**AB11**

**Idiopathic anterior uveitis – is it a rheumatic disease?**

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**Background:** Anterior uveitis (AU) is an acute, recurrent, sight-threatening disease, that in 20% of patients leads to severe visual loss or blindness. 60% of patients with AU have additional manifestations of the rheumatic disease, in 65% of them spondyloarthropathy (SpA) can be diagnosed. However up to 30% of patients with AU cannot be diagnosed with any associated disease. Some specialists consider these cases as autonomous rheumatic disease, some other as an early symptom of spondyloarthropathy.

**Objectives:** To describe rheumatologic characteristics of the patients with idiopathic anterior uveitis (IAU), compared to SpA related AU.

**Methods:** We studied 20 patients (11 men, 9 women, mean age 34 yrs) with recurrent AU referred to Department of Rheumatology WIM between February 2004 and January 2006. All the patients were formerly diagnosed as having non-exogenous, sight-threatening AU. We selected only those patients, who had no specific joint symptoms, and had no rheumatologic treatment so far. All patients have been observed at least for 9 months (mean 22 months). Demographic features, clinical symptoms, rheumatologic characteristics, radiological exam and laboratory test were collected prospectively in each patient. The diagnosis was based on current diagnostic criteria.

**Results:** After detailed examinations we divided patients into two groups: of those who matched European Spondyloarthropathy Study Group Inflammatory Back Pain criteria (group A – 11 patients) and those without any back pain (group B – 9 patients). Rheumatic disease was diagnosed in 8 pts (72%) of group A and 1 (11%) in group B. Most common diagnosis was ankylosing spondylitis (AS), that was found in 7 pts (63%) of group A and 1 (11%) of group B. We found significant difference in HLA B-27 occurrence between groups (81% of pts in group A compared with 33% in group B). Other collected parameters was no significant different between groups. 17 (85%) of all patients agreed for treatment with Disease Modifying Anti-Rheumatic Drugs (DMARDs). The drug of the first choice was Cyclosporin A. The treatment period was at least 9 months (mean 20 months). We observed relapse in 4 patients during treatment, 13 patients are still in remission. On the basis of cumulative proportion analysis we confirmed significant extension of remission period during treatment compared with mean remission period before treatment (Wilcoxon test in Gehan modification, p = 0.0005).

**Conclusions:** 1. 50% of patients with AU do not matched criteria of any systemic disease. 2. Treatment with DMARDs in patients with AU led to significant extension of remission period, independently of systemic disease diagnosis.

**AB12**

**High frequency of Staphylococcus aureus in tonsillar core tissue of children with rheumatic arthritides and chronic tonsillitis**

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In children, the onset of reactive arthritis in more than half of all cases is associated with upper respiratory tract infections [1]. Persistence of arthritis-triggering bacteria in infection focus can cause chronicization and exacerbation of rheumatic arthritides, whereas pathogens other than arthritis-triggering bacteria may also contribute to those processes. Experimental data have shown that superantigens produced by Staphylococcus aureus can reactivate arthritis in joints that have been previously inflamed by injection of Streptococcus pyogenes cell wall polymers [2]. Staphylococcus aureus tends to persist in the deep tonsillar tissue [3].

The aim of this study was to determine whether the bacterial flora in children with rheumatic arthritides and chronic tonsillitis differs from that in children without arthritis and does the culture from surface reliably reflect tonsillar core pathogens.

**Methods:** Two groups of children aged under 18 years that underwent tonsillectomy due to chronic tonsillitis were involved in this study: a) patients with rheumatic arthritides (reactive arthritis or juvenile idiopathic arthritis) and b) patients without arthritis. Bacteriological evaluation was performed by routine swabs culture from crypts of tonsillar surface just prior to tonsillectomy and following the tonsillectomy from the tonsillar core tissue in those groups.

**Results:** The main results of the study are presented in the table and expressed as % of patients with positive bacterial cultures.

<table>
<thead>
<tr>
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<th>Patients with arthritis, n = 20</th>
<th>Patients without arthritis, n = 31</th>
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<tbody>
<tr>
<td></td>
<td>Surface</td>
<td>Core tissue</td>
</tr>
<tr>
<td>Streptococcus pyogenes</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Staphylococcus aureus</td>
<td>*45%</td>
<td><em>95%</em>*</td>
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</tbody>
</table>

*p = 0.0026, **p = 0.0525.

Frequency of the other tested bacteria did not differ significantly.

**Conclusions:** Staphylococcus aureus persists in very high frequency (95%) in the tonsillar core of patients with rheumatic arthritides and chronic tonsillitis, which is higher than in patients with chronic tonsillitis alone. Routine swabs cultures from surface of tonsils do not reliably reflect the persistence of Staphylococcus aureus in children with rheumatic arthritides.