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A CROSS-SECTIONAL EVALUATION OF A BRAZILIAN SPONDYLOARTHRITIS SINGLE-CENTER TERTIARY COHORT: CLINICAL AND TREATMENT DATA

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Background: The use of synthetic DMARDS (sDMARDs) in spondyloarthritis (SpA) has been increasingly questioned and restricted to peripheral disease, on the other hand, the use of immunobiological agents for the treatment of SpA has been further improved by the release of new drugs with other mechanisms than anti-TNF, such as secukinumab (anti-IL17, SEC) and ustekinumab (anti-IL12/23, UST). The objective of our study is to describe clinical and treatment data of a SpA patients cohort followed at the outpatient clinic of a Brazilian single center.
Methods: 516 SpA patients evaluated from January 2017 to January 2018. Data from electronic medical records assessed including diagnosis, disease characteristics, treatment and disease activity at the last visit.
Results: Among all patients 195 (37.8%) were classified as Ankylosing Spondylitis (AS), 198 (38.3%) psoriasis arthritis (PsA), 66 (12.8%) axial non-radiographic or peripheral SpA, 42 (8.1%) SpA related to inflammatory bowel disease and 15 (3.0%) as reactive arthritis patients. From all SpA patients 190 (36.8%) have no axial disease, with isolated peripheral arthritis. Regarding treatment, 321 (62.2%) patients used sDMARDs as monotherapy or in association [156/321 (48.6%) methotrexate (MTX); 125/321 (38.9%) sulfasalazine (SSZ); 53/321 (10.3%) leflunomide (LFN) and 30/321 (9.3%) other sDMARDs] 298 (57.7%) patients used NSAIDs. Concerning biological therapy 204 (39,5%) received biological DMARDs (bDMARDs) [68 infliximab (IFX), 59 adalimumab (ADA), 35 etanercept (ETA), 6 golimumab (GOL), 2 certolizumab pegol (CTZ), 23 secukinumab (SEC), 10 ustekinumab (UST), 1 rituximab (RTX)]. AS patients 43/52 (82.7%) are HLA-B27 positive; 152/195 (77.9%) received NSAIDs; 95/195 (48.7%) used sDMARDs (23.1% MTX and 72.6% SSZ) and 79/195 (40.5%) used bDMARDs (31 INF, 22 ADA, 19 ETA, 3 GOL, 3 SEC, 1 UST). Among the 198 PsA patients 148/198 (74.7%) have solely peripheral involvement; 146/198 (73.7%) were under sDMARDs (78.8% MTX and 26.7% LNF) and 77/198 38.9% were receiving bDMARDs (24 IFX, 18 ADA, 10 ETA, 19 SEC, 6 UST, 1 RTX). Concerning disease activity, 25/125 (20%) of AS patients had ASDAS $\geq$ 2.1 and 42/198 (21%) of PsA patients had active arthritis in the last visit.
Conclusions: The description of epidemiological and clinical data of this cohort reinforces high prevalence of peripheral disease in Brazilian SpA patients. This fact could explain the wide use of sDMARDs in these patients. The frequency use of bDMARDs is in parallel with literature data including non-antiTNF drugs as SEC and UST.

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ACUTE SACROILIITIS SECONDARY TO ISOTRETINOIN

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Background: Isotretinoin is a synthetic vitamin A derivative regarded as the most effective agent in the treatment of acne. Despite this, the rheumatic side-effects of this drug are still unknown for many rheumatologists. Our aim is to report a case of isotretinoin mimetizing a rheumatologic disease and its evolution.
Case report: A 16 year old male patient presented at the rheumatologic clinic complaining of severe progressive back pain of sudden onset with inability to walk. Over the last 2 weeks, he had already received 2 doses of intramuscular corticoid with no relief. He was previously healthy, except for moderate acne, which he was treating with isotretinoin. The back pain started 20 days after the beginning of isotretinoin and the drug was discontinued after 6 weeks due persistent pain. At his first rheumatologic visit, he was already 30 days without the medication. Examination revealed limitation of back movement in all planes and no peripheral arthritis or enthesitis. The patient had no other findings for SAPHO (synovitis, acne, pustulosis, hyperostosis, and osteitis syndrome) and had no history or signs of active infection or tuberculosis. Magnetic resonance imaging (MRI) showed evidence of bilateral sacroiliitis and osteitis pubis. Full therapeutic dose of nonsteroidal anti-inflammatory drug (NSAID) was prescribed. On the investigation, HLA-B27 antigen was absent, viral serologies were negative, erythrocyte sedimentation rate (ESR) was 68mm and C-reactive protein was 0.7mg/dL. After 2 weeks of NSAID, the pain reduced, and patient ability to walk was completely restored after one month of continuous NSAID. Laboratory control showed normalization of inflammatory markers and the patient no longer had to take NSAIDs.
Conclusion: In our case, acute sacroiliitis could be an adverse effect of isotretinoin that improved with its discontinuation and with NSAID. In another case report, patient had to use biological therapy for a short period of time, remaining asymptomatic after drug cessation. Therefore, the rheumatologist should be aware of the possibility of sacroiliitis caused by isotretinoin before establishing a definitive diagnosis of chronic rheumatologic disease.

Consent for publication
The authors declare that they have obtained informed written consent from the patient's tutors for publication

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Adherence to yellow fever vaccine (YFV) in patients with rheumatic diseases in Brazil: A Real-World Data

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Since December 2016, Brazil is experiencing an upsurge of yellow fever virus activity. In January 2018, an informative Disease Outbreak News from the World Health Organization (WHO), states the need for control the yellow fever through the Vaccination, since this is the single most important measure for preventing this endemic disease with high mortality rates (40-50%).
However, one of the main contraindications for this YFV is immunosuppression, a common condition among rheumatic patients, what raising many questions and hesitations regarding the safety on application of the YFV for this special group. Both, patients and health professionals had been faced with the dilemma, vaccinated or not?
To Understand the real scenario of adherence to the YFV during the mass vaccination campaign, according to the rheumatic patient's perspective.
A qualitative research, conducted through an electronic survey, between February 25 and April 17, 2018, published by social networks