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 (7.14%) y 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

	Bohan & Peter (%)			Tanimoto (%)	EULAR/ACR (%)		
	Probable	Definite	Total		Probable	Definite	Total
DM (n=20)	60	25	85	35	10	85	95
CADM (n=4)	0	0	0	0	25	75	100
PM (n=4)	75	0	75	50	50	0	50
ASS (n=10)	50	10	60	80	30	70	100
CTD-OM (n=22)	27,3	27,3	54,6	54,50%	41	31,8	72,8
DM/CTD-OM (n=4)	25	50	75	75	0	100	100
PM/CTD-OM (n=18)	27,8	22,2	50	55,5	50	16,6	66,6

Conclusions: EULAR/ACR²⁰¹⁷ performed especially well for DM, and were the only criteria set met by CADM 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

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THU0423 EPIDEMIOLOGY AND SURVIVAL OF SYSTEMIC SCLEROSIS-SYSTEMIC LUPUS ERYTHEMATOSUS OVERLAP SYNDROME

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Background: Systemic sclerosis (SSc) is an immune disorder characterised by vasculopathy and fibrosis that may overlap with another disease such as systemic lupus erythematosus (SLE). Little is known about the epidemiology, clinical characteristics, and survival of SSc-SLE overlap (also called lupoderma). We evaluated the prevalence of SSc-SLE overlap syndrome, differences in SSc clinical characteristics and survival compared with SSc without SLE.

Methods: A cohort study was conducted including subjects who fulfilled the ACR-EULAR classification criteria for SSc and/or the ACR criteria for SLE. The primary outcome was the time from diagnosis to death from all causes. Survival was evaluated using Kaplan Meier curves and Cox Proportional Hazard models.

Results: We identified 1252 subjects (SSc n=1166, SSc-SLE n=86) with a SSc-SLE prevalence of 6.8%. SSc-SLE were younger at diagnosis (37.9 years versus 47.9 years, p<0.001), more frequently had lupus anticoagulant (6% versus 0.3%, p<0.001), anticardiolipin antibody (6% versus 0.9%, p<0.001), and pulmonary arterial hypertension (PAH) (52% versus 31%, p<0.001). SSc-SLE less frequently had calcinosis (13% versus 27%, p=0.007), telangiectasia (49% versus 75%, p<0.001) and diffuse subtype (12% versus 35%, p<0.001). There were no significant differences in the occurrence of renal crisis (7% versus 7%), interstitial lung disease (40% versus 34%), and digital ulcers (38% versus 32%). SSc-SLE had better survival (median 26.1 versus 22.4 years), but this was not statistically significant (log rank p=0.06). Female sex and diffuse subtype attenuated survival differences between groups (Hazard Ratio 0.70, 95% CI 0.45, 1.11).

Conclusions: SSc-SLE are younger at diagnosis, more frequently have PAH, and less frequently have cutaneous manifestations of SSc. SSc-SLE patients should be monitored for pulmonary hypertension, interstitial lung disease, renal crisis and digital ulcers.

Disclosure of Interest: None declared

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THU0424 ARTICULAR INVOLVEMENT IN SYSTEMIC SCLEROSIS: COMPARISON OF CLINICAL, RADIOGRAPHIC AND SONOGRAPHIC FINDINGS

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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,²⁷⁻⁸¹ 45 women (83%), with a diffuse cutaneous subtype in 13 patients (24%). 23 patients (52%) presented with arthralgia, 9 had clinical synovitis (16%) and DAS28-CRP of 3.7 (2.98-5.90). US sonography (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.

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THU0425 18F-FLUORODEOXYGLUCOSE POSITRON EMISSION TOMOGRAPHY/COMPUTED TOMOGRAPHY AND LUNG INVOLVEMENT IN SYSTEMIC SCLEROSIS

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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. 18Fluoro-Deoxy-d-Glucose (18F-FDG) Positron Emission Tomography/Computed Tomography (PET/CT) is able 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 y ±9.15 SD; median disease duration 5 years,²⁻¹¹ who underwent 18F-FDG PET/CT scan because of cancer screening, were retrospectively analysed. HRCT