ACUTE AND CHRONIC EFFECTS OF TWO DIFFERENT ILO PROST REGIMENS IN SYSTEMIC SCLEROSIS: A SINGLE CENTRE PRAGMATIC NON-RANDOMISED TRIAL

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Background: In systemic sclerosis (SSc) vascular involvement plays a pivotal role in the pathogenesis and clinical manifestations. Iloprost (ILO), a prostacyclin analog, is administered in SSc according to EULAR recommendations, to improve Raynaud’s phenomenon (RP) and to achieve digital ulcers (DU) healing and prevention, even though no further indications about the regimen are specified.

Objectives: The aim of this study was to evaluate acute and chronic effects of IV ILO administered with two different regimens as assessed by power Doppler ultrasound (PDUS) and nailfold videocapillaroscopy (NVC) and in a group of patients not treated with ILO.

Methods: This was a single centre pragmatic non-randomised trial on 96 patients with SSc divided in 3 groups: no ILO (group A), ILO once monthly (group B) and ILO for 5 consecutive days every 3 month (group C). At each evaluation patients underwent PDUS and NVC. Group A patients were examined at baseline and after 3 months. Group B every month before and after IV ILO monthly therapy for 3 months. Group C before and after the 1 and 5 days of therapy at baseline and after 3 months. PDUS parameters included resistivity index (RI), finger pulp blood flow (FPBF) and periangual vascularisation. The sum of capillaries apex width in one millimetre was assessed through NVC. Results were analysed considering the average outdoor temperature at the place of residence.

Results: An acute IV ILO effect was observed for FPBF in group B and C (p<0.001 and 0.005 respectively). An acute effect was observed for RI and periangual vascularisation only in group B. A progressive increase was observed for the other parameters without being statistically different. On the contrary IV ILO effects were not observed any longer before the following infusion. Moreover, some parameters (FPBF in group B and RI in group C) showed a statistically higher increase as low as the outdoor temperature was.

Conclusions: IV ILO therapy was able to cause an acute effect with respect to PDUS parameters, especially in group B. The acute effect was not any longer maintained until the following infusion. Future studies are needed to assess time for re-treating.

REFERENCES:

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