Conclusions: Our data from a large CTD cohort suggest that rare Abs associate with distinct features in particular ILD and inflammatory myositis. A majority of these patients fulfil the criteria for overlap syndrome and SSc.

Disclosure of Interest: None declared

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AB0747 INTERSTITIAL LUNG DISEASE IS INDEPENDENTLY ASSOCIATED WITH INCREASED FAECAL CALPROTECTIN LEVELS IN SYSTEMIC SCLEROSIS

C. Caimmi¹, E. Bertoldo¹, A. Venturini¹, P. Caramaschi¹, L. Frulloni², R. Cicciocioppo², S. Brunelli², L. Idolazzi¹, D. Gatti¹, O. Viapiana¹, M. Rossini¹.
¹Rheumatology Unit, ²Gastroenterology Unit, University of Verona, Verona, Italy

Background: Interstitial lung disease (ILD) is one of the leading cause of death in systemic sclerosis (SSc).

Objectives: The aim of this paper was to evaluate the relationship between faecal calprotectin (FC) and ILD.

Methods: 129 outpatients with SSc were enrolled. Data about disease characteristics, in particular lung involvement, were collected and FC was measured.

Results: Eighty-seven patients (67.4%) had a limited subset with a mean disease duration of 13.3 (7.1) years. Anti-Sc170 antibodies were found in 35 (27.1%) patients. GI tract involvement was severe/end stage in 3 cases (2.4%). ILD affected 35 patients (27.1%). Median levels of FC were 80 µg/g (157 µg/g). FC was found to be higher in patients with a moderate/severe/end stage score for gastrointestinal tract (p=0.046) and on steroids (p=0.015). In addition, it positively correlated with age (p<0.001).

Other than well-known risk factors such as higher mRSS or diffuse subset, patients with ILD had higher values of FC (p<0.001). In multivariate analysis correcting also for factors affecting FC levels (i.e. disease duration, mRSS, Valentini activity score, total Medsger severity score, proton pump inhibitor, anti-Sc1-70 antibody, diverticulosis, limited cutaneous subset, faecal calprotectin levels, steroid treatment), diffuse disease subset (p=0.001), higher mRSS (0.04), longer disease duration (0.046), higher severity scores (0.026), higher FC levels (p=0.003) and steroid treatment (0.014) were associated with increased risk of ILD, while diverticulosis was protective. In addition, we ran a second multivariate analysis considering the 110 cases with FC level <275 µg/g, in order to correct for a possible small intestine bacterial overgrowth. Increased FC levels (p=0.019), steroid treatment (p=0.03), higher severity scores (p=0.016) and diffuse disease subset (p=0.002) were confirmed to be associated with ILD.

Conclusions: in this paper we have found a possible link between gut inflammation and ILD. Many hypothesis may be done but it is intriguing that these data further support what previously found by other authors (Andreasson et al. 2016), that is a correlation between gut inflammation and dysbiosis and non-gastrointestinal disease manifestation. Our study may support the hypothesis of a role of gut

dysbiosis in triggering a pathologic immune response leading to ILD. It may also be that increased FC simply reflects a more severe disease but this still doesn't explain why only ILD was found to be linked with FC. Is it because lung is a filter of molecule (i.e. antigens, cytokines, metabolites, etc.) produced in the gut? Further studies with longitudinal evaluation are warranted.

Disclosure of Interest: None declared

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AB0748 POLIAUTOIMMUNITY IN SCLERODERMA: DATA FROM DE SPANISH SCLERODERMA REGISTRY

D. Sanchez-Cano¹, M. Trigo-Rodríguez¹, A. Guillén del Castillo², on behalf of RESCLE, R. Ríos-Fernández³, C. Tolosa-Vilella³, on behalf of RESCLE, M. Rubio-Rivas⁴, on behalf of RESCLE, M. Freire⁵, on behalf of RESCLE, J. A. Todolí-Parra⁶, on behalf of RESCLE, M. Rodríguez-Carballera⁷, A. Marín-Ballvé⁸, on behalf of RESCLE, V. Fonollosa-Pla⁹, on behalf of RESCLE, C.P. Simeón-Aznar¹⁰, on behalf of RESCLE. ¹Unidad de Enfermedades Autoinmunes Sistémicas, Hospital Campus de la Salud, Granada; ²Unidad de Enfermedades Autoinmunes Sistémicas, Hospital Vall D'Hebron, Barcelona; ³Servicio de Medicina Interna, Corporación Sanitaria Universitaria Parc Taulí, Sabadell, Barcelona; ⁴Unidad de Enfermedades Autoinmunes Sistémicas, Hospital Universitario de Bellvitge; ⁵L'Hospitalet de Llobregat, Barcelona; ⁶Unidad de Enfermedades Autoinmunes Sistémicas, Complejo Hospitalario Universitario de Vigo, Vigo; ⁷Servicio de Medicina Interna, Hospital Universitario y Politécnico La Fe, Valencia; ⁸Servicio de Medicina Interna, Hospital Universitario Mútua Terrassa, Terrassa; ⁹UNIDAD de Enfermedades Autoinmunes Sistémicas, Hospital Clínico Universitario Lozano Blesa, Zaragoza; ¹⁰UNIDAD de Enfermedades Autoinmunes, Hospital Universitario Vall d'Hebron, Barcelona, Spain

Background: Systemic sclerosis (SSc) is a disorder with a well-known autoimmune base. There is evidence suggesting a common background with other connective tissue diseases, thus predisposing to the development of other autoimmune disorders in these patients, that is, poliautoimmunity (PAI).

