The analysis showed ANA 1/640 centromere pattern, anticentromere antibodies, rheumatoid factor (RF) (652 U/mL) and C3 of 86.4 mg/dL. Previously to the BMT he had negative ANA, but we do not know the rest of the previous autoimmunity. On the videocapillaroscopy we observe an active scleroderma pattern (IMAGE 2–3).

He was diagnosed with systemic sclerosis based on Raynaud's phenomenon, digital ulcers, anticentromere antibodies and abnormal nailfold capillaries.

He had not familiar background of connective tissue diseases, but his mother presented Raynaud's phenomenon since she was thirty. So we studied her.

She presented facial telangiectasia, puffy fingers and fingertip pitting scars and the same autoantibodies: ANA 1/320 centromere pattern, anticentromere antibodies, RF (159 U/mL) and consumption of C3 (74.3 mg/dL) and C4 (7.6). We do not have previous autoimmune studies of her. On the videocapillaroscopy we observed a late scleroderma pattern (IMAGE 4–5).

She was also diagnosed with systemic sclerosis, based on Raynaud's phenomenon, puffy fingers, fingertip pitting scars and facial telangiectasia, anticentromere antibodies and abnormal nailfold capillaries.

Conclusions: Experimental animal studies and human clinical reports have described the transfer of immune-mediated diseases from affected donors to unaffected recipients, because of that the importance of screening this diseases in the donor before a BMT².

To our knowledge, this will be the first described case of transmission of systemic sclerosis by this mechanism. However, other explanations should also be taken into consideration. This include recipient's own persistent intrathymic lymphocyte population that may produce autoantibodies and autoimmunity in the context of cGVHD. However, this last hypothesis is not supported since there is a familiar background and presence of anticentromere antibodies.

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AB0722 CAPILLAROSCOPY AND PULMONARY ARTERIAL HYPERTENSION IN SYSTEMIC SCLEROSIS: A SYSTEMATIC REVIEW

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Background: At this very moment, no systematic review evaluating the role of nailfold videocapillaroscopy (NVC), with standardised definitions, in pulmonary arterial hypertension (PAH) has been published.

Objectives: To systematically identify and review all available literature evaluating the role of capillaroscopy in PAH in SSc, according to the definitions of the EULAR study group on microcirculation in Rheumatic diseases.

Methods: A systematic literature search was performed in Pubmed, EMBASE and Web of Science. All retrieved articles were screened on title, abstract and full-text level. Reference lists and google scholar were additionally searched. Original research papers that documented an association between NVC and PAH (confirmed on right heart catheterization [RHC]) in SSc were included. Subsequently, NVC parameters were subdivided in quantitative (density, dimension, morphology and haemorrhages), semi-quantitative (NVC score) and qualitative assessment (presence of scleroderma pattern, severity of scleroderma pattern and worsening of scleroderma pattern) according to the definitions of the EULAR study group on microcirculation in Rheumatic diseases.

Results: The systematic search identified 215 unique search results, of which 171 references were withheld after title screening. Abstract screening resulted in 51 references, only 19 were eligible for full-text review. Finally, 9 references were included in the final analysis after full-text screening (n=7) and bibliographic and google scholar search (n=2) (see table 1).

Regarding cross-sectional studies, density has been evaluated in 5 studies, with no unequivocal results for mean density; avascular score has been unequivocally associated with PAH. Dimension has been evaluated in 4 studies, with no unequivocal results. Morphology has been evaluated in 1 study and has been unequivocally associated with PAH. Haemorrhages and scleroderma pattern has been evaluated in 1 and 2 studies respectively, with no association. Severity of

scleroderma pattern has been evaluated in 3 studies and has been unequivocally associated with PAH.

Regarding longitudinal studies, density (i.e. capillary loss) has been evaluated in 2 studies and has been unequivocally associated with incident PAH. Dimension and haemorrhages have been evaluated in 1 study both, with no association. Morphology has been evaluated in 2 studies, with no unequivocal results. Worsening of scleroderma pattern has been evaluated in 2 studies and has been unequivocally associated with incident PAH.

