analyse associations between MDI score and clinical characteristics. P value <0.05 was considered as a statistically significant.

Results: Fifty subjects participated, 75% were women, mean age at diagnosis was 40.7 years (SD $\pm$) and mean duration of the disease was 11.8 $\pm$ 8.3 years. Thirty-one percent of patients had polymyositis, 31% dermatomyositis, 12% juvenile dermatomyositis, 10% overlap myositis (mainly systemic lupus erythematosus, scleroderma and rheumatoid arthritis). The mean Charlson index was 2.7 $\pm$ 2.4. Eighty-one percent had a score greater than 0 for at least one category; majority within the endocrinological systems (55%), skeletal (51%), gastrointestinal (35%). The mean total damage score (MDI) was 3.6 $\pm$ 2.9. The mean score for the total damage according to the MYODAM score was 6.9 $\pm$ 5.1. A moderate correlation between the MDI score and the use of glucocorticoids (r 0.3, CI 95% 0.1–0.6, $p<0.01$). No associations between damage and activity of the disease or IIM subgroup were observed.

Abstract AB0794 – Figure 1

Conclusions: Most patients with IIM develop some kind of damage, with greater impact on the endocrinological, skeletal and gastrointestinal systems. There increases with the time of evolution and the use of steroids in a non-linear way. Therefore, these results should be taken into account in the decision-making process in long-term treatment.

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AB0795 LONG-TERM EFFICACY AND SAFETY OF RITUXIMAB IN SYSTEMIC SCLEROSIS REFRACTORY TO CONVENTIONAL IMMUNOSUPPRESSANTS

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Background: Recent studies^{1 2} have shown that B-cells are involved in the pathogenesis of systemic sclerosis (SSc) suggesting that B-cell depletion might have a role in the treatment of the disease³.

Objectives: To describe the long-term efficacy and safety profile of Rituximab (RTX) in SSc patients who failed previous conventional immunosuppressive drugs.

Methods: We retrospectively analysed medical records of all SSc patients treated with Rituximab in our Rheumatology Unit from July 2011 to December 2017. Disease manifestations, particularly skin, pulmonary and articular involvement, were evaluated at baseline (T0), at 8 $\pm$ 2 months (T1) and at the last follow-up visit (T2).

Results: Thirteen patients, 11 females and 2 males, were treated with 32 RTX cycles (median per patient 2.5, range 1–4). Eleven patients had diffuse and 2 limited cutaneous form; all had positive ANA, 9 anti-TopoI, 2 anti-RNA polIII, and 1 anti-SSA.

The mean age at first RTX infusion was 49.3 $\pm$ 13.6 years and the mean disease duration was 6.5 $\pm$ 3.3 years. The main indications to RTX were: interstitial lung disease (11/13), worsening of skin involvement (6/13) and arthritis (5/13), refractory to at least one previous immunosuppressive drug (median 2, range 1–3). Twelve patients were treated with mycophenolate mofetil, 5 with cyclophosphamide, 4 with methotrexate and 2 with azathioprine.

All patients were treated with RTX (1000 mg twice, two weeks apart). Twelve patients received more than one cycle; the interval between cycles was 12.7 $\pm$ 5.4 months. The mean follow-up period was 41.4 $\pm$ 21.9 months.

Five patients had arthritis and we observed complete remission of arthritis in all of them. 8 months after the first RTX administration arthritis relapsed in 4 patients who were successfully retreated.

We did not observe a significant decrease in modified Rodnan Skin Score over time (T0: 15.6 $\pm$ 6.9, T1: 14.6 $\pm$ 7.8, and T2: 13.1 $\pm$ 8.3; $p=ns$).

Lung involvement, detected in 11/13 patients, remained radiologically stable in 8 patients and worsened in 3. No significant changes in the pulmonary function tests was observed from T0 to T2.

Five patients had a follow-up longer than 33 months after the last RTX cycle: 3 patients had a stable disease, 1 developed severe PAH and 1 lung neoplasia.

CD19 cell depletion ($<2\%$) was observed after each RTX cycle, without significant changes in immunoglobulin levels. No infusion reactions were observed. We registered only one severe side effect: hand cellulitis in a patient with digital ulcer, requiring hospitalisation.

Conclusions: Our experience suggests that RTX is well tolerated and could be effective in the management of severe and refractory SSc manifestations.

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AB0796 SHORT TERM TREATMENT RESPONSE TO INTRAVENOUS PULSE CYCLOPHOSPHAMIDE TREATMENT IN CONNECTIVE TISSUE RELATED INTERSTITIAL LUNG DISEASE

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Background: Interstitial lung disease (ILD) is a major cause for morbidity and mortality in patients suffering from connective tissue diseases. Early detection and prompt recognition of symptoms with appropriate treatment is necessary for effective control of the disease and for better prognosis and long-term survival. Various treatments have been approved based on observational studies. We have very few studies as regards ILD treatment from the Indian subcontinent. In a resource constrained country like India, we mainly rely on cheap drugs like cyclophosphamide. We have done a study to assess the short-term treatment response of connective tissue related interstitial lung disease to cyclophosphamide in a tertiary centre in India.

Objectives: 1.To assess short treatment outcome for Connective tissue disease related interstitial lung disease treated with intravenous pulses of cyclophosphamide (CYP) based on improvement in-

Lung function 1) Forced vital capacity (FVC)% predicted, forced expiratory volume in first second (FEV1)% predicted 2) Dyspnoea Borg scale 3) Cough visual analogue score

2. To determine the factors affecting treatment outcome like age, sex, duration of the connective tissue disease, type of connective tissue disease, HRCT type and presence of PAH.

Methods: A cohort study was conducted in the Department of General Medicine, Rheumatology and Pulmonology in Amala Institute of Medical Sciences, Thrissur, Kerala from November 2015 to June 2017, that evaluated 74 patients who were having connective tissue disease related ILD. Detailed history and a thorough clinical examination was done. Treatment with 6 intravenous pulses of cyclophosphamide was done and response was assessed after 6 months. Response to treatment and associations were analysed using SPSS software (version 15). Method used for statistical analysis was Chi-Square test and paired t test.

Results: