patient 2. CDAL decreased from 31.8 to 7.4 in 12 months in patient 1 and 34.6 to 10.7 in patient 2. Skin thickness evaluated with the 17 site modified Rodnan skin score improved in patient 1 (from 23 to 2) and patient 2 (from 15 to 8) in 12 months.

Adverse reactions were observed cellulitis in right foot planter at 6 week treatment in patient 2. She did withdrawal tocilizumab for 4 week. After cure cellulitis, she continued tocilizumab treatment.

Conclusions: In the two cases of RA with SSc that we report here, softening of the skin was observed during the treatment with tocilizumab. Tocilizumab may be effective against RA and SSc for which conventional treatment is inadequate.

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AB0768 OSTEOMYELITIS COMPLICATING DIGITAL ULCERS IN SYSTEMIC SCLEROSIS

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Background: Skin ulcers are a frequent manifestation of systemic sclerosis (SSc). Skin ulcers are painful, represent a cause of disability and heavily affect patients' quality of life. The presence of local infection may be responsible for osteomyelitis (OM) of the underlying bone. If gangrene develops, surgical amputation may be required. At the moment is not clear if there are predisposing factors to osteomyelitis development.

Objectives: To describe a population of SSc patients affected by cutaneous ulcers and osteomyelitis

Methods: We collected data of SSc patients satisfying the 2013 ACR criteria for SSc referring to our outpatient clinic from January 1st 2016 to December 31st 2017. The patient's data were evaluated on the basis of individual clinical records, including demographic, clinical and serological findings. Cutaneous ulcers were defined as epithelial loss and loss of dermis; post-traumatic skin lesions were excluded. In cases suspected of infection, microbiological investigations were carried out. We have diagnosed OM by clinical, radiological and laboratory means, in particular the presence of pain, swelling, fever, erythema, purulent secretions, blood chemistry alterations and typical radiological characteristics at either plain X ray and/or MRI. Statistical analysis was performed using STATA software for descriptive analysis and groups comparisons. Given the low number of events only univariate analysis was conducted.

Results: A total of 189 patients were enrolled in the study. Of them, 21 (11.1%) were males, mean age was 64.39±12.5 years and median disease duration 11.59 (5.6–19.3) years. A diffuse cutaneous (dcSSc) involvement was present in 50 (26.5%), limited cutaneous (lcSSc) in 131 (69.3%) and a limited disease in 8 patients (lSSc) (4.2%). Digital ulcers (DU) were present in 29 patients (15.3%) and in 5 cases (2.6%) were complicated by the occurrence of OM. The pathogens responsible of the infections were isolated in 3/5 (60%) cases and were represented by: Methicillin-sensitive *Staphylococcus Aureus* (2 cases) and *P. Aeruginosa*, also multisensitive. OM affected the third finger of right hand in 2 (40%) patients, the second finger of right hand in 1 (20%) patient and the third finger of left hand in 2 patients (40%). In 2 cases (40%) surgical amputation had to be performed. Patients with OM were significantly younger (54.9±16.07 vs 64.65±12.34, p 0.0432) and had higher CRP levels than the rest of the patients (1.27±0.59 vs 0.42±0.74, p 0.0061). In patients with DU, the only predictive factor for the development of OM was the total number of ulcers in the single patient (OR 2.27, 1.39–3.71, p<0.001) while no significant influence was found for other demographic or disease specific parameter.

Conclusions: OM is a severe complication of DU in SSc. In most cases the aetiological agents are community-acquired pathogens. SSc patients with OM were younger but did not show any other obvious distinguishing feature. The number of ulcers in the single patients were predictive of OM development. Further and larger studies are needed to address this aspect of the microvascular involvement of SSc.

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AB0769 SCLERODERMA MIMICS IN COHORT FROM AN EUSTAR CENTRE

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Background: The differential diagnosis of systemic sclerosis (SSc) can be sometimes challenging, especially when you have symmetrical skin thickening, Raynaud's phenomenon (RP) or acroosteolysis. When symptoms and signs are unclear, patients should be referred to a specialist centre for assessment to differentiate between scleroderma and its mimics.

Objectives: Assessing the types of scleroderma mimics presenting in a tertiary care centre and underlining the diagnosis difficulties.

Methods: We evaluated a cohort of 140 patient admitted in our clinic with the suspicion of SSc from January 2007 until December 2017. 130 of them are with SSc and 10 patients with scleroderma mimics. The patients were evaluated for quality and distribution of skin involvement, the presence of systemic complications, the presence of scleroderma specific antibodies and the capillaroscopic pattern. If they haven't met any criteria for SSc, they underwent further specific investigations.

