Tool (SBT) questionnaire is a well-known tool used to detect patients with prognostic factors for persistent and disabling back pain. The risk of chronicity in individuals on active military duty suffering from acute back pain is yet to be explored.

Objectives: The aim of our study was to assess the risk of chronicity in active Tunisian military population compared to non-military controls using the SBT questionnaire.

Methods: Cross sectional study in which we enrolled adult patients suffering from acute back pain, who consulted the outpatient department of rheumatology in the military hospital of Tunis from January 2021 to Mars 2021. All patients had a standardized clinical examination. They completed the SBT questionnaire in the validated Arabic language version. Patients were stratified in two groups, active military group (AMG) and non-military group (NMG). Categorical variables were compared with the $\chi 2$ -test. Comparisons of the differences of continuous variables were performed by Student's T-test.

Results: We included 54 patients in the active military group and 60 patients in the non-military group, epidemiologic characteristics were distributed respectively as followed: mean age was at 43+/-8 versus 53+/-13 years old (p<0.001), sex ratios (F/H) were 0.23 versus 3.62 (p<0.001), 54% versus 73% (p=0.033) of patients were overweight or obese, 4% versus 18% (p=0.014) of patients had type 2 diabetes, 4% versus 13% (p=0.099) of patients had dyslipidaemia while 9% versus 20% (p=0.108) of patients had hypertension. Active military group patients had significantly higher proportions of high risk SBT scores than non-military patients 50% versus 22% (2.27 risk ratio 95% CI 1.47 to 3.08; p=0.002), with total mean of scores significantly higher in the active military group 5.81 (95% CI 5.33 to 6.29) versus 4.85 (95% CI 4.43 to 5.27), p=0.014. Active military group patients scored significantly higher on the psychological SBT sub-score with a mean of 3.02 (95% CI 2.8 to 3.24) versus 2.38 (95% CI 2.07 to 2.7) p=0.032, they were more susceptible to express low mood 53% versus 35% (1.51 risk ratio 95%CI 1.13 to 1.89; p=0.044). There was no significant difference in expressed anxiety 69% versus 55% (p=0.139), catastrophizing thoughts 57% versus 47% (p=0.252) and avoidance beliefs 72% versus 60% (p=0.170) though all of these parameters were more prevalent in the active military group.

Conclusion: Though NMG patients had more classic low back pain risk factors such as age and obesity, this did not prevent the AMG to show higher trends toward chronicity via SBT scores. This is to our knowledge the first study to assess the high risk of persistent disabling back pain using the SBT in a Tunisian military population. The implementation of risk stratification for patients with low back pain in routine military health may improve physical function and time off work, sickness certification rates and reductions in healthcare costs compared to usual non-stratified care.

Disclosure of Interests: None declared

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AB1224 NON-CONTIGUOUS MULTIFOCAL SPONDYLODISCITIS: A RETROSPECTIVE OBSERVATIONAL STUDY

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Background: Non-contiguous multifocal spondylodiscitis (mSpD) is a serious infection. Although literature data highlight the opportunity to miss a non-contiguous spondylodiscitis (SpD), recommendations for which cases an MRI of the entire spine should be performed are missing.

Objectives: The aim of the study was to assess the clinical features of mSpD to reveal risk factors underlining the need for screening a multifocal spine involvement

Methods: We retrospectively evaluated the data of patients with confirmed non-contiguous multifocal spondylodiscitis

Results: Twelve patients suffered from mSpD were included (6 males, 6 females). The mean age was 60 years. Four patients had underlying chronic comorbidity, Diabetes (n=3), hepatitis C virus (n=1). Most patients had spine pain (11 patients,), radiculalgia in one patient, neurologic deficit (3 patients), worsening health status (7 patients). Symptoms onset was acute (n=1) or sub-acute (n=3) or long term (n=8) before admission. The mean duration between the diagnosis and the onset on symptoms was 9,6 months. Tubercular spondylodiscitis was the most detected etiology (n=8), confirmed by histological analysis (n=3) then brucellar, confirmed by serlology lab test, and pyogenic SpD in two patients each. Non-contiguous multi-level involvement in the lumbar, thoracic, and cervical spine was detected in one patient for each region. Seven patients suffered from a lumbar and thoracic spine involvement and SpD occurs in the three regions in two patients. Elevated inflammatory biomarkers (CRP and ESR) were present in all cases. Entire spine MRI was performed for almost all patients, confirmed the diagnosis, showed para-vertebral abscess (n=3), epidural inflammation (n=6), and spinal cord compression (n=3). The majority of cases showed a favorable evolution with appropriate antibiotic therapy. One patient maintain a neurologic deficit, and one suffered from a severe degree of pain. Surgical approach was not indicated.

