Background: Primary Sjögren’s Syndrome is an auto-immune disease characterised by dryness of the eyes and the oral cavity. Musculoskeletal manifestations are common. However, the underlying mechanism remains often unknown.

Objectives: The aim of the current study was to describe subclinical enthesal involvement in patients with Primary Sjögren’s Syndrome via ultrasound, to calculate a modified Madrid sonography enthesitis index and to compare it with a group of healthy controls.

Methods: The study was conducted in the rheumatology department of Mongi Slim Hospital in Tunisia, between June 2015 and December 2017, including 29 patients with Primary Sjögren’s Syndrome and 25 healthy sex- and age-matched controls. Cases were defined according to the American-European Consensus Criteria for Sjögren’s Syndrome. All the included subjects underwent an enthesis ultrasound exploration (EsaoteMyLab 60 machine and a 13–18 MHz linear array transducer) by a rheumatologist experimented in ultrasound. Five enthesis locations bilaterally (distal Achilles tendon, distal and proximal patellar ligaments, distal quadriceps, and brachial triceps tendons) in each patient were explored. The following elemental lesions of enthesis were evaluated: thickening, presence of calcifications, erosions, enthesophytes, loss of fibrillar pattern and power Doppler signal. The calculated index was compared by Mann-Whitney U test between cases and controls. The significance level was set at 5%.

Results: In our study population, the median age was 53.2±11.3 years and the median body mass index was 29.2±6.4 kg/m². All included subjects were female. The ultrasound abnormalities in the Primary Sjögren’s Syndrome were as follows: erosions in 19.2% of cases, enthesophytes in 16.4% of cases, calcifications in 6% of cases, hypoechogeneity in 2.8% of cases, thickening in 2.4% of cases, power Doppler signal in 1.6% of cases and loss of fibrillar pattern in 1.2% of cases. The total enthesitis index was 4.96±2.94 among cases and 5.72±2.92 among healthy control subjects with no statistically significant difference. Considering each affected enthesis, cases had no significantly higher scores than controls.

Conclusions: Our study did not find a significant enthesal involvement among patients with Primary Sjögren’s Syndrome that could explain the chronic indefinable pain. The diagnosis of an associated fibromyalgia should be kept in mind.

Disclosure of Interest: None declared


ANTIPHOSPHOLIPID SYNDROME COMPONENTS IN PATIENTS WITH CORONARY HEART DISEASE

M. Nazary¹, M. Stanislavczyk², L. Burdeina³, ¹PhD-student of the internal medicine chair #1; ²Professor, the head of the internal medicine chair #1; ³PhD of the internal medicine chair #1, National Pirogov Memorial Medical University, Vinnytsia, Ukraine

Background: Antiphospholipid antibodies (aPL), such as anticardiolipin antibodies (aCL), are the immunological markers of the antiphospholipid syndrome (APS). The aPL are found in association with venous and/or arterial thrombosis. Antiphospholipid antibodies (aPL), such as anticardiolipin antibodies (aCL), are the immunological markers of the antiphospholipid syndrome (APS). All the included subjects underwent an enthesis ultrasound exploration (EsaoteMyLab 60 machine and a 13–18 MHz linear array transducer) by a rheumatologist experimented in ultrasound. Five enthesis locations bilaterally (distal Achilles tendon, distal and proximal patellar ligaments, distal quadriceps, and brachial triceps tendons) in each patient were explored. The following elemental lesions of enthesis were evaluated: thickening, presence of calcifications, erosions, enthesophytes, loss of fibrillar pattern and power Doppler signal. The calculated index was compared by Mann-Whitney U test between cases and controls. The significance level was set at 5%.

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Disclosure of Interest: None declared


REFERENCES:


Disclosure of Interest: None declared

Conclusions: Our results demonstrated that the frequency of IQRs on ECGs would be greater in SLE patients with high disease activity.

REFERENCES:

Disclosure of Interest: None declared

AB0604
INITIAL CLINICAL AND IMMUNOLOGICAL FACTORS ASSOCIATED WITH MANIFESTATIONS IN PATIENTS WITH PRIMARY SJÖGREN’S SYNDROME: A SINGLE CENTRE RETROSPECTIVE STUDY
M. Tsiakomai1, K. Suzuki, T. Takeuchi1. 1Division of Rheumatology, Department of Internal Medicine, Keio University School of Medicine; 2Department of Rheumatology, National Tokyo Medical Center, Tokyo, Japan

Background: Primary Sjögren’s syndrome (pSS) is a prototypical systemic autoimmune disease that manifests various signs and symptoms. Although a few studies have focused on these manifestations over the long term, the association of initial clinical and immunological factors with subsequent longer-term manifestations has not been fully elucidated.

Objectives: To identify initial clinical and immunological factors associated with manifestations in patients with pSS.

