primary biliary cirrhosis and positive anti-centromere without the presence of Raynaud, one patient diagnosed with Sjögren's syndrome with positive anti-centromere without presence of Raynaud, 26 patients with suspected early systemic sclerosis and 21 patients with disease-specific autoantibodies in the absence of Raynaud. Nailfold capillaroscopy was normal in 32 patients (46.4%) and pathological (scleroderma pattern) in 37 patients (53.6%); we detected limited enlarged capillaries in 26.2%, generalized enlarged capillaries also in 26.2%, giant capillaries in 37.7%, local loss of capillaries in 27.9%, global loss of capillaries in 8.2%, hemorrhages in small claims in 29.5% and abundant hemorrhages in 9.8%. All patients previously diagnosed of systemic sclerosis had a pathological capillaroscopy except one. However, no changes were observed in capillaroscopy in patients who had only disease-specific autoantibodies in the absence of Raynaud's phenomenon. While, the 26 patients who were referred for suspected systemic sclerosis (at least with the presence of Raynaud and autoantibodies) in 18 (69.9%) of these scleroderma pattern was observed with subsequent diagnosis of early systemic sclerosis or "prescleroderma".

Conclusion: Nailfold capillaroscopy is a useful and inexpensive tool for the diagnosis of systemic sclerosis. The scleroderma pattern is very specific of this disease and we can make an early diagnosis even in patients who only have autoantibodies and Raynaud's phenomenon, without the presence of other severe manifestations. We have also observed that the absence of Raynaud's phenomenon is associated with a normal result on capillaroscopy.

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TRADITIONAL AND DISEASE-RELATED RISK FACTORS FOR ARTERIAL AND VENOUS THROMBOTIC EVENTS (TE) IN IDIOPATHIC INFLAMMATORY MYOPATHIES (IIM)

Antonella Notarnicola¹, Simone Barsotti², Linnea Näsman³, Quan Tang³, Marie Holmqvist¹, Ingrid E. Lundberg¹, Aleksandra Antovic¹. ¹Karolinska Institutet and Karolinska University Hospital, Rheumatology Unit, Department of Medicine, Stockholm, Sweden; ²University of Pisa, Rheumatology Unit – department of clinical and experimental medicine, Pisa, Italy; ³Karolinska Institutet, Rheumatology Unit, Department of Medicine, Stockholm, Sweden

Background: Thromboembolic cardiovascular diseases (CVD), affecting both arterial and venous sides, are one of the leading causes of death in patients with Idiopathic Inflammatory Myopathies (IIM), with highest peak of mortality within the first year after diagnosis (1).

Objectives: To assess the prevalence of traditional and disease-related risk factors for arterial and venous thrombotic events (TE) in patients with IIM by comparing those reporting TE (cases) with those without history of TE (comparators). To compare clinical characteristics, autoantibody profile inclusive antiphospholipid antibodies (aPL) and serum levels of adhesion molecules (VCAM, ICAM and e-selectin) between cases and comparators as well as between cases reporting arterial vs venous TE.

Methods: Using national and international registries, and medical charts, we identified 58 cases and 195 comparators with IIM followed at Karolinska University Hospital between 1993 and 2014. Information on gender, age at the time of diagnosis, IIM subgroup, presence of interstitial lung disease (ILD), myositis specific antibodies (MSAs), was retrospectively collected. Information on traditional risk factors for arterial and venous TE (essential hypertension, diabetes, dyslipidemia, smoking, malignancy) was retrieved for both groups. Serum levels of aPL and adhesion molecules were analyzed in stored sera from the time of diagnosis in both groups, before TE in cases and in 40 age and gender matched healthy controls (HC).

Results: One out of 5 IIM patients (22.92%) had suffered from at least one TE, which was observed especially during the first 5 years after diagnosis. Myocardial infarction was the most frequent TE, followed by pulmonary embolism and deep venous thrombosis. In the multivariate analysis, male gender and older age were independent risk factors for TE. Essential hypertension had statistically significant higher prevalence in cases than comparators. Arterial TE was more common in polymyositis, while venous TE occurred more frequently in patients with

dermatomyositis, history of malignancy and in those with MSAs. At time of IIM diagnosis, the prevalence of aPL was 6% with no difference between cases and comparators. Significantly higher levels of VCAM and ICAM were obtained in IIM patients compared to HC (Fig.1 and Fig.2). ICAM levels were found significantly higher in comparators than cases (Fig.2). Lower levels of e-selectin were associated with higher odds of developing TE, especially in males and older patients, with no difference between arterial and venous TE (Fig.3).

Conclusion: A high risk of arterial and venous TE should be taken into account in patients with IIM, particularly close to time of diagnosis, with extra attention in male patients and older individuals. Preventive measures should be considered especially in patients with concomitant essential hypertension and malignancy. Lower serum levels of e-selectin might predict TE in IIM patients but the mechanism for this risk factor is not known.

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Figure 1

Figure 2

Figure 3

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