thickening +Raynaud's Phenomenon or peripheral vascular involvement +Positive ANAs+One visceral organ involvement typical of SSc +Absence of another defined connective tissue disease. Demographic, clinical and laboratory profile of all patients were analysed.

Results: Among the 249 patients included in this study, patients with limited cutaneous systemic sclerosis were 59.4% (n=148) and diffuse cutaneous systemic sclerosis were 31.3% (n=78). 9.2% (n=23) of patients satisfied poormoghim criteria for Systemic Sclerosis sine scleroderma. The following characteristics of Systemic Sclerosis sine scleroderma were observed in our cohort. Dyspnoea (82.6%) was the most common presenting complaint and Raynauds (100%) the most common sign observed. Most common internal organ involvement was oesophageal dysfunction (78%) followed by lung involvement in the form of interstitial lung disease (52.1%) and pulmonary hypertension (47.8%). Renal involvement was not observed in any of the patients. Most common autoantibody detected among patients with Systemic Sclerosis sine scleroderma was anti-centromere antibody (78.2%) followed by anti-scl70 antibody (21.8%). Nine patients (39.1%) received pulse cyclophosphamide therapy and 3 patients received rituximab therapy in view of interstitial lung disease.

Abstract AB0736 – Figure 1

Conclusions: The most common pattern of Systemic Sclerosis sine scleroderma observed in our cohort was Oesophageal dysfunction +Raynauds Phenomenon +Anti centromere antibody positivity +Interstitial lung disease with or without pulmonary hypertension which are usually the characteristics of limited cutaneous type of Systemic Sclerosis. Hence Systemic Sclerosis sine scleroderma could be a subset of limited cutaneous type without the phenotypic skin involvement.

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AB0737

AMINAPHTONE INCREASES SKIN BLOOD PERFUSION AND IMPROVES CLINICAL SYMPTOMS IN PATIENTS WITH RAYNAUD'S PHENOMENON INDEPENDENTLY FROM DIFFERENT TREATMENT BACKGROUNDS

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Background: Aminaphtone is a vasoactive drug that was recently demonstrated to improve both peripheral blood perfusion (BP) and clinical symptoms of Raynaud's phenomenon (RP) in patients with either primary or secondary RP to systemic sclerosis (SSc).¹⁻²

Objectives: The aim of this study was to evaluate possible interferences of different treatment backgrounds on both skin BP and RP-related clinical symptoms in patients treated with aminaphtone, during a six-month follow-up.

Methods: Forty-six patients with active RP were enrolled during routine clinical assessment after informed consent (11 primary RP, mean age 49±19 SD years, mean RP duration 6±3 years; and 35 secondary RP to systemic sclerosis, mean age 61±17 years, mean RP duration 11±9 years). Aminaphtone was orally administered 75 mg twice daily in addition to current treatments, and all patients were on a stable drug regimen for at least two months, which remained unmodified during the follow-up. All patients were taking cardioaspirin. Six groups of treatment backgrounds were identified: 1) no further treatments (12 patients); 2) hydroxy-chloroquine (2 patients); 3) colchicine (5 patients); 4) methotrexate (3 patients); 5) cyclosporine A (6 patients); 6) mycophenolate (6 patients); 7) proton-pump inhibitors (12 patients). Blood perfusion was measured by Laser Speckle Contrast Analysis (LASCA)³ at the level of fingertip, periungual areas, dorsum and palm of hands, and face at baseline (T0), after one (T1), four (T4), twelve (T12) and twenty-four (T24) weeks of treatment. Raynaud's condition score (RCS) and both frequency and duration of Raynaud's attacks were assessed at the same time. Statistical analysis was performed by non-parametric tests.

Results: During aminaphtone treatment, a progressive statistically significant increase of blood perfusion, as well as an improvement of RP clinical symptoms (decrease of RCS, frequency and duration of RP attacks/day), were observed in all above reported seven groups of RP patients with different treatments backgrounds from T0 to T12 in all skin areas (p<0.01). There were no statistically significant difference between the seven groups of patients concerning skin BP at different times (p=0.60). The results were similar in both primary and secondary (SSc) RP patients (p=0.40). Aminaphtone administration had to be stopped in 2 patients due to headache, and one patient was lost during follow-up.

Conclusions: This study demonstrates that the increase of skin blood perfusion and the improvement of RP clinical symptoms is not influenced by different treatment backgrounds in RP patients treated with aminaphtone. These preliminary results should be further confirmed by a randomised blind clinical trial.

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AB0738

IMPROVEMENT OF DERMAL THICKNESS IN SYSTEMIC SCLEROSIS PATIENTS TREATED WITH ENDOTHELIN RECEPTOR ANTAGONIST: LONG TERM STUDY BY HIGH FREQUENCY ULTRASOUND

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Background: Systemic sclerosis (SSc) is a connective tissue disorder characterised by skin involvement, which may be evaluated by both modified Rodnan skin score (mRSS) and skin high frequency ultrasound (US).¹⁻⁴ Endothelin-1 (ET-1) seems implicated in the development of dermal fibrosis in SSc.⁵ Bosentan, a dual ET-1 receptor antagonist seems effective in reducing skin fibrosis in SSc patients.^{6,7}

Objectives: The aim of this study was to evaluate by US the long-term effects of bosentan on dermal thickness (DT) in SSc patients, in combination with long-term cyclic intravenous iloprost versus iloprost monotherapy.

Methods: Thirty-eight SSc patients were enrolled during their standard treatment for digital ischemia. At baseline (T0), 19 patients already receiving cyclic intravenous infusion of iloprost (5 continuous days, average 80 mcg/day, every two