Methods: We selected the NVCs of 273 patients affected by SSc (according to 2013 ACR criteria) who presented one of the validated NVC scleroderma patterns (81 with "Early" pattern, 84 with "Active" pattern, 92 with "Late" pattern, 16 with "scleroderma-like" pattern) (2). Among the 273 SSc patient with an established NVC scleroderma-pattern, a number of 54 subjects who had previously NVC analyses performed before the development of the scleroderma-pattern were enrolled. Time of evolution was calculated, and a detailed pilot study of capillaroscopic characteristics was random executed on 10 of those patients. The analysis included the number and the limbs diameters (arterial, venous, and apical) of capillaries with a diameter over 30 µm, together with the total number of capillaries and microhemorrhages, in 16 images per subject.

Results: All the 54 patients (100%) showed enlarged capillaries with an average diameter over 30 µm in their previous NVC. At the follow up, thirty-one patients (57%) developed an "Early" scleroderma pattern in the following 3 years, 6 patients (11%) developed an "Active" pattern in 4 years, 3 patients (6%) evolved in "Late" NVC pattern in 5 years, whereas 14 patients (26%) developed a "scleroderma-like pattern" in 4 years. The average time of evolution in a scleroderma-pattern was 4 years. The detailed pilot morphological analysis conducted on 10 patients revealed an average total number of capillaries of 8.6/mm at last non-specific NVC analysis; among these 2.66 (31%) capillaries showed a diameter over 30 µm. The mean value diameter of the most dilated capillary was 35.74 µm (arterial limb 33.34 µm, apical limb 43.94 µm, venous limb 30 µm); the mean value for microhemorrhages was 0.6/mm. The mean number of capillaries reduced from 8.6±0.8 to 6.9±2.2/mm ($p=0.01$) during follow-up (4 years).

Conclusion: Present detailed pilot study demonstrates that SSc patients showed a significant increase of nailfold capillary diameter over 30 µm before development of a validated NVC scleroderma-pattern at follow up. Even if this is an independent predictor for development of SSc as previously demonstrated, the data could help in intercepting patients with RP at higher risk of evolution in a validated SSc NVC pattern.

REFERENCE

[1] Trombetta AC, et al. J Rheumatol. 2016;43:599-606. 2. Cutolo M, et al. J Rheumatol 2000;27:155-60.

Disclosure of Interests: None declared

DOI: 10.1136/annrheumdis-2019-eular.6691

SAT0294 ANALYSIS OF POLIAUTOIMMUNITY IN THE DIFFERENT SUBSETS OF SCLERODERMA

Daniel Sánchez-Cano¹, Norberto Ortego¹, Jose Luis Callejas-Rubio¹, Carles Tolosa², Alfredo Guillén del Castillo³, Dolores Colunga Argüelles⁴, Luis Sáez-Comet⁵, Manuel Rubio-Rivas⁶, Ana Argibay⁷, Vicent Fonollosa-Pla³, Carmen Pilar Simeón-Aznar³, On Behalf of Rescle Investigators, Autoimmune Diseases Study Group (Geas)⁸. ¹Hospital Universitario San Cecilio, Unit of Systemic Autoimmune Diseases, Granada, Spain; ²Hospital Parc Taulí, Internal Medicine, Sabadell, Spain; ³Hospital Vall D Hebron, Unit of Autoimmune Diseases, Barcelona, Spain; ⁴Hospital Universitario Central De Asturias, Internal Medicine, Oviedo, Spain; ⁵Hospital Universitario Miguel Servet, Internal Medicine, Zaragoza, Spain; ⁶Hospital Universitario de Bellvitge-IDIBELL, Unit of Autoimmune Diseases, Barcelona, Spain; ⁷Complejo Hospitalario Universitario de Vigo, Unit of Systemic Autoimmune Diseases and Thrombosis, Vigo, Spain; ⁸Sociedad Española de Medicina Interna (SEMI), Madrid, Spain

Background: Coexistence of different connective tissue diseases based on their common autoimmune base is a feasible circumstance, which is known as poliautoimmunity (PAI).

Objectives: Evaluation of the occurrence of PAI in systemic sclerosis (SSc) according to subtypes in the patients included in the Spanish SSc Registry (RESCLE). Causes of death were also analyzed.

Methods: A nationwide, cross-sectional study was carried out. All participating centers had obtained local ethics committee approval.

Results: PAI was present in 46% out of 1911 patients, of whom, 33% had more than one association. Most of these patients were women

Table 1.. Prevalence of PAI according to subsets.

	Isolated SSc	PAI	P-VALUE
lcSSc	588 (57%)	554 (63%)	0.008
dcSSc	210 (20%)	188 (21%)	0.611
ssSSc	121 (12%)	85 (9.7%)	0.160
earlySSc	28 (2.7%)	16 (1.8%)	0.222
preSSc	85 (8.2%)	36 (4.1%)	<0.001

(93%, $p<0.001$), with no significant differences regarding first manifestation: Raynaud's phenomenon, puffy hands, arthralgia or skin sclerosis. Isolated SSc was more frequent in all subsets (table 1). Sjogren's syndrome was by far the most frequent associated disorder, with a RR of 1376 (table 2). Causes of death (SSc-related or not) did not significantly differ whether PAI was present or not.

