patients with OI (χ^2=5.54; p=0.019)
Conclusion: Adult patients with OI are characterized not only by a reduced level of bone density, but also by the presence of joint pain without association with recent fractures.

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SPECIFICS OF HEPATITIS B VIRUS SEROLOGIC MARKER TESTING IN PATIENTS WITH RHEUMATOID ARTHRITIS

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Objective: Most antirheumatic drugs have an inhibitory effect on the immune system. So one of the complications of disease-modifying antirheumatic drugs (DMARDs) may be the reactivation of hepatitis B virus (HBV) replication in rheumatoid arthritis (RA) patients. We aimed to evaluate the extent of testing for HBV serologic markers in RA patients before DMARD treatment.
Methods: Clinical and laboratory examination of 146 patients with RA aged 24-62 y with negative results for HBV surface antigen (HBsAg-) detection was performed. All patients were screened for antibodies to HBV nuclear antigen (anti-HBcIgG) and antibodies to HBsAg (anti-HBs). 73.3% of patients were taking methotrexate, 52.7% were taking corticosteroids, and 11% were taking genetically engineered biological drugs.
Results: 29 patients were positive for anti-HBs and 13 RA patients were positive for anti-HBcIgG. In 9% of patients, baseline serologic tests indicated prior hepatitis B infection (HBsAg-, anti-HBs+/anti-HBcIgG+, n=11; HBsAg-, anti-HBs-/anti-HBcIgG+, n=2). According to clinical guidelines, patients previously exposed to HBV should be monitored for HBV antigens during DMARD treatment. Preliminary hepatitis B virus DNA (HBV DNA) detection by PCR was performed in only 15 (10%) patients with RA, with the vast majority of patients seropositive for anti-HBs+ only and one patient anti-HBc+. Patients with RA with latent HBV infection or anti-HBc-positive patients may experience HBV reactivation during DMARD treatment; more attention should be paid to detecting not only HBsAg and anti-HBs but also anti-HBc.
Conclusion: RA patients seropositive for anti-HBc need additional screening detection of hepatitis B virus DNA as well as regular testing for HBV DNA by PCR during DMARD treatment.

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COMORBIDITY AND VITAMIN D STATUS IN PATIENTS WITH RHEUMATOID ARTHRITIS

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Objective: Rheumatoid arthritis (RA) is autoimmune disease characterized by chronic joint inflammation. Given the proposed role for vitamin D as an immune regulator, hypovitaminosis D may be associated with immune-mediated inflammatory diseases including RA. The purpose of this study is to evaluate incidence of comorbidities, serum 25(OH)D and to analyze relationship between patients' RA characteristics and vitamin D status.
Methods: 156 patients with RA were enrolled: 139 women (mean age 60.1±13.7 y) and 17 men (mean age 58.8±13.4 y). Assessment of clinical status included swollen (SJC) and tender (TJC) joint counts, physician's (PhGA) and patient's global assessments of disease activity (PGA), pane assessment by visual analogue scale (VAS). Serum levels of rheumatoid factor (RF), C-reactive protein (CRP), total vitamin D (25(OH)D) were determined. RA disease activity was calculated using DAS28 (disease activity score), SDAI (Simplified Disease Activity Index) и CDAI (Clinical Disease Activity Index). Statistical analysis was carried out using the Statistica 10 program for Windows.
Results: The most frequent comorbidities were cardiovascular diseases (79 patients), endocrine (51 patients), and gastrointestinal diseases (58 patients). 4 patients underwent joints replacement. Osteoporosis was detected in 51 patients (39.9%), osteopenia in 39 (30.5%), 38 patients (29.6%) had normal BMD. 25 patients (16%) had history of fractures. Mean 25(OH)D levels were 25.2±13.2 ng/ml. Normal vitamin D, insufficiency and deficiency were observed in 47 (30.3%), 45 (28.7%) and 64 (40.7%) patients. Low levels of vitamin D were associated with higher rates of RA activity according to the DAS28, SDAI and CDAI indices, as well as with greater number of painful joints. Patients with concomitant diseases (n 105) differed statistically significantly from patients without comorbidities (n 51) in age, age of onset of the disease, PhGA, PGA, CDAI, SJC and TJC. There were no statistically significant differences in 25(OH)D concentrations between groups.
Conclusion: Hypovitaminosis D was observed in majority of patients with RA and was associated with higher RA activity. Vitamin D supplementation should be administered in patients with RA for potential immunomodulatory purposes and for prevention and treatment of bone metabolic disorders.

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TUMOR-INDUCED HYPOPHOSPHATEMIC OSTEOMALACIA: CASE REPORT

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Tumour-induced osteomalacia (TIO) is a rare paraneoplastic disorder caused by tumours secreting FGF23. Clinical manifesta-

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