Original Research Paper

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# ENTHESITIS IN ANKYLOSING SPONDYLITIS (AS) AND PSORIATIC ARTHRITIS (PSA) PATIENTS STARTING GOLIMUMAB IN DAILY PRACTICE

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**KEYWORDS :**

**Background**
The key to successful management of spondyloarthritis (SpA) is early objective quantification of inflammation and ongoing precise, tailored therapy to ensure long term suppression of inflammatory disease activity (Brown).

Musculoskeletal ultrasound (MSUS) is an increasingly utilized method for the assessment and quantification of joint inflammation and damage in inflammatory rheumatic diseases (Hammer; Terslev),

It is widespread used in daily practice for helping clinicians make decisions about patient care (e.g., change of diagnosis, monitoring of therapy efficacy or successful guidance of needles for aspiration or injection).

**Hypothesis**
MSUS is more sensitive than clinical evaluation for enthesitis in SpA in patients treated with golimumab.

**Primary objective**
To assess the number of locations and the proportion of enthesitis measured with musculoskeletal ultrasound (MSUS) and standard clinical evaluation at lateral epicondyle, medial femoral condyle, and achilles insertion at the left and right side, in patients with ankylosing spondylitis (AS) or psoriatic arthritis (PsA) starting with golimumab in daily practice.

**Methods**
Observational cohort studies in SpA patients starting with golimumab with evaluation of the Leeds enthesis index (LEI) and structural ultrasound (SUS) findings at the enthesis at baseline and after 4-6 and 16-18 months.

**Table 1. Number of evaluated patients and percent of patients with tender sites using LEI and with structural ultrasonic (SUS) findings over time**

| | Right side Visit | | | % change V3/V1 | Left side Visit | | | % change V3/V1 |
|---|---|---|---|---|---|---|---|---|
| | 1 | 2 | 3 | | 1 | 2 | 3 | |
| N of evaluated patients | 59 | 56 | 43 | | 59 | 56 | 43 | |
| % LEI ER | 34 | 27 | 9 | -74% | 31 | 25 | 9 | -79% |
| % SUS ER | 12 | 4 | 5 | -59% | 15 | 7 | 5 | -33% |
| % LEI MF | 32 | 21 | 9 | -72% | 34 | 23 | 9 | -74% |
| % SUS MF | 9 | 4 | 5 | -45% | 10 | 5 | 2 | -80% |
| % LEI Ach | 9 | 7 | 7 | -22% | 9 | 11 | 5 | -44% |
| % SUS Ach | 3 | 4 | 2 | -33% | 3 | 5 | 0 | -100% |

ER: epicondylus radialis; MF: medial faumurcondyl; Ach: achilles tendon;

**Results**
Number of evaluated patients and percent of patients with tender sites using LEI and with structural ultrasonic findings over time are shown in Table 1.

The proportion of patients with LEI was higher than with SUS at any time point and at any location.

With golimumab amelioration was in the proportion of patients with LEI and with SUS found at all locations.

The changes in proportions of patients over time were more prominent with LEI than with SUS, except at the left femur (similar changes) and at the achilles at both sites (more decrease with SUS than with LEI).

**Conclusions**
SUS findings were lass common than LEI, and changes over time were in general more prominent with LEI than with SUS, except at the left femur and at the achilles insertion.

These findings do not support the hypothesis MSUS is more sensitive than clinical evaluation for enthesitis in SpA treated with golimumab, except at the achilles insertions.

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