints, and a longer duration of the Pso.

0484 (P). Higher levels of high-sensitive CRP are associated with future risk of developing psoriatic arthritis among patients with psoriasis: a prospective cohort study. Eder L, et al.

Table 1 – Baseline patient characteristics (N=589)*

Variable	All (N=589)	Developed PsA (N=57)	No PsA (N=532)
Age (years)	47.3 (13.5)	48.6 (12.2)	47.2 (13.7)
Sex: Female	254 (43.1%)	23 (40.4%)	231 (43.4%)
Duration of psoriasis (years)	16.2 (14.4)	20.2 (15.4)	15.7 (14.2)
hsCRP (mg/L)	3.1 (5.5)	5.4 (13.1)	2.9 (3.8)
PASI	5.2 (5.8)	5.2 (4.8)	5.2 (5.9)
Nail lesions (yes)	272 (46.2%)	31 (54.4%)	241 (45.3%)
BMI (kg/m^2)	27.9 (5.9)	28 (5.4)	27.9 (5.9)
Patient pain score (0-10)	1.5 (2.2)	1.7 (2.2)	1.5 (2.2)
FACIT-fatigue	44.7 (7.1)	42.1 (8)	45 (7)
Current Biologic therapy (yes)	35 (5.9%)	5 (8.8%)	30 (5.6%)
Current non-biologic systemic therapy for psoriasis or UV therapy (yes)	396 (67.2%)	33 (57.9%)	363 (68.2%)

*mean (SD) for continuous variables and frequency (%) for categorical variables
BMI- Body mass index; FACIT - Functional Assessment of Chronic Illness Therapy; hsCRP- high sensitivity C reactive protein

10.7% developed PsA
Incidence: 1.2 per year

Mean duration follow-up: 7.5 years

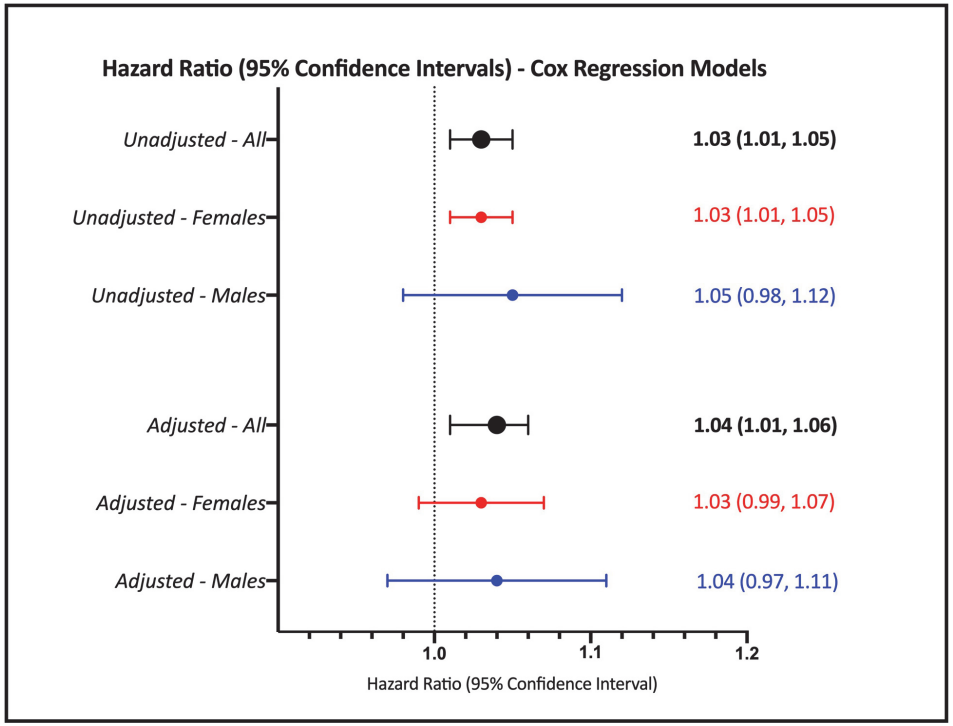


Figure 1: The association between hsCRP and development of PsA by Cox proportional hazards models. Univariate and multivariable regression models adjusted for age, sex, psoriasis duration, PASI, nail lesions, BMI, pain, FACIT-fatigue, use of biologics, and use of non-biologic systemic therapy/UV therapy

1641 (O). The window of opportunity in psoriatic arthritis: similar to rheumatoid arthritis? Henkemans SS, et al.

