

## **Axial Involvement in Psoriatic Arthritis: Effect on Peripheral Arthritis and Differential Features With Axial Spondyloarthritis in South America**

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The Journal of Rheumatology April 2021; <https://doi.org/10.3899/jrheum.201627>

Hello, I am Rodrigo Garcia Salinas from Argentina.

Thank you very much for letting me present our research, "Axial Involvement in Psoriatic Arthritis: Effect on Peripheral Arthritis and Differential Features With Axial Spondyloarthritis in South America".

Reported data of axial involvement in psoriatic arthritis (PsA) are variable (25–70%).

This variability is mainly linked to different ways of defining this feature.

Gladman, *et al* established that the prevalence of axial involvement was close to 50% and that it is associated with HLA-B27.

Psoriasis spondylitis, unlike ankylosing spondylitis (AS), is characterized by not having a greater preponderance of the male sex, greater skin involvement, and a less severe course.

Regarding the methods and objectives, this is an observational, cross-sectional, single-center study.

The objective was to estimate the frequency of axial involvement in patients with a recent diagnosis of PsA in a rapid diagnostic circuit called Reuma-Check, and to carry out a comprehensive characterization (clinical, laboratory, and images).

And the Secondary objective was effect of axial involvement on other manifestations of PsA. and finally, to compare all features with a group of patients with axial spondyloarthritis (axSpA), diagnosed in the same circuit.

Patients included were older than 18 years and were admitted between 2017 and 2019 according to the following criteria: musculoskeletal symptoms such as arthralgia/arthritis, dactylitis, and/or enthesitis associated with psoriasis (PsO) or family history. Once diagnosis of PsA was made the presence of axial symptoms was investigated.

Axial involved was defined as chronic low back pain (LBP) associated with at least one of the following: BASDAI > 4, positive, sacroiliac clinical tests and/or inflammatory LBP.

If patients met these criteria, a second Reuma-Check was performed for the complete study of axial involvement (HLA-B27 and images).

A total of 139 consecutive patients with musculoskeletal symptoms plus PsO or family history were admitted (PsO 52%, family history 48%).

Seventy-three were finally diagnosed with PsA.

Twenty-four out of 73 (33%, 95% CI 22–44) patients diagnosed with PsA had clinical axial involvement.

Here we have the main characteristics of the axial compromise were: inflammatory low back pain in almost all patients and the low frequency of HLA-B27 stands out, with 40% showing inflammatory changes on MRI.

This table shows the clinical differences, in peripheral manifestations, between patients with and without axPsA.

It should be noted that patients with axPsA have a higher frequency of SpA features (such as uveitis), a high number of enthesitis, and more functional compromise due to HAQ.

In the multivariate analysis, only the first two had independent associations, blue ones.

In the comparison with our cohort of axSpA, with an assessment in the same circuit in the same period of time, you can observe several differences, we highlight that patients with axSpA are older, a higher proportion of smoking, more time of morning stiffness.

We can mention as strengths the assessment of axial involvement in PsA in Latin America in a comprehensive manner, as it provides clinical data, imaging, and HLA-B27, and compares the differences between patients with and without axial involvement. It also compares the characteristics of axPsA and axSpA.

And as weaknesses, we were unable to establish the temporal relationship between low back pain and the other signs and symptoms of PsA. We still have to evaluate differences in the patterns of MRI images.

In conclusion, the frequency of axial involvement in our PsA cohort was 33%, and is similar to that previously described.

The characteristics of the axial involvement were inflammatory low back pain with activity (BASDAI), low frequency of HLA-B27, and near 40% of acute involvement in MRI.

Patients with axial symptoms had a higher burden of peripheral disease (MASSES).

There are differences in the age of onset, clinical, laboratory, and imaging between patients with axPsA and axSPA.

Thank you very much, and don't forget visit [www.jrheum.com](http://www.jrheum.com).