Arthrocentesis was performed and sterile synovial fluid was found. Magnetic resonance images displayed a bone fragment detachment from the humeral condyle of the right elbow with synovium thickening and persistent effusion: the diagnosis of OCD was pointed out.

The patient showed minor dysmorphism (i.e. dolicoccephaly, hypothelorism, arched palate and brachydactyly of the IV finger of both hands) and parents reported a previous episode of OCD when he was 12: at that time, symptoms resolved with non-weightbearing and non-steroidal anti-inflammatory therapy after few days. Furthermore, the patient went under regular endocrinologist follow-up for short stature since he was 8. At the age of 10, his height was 123 cm. SDS 2.4, and growth hormone (GH) stimulation tests showed partial response to insulin tolerance test (GH peak 6.27 ng/ml). Bone age at the X-Ray of right hand and wrist was delayed of 12 months. Human recombinant GH replacement therapy was administered without significant growth velocity improvement. Although the patient came to observation because of suspected elbow septic arthritis, we re-considered the diagnosis: namely, i. recurrent episodes of OCD; ii. short stature that was poorly responsive to the human recombinant GH treatment; iii. mild skeletal and facial dysmorphism, led us to hypothesize a form of aggrencanopathy. Molecular analysis of the ACAN gene revealed the novel missense variant c.697T>C, p.Trp232Arg in the G3 domain of the protein. Notably, another mutation of the G3 domain (c.724G>A) has been previously related to aggrencanopathy. Intra-familial molecular analysis allowed us to detect the same gene variant in other three subjects (the mother and 2 siblings) affected only by brachydactyly and short stature.

Conclusion: A patient carrying a novel mutation of the ACAN gene presented an atypical form of aggrencanopathy mimicking inflammatory and/or septic arthritis associated with slight short stature and bone dysmorphisms. Further studies are needed to investigate a possible role of this novel ACAN gene variant in the inflammatory articular involvement.

REFERENCES
[1] [Gibson BG, Briggs MD. The aggrencanopathies; an evolving phenotypic spectrum of human genetic skeletal diseases Orphanet J Rare Dis. 2016; 11: 86.]

Disclosure of Interests: Angelo Fiorio: None declared, Riccardo Papa: None declared, Roberto Caorsi: None declared, Alessandro Consolaro Grant/research support from: AbbVie, Pfizer, Roberto Gaastald: None declared, Angelo Ravelli Grant/research support from: Angeli, AbbVie, Pfizer, Bristo-Myss Sibb, Johnson & Johnson, Novartis, Pfizer, Reckitt Benkiser, and Roche, Consultant for: Angeli, AbbVie, Bristo-Myss Sibb, Johnson & Johnson, Novartis, Pfizer, Reckitt Benkiser, and Roche, Speakers bureau: Angeli, AbbVie, Bristo-Myss Sibb, Johnson & Johnson, Pfizer, Reckitt Benkiser, and Roche, Marco Gattorno Grant/research support from: MG has received unrestricted grants from Sobi and Novartis, Paolo Picco: None declared, Tuula Rinne: None declared DOI: 10.1136/annrheumdis-2019-eular.3617

SYNDECAN-4 IS INCREASED IN OSTEOARTHRITIC KNEE, BUT NOT HIP OR SHOULDER, ARTICULAR HYPERTROPHIC CHONDROCYTES
Christelle Sanchez¹, Cécile Lambert¹, Jean-Emile Dubuc², Jessica Bertrand³, Thomas Pap⁴, Yves Henrotin⁵, Berenice Costes², Elisabeth Cobraiville², Sébastien Pirson⁴, Anne-Christine Hick⁵, ¹University of Liège, Bone and Cartilage Research Unit, Liège, Belgium; ²Cliniques universitaires Saint-Luc, Brussels, Belgium; ³University Hospital Magdeburg, Magdeburg, Germany; ⁴University Hospital Munster, Munster, Germany

Background: Syndecan-4 plays a critical role in cartilage degradation during osteoarthritis (OA).

Objectives: To investigate the expression and localization of syndecan-4 in different OA joint tissues.

Methods: Syndecan-4 mRNA levels were quantified by RT-PCR in human OA primary cells to compare non-hypertrophic vs hypertrophic articular chondrocytes, non-sclerotic vs sclerotic subchondral osteoblasts and normal/reactive vs inflamed fibroblasts-like synoviocytes. Syndecan-4 was localized by immunohistochemistry in knee, hip or shoulder OA bone/cartilage biopsies. Syndecan-4 was quantified by immunoassay in chondrocytes culture supernatant and cell fraction.

Results: By immunohistochemistry, syndecan-4 was observed in chondrocyte clusters in the superficial zone of OA knee, but not in OA hip or shoulder cartilage. No staining was observed in the deep zone of cartilage and in subchondral bone.