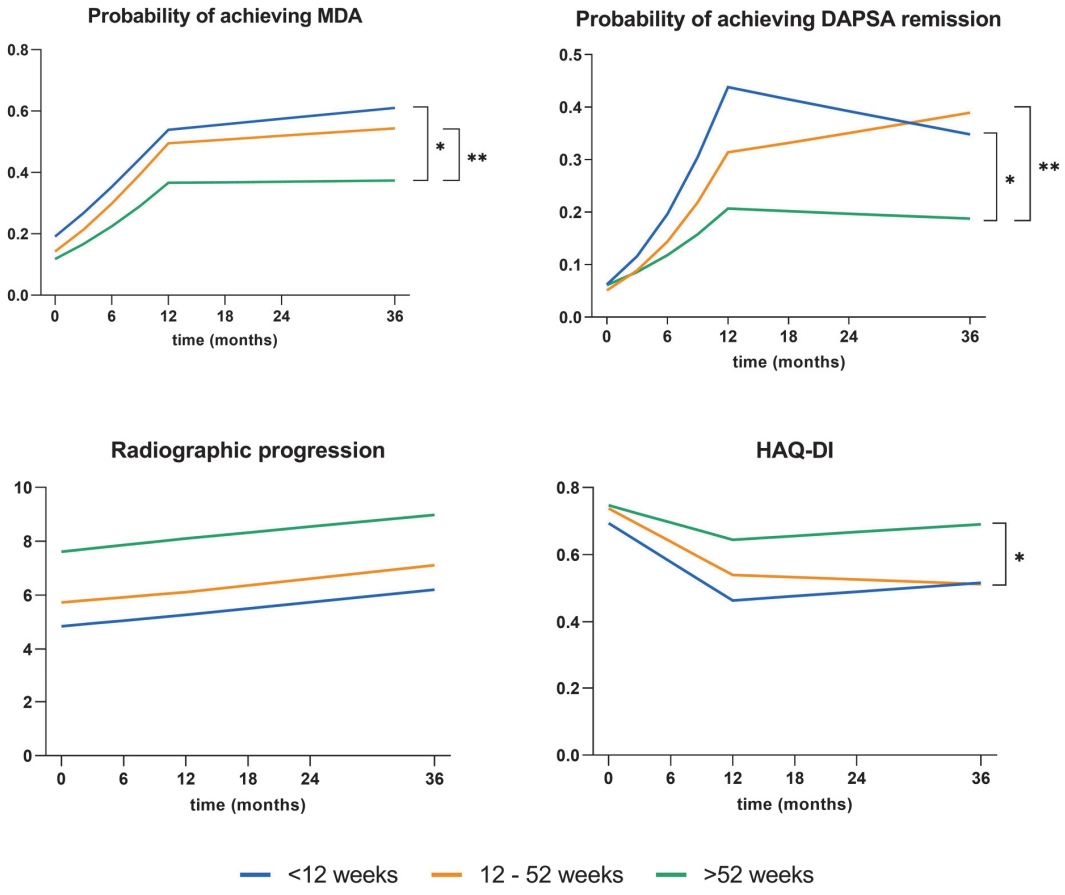
N = 855
Median total diagnostic delay was 11 months

PsA patients with > 1 year (>52 weeks) delay were more often:

- female
- less swollen joints
- lower CRP
- lower ESR

Conclusion:

- Early referral and diagnosis is associated with better clinical outcomes. Therefore, disease outcomes of PsA patients may improve with timely referral to a rheumatologist.



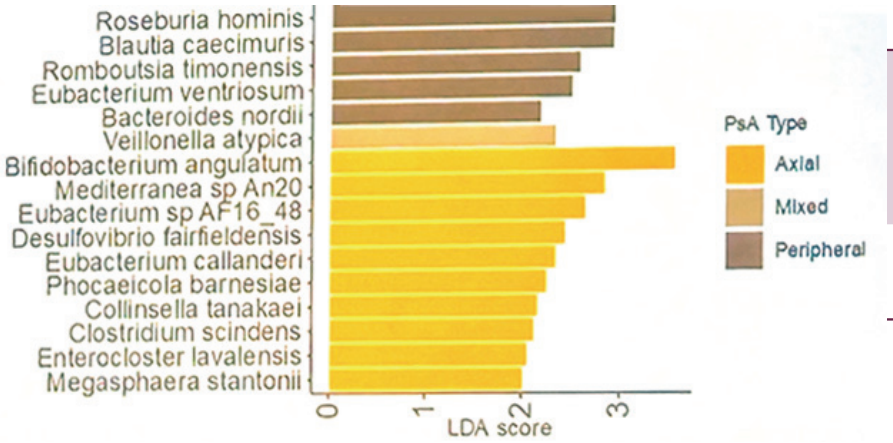
1644 (O). The EISER study: identifying microbial factors associated with subclinical gut inflammation in spondyloarthritis patients. Boix-Amorós A, et al.

