complete right bundle branch block (CRBBB), atrioventricular block (AV block), infarct or pseudoinfarct, ST depression.

Results Electrocardiographic alterations were found in 65% of SSc patients, but only in 18,19% of RA patients. The difference was significant ($p < 0,001$) Table 1. In the dSSc group, ECG alterations were found in 6 pts (15%) - not significant compared to the lSSc group (5 pts, 12,5%). $p = 0,220$. ST depression was found in 2 pts (5%) with dSSc, but only in 1 pts (4,5%) with RA. Infarct or pseudoinfarct were found in 9 pts (22,5%) with SSc (6 in dSSc, 3 in lSSc).

Abstract FRI0200 Table 1

	RA	%	SSc	%
VPB	3	13,64	10	25
SVPB	1	4,55	4	10
Ar. Abs.	-	-	3	7,5
LBBB	-	-	1	2,5
LAFB	-	-	2	5,0
CRBBB	-	-	3	7,5
AV Block	-	-	3	7,5

Electrocardiographic alterations in patients with SSc and RA.

Conclusion The results of our study showed a significant prevalence of ECG alterations in SSc, but low prevalence in RA. Differences between a presence of alterations in two subgroup (dSSc, lSSc) of SSc is not significant ($p = 0,220$).

FRI0201 CIRCULATING PROCOLLAGEN III AMINOPROPEPTIDE IN SYSTEMIC SCLEROSIS: RELATIONSHIP TO A RECENTLY VALIDATED DISEASE ACTIVITY INDEX

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10.1136/annrheumdis-2001.282

Background Systemic sclerosis (SSc) is characterised by excessive deposition of extracellular matrix components in the skin and in involved internal organs. Serum levels of procollagen III aminopropeptide (PIIINP), an index of collagen synthesis, have been reported as a possible marker of disease activity in SSc.¹

Objectives To study the relationship between a recently developed index of disease activity (2, 3) and serum concentrations of PIIINP.

Methods Nineteen SSc patients (17 F, 2 M; age ranging from 24 to 76, median 55.5 years; 13 lcSSc, 6 dcSSc; disease duration ranging from 2 to 34, median 12 years) consecutively admitted to 3 Italian tertiary centres and 19 sex and age-matched healthy controls were investigated, for serum levels of PIIINP, by radioimmunoassay.

For each SSc patient a recently validated activity index^{2,3} was calculated.

Results Increased serum concentrations of PIIINP were found in SSc compared with controls (4.59 ± 1.84 vs. 3.05 ± 0.85 micrograms/L; $p = 0.002$). Age, sex, subset and disease duration did not influence PIIINP serum levels.

The activity scores calculated in SSc patients ranged from 0.0 to 7.0, median 2.0. No significant correlations were registered between the PIIINP levels and the calculated activity index ($\rho = 0.04$; $p > 0.05$).

Conclusion This study demonstrates that elevated PIIINP serum levels found in SSc, even reflecting fibroblast activation, cannot be used as a surrogate for the measurement of disease activity as evaluated by a recently proposed index.

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FRI0202 LOW-DOSE ORAL CYCLOPHOSPHAMIDE IN THE TREATMENT OF "ACTIVE" SYSTEMIC SCLEROSIS: AN OPEN PROSPECTIVE 2-YEAR STUDY

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10.1136/annrheumdis-2001.283

Background Previous studies have reported cyclophosphamide (CYC) to be active in the treatment of fibrosing alveolitis in its early, inflammatory stages. Akesson *et al.*¹ demonstrated, in CYC treated SSc patients with alveolitis, an effect on inflammation parameters and skin thickening.

Objectives To test, by a prospective 2-years trial, the efficacy and safety of low-dose oral CYC in the treatment of "active" SSc whatever the disease manifestation underlying activity.

Methods SSc patients consecutively admitted were divided into 2 groups: group I with active disease (i.e. patients who had a new disease manifestation and/or a deterioration of a previously present one in the six months preceding the enrollment or who presented laboratory alterations indicating immune-inflammatory activity such as hypergammaglobulinemia and/or hypocomplementemia) and group II with inactive disease (i.e. patients with neither feature). Group I patients were treated with oral CYC (50 mg/daily) in addition to the previously administered symptomatic treatment; group II patients were only treated with symptomatic therapy. The following parameters (total skin score; ulcer healing; FVC; DLCO; EF; gammaglobulin levels; complement levels) and the severity scales recently proposed by Medsger *et al.*² were carried out at 12 and 24 months.

Results Out of the 45 recruited patients (42 F, 3M; aged 30 to 72 years, median age 49; 34 with lcSSc, 11 with dcSSc; disease duration ranging from 1 to 34, median 16 years) 22 were included in group I and 23 in group II. The study was discontinued for lack of efficacy in 5 out of the 19 group I patients and 8 out of the 19 group II patients who had at least the 12-months assessment ($p > 0.05$). No significant difference was detected between the 2 groups in any clinical, laboratory and instrumental parameters assessed, including Medsger's severity scales. C3 and C4 significantly increased in the group I patients after 12 and 24 months; ESR decreased in group I patients only after 12 months.

Conclusion Our results suggest that CYC might be able to contrast the evolution of disease in a significant percentage of SSc active patients. The role as a disease-modifying drug of SSc as a whole must be further investigated.

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