The US of the nail should be considered as one of the possible and promising approach in the study of these structures. 

REFERENCE:

Disclosure of Interest: None declared

SAT0653
RELATIONSHIP BETWEEN CARDIAC VALVULAR CALCIFICATION, CARDIOTHEROSCLEROSIS, AND CORONARY CALCIFICATION IN PATIENTS WITH RHEUMATOID ARTHRITIS

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Background: The prevalence and relationship of VC with coronary atherosclerosis in patients with rheumatoid arthritis (RA) is under-investigated.

Methods: Study population consisted of 128 adult patients (65.6% women, age 55.8±8.1 years) with RA according to AC/ERULAR criteria (disease duration 6.5±1 month) with moderate/high RA activity (DAS28 5.3 [5.0; 6.1]). Arterial hypertension (AH) was found in 64%, ischaemic heart disease (IHD) – in 14%, dyslipidaemia – in 54.7%, smoking – in 20.3%, diabetes mellitus type 2 – in 7%, myocardial infarction – in 1.6%, stroke – in 1.6%. Cardiac VC was evaluated by transthoracic echocardiography; CAC scoring was done with 32-row scanner by standard Agatston method; CA was evaluated with duplex ultrasound.

Results: Patients were divided on 3 groups depending on valve condition: normal (34.3%); lesions thickening (30.5%); VC (35.2%). The VC group consisted of isolated mitral VC – in 11%, isolated aortic VC – in 51%, calcification of both valve – in 38%. Mitral regurgitation (3 degrees) was detected in 0.8% patient, mitral stenosis (mild) – in 0.8%, aortic regurgitation (1 degree) – in 25%, aortic stenosis (mild) – in 0.8%. Age, BMI, SBP and frequency of AH, IHD, CA, CAC significant increased in transition from 1 to 3 group (p<0.05). There was no significant difference in the sex, lipid levels, Rg-stage, RA duration and level of parameters of RA activity (DAS28, CRP, ESR) between investigated groups.

SAT0654
ASSOCIATION OF PREDNISONE AND ANTIMALARIALS AND ECHOCARDIOGRAPHIC FINDINGS IN ASYMPTOMATIC CARDIOVASCULAR PATIENTS WITH SLE

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Background: Systemic lupus erythematosus (SLE) is an autoimmune inflammatory disease that presents with increase of cardiovascular risk. Echocardiogram can detect morphofunctional cardiac changes and predict clinical outcomes in patients with SLE.1

Objectives: To evaluate echocardiographic morphofunctional parameters in women with SLE, using conventional echocardiogram and to relate the echocardiographic findings to disease-related factors and therapies.

Methods: We have selected 51 women with SLE, without cardiovascular symptoms, under regular medical follow-up. Patients who had limitations to do echocardiography, smokers, and those with a creatinine level higher than 1.5 mg/dL were excluded.

Table 1

<table>
<thead>
<tr>
<th>Age (years)</th>
<th>BMI</th>
<th>SBP</th>
<th>AH</th>
<th>IHD</th>
<th>CA</th>
<th>CAC</th>
</tr>
</thead>
<tbody>
<tr>
<td>39.5±10.3</td>
<td>23.4 [21.4; 24.6]</td>
<td>26.5 [23.7; 29.3]</td>
<td>27.2±6.1 ±</td>
<td>19 [43.2]</td>
<td>23 [59]</td>
<td>40 [88.9]</td>
</tr>
<tr>
<td>56.5 [51.5; 65.6]</td>
<td>60±12 ±</td>
<td>27 [20; 30]</td>
<td>130±140 ±</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Note: Data are expressed as median [25 percentile;75 percentile] for continuous variables and as a number (%) for the categorical variables. * Difference for trend (p<0.05)

Conclusions: Among RA patients, more than half have a modified valve structure and in 1/3 of them VC. The presence of VC is correlated with traditional cardio-ovascular risk factors, but not with lipid levels, activity and severity of RA. The probability of CA and CAC presence is significantly increased when there is VC.

Disclosure of Interest: None declared