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BOOK OF ABSTRACTS

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BOOK OF ABSTRACTS

(Abstracts that are missing have not been submitted)

PREVALENCE OF HELICOBACTER PYLORI INFECTION IN PATIENTS WITH RHEUMATOID ARTHRITIS.

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Objective: The prevalence of Helicobacter pylori (Hp) infection in patients with rheumatoid arthritis (RA) is still controversial and this issue is very important because of the increased risk of peptic ulcer and gastropathy in RA patients taking non steroidal antinflammatory (NSAIDs)

Methods: The diagnosis of RA was based on the criteria established by the ARA in 1987.

31 patients with RA (8 males, mean age 62 yrs, range 54 - 69 yrs and 23 females, mean age 59 yrs, range 26 -75 yrs) and 31controls (8 males, mean age 61 yrs, range 56 - 63 yrs and 23 females, mean age 55 yrs, range 27 - 67 yrs) underwent an upper gastrointestinal endoscopy and five biopsies were obtained, two from the fundus and three from the antrum. One from each site was used for rapid urease test (CLO test) and the remaining for histology (Giemsa modified stain). Sera were obtained from all patients and controls and the Hp serology was determined by means of a commercial ELISA (Gap-test, Biorad). Chi-square test was used for statistical analysis.

Results : The prevalence of Hp infection in our RA patients was 20/31 (64%). while it was 16/31 (52%) in controls (p=0.2, N.S.)

Conclusions: Our data, in according with other Authors, show that the prevalence of Hp infection in Ra patients is similar to that expected in a population of the same age. Thus, Hp infection does not seem to play an important role in the genesis of NSAID-induced gastric damage of RA patients.

433 **THE COEXISTENCE OF RHEUMATOID ARTHRITIS (RA) AND LIMITED SYSTEMIC SCLEROSIS (lSSc): REPORT OF THREE CASES AND INTERESTING SEROLOGIC FEATURES.** Frequency of lSSc symptoms in rheumatoid arthritis.

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Three patients with longstanding RA according to ARA criteria developed first signs of limited systemic sclerosis (lSSc) after 11, 29 and 30 years respectively. Two patients had a functional class 4 and one a functional class 3 (Steinbrocker classification) of RA. Features of lSSc were Raynaud's syndrome in 3, esophageal dysmotility in 1, puffy fingers in 2, sclerodactyly in 2 and teleangiectasy in 2 patients. Two patients had HLA-DR4, one of these patients had also HLA-DR2, the third patient had HLA-DR2 and DR3 .

Rheumatoid factor and anti-A2/RA33 autoantibodies which are typical for RA were each found in two patients. Anti- centromer antibodies (but not anti- Scl 70) were positive in all cases. Elution studies showed crossreactivity of anti- centromere protein (CENP)-A with anti- CENP-B autoantibodies. Moreover anti- CENP-A and -B antibodies were crossreactive with anti-A2/RA33 in the two anti-A2/RA33 positive patients. 27 additional anti-CENP positive patients were studied in addition: 18 patients had lSSc, 2 patients suffered from an incomplete lSSc, 6 patients had primary Raynaud's syndrome, 1 patient had an angiitis of unknown genesis.

Of the 18 patients with lSSc, 4 patients had symmetric arthritis but none of them fulfilled the ARA classification criteria for RA. One of these patients was anti-A2/RA33 positive and another patient was rheumatoid factor positive.

117 consecutive outpatients with RA seen at the same time period as the 3 patients with RA/lSSc overlap were reviewed for signs of lSSc. Raynaud's syndrome was found in 3 patients, and pulmonary fibrosis in another three cases, but none of them could be classified as suffering from lSSc or other connective tissue diseases.

In conclusion, although not common, the incomplete lSSc syndrome may accompany RA more commonly than do other connective tissue diseases, and RA may antedate lSSc.

434 **COINCIDENCE OF RHEUMATOID ARTHRITIS AND DISH (FORESTIER'S DISEASE).**

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Introduction: In the last time diffuse idiopathic skeletal hyperostosis (DISH) is supposed to be a metabolic disease often accompanied with disorder of glycide, purine and lipid metabolism including hyperretinolaemia. Rheumatoid arthritis (RA) coincidental with DISH is rather rare.

Material and methods: During the last five years we could observe and study a group of ll (eleven) patients, 9 females and 2 males with definite diagnosis of RA established according to ARA criteria in whom a complete clinical, laboratory and radiographic investigation was carried out repeatedly. The average duration of RA was 10,7 years. On the basis of typical radiographic pattern the definite diagnosis of DISH according to Utsingers criteria was proved.

Results: As for RA, in most of patients the typical polyarticular onset was seen with presence of rheumatoid nodules and middle inflammatory synovial fluid, oligoarticular affection was rare. Skiagraphically the finding of subchondral erosions and/or cystoid changes were observed. Radiographically the destructive changes were found to be rather eburnated with proliferation about osseous erosions and osteophytosis. The formation of marked exostotic periostoses, especially on the processus styloideus ulnae, as well as on proximal and distal phalanges, are typical for coincidental RA and DISH. In the region of spine the variable hyperostotic ossifications were found with extensive enthesopathic changes on the spina illiaca anterior, ae well as in the supraacetabular and trochanteric region.

Conclusion: Our results prove that DISH can modify the course of RA, slows down evolution of its destructive changes by means of formation osteoplastic perifocal changes with marked eburnation of focal defects associated often with erosion recalcification. Exostotic formation on the processus styloideus ulnae and sometimes ankyloses of joints may occur. The autors assume that genetic predisposition and metabolic abnormalities of DISH, first of all hyperretinolaemia, are responsible for this peculiar coincidence, that means of RA and DISH.

435 **EFFICACY OF MADECASSOL IN PATIENTS WITH SYSTEMIC SCLEROSIS**

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There was studied efficacy of madecassol in 8 patients with systemic sclerosis (7 women and 1 man, age from 28 to 52, duration of the disease from 2 to 6 years). Tablets of the drug were administrated in dose of 20 mg three times a day during 3-6 monthes. In 7 patients was used ointment of madecassol on the regions of the digital trophical ulcers. All patients marked decrease of the skin induration after the course of the treatment. Skin score reduced from 1 to 7 points in all patients. 6 of them indicated the decrease of the Reynayd's phenomenon expression. Several patients had the extension of the mouth aperture and reduction of the flexion contracture (2). Adverse effects of the drug were not revealed. All the patients wanted to continue the treatment. Local use of madecassol ointment twice a day on the surface of trophical ulcers showed the improvement in all group. There was marked the decrease of the pain during first day of the treatment that allowed to abolish analgetics. The processes of granulation began during a week. Healing of the ulcers took place in 3-4 weeks. These preliminary data demonstrate high efficacy of madecassol in systemic sclerosis.