Capillaroscopic parameter	Significant association	Non-significant association	CONCLUSION
Density	Mean density Inversely correlated with PAH (p<0.05)(19) (p=0.001)(25) (p=0.001)(31) mRAP (p=0.58, p=0.039)(25)	PAH (NS)(4);	Regarding cross-sectional studies: *Avascular score unequivocally associated with PAH
Capillary loss	Incident PAH (HR 1.38-5.5) (95%CI 1.28-78.35); p=0.033(50)	N/A	*No unequivocal results regarding mean density and PAH
Avascular score	PAH (p=0.001)(7) ; mRAP (p=0.63, p=0.031)(7) ;	N/A	Regarding longitudinal studies: *Capillary loss unequivocally associated with incident PAH
Dimension	Width PAH (p=0.05)(11)	PAH (NS)(25, 13)(4);	Regarding cross-sectional studies: *No unequivocal results
Height	PAH (p=0.05)(11)	Incident PAH (HR 0.31-95%CI 0.15-1.07; p=0.060)(59)	Regarding longitudinal studies: *No association
Morphology	Normal N/A	N/A	Regarding cross-sectional studies: *Morphology unequivocally associated with PAH
Abnormal	PAH (p=0.01)(11) Incident PAH (p=0.04)(30)	Incident PAH (HR 1.14-95%CI 0.22-5.86; p=0.872)(59)	Regarding longitudinal studies: *No unequivocal results
Haemorrhages	N/A	PAH (NS)(15) Incident PAH (HR 0.44-95%CI 0.05-3.35; p=0.440)(59)	Regarding cross-sectional studies: *No association
NVC score	PAH (p=0.03)(7) ; mRAP (p=0.58, p=0.005)(7) ;	N/A	Regarding longitudinal studies: *NVC score unequivocally associated with PAH in cross-sectional studies
Scleroderma pattern vs non-scleroderma pattern	N/A	PAH (NS)(8) PAH (OR 0.5-95%CI 0.1-4.5, p=0.46)(59)	No association in cross-sectional studies
Severity of scleroderma pattern (early/active/late)	PAH (p=0.05)(11) PAH (p=0.05)(8) PAH (p=0.03)(7) ;	N/A	Severity of scleroderma pattern unequivocally associated with PAH in cross-sectional studies
Worsening of scleroderma pattern	Incident PAH Cvs A (p=0.01)(30) Incident PAH Cvs B (p=0.05)(30) Incident PAH (p=0.5-12-95%CI 1-23-21-27)(59)	N/A	Worsening of scleroderma pattern unequivocally associated with incident PAH in longitudinal studies

Abstract AB0722 – Figure 1

Conclusions: This systematic literature review, on behalf of the EULAR study group on microcirculation in Rheumatic diseases, is the first to investigate unequivocal associations between (incident) PAH and capillaroscopic alterations in a standardised way. Unequivocal associations were found in cross-sectional studies between avascular score, morphology, NVC score and severity of scleroderma pattern and PAH and in longitudinal studies between capillary loss and worsening of scleroderma pattern and incident PAH.

Disclosure of Interest: None declared

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AB0723 SEROPREVALENCE OF EPSTEIN-BARR VIRUS AND CYTOMEGALOVIRUS IN SYSTEMIC SCLEROSIS PATIENTS: PRELIMINARY RESULTS

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Background: Epstein-Barr Virus (EBV) and cytomegalovirus (CMV) are among the most diffused virus in humans, with prevalence of 90% and 80% respectively in adult immunocompetent population^{1,2}. Hypothesis for a role of EBV and CMV in systemic sclerosis pathogenesis was reported³.

Objectives: To evaluate the prevalence of EBV and CMV in a population of patients affected by SSc. As an exploratory aim, correlations with available clinical variables were evaluated.

Methods: A total of 49 patients (44 females and 5 males, age 65.6±9 years, 34 with limited cutaneous involvement and 14 with diffused cutaneous involvement) diagnosed according to the 2013 ACR/EULAR criteria⁴ were randomly enrolled at their follow-up visit for a further more detailed analysis. After consent, all participants underwent serological testing for VCA-IgM, VCA-IgG and EBNA-IgG and CMV IgM and IgG, to determine prior or actual EBV and/or CMV infection. All SSc patients underwent also to clinical examination and instrumental evaluations according to SSc clinical standard follow up.

Results: Results for EBV seroprevalence were: VCA-IgM negative=43 (87%), positive=4 (8,2%), borderline=2 (4,1%) in all SSc patients. VCA-IgG resulted positive in 48 patients (98%) and EBNA-IgG resulted positive in 40 (81,6%) patients, borderline in 4 (8,2%) and negative in 5 (10,2%) patients. Forty-six (93,9%) patients resulted positive for CMV-IgG and 22 (44,9%) showed detectable CMV IgM. Consequently, EBV and CMV seroprevalence was significantly higher (p=0.01 and p=0.032 respectively) than that calculated in general population (90% and 80% respectively). Interestingly, the presence of higher CMV-IgM correlated linearly with higher pulmonary arterial pressure values (p=0.036) and was different in patients with or without sicca syndrome (p=0.012) and arthralgias