Objectives: To assess PAI in a cohort of SSc patients.

Methods: A nationwide, cross-sectional study was performed including the 1928 patients enrolled in the Spanish SSc Registry (RESCLE). Ethics Committee approval was obtained by all participating centres.

Results: Prevalence of PAI was 45%, with 32% having more than one association. Most of these patients were women (93%, p<0.001), with older age at diagnosis (53.7±14.7 years, p=0.027). Regarding subtypes, PAI was significantly more frequent in limited cutaneous SSc (48%, p=0.004) and pre-SSc (47%, p<0.001). Sjögren's syndrome was by far the most common association (55%), followed by global autoimmune thyroid disorders (31%), autoimmune liver disorders (17%) and inflammatory myopathies (12%). Clinical features are shown on table 1.

Abstract AB0746 – Table 1. Diagnosis and clinical features in patients positive for rare antibodies

Antibody(n, %)	Diagnosis					Clinical features					
	SSc	SLE	SS	IM	Overlap	UCTD	ILD	PAH	IM	Arthritis	Renal
Jo1(72)	0	0	0	51 (70.8)	21 (29.2)	0	51 (70.8)	11 (15.3)	72(100)	21 (29.2)	0
PCNA ⁽⁷⁾	1 (14.3)	6 (85.7)	0	0	0	0	0	1 (14.3)	0	4 (57.1)	3 (42.9)
XR ⁽²²⁾	9 (40.9)	6 (27.3)	0	0	7 (31.8)	0	9 (40.9)	7 (31.8)	3 (13.6)	6 (27.3)	1 (4.5)
PL-4(11)	0	11(100)	0	0	0	0	0	0	0	0	5 (45.5)
PL-7(17)	2 (11.8)	0	0	9 (52.9)	6 (35.3)	0	14 (82.4)	0	15 (88.2)	5 (29.4)	0
PL-12 ⁽¹²⁾	2 (16.7)	2 (16.7)	1 (8.3)	5 (41.7)	2 (16.6)	0	9 (75.0)	0	6 (50.0)	4 (33.3)	1 (8.3)
SRP ⁽⁹⁾	0	0	0	5 (55.6)	4 (44.4)	0	6 (66.7)	2 (22.2)	9 (100.0)	1 (11.1)	0
Ku ⁽⁴⁷⁾	14 (29.8)	5 (10.6)	0	2 (4.3)	21 (44.7)	5 (10.6)	21 (44.7)	2 (4.3)	8 (17.0)	16 (34.0)	4 (8.5)
MI-2(7)	0	0	0	6 (85.7)	1 (14.3)	0	4 (57.1)	0	1 (14.7)	0	0
EJ ⁽²⁾	1 (50.0)	0	0	0	1 (50.0)	0	1 (50.0)	0	0	0	0
SL(94)	33 (35.1)	34 (36.1)	10 (10.6)	1 (1.1)	10 (10.7)	6 (6.4)	16 (17.0)	9 (9.6)	12 (12.7)	36 (38.3)	14 (14.9)
Pm/Sc1(182)	70 (38.7)	2 (1.1)	1 (0.6)	6 (3.3)	99 (54.7)	3 (1.7)	75 (41.4)	11 (6.1)	94 (51.9)	35 (19.3)	10 (5.5)
rRNP ⁽⁵⁾	0	5 (100)	0	0	0	0	1 (20.0)	0	0	2 (40.0)	3 (60.0)
Th/To ⁽⁴⁰⁾	34 (85.0)	0	0	1 (2.5)	4 (10.0)	1 (2.5)	16 (40.0)	10 (25.0)	5 (25.0)	2 (5.0)	1 (2.5)
NuMA-1(2)	2 (100.0)	0	0	0	0	0	0	0	0	1 (50.0)	0
OJ ⁽¹⁾	0	0	0	1 (100.0)	0	0	1 (100.0)	0	1 (100.0)	1 (100.0)	0
hnRNP ⁽³⁾	0 (0.0)	2 (66.7)	0 (0.0)	0 (0.0)	0 (0.0)	1 (33.3)	0 (0.0)	0 (0.0)	0 (0.0)	3 (100.0)	0 (0.0)