No difference between syndecan-4 expression level in sclerotic and non-sclerotic osteoblasts was observed. Syndecan-4 tended to be increased in inflamed synoviocytes compared to normal/reactive ones but difference was not significant. Differentiated hypertrophic chondrocytes from knee, but not from hip cartilage, expressed more syndecan-4 than non-hypertrophic cells. Using an immunoassay for the extracellular domain of syndecan-4, we found 68% of the syndecan-4 in the culture supernatant of OA chondrocytes culture, suggesting that a large majority of the syndecan-4 is shed and released in the extracellular medium. The shedding rate was not affected by hypertrophic differentiation state of the chondrocytes or their joint origin.

Conclusion: Syndecan-4 could be related to the hypertrophic differentiation of the OA chondrocytes, but the pathway seems to be knee specific. Even if chondrocyte clusters are seen in OA knee, hip and shoulder cartilage and hypertrophic differentiation appears in knee and hip OA articular chondrocytes, syndecan-4 synthesis only increased in knee. These findings suggest the presence of biochemical difference between articular cartilage according to their location and that syndecan-4 could be a biochemical marker specific for knee OA.


SERUM LEVELS OF COLL2-1, A SPECIFIC BIOMARKER OF CARTILAGE DEGRADATION, ARE NOT AFFECTED BY SAMPLING CONDITIONS, CIRCADIAN RHYTHM, SEASONABILITY AND PHYSICAL ACTIVITY
Yves Henrotin¹, Berenice Costes², Elisabeth Cobraiville², Sébastien Pirson⁴, Anne-Christine Hick⁵, ¹University of Liège, Motricity Sciences, Liège, Belgium; ²Artialis, Clinical CRO, Liège, Belgium; ³Artialis SA, Clinical CRO, Liège, Belgium; ⁴Artialis SA, Clinical CRO, Liège, Belgium; ⁵Artialis SA, Biotesting, Liège, Belgium

Background: Coll2-1 is a nine amino acid sequence (HRGYPGLDG) specific of type II collagen which is released during cartilage degradation. This peptide is located in the triple helicaloid part of type II collagen molecule.(1,2,3).

Objectives: This study aims to assess intra-individual biological variability of serum cartilage specific biomarker Coll2-1 and define the best standardized conditions for blood sampling in clinical trials.

Methods: Blood samples were taken from 122 subjects with diagnosed knee osteoarthritis (KOA) at a single timepoint as well as from 15 healthy subjects under various conditions, including fasting condition (before or after breakfast and lunch), sampling time (at 8am, 9am, 12pm, 2pm and 5pm), sampling season (at baseline and after 2, 16, 52 and 68 weeks), physical activity (after a resting weekend versus working day), blood treatment (blood clotting from 1h to 24h at room temperature or 4°C; centrifugation at room temperature or 4°C) and type of blood collection tube (dry tube versus dry tube with gel separator). Type II collagen-specific biomarker Coll2-1 was measured using ELISA (Artialis Groups SA, Liège, Belgium) on all collected samples.

Results: There was no significant difference on Coll2-1 values between samples collected at any of the five sampling times (p=0.85) or at any of the sampling days measured (p=0.58). None of the sampling parameters tested had a significant impact on Coll2-1 value (clotting time, clotting temperature and type of blood centrifugation (p=0.93), type of tube: p=0.38) when all data from healthy subjects were pooled (n=431 samples). On the contrary,subjects with knee OA had a significantly higher Coll2-1 concentration then healthy subjects (OA: 48.1± 144m vs Healthy 192±32m, p<0,001).

Conclusion: Coll2-1 assay is sufficiently robust for use during OA clinical trials. Coll2-1 measurement is not affected by subject specific conditions such as fasting, resting state, circadian rhythm, seasonality, nor by sampling process factors such as type of dry tube, clotting patterns and centrifugation temperature.

REFERENCES
[1] Henrotin Y, Addison S, Kraus V, Deber M: Type II collagen markers in osteoarthritis (KOA) at a single timepoint as well as from 15 healthy subjects under various conditions, including fasting condition (before or after breakfast and lunch), sampling time (at 8am, 9am, 12pm, 2pm and 5pm), sampling season (at baseline and after 2, 16, 52 and 68 weeks), physical activity (after a resting weekend versus working day), blood treatment (blood clotting from 1h to 24h at room temperature or 4°C; centrifugation at room temperature or 4°C) and type of blood collection tube (dry tube versus dry tube with gel separator). Type II collagen-specific biomarker Coll2-1 was measured using ELISA (Artialis Groups SA, Liège, Belgium) on all collected samples.