Results: From the 140 patients evaluated, 10 (7.14%) were with scleroderma mimics. All these 10 patients were admitted in our clinic with the suspicion of SSc. 3 of them had severe RP, one had acroosteolysis and 6 had symmetric skin thickening. There were 4 males and 6 females. All the patients had no organ involvement (pulmonary arterial hypertension or pulmonary fibrosis), normal capillaroscopic pattern and negative antinuclear antibodies and negativespecific scleroderma antibodies. The patients with RP had no skin sclerosis or other clinical or laboratory changes and the diagnostic was primary RP. The patient with acroosteolysis had no skin sclerosis or RP and after genetic testing a diagnosis of Hajdu-Cheney syndrome was made. The 6 patients with skin thickening had no RP. There were 2 patient with solvent induced scleroderma, 2 with scleroedema adlutorum, 1 with scleromixedema, 1 with eosinophilic fasciitis. The 2 patients with solvent induced scleroderma had sclerodactily and one of them the "prayer sign" and they had a complete resolution of skin sclerosis after eliminating the solvent exposure after a few years of follow up. The 2 patients with scleroedema adlutorum had no underlying gammopathy or infections. The patient with eosinophilic fasciitis had extended skin thickening with eosinophilia ant typical aspect on MRI, with partial clinical resolution after immunosupresion. The patient with scleromixedema had associated hypothyroidism. The period from first symptoms to diagnosis was variable from months to years.

Conclusions: Even though are rare, scleroderma mimics can be a challenging diagnostic even in tertiary care centre and sometimes diagnostic can be delayed. A correct diagnostic is necessary to avoid unnecessary immunosupresion.

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AB0770 18 FDG PET/CT PREDICTS DECLINE IN FUNCTIONAL RESPIRATORY TESTS IN SYSTEMIC SCLEROSIS PATIENTS BUT NOT IN RHEUMATOID ARTHRITIS PATIENTS

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Background: Interstitial lung diseases (ILD) it's a frequent complication in connective tissue diseases (CTD) such as rheumatoid arthritis (RA) or systemic sclerosis (SS), but the lung is the only affected organ in the idiopathic pulmonary fibrosis (IPF). Nonspecific interstitial pneumonia (NSIP) is the more frequent form in SS while usual interstitial pneumonia (UIP) predominates in RA patients and in the IPF form. Some studies suggested that 18-FDG-PET/CT could help to detect zones of activity in lung tissue in IPF and this in turn could predict the disease

progress, but results are inconclusive. Moreover, little is known about the value of 18-FDG PET uptake in ILD associated to RA or SS.

Objectives: The purpose of this study is to evaluate the predictive value of 18 FDG-PET/CT scan images in functional pulmonary progression of ILD associated to RA or SS.

Methods: We conducted a 12 month prospective observational study on patients diagnosed with ILD associated to SS or RA between January 2015 and May 2017. ILD diagnosis was based on clinical assessment, pulmonary function tests (PFTs) and expert HRCT evaluation. We performed three visits: basal, 6 month and 12 month. On all visits a general exploration, forced vital capacity (FVC) and diffusing capacity of the lungs for carbon monoxide (DLCO) were carried out. On basal and 6 month visit a 18-FDG-PET/TC was performed within a period of three months from the PFTs. Patients continued with their treatment (corticosteroids, DMARDs or immunosuppressants). The nuclear medicine physician identified the maximum and mean standardised uptake value (SUVmax and SUVmean) in the three areas with the most FDG uptake, and adenopathies uptake. PET/CT images were reviewed by 2 combined radiologist/nuclear medicine physicians in consensus.

Results: We included 17 patients, 10 had UIP associated with RA and 7 NSIP related to SS. It appeared that RA patients had longer lung illness evolution and worse FVC than SS patients (table 1), in spite of not having found statistical differences. We detected significant statistical relation between the highest SUVmax and FVC ($p=0.009$) or DLCO progression ($p=0.006$) in SS patients, independently of the basal FVC and DLCO, and duration of lung illness in a multivariable linear mixed model. We didn't find any relation between SUVmax and FVC or DLCO progression in RA patients.

Conclusions: In our cohort of patients with SS, 18 FDG PET/TAC can aid in predicting the progression of ILD associated disease, which does not occur in RA patients.

Disclosure of Interest: None declared

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AB0771

ABNORMAL CAPILLAROSCOPY AND PULMONARY HYPERTENSION IN PATIENTS WITH SYSTEMIC SCLEROSIS

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Background: Systemic sclerosis (Ss) is an autoimmune disease characterised by microvascular damage with clinical manifestations such as Raynaud Phenomenon, digital ulcers, abnormal capillaroscopy and pulmonary hypertension. Systemic sclerosis is a major risk factor for the development of pulmonary arterial hypertension. Positive capillaroscopy has been associated with involvement of pulmonary vasculature.

