AB0667 CLINICAL AND THERAPEUTIC DIFFERENCES BETWEEN POLYMYOSITIS AND DERMATOMYOSITIS IN A COLOMBIAN COHORT WITH IDIOPATHIC INFLAMMATORY MYOPATHY

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Background: The idiopathic inflammatory myopathies (IIM) are a group of immune-mediated systemic conditions characterized by chronic muscle inflammation, resulting in muscle weakness (1).
Objectives: To characterize the disease in a Colombian cohort with idiopathic inflammatory myopathy, assessing differences in its classification, cutaneous and systemic manifestations, laboratory results, and therapeutic approach, according to the type of myopathy.
Methods: A cross-sectional study was conducted in 112 patients, in whom sociodemographic, clinical and therapeutic characteristics were analyzed based on the type of myopathy. Statistical association was examined by means of Chi-square tests, Mann-Whitney test, and logistic regression analyses.
Results: From the 112 patients recruited, 59 had polymyositis (PM) and 53 had dermatomyositis (DM). The patients were classified with Peter & Bohan criteria as: "definite" diagnosis 67 (60%), "probable" 35 (31%) and "possible" 9 (10%). A high proportion of males were found in this cohort. Our most notable findings are listed in Table 1, noticing for this population a high rate of polyautoimmunity associated to PM (OR 3.81 95%IC 1,003–14,53) and an association between ANAs antibodies positivity and DM (OR 7.03 95%IC 2,16–22,9). Patients with PM presented higher values of CK, LD and transaminases. Also, according to the therapeutic approach, PM was positively associated with the use of azathioprine and immunoglobulins (OR 2,59 95%IC 1,18–5,69 and OR 3,21 95%IC 1,19–8,19, respectively), while chloroquine and hydroxychloroquine were mainly used in DM patients.

Table 1. Sociodemographic and clinical characteristics of Colombian patients with idiopathic inflammatory myopathy

	Polymyositis N=59		Dermatomyositis N=53		p-value
	N	%	N	%	
Female	41	69,5	35	66	0,69
Age (mean)	54,3		49,4		0,09
Clinical characteristics					
Symmetrical muscle weakness	59	100	51	96,2	0,13
Gottron's papules	0	–	49	92,4	**<0.0001**
Heliotrope rash	0	–	35	66	**<0.0001**
Shawl sign/ V sign	0	–	29	54,7	**<0.0001**
Polyautoimmunity	11	18,6	3	5,6	**0,03**
Muscle enzymes in serum					
CK (median)	3825		1012		**0,006**
LD (median)	554		433		**0,003**
ALT (median)	87		46,3		**0,01**
AST (median)	72		38		**0,005**
Aldolase	8	13,5	5	9,4	0,43
Autoantibodies					
ANA (+)	27	45,7	38	71,7	**0,0006**
Anti-Jo1 (+)	2	3,4	2	3,8	0,74
EMG					
Myophatic changes	41	69,5	27	50,9	0,34
Biopsy-proven myopathy					
Positive	30	50,8	16	30,2	0,7

SES, socioeconomic status; CK, creatine phosphokinase; LD, lactate dehydrogenase; AST, aspartate transaminase; ALT, alanine transaminase; EMG, electromyogram.

Conclusions: In this Colombian sample, a high proportion of patients were classified as definite diagnosis, high frequency of male-gender compromise, low association with cancer, and low prevalence of articular, pulmonary and cardiac involvements were found.
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AB0668 CALCINOSIS CUTIS AND ITS ASSOCIATION OF SERUM LEVELS OF OSTEONECTIN, OSTEONECTIN, NITRIC OXIDE AND TGF-B IN SYSTEMIC SCLEROSIS

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Background: Systemic sclerosis (SSc) is characterized by fibrosis, autoimmunity and vasculopathy. ES is classified subtypes: diffuse (dSSc) and limited (ISSc). More than 35% develop calcinosis. Calcium, phosphorus, parathormone, vitamin D, TGF-β, nitric oxide and osteonectin and osteopontin involved in bone mineralization.
Objectives: The aim was to compare osteonectin (ON), osteopontin (OP), TGF-β, nitric oxide (NO), Paratohormone (PTH), Vitamin D and minerals concentrations in ES with and without calcinosis.
Methods: Cross-sectional study in ES patients (ACR criteria). We quantified OP, ON, TGF-β, ON, Calcium, Phosphorus, PTH and vitamin D in serum by ELISA. We performed descriptive statistics, Student t, Pearson correlation (significance $p<0.05$) in SPSSv21 program.
Results: We included 71 patients, age 52.94 (± 11.47); 28 (40%) with calcinosis (18 dSSc/10 ISSc), and 43 (60%) without calcinosis (13 dSSc/30 ISSc). Biochemical parameters between two groups. In the whole population the higher PCR had moderate positive correlation (r =0.41, p=0.042), and serum calcium level had a moderate negative correlation (r = -0.47, p=0.021); ON increased in direct relation to OP (r =0.3, p=0.014) and the serum levels of VitD had lower indirect relation with the evolution time of SSc (r = -0.28, P=0.025) and the ON increase in direct relation to serum creatinine (r =0.039, p=0.006).
Conclusions: Patients with a longer time evolution of SSc have less serum levels of VitD and those with higher inflammation (PCR) have a higher TGF-β than a potent inducer of fibrosis. PCR and TGF-B have a moderate direct correlation, PCR and Calcium have moderate indirect correlation, ON and OP have a low direct correlation, VitD and evolution of diseases (years) had a low indirect correlation and NO and creatinine had a very low direct correlation.
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AB0669 THE EULAR SYSTEMIC SCLEROSIS IMPACT OF DISEASE (SCLEROID) SCORE – A NEW PATIENT-REPORTED OUTCOME MEASURE FOR PATIENTS WITH SYSTEMIC SCLEROSIS – PRELIMINARY RESULTS FROM THE ONGOING VALIDATION STUDY

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Background: Patient reported outcome measures (PROM) are required as key outcomes in therapeutic trials in systemic sclerosis (SSc). Given the unmet need of a validated, comprehensive PROM in SSc, the ScleroID questionnaire was developed by a team of patients with SSc and medical experts in the field. This is intended as a brief, disease-specific, patient-derived, disease impact score for scientific and clinical use in SSc.
Objectives: To present a preliminary analysis from the ongoing ScleroID validation study.
Methods: This EULAR-endorsed project involves 11 European centers special-