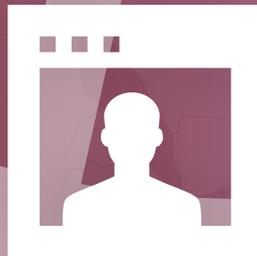


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AbstractBook

had no VF at the third survey (the baseline) had at least one VF at the fourth survey (the follow-up). QOL was measured using the EuroQOL (EQ-5D) and the Oswestry Disability Index (ODI).

Results: Among the 1163 participants, 361 men and 736 women (mean age: 65.6 y and 63.8 y, respectively) had no VF at the baseline. These individuals made up the population at risk of the present study. At the follow-up, 9 men and 26 women had at least one incident VF. The incidence of VF was 1.06%/y (0.83%/y in men and 1.18%/year in women). Multiple regression analysis revealed that, in comparison to SQ=0, the presence of mild deformity at the baseline was an independent predictor for QOL decline according to both the EQ-5D and the ODI, after adjustment for sex, age, BMI, and each QOL score at the baseline (adjusted regression coefficients: -0.25 [95%CI: -0.05--0.003], and 2.26 [95%CI: 0.54--3.98], respectively).

Conclusion: We estimated that the incidence of VF was 0.83%/y in men and 1.18%/y in women.

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EVALUATION OF THE ATORVASTATIN EFFICIENCY IN THE TREATMENT OF OSTEOPOROSIS IN RHEUMATOID ARTHRITIS

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Objective: Osteoporosis (OP) often occur in rheumatic diseases, such as rheumatoid arthritis (RA). Certain role in development of OP in RA scientists allocate to presence of chronic immunoinflammation, hypogonadism, decreasing of vitamin D 1 α -hydroxylase activity in kidneys, development of hyperparathyroidism, restriction of mobility and insolation of patients, early and long immunodepressants therapy [1,2,3]. We aimed to study atorvastatin efficiency in treatment of osteoporosis in RA patients.

Methods: We observed 130 RA patients (98 women (75.4%) and 32 men (24.6%)). The age of patients was from 24-75 y. Concentration of osteocalcin in serum and cross laps in urine was determined by ELISA test. 38 RA patients with osteoporosis and osteopenia received Atorvastatin in dose 20-40 mg daily during 6 months (1st group), 29 – calcium in dose 1000 mg daily for 6 months (2nd group).

Results: Decreasing of BMD has been founded in 67 RA patients. Osteoporosis was revealed in 9 cases (6.9%), osteopenia - in 58 (44.6%) (chi-square=34.56, p<0.001). The concentration of osteocalcin in serum was lower and crosslaps level in urine was higher than in control group. We revealed positive dynamics after 6th month of therapy with atorvastatin in majority of patients: increasing of muscles strength, BMD, normalization of crosslaps concentration.

Conclusion: The results of the study allow to recommend atorvastatin in complex therapy for correcting of BMD decreasing in RA patients.

References:

1. Akhverdyan Y et al. Ann Rheum Dis 2017;76 (Suppl 2):1149.
2. Papichev E et al. Ann Rheum Dis 2018;77:A1228.
3. Polyakova J et al. Rheum Dis 2014;73(Suppl 2).

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OSTEOCHONDROMATOSIS

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Synovial osteochondromatosis, is a rare benign disorder, with a global incidence of 1:100000 with no precise data due to the rarity of the disease. It is characterized by the formation of multiple intra-articular cartilaginous nodules within the synovial membrane. These nodules can be detached and continue to grow as free loose bodies, while in advanced disease calcification and ossification of the free particles may occur. Treatment of synovial osteochondromatosis is open or arthroscopic free body surgical removal with or without synovectomy.

Case report: A 47-year-old female was referred to our department with persisting right hip pain progressively worsening, affecting her walking. Clinical examination revealed limitation of the motion range of the affected hip due to pain. Magnetic resonance showed pathological intra-articular effusion of the right hip, with thickening and papillary limbs. After orthopedic consultation, hip arthroscopy was decided, as hip synovial osteochondromatosis was suspected. Hip arthroscopy was applied, synovectomy and removal of free loose bodies. The patient's symptoms disappeared after four months and she regained full range of hip motion.

Hip osteochondromatosis is rarely reported in the literature. Usually it appears with nonspecific symptoms, although total limitation of the range of movement of the hip can occur. MRI is the gold-standard for the diagnosis. Arthroscopic surgery and removal of the loose bodies is effective for the diagnosis and treatment of the disease. Recurrence of the disease may take place at 10% within 5 years. In the case of recurrence additional surgery is required.

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MANAGEMENT OF HYPOPARATHYROIDISM AND PSEUDOHYPOPARATHYROIDISM DURING PREGNANCY: A RETROSPECTIVE OBSERVATIONAL STUDY

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Objective: The co-existence of endocrine disorders such as hypoparathyroidism (HypoPT) or pseudo-HypoPT and pregnancy makes calcium-phosphate homeostasis complex and may cause maternal and/or foetal clinical complications, unless the calcium demands are met by adequate calcium and calcitriol