Extending the classification to probable besides defined, 38/60 (63.3%) met Bohan and Peter criteria and 51/60 (85%) met EULAR/ACR criteria. Table 1 shows percentage of patients meeting each criteria set by clinical subtype.

Patients with available muscle biopsy (n=14) were subanalyzed: 11/14 (78.6%) muscle biopsy were compatible with IIM (3 not compatible, but previously treated), DM 3/11 (28.6%), ASS 1/11 (7.1%) and CTD-OM 7/11 (50%). 7/11 (50%) met Bohan and Peter criteria, 8/11 (78.6%) met Tanimoto criteria and 8/11 met EULAR/ACR criteria. If extended to probable cases, 11/11 (100%) met Bohan and Peter criteria and 10/11 (91%) EULAR/ACR criteria.

Table 1 Fulfillment of different criteria set by IIM subtype

<table>
<thead>
<tr>
<th>IIM subtype</th>
<th>Probable</th>
<th>Definite</th>
<th>Total</th>
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<tbody>
<tr>
<td>DM (n=11)</td>
<td>10/11 (100%)</td>
<td>1/11 (100%)</td>
<td>12/11</td>
</tr>
<tr>
<td>Ass (n=11)</td>
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<tr>
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<td>7/8 (88%)</td>
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<td>Total</td>
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<td>9/30 (30%)</td>
<td>36/60</td>
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Conclusions: EULAR/ACR criteria performed especially well for DM, and were the only criteria set met by CMD patients.

PM patients failed to meet Bohan and Peter and EULAR/ACR criteria for definite disease, probably due to low availability of EMG and muscle biopsy. This was similar for pure PM and PM/CTD-OM.

Tanimoto criteria were the most sensitive for classification of ASS patients, which could be explained because they consider arthritis among clinical features.

When considering probable and defined cases, EULAR/ACR criteria were highly sensitive in this real world cohort

Disclosure of Interest: None declared


THU0423

EPIDEMIOLOGY AND SURVIVAL OF SYSTEMIC SCLEROSIS-SYSTEMIC LUPUS ERYTHEMATOSUS OVERLAP SYNDROME

S. Alharbi1,2,3, Z. Ahmad1, A. Bookman4, Z. Touma5, J. Sanchez-Guerrero1,4, N. Mitsakakis1,5, S.R. Johnson1,2,4.

EULAR/ACR criteria. If extended to probable cases, 11/11 (100%) met Bohan and Peter criteria, 8/11 (78.6%) met Tanimoto criteria and 8/11 met EULAR/ACR criteria. When extended to probable cases, 11/11 (100%) met Bohan and Peter criteria and 10/11 (91%) EULAR/ACR criteria.

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Disclosure of Interest: None declared


THU0424

ARTICULAR INVOLVEMENT IN SYSTEMIC SCLEROSIS: COMPARISON OF CLINICAL, RADIOGRAPHIC AND SONOGRAPHIC FINDINGS

S. Thiébaut1, K. Louali2, E. Gaigneux1, M. Gatlosse1, S. Riviere1, J. Sellam3, F. Berenbaum2, O. Fain1, A. Meknian1, O. Distler6, Y. Allanore7, S. Guiducci1, M. Matucci Cerinic1.

Background: Joint involvement in Systemic Sclerosis (SSc) is frequent and varied.1,2

Objectives: We study US synovitis and its correlation with clinical synovitis, radiological erosions and organ involvement.

Methods: In a prospective cohort of SSc patients, tender and swollen joint counts, DAS28-CRP, hand US sonographies, X-ray hand views, as well as respiratory, cardiac, cutaneous and renal characteristics were assessed.

Results: 54 patients were included with a median age of 59 years, between 45 and 85 years of age (83%), with a diffuse cutaneous subtype in 13 patients (24%), 23 patients (52%) presented with arthritis, 9 had clinical synovitis (16%) and DAS28-CRP of 3.7 (2.98–5.40). US synovitis (34 patients) found at least one synovitis in 23 patients: 14 patients with grade 1 (66%), 6 patients grade 2 (29%), 1 patient grade 3 (5%), with a positive power Doppler signal in one case (3%). Among the patients having US-synovitis, 4 had clinical synovitis (17%), and 4 had X-ray erosions (17%). Radiological erosions were present in 8 patients (15%), without any correlation with clinical or US synovitis. Articular involvement (defined as clinical synovitis, US-synovitis and/or articular erosions) were found more frequently in limited SSc (n=28, 72%) than in diffuse SSc (n=4, 31%) (p<0.001), with a more frequent positivity of anti-centromere antibodies (n=23, 60% versus n=3, 20%). No correlation was found with disease severity or other organ impairment.

Conclusions: US synovitis were found more frequently than clinical synovitis, which are merely active, and did not correlate with articular destruction.

REFERENCES:

Disclosure of Interest: None declared


THU0425

18F-FLUORODEOXYGLUCOSE POSITRON EMISSION TOMOGRAHY-COMPUTED TOMOGRAPHY AND LUNG INVOLVEMENT IN SYSTEMIC SCLEROSIS


Background: At early stages, SSc lung involvement is characterised by Ground Glass Opacities (GGO) at High Resolution Computed Tomography (HRCT). However, HRCT scan is not able to provide functional information and to discriminate between an “active inflammatory” and an “established fibrotic” GGO. 18F-FDG Positron Emission Tomography/Computed Tomography (PET/CT) can be used to detect metabolic activity picking up inflammation and provides both morphologic and metabolic data.

Objectives: The aim of this study was to evaluate, if 18F-FDG PET/CT scan may identify the inflammatory component of GGO in SSc interstitial lung disease.

Methods: Seven patients with SSc (1 male and 6 females; mean age 59.56 ± 13.1 SD; median disease duration 5 years), who underwent 18F-FDG PET/CT scan because of cancer screening, were retrospectively analysed. HRCT

Disclosure of Interest: None declared