

Imaging morphological characterisation of the axial manifestations of psoriatic arthritis (axial PsA)

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Background

Retrospective data suggests differences in genetic, clinical, radiographic and prognostic characteristics

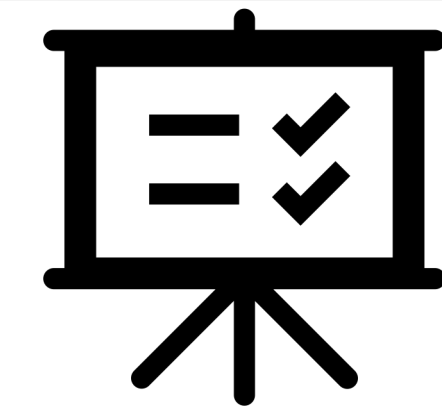
Axial PsA and axial SpA same or different disease?

Potential discrepancy in drug efficacy (e.g., IL-23 blockade) in axSpA and axPsA

Clinical judgement (PsA with back pain)

Clinical judgement + radiographic sacroiliitis in PsA

Need for evidence-based classification criteria for axial PsA (e.g. AXIS-Study)



Results

=106

Parameters	
Age in years (mean ± SD)	44.5 ± 12.9
Female sex, n (%)	59 (55.7)
Inflammatory back pain (IBP) present, n (%)	80 (78.4)
PASI-Score (mean ± SD)	3.2 ± 4.7
Peripheral Involvement, n (%)	52 (49)
BASDAI (mean ± SD), 0-10	4.7 ± 2.0
ASDAS-CRP (mean ± SD)	2.7 ± 1.0
HLA-B 27 positive, n (%)	51 (48.1)
CRP >5mg/l, n (%)	35 (33)
unilaterale sakroiliitis (diff >2), n (%)	12 (11.9)

Table: Clinical characteristics of patients with axial PsA.

