ANTIPHOSPHOLIPID SYNDROME IN PATIENTS WITH ACUTE MYOCARDIAL INFARCTION

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Background: Antiphospholipid syndrome (APS) is a known cause of thrombotic disorders, including Acute Myocardial Infarction (AMI). Although the incidence of APS in AMI patients it’s not known, it can be an important cause of myocardial infarction especially in young patients.

Objectives: The aim of this study is to evaluate the relationship between antiphospholipid syndrome and acute myocardial infarction in patients presented at cardiac emergency and cardiac reanimation at UHC Mother Tsera, Tirana, Albania.

Methods: This is an observational study which included all patients from 23 to 45 years old presented as Acute Myocardial Infarction at our hospital from 10 december 2016-10 december 2017. In this period, there were diagnosed with AMI 61 patients fulfilling the inclusion criteria of the study: 37 males and 24 females. Besides the usual laboratory tests, all patients included in the study were completed with the titration of APS autoantibodies (Anti-cardiolipin, Lupus anticoagulant, [2 glycoprotein 1 antibodies). If positive, according to diagnosis guidelines, the tests were repeated after 12 weeks.

Results: Of 61 patients with AMI, 17 patients were positive for Antiphospholipid Syndrome at the first test and after 12 weeks, APS ws confirmed in 15 patients – 92% had sensation of sand in the eyes and 16% developed corneal ulcer.

Conclusions: Severe or very severe ocular involvement is associated with the presence of inflammatory joint involvement in patients with pSS. These results suggest that a directed anamnesis including systemic comorbidities, such as the presence of inflammatory joint affection and dry mouth, in patients with severe dry eye, would be useful to suspect an pSS.

REFERENCE:


Disclose of Interest: None declared

DOI: 10.1136/annrheumdis-2018-eular1.961

ASSESMENT OF SUBMANDIBULAR GLAND QUALITATIVE CHANGES USING SHEAR WAVE ELASTOGRAPHY IN PATIENTS WITH SJÖGREN’S SYNDROME

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Background: We have reported that the submandibular gland ultrasonography (SGUS) is a useful noninvasive and inexpensive procedure for the evaluation of the structural changes of salivary gland (SG) in Sjögren’s syndrome (SS), International Symposium on SS 2002, EULAR 2009, EULAR 2012. EULAR 2015 However, our previously study demonstrated that although SGUS findings were useful for the diagnosis of SS with low salivary flow they were not for early-stage SS with normal salivary flow. EULAR 2016 Recently, ultrasound elastography has been reported to be a new tool to evaluate tissue stiffness and diagnose tumour.

Objectives: The aim of this study was to examine the usefulness of SGUS using US staging and PD grading score in combination with shear wave elastography (SWE) in patients with SS.

Methods: Fifty-eight patients who fulfilled the American College of Rheumatology (ACR)/European League Against Rheumatism (EULAR) classification criteria for the structural changes of salivary gland (SG) in Sjögren’s syndrome were divided into three groups according to salivary flow using gum test (VL/SS:<5 mL/10 min. (n=21), L/SS: 5–10 mL/10 min. (n=27) and N/SS:>10 mL/10 min. (n=10)). All patients were examined SGUS by a single investigator who was blinded to device (TUS-A300; Canon Medical Systems, Tokyo, Japan) with a linear transducer (7.5–10MHz). The examination consisted of conventional B-mode US (US staging score), pulsed wave Doppler US (PD grading score) and SWE with quantitative assessment. US staging scores were assessed by glandular size, inhomogeneity and contrast of diastic muscle (stage 0 to 3). PD grading scores were graded by pulsed wave pattern in pulsed wave Doppler US at the internal SG facial arteries (grade 0 to 2). With the region-of-interest (ROI) placed over the stillest areas of the lesion on SWE, the quantitative mean of the elasticity values were measured by shear wave velocity (Vs: m/s) and elasticity (E: kPa) for each lesion.

Results: The US staging scores of SS patients were 0.0% in stage 0; 17.2% in stage 1; 8.6% in stage 2; 74.1% in stage 3. The PD grading scores of SS patients were 20.7% in grade 0, 17.2% in grade 1, 62.1% in grade 2. The US staging and grading scores were significantly lower in N/SS patients (1.40±0.70, 0.10±0.32) than in L/SS (2.74±0.66, p<0.001, 1.59±0.69, p<0.001) and in VS/SS (2.91±0.30, p<0.001, 1.81±0.40, p<0.001) patients. The elasticity value measure by Vs and E were significantly higher in N/SS patients than in VS/LS patients (Vs: 1.90 vs 1.56 m/s, p<0.05, E: 11.2 vs 7.57 kPa, p<0.05). The Vs and E were significantly decreased as US staging score (stage 1 vs 3: 1.91 vs 1.62 m/s, p<0.05, 11.3 vs 8.21 kPa, p<0.05) and PD grading score (grade 0 vs 2: 1.90 vs 1.61 m/s, p<0.05, 11.1 vs 8.13 kPa, p<0.05) increased.

Conclusions: The present study demonstrated that the tissue elasticity was increased due to inflammation and high viscosity in the SG at the early stage, but was decreased due to structural changes in the SG at the advanced stage of the