Conclusion: In our study, mSpD did not appear to be associated with a particular pattern. Tuberculosis was the dominant etiology. That suggests, an MRI of the entire spinal column should be performed for each patient with suspicious SpD, especially when tuberculosis is evocated

Disclosure of Interests: None declared

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AB1225 TUBERCULOUS SPONDYLODISCITIS: DIAGNOSTIC DELAY AND OUTCOMES

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Background: Tuberculous spondylodiscitis (SPDT) is a serious clinical condition that must be treated promptly. Despite the actual availability of more effective diagnostic tools, early diagnosis of SPDT remains difficult and a high index of suspicion is needed due to the chronic nature of the disease and its insidious and variable clinical presentation.

Objectives: Our aim was to study the correlation between the diagnostic delay of SPDT and its outcomes.

Methods: We conduct a monocentric retrospective and descriptive study in a rheumatology department. Data were collected from observations of patients hospitalized in the past 20 years (2001-2021) who have been diagnosed with SPDT. An early diagnosis is defined by a diagnosis within the first six months versus a late diagnosis that is retained after 6 months of symptoms.

Results: Fifty-two cases of SPDT were collected (37F/15M). The mean age of the population was 55.21±17.79 years [19-91]. Late diagnosis was more common: 41 patients (78.8%) versus 11 patients (21.2%) diagnosed early. Complications were more frequent (61%) in patients diagnosed late, but with no statistically significant difference (p=0.1). Disease-related complications, such as spinal compression, spinal deformation and recurrence of the disease, was statistically higher (45.5%) in early diagnosed patients (p < 0.001). Drug complications, such as disruption of liver balance, hyperuricemia and major intolerance to anti-tuberculosis, were more frequent (36.6%) in patients diagnosed late (p = 0).

Conclusion: Despite highly sensitive imaging techniques, the diagnosis of tuberculous spondylodiscitis is often late, which may lead to severe deformity and early or late neurological complications.

Disclosure of Interests: None declared

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AB1226 AUTOLOGOUS MOSAIC OSTEOCHONDROPLASTY IN THE TREATMENT OF TALAR OSTEOCHONDRAL DEFECTS

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Background: Osteochondral defects of the talus (ODT) is a relatively rare, mostly traumatic pathology, in 6.5 % of cases complicate the course of inversion and eversion injuries of the foot and ankle [1].

Objectives: To conduct a clinical analysis of the effectiveness of autologous mosaic osteochondroplasty in the treatment of patients with osteochondral defects of the talus on the basis of determining the dynamics of pain and restoring the amplitude of ankle movements.

Methods: The study included 34 patients with post-traumatic osteochondral defects of the talus (27 men, 7 women, mean age 24.8 ± 2.1 years) who underwent osteochondroplasty. The duration of painful clinical symptoms before osteochondroplasty ranged from 4 to 18 months. Functional treatment outcomes were assessed over a period of 12 to 36 months using the International Foot and Ankle Surgery Scale (AOFAS), pain dynamics were assessed using the Visual Analog Scale (VAS), and ankle movement recovery dynamics were determined.

Results: Osteochondral autologic grafts were removed from the lateral condyle of the ipsilateral femur. Defect sizes: square from 82 to 129 mm^2 (110,3 ± 0.8 mm^2), depth from 7 to 16 mm (12 ± 0,8 mm). Incorporation of the graft in the recipient bed occurred within 1,5 – 3 months. Long-term follow-up was 12 – 36 months (22,8 ± 3,8 months). The level of pain was decreased from 5,7 ± 0,3 before to 0,9 ± 0,3 after the operation (p < 0.001; paired t-test). Improving of foot function according to AOFAS scale (hindfoot section) was established from 64,9

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± 1,4 to 95,9 ± 1,1 (p < 0.001; paired t-test). Extension increasing from 15,0 ± 0,9 to 18,4 ± 0,7 and flexion increasing from 22,9 ± 1,2 to 30,7 ± 1,1 was registered. There were no cases of implants failure or their instability neither the increasing of degenerative changes in the ankle joint.