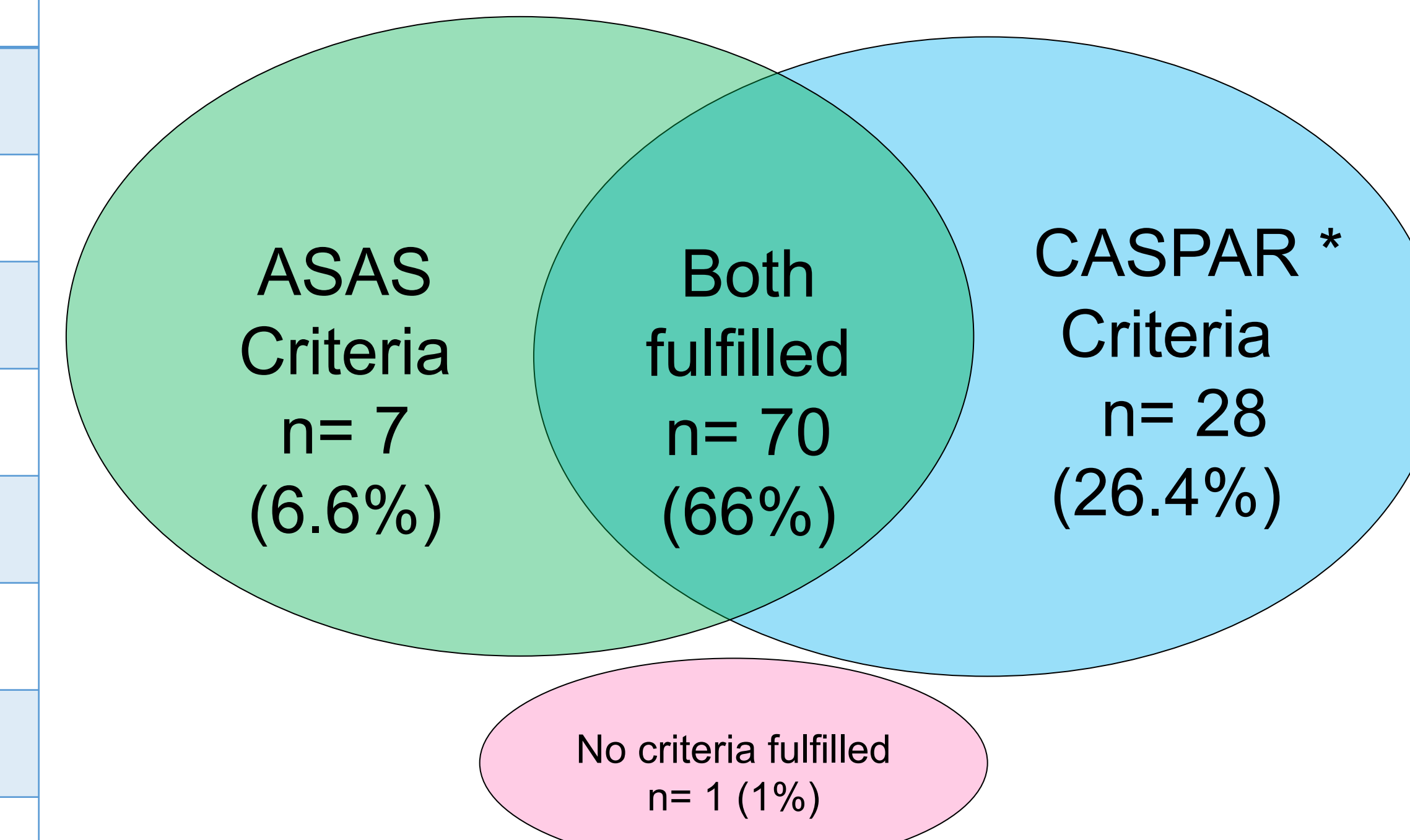


Figure 2: Fulfillment of criteria
* X-rays of the hands not collected in a standardised way and not included

Objectives

To observe a prospective well- defined cohort of patients with axial PsA and investigate longitudinal clinical and imaging-morphology patterns