Methods: A retrospective review was performed on pSS patients followed over a 10 year period at our department. Clinical and immunological data, including levels of serum immunoglobulin (Ig) and autoantibodies, were collected and statistically analysed.

Results: A total of 224 patients diagnosed with pSS who had met the classification criteria were enrolled. Among them, 201 patients were diagnosed with pSS at our hospital. Of these, we followed the 91 patients who continued to visit our hospital over 10 years. Of the other 110 patients, 69 suddenly interrupted treatment, 20 visited different hospitals, and 13 interrupted treatment at our department and visited dentistry or ophthalmology departments. During observation, 7 patients were newly diagnosed with rheumatoid arthritis in addition to SS and one patient died. We then analysed the 91 patients who continued to visit. Of these, 88 were female and 3 were males. Average age was 52 years. 72 and 33 patients had anti-SS-A and anti-SS-B, respectively. Patients had neutopenia, anaemia, and thrombocytopenia, respectively. 15% of patients used corticosteroids and/or immunosuppressant treatment. 10% of patients took traditional Chinese medicine. On follow-up for 10 years, titers of IgG, A and M were significantly decreased, whereas complement levels were elevated. The proportion of patients with extragladderular involvement decreased from 90% to 73%, whereas 14% of patients had new extragladderular organ involvement. The frequency of extragladderular involvement at 10 years was high in patients with hyper IgG at the initial test (39% vs 85%, p<0.01). The frequency of extragladderular organ involvement at 10 years was high in patients who were RF-positive at diagnosis (3% vs 15%, p<0.05). 9% of patients developed malignancies. 29% of patients without RF at diagnosis. Age, anti-centromere antibody, hyper IgG and anaemia were identified as significant variables associated with malignancies.

Extragladderular involvement decreased from 90% to 73%, whereas complement levels were elevated. The proportion of patients with extragladderular organ involvement decreased from 90% to 73%, whereas complement levels were elevated. The proportion of patients with extragladderular organ involvement decreased from 90% to 73%, whereas complement levels were elevated. The proportion of patients with extragladderular organ involvement decreased from 90% to 73%, whereas complement levels were elevated. The proportion of patients with extragladderular organ involvement decreased from 90% to 73%, whereas complement levels were elevated. The proportion of patients with extragladderular organ involvement decreased from 90% to 73%, whereas complement levels were elevated. The proportion of patients with extragladderular organ involvement decreased from 90% to 73%, whereas complement levels were elevated. The proportion of patients with extragladderular organ involvement decreased from 90% to 73%, whereas complement levels were elevated. The proportion of patients with extragladderular organ involvement decreased from 90% to 73%, whereas complement levels were elevated. The proportion of patients with extragladderular organ involvement decreased from 90% to 73%, whereas complement levels were elevated. The proportion of patients with extragladderular organ involvement decreased from 90% to 73%, whereas complement levels were elevated. The proportion of patients with extragladderular organ involvement decreased from 90% to 73%, whereas complement levels were elevated. The proportion of patients with extragladderular organ involvement decreased from 90% to 73%, whereas complement levels were elevated. The proportion of patients with extragladderular organ involvement decreased from 90% to 73%, whereas complement levels were elevated. The proportion of patients with extragladderular organ involvement decreased from 90% to 73%, whereas complement levels were elevated. The proportion of patients with extragladderular organ involvement decreased from 90% to 73%, whereas complement levels were elevated. The proportion of patients with extragladderular organ involvement decreased from 90% to 73%, whereas complement levels were elevated. The proportion of patients with extragladderular organ involvement decreased from 90% to 73%, whereas complement levels were elevated. The proportion of patients with extragladderular organ involvement decreased from 90% to 73%, whereas complement levels were elevated. The proportion of patients with extragladderular organ involvement decreased from 90% to 73%, whereas complement levels were elevated. The proportion of patients with extragladderular organ involvement decreased from 90% to 73%, whereas complement levels were elevated. The proportion of patients with extragladderular organ involvement decreased from 90% to 73%, whereas complement levels were elevated. The proportion of patients with extragladderular organ involvement decreased from 90% to 73%, whereas complement levels were elevated. The proportion of patients with extragladderular organ involvement decreased from 90% to 73%, whereas complement levels were elevated. The proportion of patients with extragladderular organ involvement decreased from 90% to 73%, whereas complement levels were elevated. The proportion of patients with extragladderular organ involvement decreased from 90% to 73%, whereas complement levels were elevated. The proportion of patients with extragladderular organ involvement decreased from 90% to 73%, whereas complement levels were elevated. The proportion of patients with extragladderular organ involvement decreased from 90% to 73%, whereas complement levels were elevated. The proportion of patients with extragladderular organ involvement decreased from 90% to 73%, whereas complement levels were elevated. The proportion of patients with extragladderular organ involvement decreased from 90% to 73%, whereas complement levels were elevated. The proportion of patients with extragladderular organ involvement decreased from 90% to 73%, whereas complement levels were elevated.