Objectives: To determine if there is association between abnormal capillaroscopy and pulmonary hypertension in patients with systemic sclerosis.

Methods: Cross-sectional study with a study group of 48 patients with Ss according to ACR/EULAR 2013 criteria; we included a control group with Rheumatoid arthritis patients (RA) and healthy subjects. The peripheral microangiopathy was studied by nailfold capillaroscopy and pulmonary involvement by transthoracic echocardiography. Descriptive statistics with mean and standard deviation were done. We did a chi-square test of homogeneity for groups comparison. Pearson's test was done for correlation analysis. We used SPSS software for statistics.

Results: 48 patients with Ss were included, 24 with RA and 24 subjects. 96% were women mean age 48 (± 13.6). More frequent co-morbidities were systemic hypertension 17% in Ss vs 25% in RA. The most frequent clinical finding was Raynaud phenomenon in 81% and dysphagia in 67%. 64% of the patients with Ss were positive to anti-centromere antibody. Abnormal capillaroscopy was found in 77% of the Ss patients with the following patterns: early 42%, active 33% and late 23%, also we found abnormal capillaroscopy in 8% of the AR and healthy controls. We found 6% of pulmonary hypertension in Ss 4% was mild and 2% severe. Positive Correlations were Abnormal capillaroscopy and Lung interstitial disease $r=0.36$ ($p=0.009$), active pattern $r=0.385$ ($p=0.006$), dilated capillaries $r=0.457$

($p=0.001$). The Modified Rodnan score was correlated with: active pattern $r=0.525$ ($p=0.000$), dilated capillaries $r=0.444$ ($p=0.001$) and avascular areas $r=0.495$ ($p=0.000$). We did not find association between abnormal capillaroscopy and pulmonary hypertension $r=0.106$ ($p=0.300$)

Conclusions: We found positive association between abnormal capillaroscopy and interstitial lung disease and no correlation with pulmonary hypertension

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AB0772

PROSPECTIVE STUDY OF CARDIOVASCULAR RISK ASSESSMENT IN SYSTEMIC SCLEROSIS

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Objectives: Evaluate evolution of cardiovascular risk (CVR) in a cohort of systemic sclerosis (SSc) in one year of follow-up.

Methods: Prospective longitudinal study of a cohort of 45 patients with SSc during a period of one year. Sociodemographic and analytical variables were analysed at the time of inclusion in the study (baseline) and after 12 months of follow-up. The vascular protocol with carotid ultrasound was performed, including the determination of carotid intima-media thickness (IMT) and the evaluation of atheromatous plaques; in addition to the performance of the ankle-brachial index (ABI) and the determination of endothelial dysfunction (ED) through the measurement of flow-mediated vasodilation (FMVD), all at baseline and at one year.

Results: 45 patients were included, 94% of them female, with a mean age of 52.2 ± 11.5 years and mean evolution time of 4.6 ± 5.1 years. The distribution by subgroups was 44.4% limited SSc, 35.5% diffuse SSc, 4.4% pre-scleroderma, 4.4% sine scleroderma SSc, 6.6% MTCD, and 4.4% overlap syndrome. Classical CVR variables were collected as smoking habit, DM, HTN, obesity, DLP, hyperhomocysteinemia, and clinical variables of the SSc were added such as modified Rodnan Skin Score (mRSS), pulmonary arterial hypertension (PAH), interstitial lung disease (ILD), capillaroscopic pattern, SSc specific antibodies and previous treatments.

A bivariate analysis was performed using binomial logistic regression, both at baseline and at one year. Pathological IMT (>0.9 mm) was significantly associated with hyperhomocysteinemia ($p=0.024$, OR=3.03, CI 1.33–9.58). The presence of atheromatous plaque was associated with corticosteroid treatment ($p=0.048$, OR=0.58, CI 0.28–0.97). Pathological ITB (<0.9) was significantly associated with the 25-OH-vitamin D deficit ($p=0.031$, OR=0.25, CI 0.06–0.77). ED did not show a statistically significant association with the parameters studied.

To evaluate the effect of time, a binomial model was adjusted by linear regression of mixed effects for the variables of CV affection considered (see table 1). Time proved to be a risk factor to present pathological ITB values, since it was evidenced at baseline in 4.4% of the sample compared to 20% in the one-year study. Consequently, a multivariate analysis was performed showing pathological ABI was significantly associated to time ($p<0.001$, OR=59.7, CI 59.64–59.75) and mRSS, although with little effect ($p<0.001$, OR=0.042, IC 0.036–0.047). Time was not a risk factor for the appearance of pathological IMT, ED or plaques.