Methods

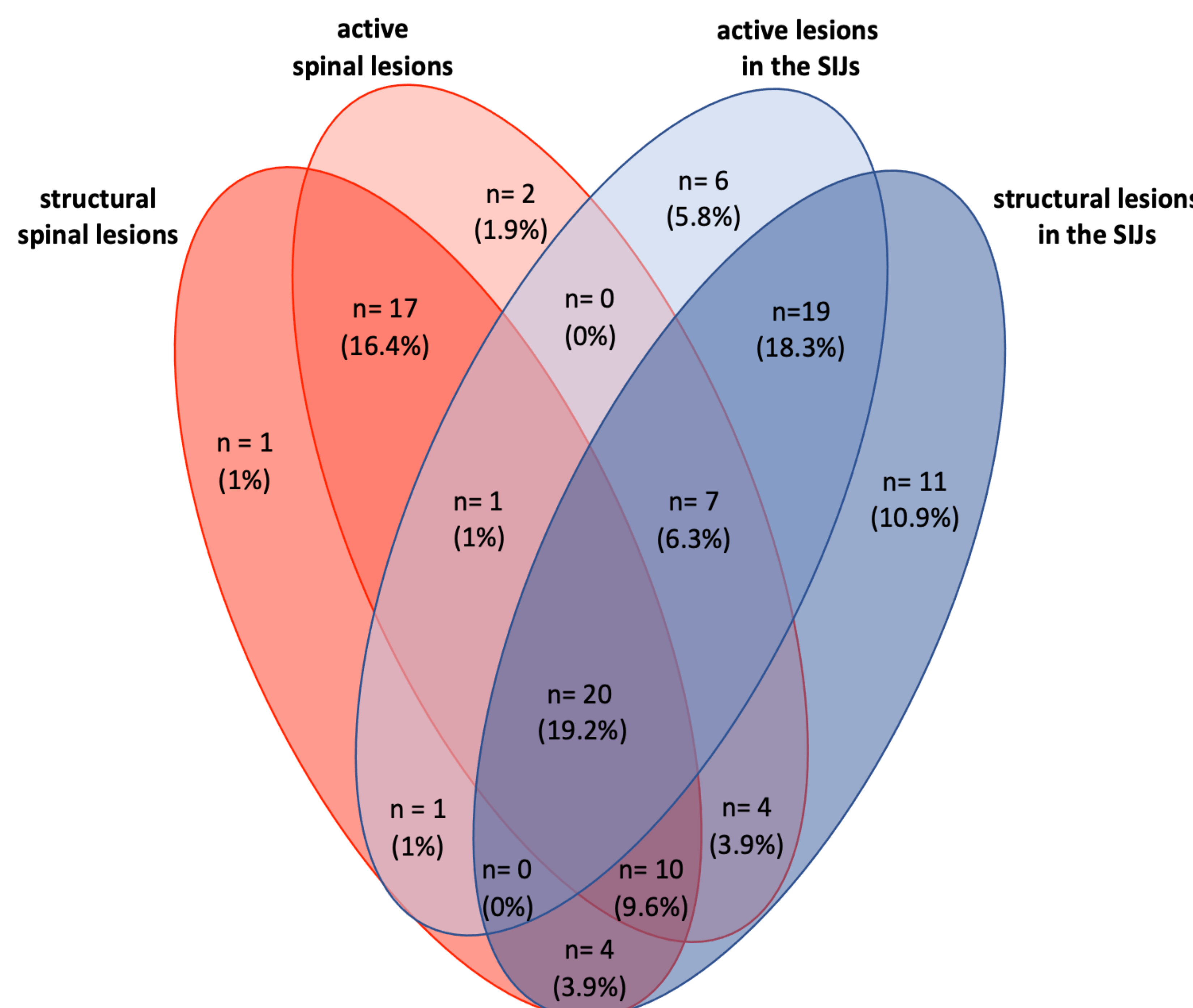
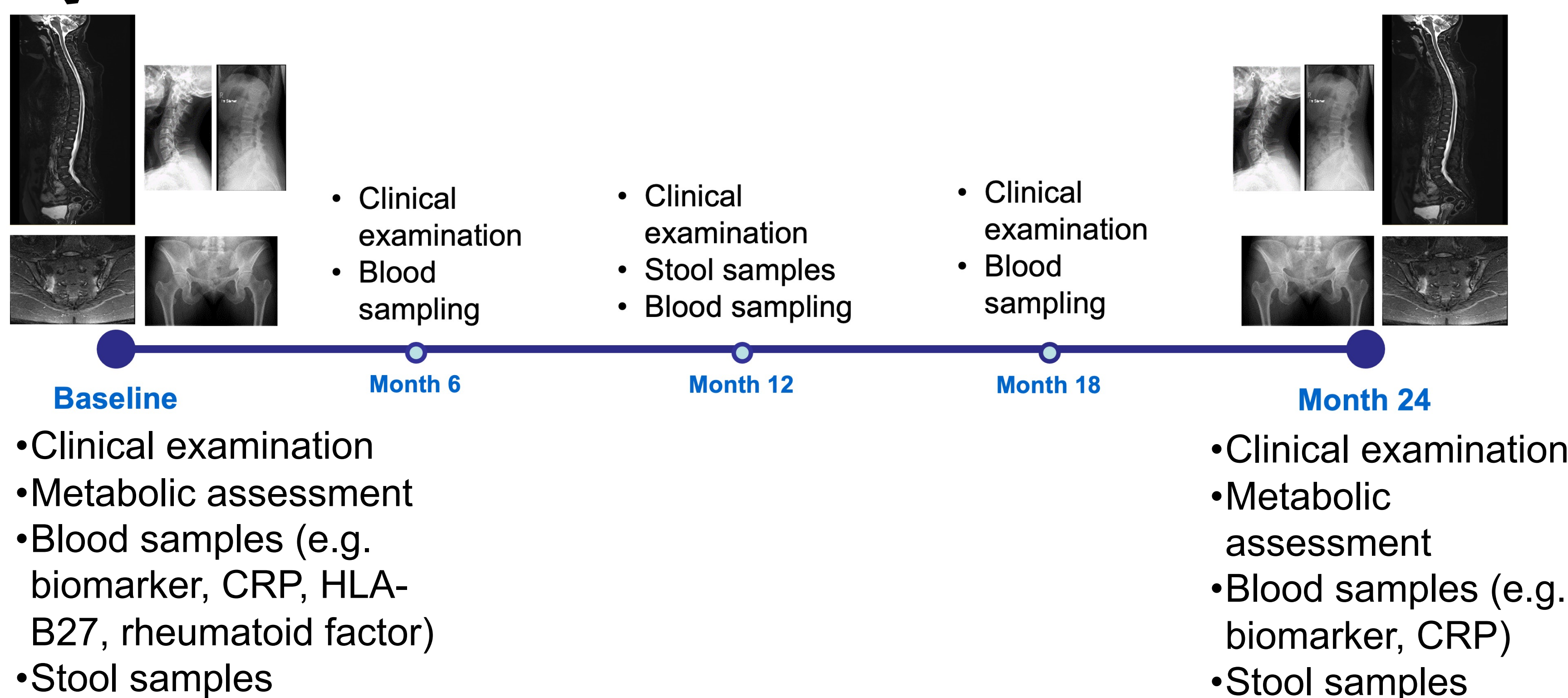


Figure 1: MRI-imaging patterns of axial PsA patients (n=104*)
* Reason for 2 missing MRIs: pain catheter, claustrophobia

Conclusion:

axPsA patients in our cohort:

- tended to be older,
- were less likely to be HLA-B27 positive
- more likely to be female

¾ exhibited inflammatory backpain characteristics

CASPAR and ASAS classification criteria were met by 66%

20% had isolated spinal involvement without active or structural changes in the SIJ