fCAL levels >80μg/g
Subclinical symptoms of IBD

colonoscopy →

196 PsA
- 25 (12.8%) subclinical IBD
- 2/25 confirmed IBD (1%)

Differential enrichment



Effect of medications on microbial composition

NSAIDs	PPI	DMARDs
↓ Faecalibacterium prausnitzii ↓ Phocaeicola (Bacteroides) vulgatus ↓ Bacteroides ovatus	↑ Streptococcus ssp ↑ E. Coli ↓ Ruminococcus bromii	↑ E. Coli ↓ Bacteroides fragilis
PERMANOVA, p=0.043	PERMANOVA, p=0.036	PERMANOVA, p=n.s.

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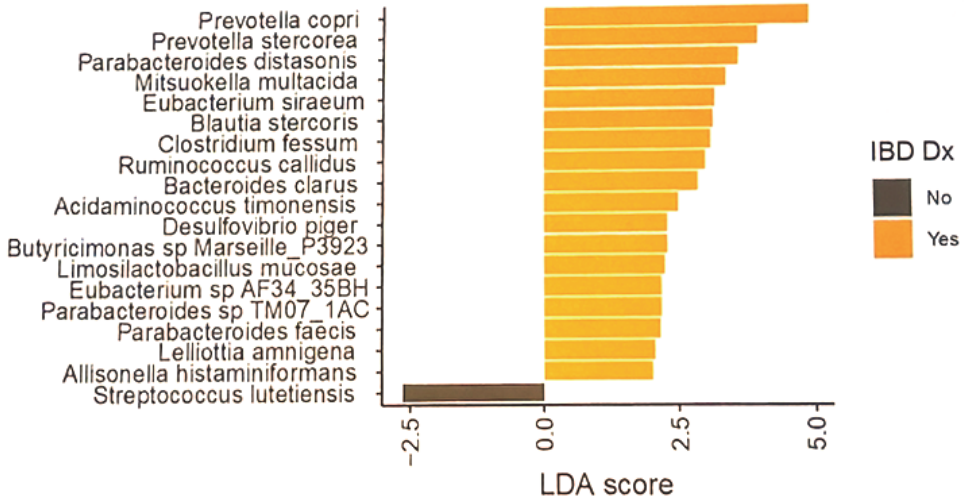
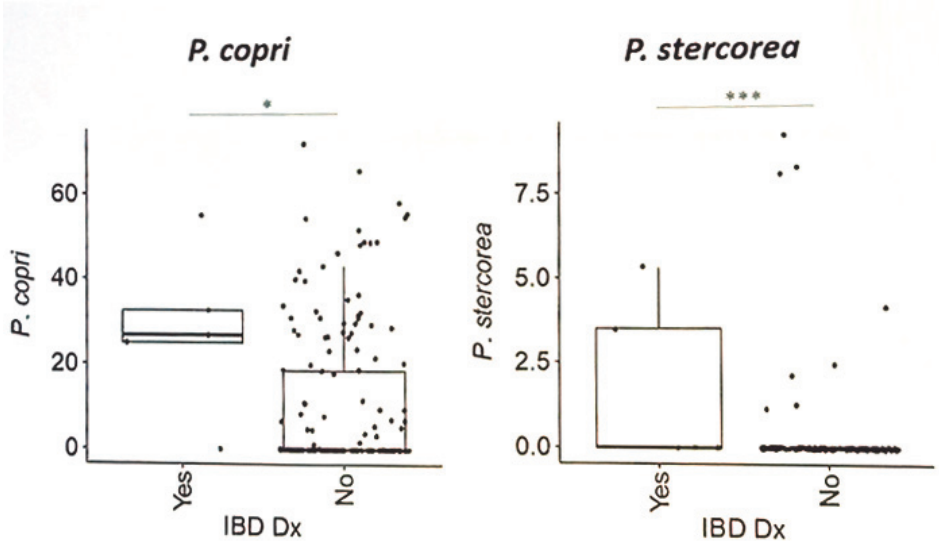
Enrichment IBD vs no IBD



Potential biomarkers IBD vs no IBD



Conclusion:

- A low number of patients with PsA have subclinical IBD.
- The type of PsA and medications (DMARDs, PPI, NSAIDs) have an impact on the gut microbiome in PsA patients.
- P. copri and P. stercorea were enriched in IBD patients, and could have a potential use as biomarkers in addition to fCAL in patients with PsA.

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