**Scleroderma, myositis and related syndromes**

**Abstract FRI0425 – Table 1.** Comparison of demographics, disease characteristics and D02 parameters between patients with and without DUs

<table>
<thead>
<tr>
<th>Group</th>
<th>Age, years (SD)</th>
<th>Disease duration, months (SD)</th>
<th>Female (%)</th>
<th>Diffuse disease (%)</th>
<th>ILD (%)</th>
<th>PAN (%)</th>
<th>Ever(phi) (%)</th>
<th>DM (%)</th>
<th>Cardiac involvement (%)</th>
<th>Hb, g/dl (SD)</th>
<th>Hb, S02 (%)</th>
<th>CO (%)</th>
<th>D02 (mm Hg, SD)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Control</td>
<td>62.6 (11.8)</td>
<td>128 (1.8–415.2)</td>
<td>51.3 (13.0)</td>
<td>30.8 (5.6)</td>
<td>25.9 (6)</td>
<td>26.7 (3.1)</td>
<td>53.2 (12.7)</td>
<td>32.1 (6.8)</td>
<td>0.034</td>
<td>13.2 (2.4)</td>
<td>97.5 (0.4)</td>
<td>98.0 (0.4)</td>
<td>12.4 (2.4)</td>
</tr>
<tr>
<td>DUs</td>
<td>60.7 (10.5)</td>
<td>118 (1.8–415.2)</td>
<td>56.3 (9.6)</td>
<td>31.8 (5.7)</td>
<td>27.2 (7)</td>
<td>25.7 (3.1)</td>
<td>57.2 (11.7)</td>
<td>32.1 (6.8)</td>
<td>0.034</td>
<td>13.2 (2.4)</td>
<td>97.5 (0.4)</td>
<td>98.0 (0.4)</td>
<td>12.4 (2.4)</td>
</tr>
</tbody>
</table>

Conclusions: Although the haemoglobin concentration was higher in the non-ulcer group, there was no difference in the amount of delivered oxygen between patients with and without DUs. These findings imply that vasculopathy and/or peripheral artery disease plays a major role in the development of ulcers.

**Disclosure of Interest:** None declared

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CAPILLAROSCOPY AND INTERSTITIAL LUNG DISEASE IN SYSTEMIC SCLEROSIS: A SYSTEMATIC REVIEW

A. Vanhaecke, V. Smith, S. Paolino, K. Melensi, Y. Piette, C. Pizzorni, E. Vandecasteele, S. Wijnant, C. Carton, F. De Keyser, M. Cutolo, on behalf of EUSTAR were performed in all patients. 54 patients had a follow-up (FU) at 6 months.

Results: We found significant differences of all mean scores of capillaries between patients with and without history of DUs (Mann Whitney U test) (table 1). Using linear regression analysis adjusted for age, gender and history of DUs, mean number of capillaries was associated with disease activity at FU (table 2).

Abstract FR10428 – Table 1. Differences in mean number of capillaries in patients with and without history of DUs

<table>
<thead>
<tr>
<th>History of DUs min-max</th>
<th>No history of DUs min-max</th>
<th>p*</th>
</tr>
</thead>
<tbody>
<tr>
<td>mean(SD)</td>
<td>mean(SD)</td>
<td></td>
</tr>
<tr>
<td>m_nr/pat rater 1</td>
<td>3.4–8.6</td>
<td>5.0±4.1 (1.4)</td>
</tr>
<tr>
<td>m_nr/3rd dom rater</td>
<td>2.5–9.8</td>
<td>4.9±3.7 (1.79)</td>
</tr>
<tr>
<td>m_nr/4th dom rater</td>
<td>2.0–9.0</td>
<td>4.8±3.7 (1.5)</td>
</tr>
</tbody>
</table>

*Mann Whitney U test

Conclusions: This systematic literature review, on behalf of the EULAR study group on microcirculation in Rheumatic diseases, is the first to investigate unequivocal associations between ILD and capillaroscopic alterations in a standardised way. Unequivocal associations were found in cross-sectional studies between density, morphology, NVC score, presence and severity of scleroderma pattern and in longitudinal studies between density, presence and worsening of scleroderma pattern and ILD-defining parameters in SSc patients.

REFERENCES:
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MEAN NUMBER OF CAPILLARIES IS ASSOCIATED WITH DISEASE ACTIVITY AT 6 MONTHS FOLLOW-UP IN SYSTEMIC SCLEROSIS PATIENTS

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Background: Nailsfold capillaroscopy (NFC) is essential in the evaluation and classification of systemic sclerosis (SSc). The mean number of capillaries is considered a promising tool for assessing vascular involvement in SSc, however there is no consensus yet over how many digits should be analysed and how.

Objectives: Investigation of the associations of the mean number of capillaries, measured by NFC with disease activity (EScSG activity score) and vascular involvement (digital ulcers (DUs) or history of DUs) in a single-centre cohort of patients with SSc.

Methods: 68 patients with SSc fulfilling the ACR/EULAR 2013 classification criteria were included. NFC and extensive assessment per the recommendations of EUSTAR were performed in all patients. 54 patients had a follow-up (FU) at 6 months.

Results: 8 digits were examined (I to V of both hands) by NFC; 4 images for each finger were evaluated. The NFC images were assessed by two experienced raters independently, scoring the mean number of capillaries in all fingers (m_nr/pat), in the 3rd finger of the dominant hand (m_nr/3rd dom) and in the 4th finger of the non-dominant hand (m_nr/4th dom) for each patient. ‘Early’, ‘active’ and ‘late’ Cutolo patterns were also recorded.

Conclusions: This systematic review and evaluation of the role of nailfold videocapillaroscopy (NVC) with standardised definitions, in interstitial lung disease (ILD) has been published.

Objectives: To systematically identify and review all available literature evaluating the role of NVC in ILD in SSc, according to the definitions of the EULAR study group on microcirculation in Rheumatic diseases.

Methods: A systematic literature search was performed in PubMed, EMBASE and Web of Science. All retrieved articles were screened on title, abstract and full-text level. Reference lists and google scholar searches were additionally searched. Original research papers that documented an association between NVC and ILD in SSc were included. Subsequently, NVC parameters were subdivided in quantitative (density, dimension, morphology and haemorrhages), semi-quantitative (NVC score) and qualitative assessment (presence, severity and worsening of scleroderma pattern).

Results: The systematic search identified 299 unique search results, of which 145 references were withdrawn after title screening. Abstract screening resulted in 145 references were included in the final analysis after full-text screening (n=13) and bibliographic search (n=3) (see table 1). Regarding cross-sectional studies, density has been evaluated in 5 studies and has been unequivocally associated with DLCO/AV, DLCO, FVC and inversely with GGO on HRCT and total lung score. Presence of scleroderma pattern has been evaluated in 3 studies and has been unequivocally associated with GGO. NVC score has been evaluated in 2 studies and has been unequivocally associated with GGO. Dimension has been evaluated in 4 studies, with no unequivocal associations between ILD and capillaroscopic alterations in a standardised way. Unequivocal associations were found in cross-sectional studies between density, morphology, NVC score, presence and severity of scleroderma pattern and in longitudinal studies between density, presence and worsening of scleroderma pattern and ILD-defining parameters in SSc patients.