Table 2.. Prevalence of the different associated autoimmune disorders.

	TOTAL	lcSSc	dcSSc	sineSSc	earlySSc	preSSc
Sjögren's syndrome	475 (25%)	317 (28%)	106 (27%)	34 (17%)	6 (14%)	12 (9.9%)
Thyroid autoimmune disorder	268 (14%)	173 (15%)	36 (9.0%)	35 (17%)	8 (18%)	16 (13%)
Primary biliary colangitis	88 (4.6%)	61 (5.3%)	5 (1.3%)	17 (8.3%)	0 (0.00%)	5 (4.1%)
Sclerosing colangitis	6 (0.31%)	4 (0.35%)	0 (0.00%)	0 (0.00%)	0 (0.00%)	2 (1.7%)
Autoimmune hepatitis	20 (1.0%)	17 (1.5%)	2 (0.50%)	0 (0.00%)	0 (0.00%)	1 (0.83%)
Systemic lupus erythematosus	11 (0.58%)	7 (0.61%)	1 (0.25%)	3 (1.5%)	0 (0.00%)	0 (0.00%)
Antiphospholipid syndrome	16 (0.84%)	8 (0.70%)	5 (1.3%)	2 (0.97%)	1 (2.3%)	0 (0.00%)
Inflammatory myopathy	99 (5.2%)	45 (3.9%)	47 (12%)	6 (2.9%)	1 (2.3%)	0 (0.00%)
Rheumatoid arthritis	6 (0.31%)	4 (0.35%)	2 (0.50%)	0 (0.00%)	0 (0.00%)	0 (0.00%)

Conclusion: A rather higher prevalence than reported was observed, although distribution of the associated disorders was similar. No remarkable differences were found regarding SSc subsets, either PAI prevalence, initial manifestations or causes of death.

Disclosure of Interests: None declared

DOI: 10.1136/annrheumdis-2019-eular.4870

SAT0295 ABSTRACT WITHDRAWN

SAT0296 FAST TRACK ALGORITHM: HOW TO DIFFERENTIATE A SCLERODERMA PATTERN FROM A NON-SCLERODERMA PATTERN

Vanessa Smith^{1,2,3}, Amber Vanhaecke^{1,2}, Miguel Guerra⁴, Rossella De Angelis⁵, Ellen Deschepper⁶, Christopher Denton⁷, Oliver Distler⁸, Ivan Foeldvar⁹, Eric Hachulla¹⁰, Francesca Ingegnoli^{11,12}, Ulf Müller-Ladner¹³, Yves Piette², Valeria Ricciardi¹⁴, Barbara Ruaro¹⁵, Alberto Sulli¹⁵, Jacob M. van Laar¹⁶, Ariane Herrick^{17,18}, Maurizio Cutolo¹⁵. ¹Ghent University, Department of Internal Medicine, Ghent, Belgium; ²Ghent University Hospital, Department of Rheumatology, Ghent, Belgium; ³VIB Inflammation Research Center (IRC), Unit for Molecular Immunology and Inflammation, Ghent, Belgium; ⁴Centro Hospitalar Vila Nova de Gaia/Espinho, Vil Nova de Gaia, Rheumatology Department, Vil Nova de Gaia, Portugal; ⁵Carlo Urbani Hospital, Polytechnic University of Marche, Department of Clinical and Molecular Sciences, Rheumatology Unit, Jesi, Italy; ⁶Ghent University, Department of Biostatistics, Ghent, Belgium; ⁷University College London, Royal Free Hospital, Department of Rheumatology, London, United Kingdom; ⁸University Hospital Zurich, Department of Rheumatology, Zurich, Switzerland; ⁹Centre for Pediatric and Adolescent Rheumatology, Hamburg, Germany; ¹⁰Univ. Lille, CHU Lille, Département de Médecine Interne et Immunologie Clinique, Centre de Référence des Maladies Systémiques et Auto-Immunes Rares du Nord-Ouest (CERAINO), LIRIC, INSERM, Lille, France; ¹¹University of Milan, Department of Clinical Sciences and Community Health, Milan, Italy; ¹²ASST G. Pini, Division of Rheumatology, Milan, Italy; ¹³Justus-Liebig University of Giessen, Kerckhoff Klinik, Department of Rheumatology and Clinical Immunology, Bad Nauheim, Germany; ¹⁴Sapienza University of Rome, Department of Internal Medicine and Medical Specialties, Rome, Italy; ¹⁵IRCCS San Martino Polyclinic Hospital, University Of Genoa, Research Laboratory And Academic Division Of Clinical Rheumatology, Department Of Internal Medicine, Genoa, Italy; ¹⁶University Medical Center Utrecht, Department of Rheumatology and Clinical Immunology, Utrecht, Netherlands; ¹⁷University of Manchester, Salford Royal Hospital NHS Foundation Trust, Division of Musculoskeletal and Dermatological Sciences, Manchester, United Kingdom; ¹⁸NIHR Manchester Musculoskeletal Biomedical Research Centre, Central Manchester NHS Foundation Trust, Manchester Academic Health Science Centre, Manchester, United Kingdom

Background: The European League Against Rheumatism Study Group on Microcirculation in Rheumatic Diseases is a non-profit international network of expert centres. Its main research focus is to investigate the