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AbstractBook

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LIPID EXCHANGE DISORDERS IN PATIENTS WITH CHRONIC INFLAMMATORY JOINT DISEASESL. N. Shilova¹, S. S. Spitsina²

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Objective: Investigation of relationship between lipid profile of patients with rheumatoid (RA) and psoriatic (PsA) arthritis during methotrexate (MT) treatment, and identification their associations with the main predisposing factors.

Methods: We enrolled 15 patients with PsA and 20 with RA, treated with MT from 10-20 mg for at least 6 months. The exclusion criterion was the presence of a concomitant disease that could affect lipid metabolism.

Results: The age of PsA patients was 48.2±10.56 y, the history of the articular syndrome was from 7 months to 5 y. All the patients had DAS28-CRP(4) from 4.28 to 5.01. BMI was 31.03±4.4 kg/m². The mean total cholesterol (TC) value was 6.04±1.55 mmol/L, and an increase of the TC levels was found in 80% of cases. Changes in TG, LDL-C and HDL-C were nonsignificant. The values of apolipoproteins A1 and B did not go beyond the reference range (apoB - 1.32 g/L, apoA1 - 1.59 g/L). Correlation analysis showed a positive TC relationship with age, overweight, and PsA duration. The age of RA patients was 53.8±9.4 years, and disease history of 4.8±3.0 y. All the patients had DAS28-CRP(4) ≥7.06, and 80% of them were RF positive. BMI was 28.3 kg/m². An increase TC level was revealed in 80% of cases. Mean TC value was 5.63±1.6 mmol/L. An increased level of TG was found in 40% of cases, LDL-C in 80%, and decrease of HDL-C in 60%. Mean HDL-C concentration was 1.09±0.2 mmol/L, and mean LDL-C was 3.74±1.16 mmol/L. The majority of patients had type II hyperlipidemia with a high degree of atherogenicity: IIa - 12 people, IIb - 8 people. Correlation analysis revealed direct TC relationships with age, menopause, and overweight. The duration of RA was directly correlated with TC (r=0.189), LDL-C (r=0.159). CRP level negatively correlated with HDL-C (r=-0.169).

Conclusion: TC increase was the most pronounced shift in lipid biomarkers. Lipid profile indicators are interrelated with traditional and disease-associated factors.

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LONG-TERM OUTCOME OF A PATIENT WITH SEVERE FACTOR VIII DEFICIT AFTER THREE JOINTS REPLACEMENT SURGERIES: A CASE REPORTE. Nikolikj Dimitrova¹, V. Koevska¹, B. Mitrevska¹, C. Gjerakaroska Savevska¹, M. Gocevska¹, M. Manoleva¹, B. Kalchovska Ivanovska¹

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Objective: People with severe deficit of factor VIII may develop haemophilic arthropathy due to recurrent joint bleeding. It leads to permanent deformities, limited range of motion, muscle wasting, misalignment, loss of mobility, and extremities of unequal lengths. They may also develop degenerative osteoarthritis of the hips. Total joint replacement is often used to improve the quality of life of these patients. The postoperative rehabilitation is crucial for better outcome of these patients. The purpose of this article is to present postoperative rehabilitation treatment of a patient with severe haemophilia A and functional outcome after three joint replacement surgeries on the lower extremities with five years follow-up.

Case report: A patient, at the age of 48 at follow-up, with severe haemophilia A, hip replacement surgery with total hip prosthesis on his both hips, and total knee replacement surgery on the right knee were undertaken. Prophylaxis was done with concentrate of human coagulation factor VIII. The patient also received physical therapy treatment before surgery to reduce pain and disability, as well as he performed postoperative rehabilitation after all surgical treatments. The postoperative rehabilitation treatment programs consisted of exercise therapy, occupational therapy, physical therapy modalities and education. Patient assessment was made with Numeric Rating Scale (NRS) for pain, clinical findings, Harris Hip Score and Functional Independence Score in Haemophilia (FISH) for disability. At follow-up assessment 5 y after the last operative treatment, the patient was subjectively and functionally significantly better than before the surgery treatments. He still has moderate pain in both ankles and the right shoulder periodically (NRS 3). Harris Hip Score was 82.8 points, which means good results and FISH score was 16 points. His gait on shorter distance was without a cane, and for longer distance with a cane.

Conclusion: People with severe hemophilia A may have successful functional outcome after multiple joint replacement surgeries. These results may remain during the next few years. The close collaboration between all team members are very important for achieving good results.