Objectives The aim of the study was to ascertain frequency of clinical manifestations in patients with CREST variant related to skin involvement in SSc.

Methods Since 1993 we have treated 184 patients with systemic sclerosis (SSc) at the Institute of Rheumatology in Belgrade. Within this group there were 51 (27.7%) – 49 females and 2 males, with complete clinical manifestations of CREST variant. Mean age of patients was 55.7 years and disease duration 10.9 years. Thirty-four patients (66.7%) had limited cutaneous SSc (lSSc) and 17 (33.3%) diffuse cutaneous SSc (dSSc).

Results Our results are in following Table 1:

Conclusion According our results, visceral involvement in systemic sclerosis does not depend on distribution of skin sclerosis. So we think that CREST variant of SSc can be classified as separate form of scleroderma.

AB0114 RAYNAUD'S PHENOMENON: CORRELATION BETWEEN CLINICAL MANIFESTATIONS AND NAILFOLD CAPILLARY MICROSCOPY

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Background

Objectives To determine the correlations between clinical characteristics and nailfold capillary patterns in patients with Raynaud's phenomenon (RP).

Methods Analysis of clinical and immunological features (RP: phases; time duration in years, symmetry, localization; skin and organ involvement, ANA tests) and nailfold capillary patterns were assessed in 150 patients referred for evaluation of RP during the period 1999–2000. Chi-Square and Fisher's tests were used for statistical analysis.

Results 142/8 female/male; mean age:42+ 15,6 years; RP duration:5,7 years. 47% of RP were referred without diagnosis, 5,5% as primary RP (pRP) and 49% as secondary RP (sRP): connective tissue diseases (CTD) in 73% of cases. Microangiopathic patterns detected were:38% normal, 25% functional (capillary pallor/hyperemia); 20% CTD pattern without specific capillary abnormalities of scleroderma (SSc), and 17% with SSc-pattern (? slow pattern? 7,6%; ?active pattern? 9,7%). Patients with slow pattern SSc were older than the patients with other patterns: mean average:53,8 years ($p < 0,05$). RP with uniphasic colour changes were observed principally in patients with normal or functional pattern and RP with biphasic colour changes in patients with SSc-pattern ($p < 0,02$). Significant association between ?slow? pattern SSc and anticentromere antibodies was detected ($p < 0,004$) and between ?active? pattern SSc and positive ANA test with nucleolar pattern. Anticentromere antibodies were detected in 9% of patients showing functional pattern with capillary pallor and ?active? pattern SSc was observed in 42% of positive Scl-70 antibodies patients. Sclerodermatous skin changes was associated with SSc-pattern and functional capillary pallor pattern ($p < 0,001$) and a higher proportion of soft tissue swelling in hands and organ involvement was detected in patients with ?slow? pattern-SSc.

Conclusion Functional pattern with capillary pallor showed a significant association with uniphasic RP, sclerodermatous skin changes and negative ANA test. Only 42% of patients with positive Scl-70 antibodies exhibited ?active? pattern.

AB0115 SCLERODERMA-LIKE CHANGES IN A DIABETIC PATIENT: A CLINICAL CASE

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Background Diabetes mellitus is a metabolic systemic disease that can be associated, particularly when glucose metabolism control is poor, with skin changes and sometimes finger contractures of the hands that clinically resemble scleroderma. Distinction between the two different conditions is important, because they have distinct therapeutic approach and prognostic.

A 55 year-old white woman came to our Unit because of skin changes and articular contractures. She had diabetes mellitus since a gestation eleven years ago and was being followed in the Endocrinology department for this reason. Her disease had been resistant to antidiabetic oral treatment and was complicated with a severe polyneuropathy in glove and stoking pattern. Control of glucose metabolism was poor and she was being taught to start insulin therapy. She had been also diagnosticated of an autoimmune tiroiditis and recent arterial hypertension. We observed a thin woman with yight shiny skin over her fingers and unreducible contractures of some of them in both hands. The skin of her distal legs was bilaterally swelled and sclerotic too. She refered a Raynaud fenomenon, which we weren't able to provoke with cold water. There were no other musculoskeletal findings or symptoms suggesting CREST or systemic disease beyond diabetes. Her ANA and anti-DNA were negative, as was anticentrome antibody and Scl70. The hand x-rays showed neither calcifications nor erosions. A capilaroscopy was performed, showing some megacapillaries and structural disorganisation. No avascular areas were found. We concluded, in face of the analytic results, that this was a scleroderma-like manifestation of diabetic cheiroarthropathy and not systemic or limited scleroderma. The changes seen in the capilaroscopy could be due to the cheiroarthropathy itself.

Objectives

Methods

Results

Conclusion

AB0116 TREATMENT OF SYSTEMIC SCLEROSIS WITH ANTI-TNF-ALPHA ANTIBODIES. A CASE REPORT

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Background In february 1999 a 39 year old woman developed progressive swelling of the hands, arthralgias, Raynaud's phenomenon, dyspepsia and reduced physical strength.

For this reasons, positive ANA's (no anti topoisomerase I antibodies, pathologic oesophagus manometry and clinical signs of lung involvement including typical skin lesions (thickening, necrosis, erythema anulare, etc.) systemic scleroderma was diagnosed.

In the course of disease DMARDs such as penicillamin and cyclophosphamide showed no efficacy over a period of 18 months. Relatively high doses of methylprednisolone (up to 250 mg/d; not below 20 mg/d) were needed to reduce the clinical signs of the disease.

In december 2000 anti-TNF-alpha-antibody therapy (infliximad) was started in a dosage of about 5 mg per kg body weight.