level and severe constipation of the colon,^{1,2} even if other segments of GI are known to be affected in subclinical form.

Objectives Few studies have assessed the morphological features of the stomach in SSc. A 52 years old female with limited SSc from 1979, suffering from dysphagia, pyrosis, epigastric pain, gastro-esophageal reflux, in 1998, underwent to distal esophagectomy for Barrett's oesophagus and, in 1999, to total gastrectomy with Roux y esophago-jejunal anastomosis. The stomach appeared very small, shrunken, its wall being stiff and increased in consistence. Samples were taken to study the ultrastructural modifications of the gastric wall and, in particular, the muscle coat.

Methods Samples of the gastric anterior wall from fundus, corpus and antrum, along the greater curvature, were obtained. The specimens were fixed in 4% glutaraldehyde in 0,1 M phosphate buffer, postfixed in 1% osmium tetroxide in 0,1M phosphate buffer and routinely processed for transmission electron microscopic observation. The ultrathin sections (1 µm) were stained with uranyl acetate and alkaline bismuth subnitrate and observed under Jeol 1010 electron microscope.

Results Wide focal areas of fibrosis, characterised by collagen fibres depositions, surrounding smooth muscle cells (SMC) were found. Many SMC were hypercontracted and/or showed a severe disarrangement of the myofilaments. Often, the dense bodies and the dense bands were thickened. Some SMC showed cytoplasmic vacuolisation and swollen mitochondria. Nerve bundles containing many axons were close to vessels and SMC. The axoplasm of nerve fibres were oedematous and poor in neurotubules and filaments, but the nerve endings close to SMC showed normal morphology, with the presence of synaptic vesicles, whose number was seldom decreased. Blood vessels were lined by intact endothelial cells, while the basement membrane appeared or thickened and laminated. The lumen was partially or completely occluded by erythrocytes and neutrophils. Inflammatory infiltrate as well, and many mast cells rich in granules or partially degranulated, were close to vessels and SMC.

Conclusion In the muscle coat of stomach focal fibrosis, severe ultrastructural modification of SCM and mild nerve fibres involvement are evident, without signs of endothelial damage.

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FRI0199 EVALUATION OF QUALITY OF LIFE IN PATIENTS WITH SYSTEMIC SCLEROSIS BY THE SF-36 QUESTIONNAIRE

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Background

Objectives To evaluate the quality of life of patients affected by systemic sclerosis (SSc) through the application of SF-36 questionnaire and to correlate the results with the disability index of HAQ (DI) and the systemic involvement.

Methods We studied 100 (3 M, 97 F) patients affected by SSc (mean age 60 years, range 39-83, mean duration of disease 6 years, range 1-34). The organic involvement was evaluated by skin score, chest HRCT, electrocardiography according to Holter, Doppler-echocardiography and oesofagogram.

Results In the Table 1 are shown the results of the mean values of the 8 question groups in the control population and in the patients. The 8 question groups are: PA = physical activity, RP = role of physical activity, BP = bodily pain, GH = general health, VT = vitality, SA = social activities, EP = emotional problems, MH = mental health.

A very good correlation was found between the DI and all the scores of SF-36. The skin involvement showed a statistically significant correlation with both the DI ($r = 0.3304$; $p = 0.0008$) and the PA score of the SF-36 ($r = 0.2635$; $p = 0.0081$). No other statistically significant correlation was found between any of the SF-36 dimensions and involvement of a specific organ.

Abstract FRI0199 Table 1

	PA	RP	BP	GH	VT	SA	EP	MH
Mean score of the control population	84.46	78.21	73.67	65.22	61.89	77.43	76.16	66.59
Mean score of the patients	61.35	39.05	50.46	40.92	50.81	67.55	49.96	55.72
Difference%	27.36	50.07	31.51	37.26	17.90	12.76	34.15	16.32

Conclusion SF-36 showed to be a valid instrument to evaluate the quality of life and the disability of patients with SSc and it seems to correlate with extent of skin involvement.

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FRI0200 ELECTROCARDIOGRAPHIC ALTERATIONS IN SYSTEMIC SCLEROSIS AND IN RHEUMATOID ARTHRITIS

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Background Myocardial involvement is a common finding in patients with systemic sclerosis. It is also present in rheumatoid arthritis, but very rarely. Different alterations can be revealed by an electrocardiographic examination.

Objectives Aim of this study was to evaluate and to compare the frequency and type of electrocardiographic alteration in patients with systemic sclerosis and rheumatoid arthritis.

Methods In the study group of 40 pts with SSc (38 female, 2 male mean age $52,85 \pm 12,44$) and 22 pts with RA (20 female, 2 male; mean age $51,45 \pm 11,41$) clinical, laboratory and ECG examination were done. All the patients with SSc were divided into two subgroup: with diffuse (dSSc) and localised (lSSc) SSc. The electrocardiographic data of each of these subgroup were compared. The existence of the next ECG abnormalities were investigated: ventricular premature beats (VPB), supraventricular premature beats (SVPB), arrhythmia absoluta, left bundle branch block (LBBB), left anterior fascicular block (LAFB),