Conclusion: Osteochondroplasty is the effective method of congruity restoration in cases of post-traumatic talus osteochondral defects, promotes a significant reduction in pain syndrome and an improvement in the function of the ankle. The unknown mechanism of the analgesic effect of osteochondroplasty requires further research.

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AB1227 ATTITUDES AND BELIEFS ABOUT LOW BACK PAIN OF TUNISIAN PATIENTS: A KEY PREDICTOR OF RECOVERY

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Background: Low back pain (LBP) is a common problem related with significant disability and psychosocial dysfunction. Unhelpful beliefs about it are associated with higher levels of pain and may cause a delay in recovery due to unsuitable behaviours. Therefore, studies targeting these beliefs are necessary to modulate messages delivered to the population in order to decrease the burden of LBP.

Objectives: The aim of the present study was to assess the attitudes and beliefs in the management of patients with LBP.

Methods: We applied a cross sectional study including Tunisian patients with LBP. The arabic version of Back Pain Attitudes Questionnaire (10-item Back-PAQ) was used to evaluate back beliefs as a clinical screening tool. We analysed patients' attitudes in 5 domains: vulnerability of the back (items 1 and 2), relationship between back pain and injury (items 3 and 4), activity participation during back pain (items 5 and 6), psychological influences on back pain (items 7 and 8), prognosis of back pain (items 9 and 10). For each item, the scale ranges from "False" to "True" which is the option that represents unhelpful beliefs for recovery. Intermediate labels are: "Possibly False", "Unsure", "Possibly True". Responses were scored from –2 ("True") to +2 ("False"). Unhelpful beliefs attract negative scores and vice versa.

Results: The questionnaire was completed by 32 participants (27 women and 5 men) with a mean age of 56.6 years [45-69]. The mean LBP's duration was 9.1 years [2-28]. The mean Body Mass Index (BMI) was 29.4 [25.5-46.8]. The mean Schober's Test and Fingertip-to-floor (FTF) were respectively 2.8 [1.5-4] and 13.2 [0-50]. The mean Visual Analogue Scale of pain (VAS pain) was estimated at 69 [40-100]. The mean Oswestry Disability Index (ODI) and Short form Health Survey (SF36) were 42.4 [28-66] and 48.3 [20-80] respectively. Unhelpful beliefs were widespread. The mean Back-PAQ-10 score was -4 [-13 -3]. Women had significantly a lower score compared to men (-4.1 [-13-2] versus -1.6 [-5-3]) (p=0.01). Vulnerability of the back had an average score of -2[-3-1]. The relationship between back pain and injury had a mean score of –2.4 [-4-0]. The activity participation during back pain had a mean score of -4 [-4-1]. The psychological influences and prognosis of back pain had an average score of -2[-3-0] and -1.6[-2-3] respectively.

Conclusion: The results of this survey reveal that Tunisian patients have high levels of negative beliefs about LBP. As beliefs and attitudes have been recognised as significant predictors of recovery from LBP, we should promote cognitive behavioural therapy aiming at coping with unhelpful beliefs.

Disclosure of Interests: None declared
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AB1228 MEDICAL CARE CONSUMPTION BY TUNISIAN DOCTORS SUFFERING FROM LOW BACK PAIN

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Background: Common low back pain (LBP) is a real public health problem. Indeed, LBP is associated with important socio-professional consequences and involves a raised cost for society due to absenteeism and medical consumption. Various studies show that it is also a major problem in workplace especially in hospitals.

Objectives: The aim of this study was to evaluate LBP medical consequences among doctors.

Methods: We performed a cross-sectional study including the medical staff of a Tunisian hospital. A standardized questionnaire was distributed to all departments and collected the following day. Doctors who had not responded to the questionnaire received two reminders before considering their exclusion. We defined two groups: Group 1 with acute LBP (<3 months) and Group 2 with chronic LBP (≥3 months). The following parameters were collected: consultation with a physician, self-medication, treatments used, hospitalization, use of imaging methods and objectified spinal abnormalities. A p value inferior to 0.05 was considered statistically significant.

Results: Of the 217 questionnaires distributed to physicians, 107 (49.3%) were completed. The participants were composed of 85 women and 22 men. The mean age was 31.8 ± 7.7 years [25-57]. The mean BMI was 23.2±3.7 kg/m^2 [16.6-36.7]. Consumption of tobacco and alcohol was noted in 16.7% and 20.4% of cases respectively. Five participants (4.6%) reported consumption of cannabinoids. Depression, anxiety and sleep disturbances were reported in 25.3%, 57.3% and 46.7% of cases respectively. Among the participants, 84.3% reported having had LBP at least once in their life, and 71.3% reported LBP in the past 12 months. The mean duration of low back pain was greater than 3 months in 11.9% of cases. The mean pain intensity was 4.4 ± 1.9 [2-10]. Twenty participants (26%) consulted a doctor. It was a rheumatologist in 13 cases, an orthopedist in 7 cases, a neurosurgeon in 1 case and a family doctor in 1 case. More than half of the participants (57.5%) self-medicated. Standard radiography was performed in 18 cases, computed tomography (CT) in 5 cases and magnetic resonance imaging (MRI) in 8 cases. The following abnormalities were objectified: degenerative disc disease (13.6%), herniated disc (22.7%) and posterior inter-apophyseal osteoarthritis (9%). Medication use was noted in 56 cases (72.7%), functional rehabilitation in 9 cases (11.7%), back support belt in 3 cases (3.9%), epidural corticosteroid injection in 1 case (1.3%), thermal treatment in 1 case (1.3%), and surgery in 1 case (1.3%). Three doctors required hospitalization ranging from 2 to 15 days. Medical care consumption was significantly more important in patients with chronic LBP: functional rehabilitation (6,8% in group 1 vs 50% in group 2, p<0.001), back support belt (1,6% vs 20%, p=0.046), epidural corticosteroid injection (0% vs 10%, p=0.035), thermal treatment (0% vs 10%, p=0.035), surgery (0% vs 10%, p=0.035) and hospitalization (0% vs 30%, p<0.001).

Conclusion: Medical care consumption was important among LBP and chronic LBP sufferers. Thus, a prevention strategy must be established in hospitals in order to reduce the socio-economic cost of LBP among caregivers.

Disclosure of Interests: None declared
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AB1229 FRÉQUENCE ET ÉTIOLOGIES DES LOMBOSCIATIQUES SECONDAIRES: EXPÉRIENCE D'UN SERVICE DE RHUMATOLOGIE

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Background: Secondary lumbosciatica (LS) is a rare clinical situation, but which must be eliminated in the event of any radiculopathy for better therapeutic management.

Objectives: The objective of our study was to determine the frequency and etiologies of secondary LS among patients hospitalized in the rheumatology department for exploration of lumbosciatica.

Methods: This is a retrospective, single-center study including patients hospitalized in the Rheumatology department of the Taher Sfar hospital in Mahdia for treatment of lumbosciatica, during the period between January 2014 and November 2021.

Results: We included in this study 357 patients hospitalized in our department for exploration of LS. After an etiological assessment, we retained the diagnosis of secondary LS in only 11 patients among our study population, ie 3.1% of cases. Among them, 8 patients were men (72.72%) and the other 3 were women (27.27%) with a sex ratio (M / F) of 2.66. The average age was 65 years with extremes between 55 and 88 years. The mean duration of symptomatology evolution was 6 months with extremes ranging from 15 days to 02 years. The mean pain VAS was 6.8 [2-8], and the majority (81.81% of cases) had inflammatory sciatica. 36.36% of patients (4 cases) had an L5 path, one patient had S1 irradiation and 54.54% (6 cases) had a truncated LS The general deterioration with weight loss was noted in 5 patients (45, 45% of cases) and vesico-sphincteric disorders in 2 patients (18.18%). Physical examination revealed spinal syndrome in 63.63% of cases (7 patients), radicular syndrome in 45.45% of cases (5 patients) and neurological signs of cauda equina syndrome in two patients (18, 18% of cases). Biologically, 81.81% of

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