eritema multiforme-like (EM) lesions, positive speckled ANA, RF and Anti-SJt antibody, later known as anti Ro/La antibodies. In 2000, Zeitouni et al extended the proposed criteria, and a distinct SLE subgroup. A retrospective study which was infirmed. The majority of patients (87.5%) had negative anti-ds DNA, 87.5% presented speckled pattern ANA, one patient exhibited ANA rods and rings pattern, with a negative serology for B and C hepatitis and no antiviral therapy. Of note, 25% had positive rheumatoid factor, 87.5% had positive -Ro antibody and 37.5% of patients exhibited chilblains. The first three classifications were tested on all patients: 25% met Rowell’s criteria, 12.5% met Lee’s criteria and 87.5% met Zeitouni’s criteria, with only 1 patient meeting all 3, and 1 patient meeting none of them. In the cases in which the SLE etiology of the lesion was in question from a clinical point of view, a biopsy was performed. In one case the histopathological examination described lymphocytic infiltrates and few eosinophils in the dermis, suggestive of drug allergy. Interestingly, this patient met all 3 classification criteria. Another report described thin epidermis, parakeratosis, dyskeratosis and spongiosis with dermis and peri-vascular lymphocytic infiltration. The final case report belonged to the patient who met neither of the 3 classifications, but who associated a rods and rings ANA pattern. The third histopathological report was inconclusive.

Conclusion: Our study shows that patients with suspected clinical, immunological or histological Rowell syndrome do not meet all studied classifications criteria. Furthermore, studied classifications are incongruent. Should Rowell syndrome be a distinct entity it would most certainly be a very rare one. Further study is needed to better frame LES and EM.

REFERENCES


Disclosure of Interests: None declared

EXPÉRIENCE IN THE USUAL PRACTICE OF PATIENTS WITH INFAMMATORY MYOPATHIES AT THE DONOSTIA UNIVERSITY HOSPITAL

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Background: Inflammatory myopathies (IM) are a heterogeneous group of acquired diseases, characterized by the presence of muscle weakness and inflammation. A retrospective study of systemic lupus erythematosus (SLE) and proposed major and minor criteria, while in 2012 Torchia et al proposed another set of criteria defining Rowell syndrome as a distinct subtype of chronic cutaneous lupus. To date, Rowell syndrome as a distinct entity remains in question.

Objectives: To establish whether patients with clinically suggestive Rowell syndrome fulfill proposed criteria and form a distinct SLE subgroup.

Methods: A retrospective study which included SLE patients who associated EM-like lesions was carried out in the Rheumatology Department Cluj-Napoca, between 2008 and 2019. Clinical, immunological and histopathological parameters were recorded.

Results: Among 200 patients who fulfilled the 2012 SLICC criteria, 12 patients with target lesions, resembling EM, were identified. Four patients were excluded: 3 were not fully investigated and 1 was My. pneumoniae positive; thus, 8 patients were studied. The majority of patients (87.5%) developed the cutaneous lesions after diagnosis. In all cases, the erythematous maculopapular rash with targetoid aspect was present, with poorly defined borders and a dusky center and a diameter between 2 to 6 cm. The lesions extended to the trunk and limbs, sparing the acral and mucosal areas. Five patients associated pruritus. The lesions could not be linked to any viral or bacterial infection in any of the cases. With regard to drug allergies, a link with AZA and HCQ was suspected in three patients – which was infirmed.

Conclusion: None declared

POLYAUTOIMMUNITY AND MAJOR ORGAN INVOLVEMENT PREVALENCE IN SJÖGREN’S SYNDROME: THYROID, LUNG, LIVER AND KIDNEY AS TARGETS. A SINGLE CENTER CROSS SECTIONAL STUDY

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Background: Polyautoimmunity has been described to be associated with primary Sjögren’s syndrome (SjS) and the most frequent observed associated autoimmune diseases (AID) are autoimmune thyroid disease, autoimmunity hepatitis and primary biliary cirrhosis, which are common organ-specific AID. In the same track, renal and lung involvement has increasingly been documented in SjS further highlighting its systemic nature.

Objectives: To describe and classify prevalence of polyautoimmunity and major organ involvement in a primary SjS-cohort.

Methods: This cross-sectional study included 179 patients [160 (89%) females and 19 (11%) males] diagnosed with primary SjS and fulfilling major organ involvement in a primary SjS-cohort.

Results: In our cohort the median age at diagnosis was 57 years (range: 20-85). Thyroid AID was found in 55/179 (30%) patients, with the following distribution: Hashimoto thyroiditis without (n=21) and with hypothyroidism (n=22), Graves disease without (n=4) and with thyrotoxicy (n=8). Liver AID was detected in 8/179 patients (4%), 3 patients with autoimmune hepatitis and 5 patients with primary biliary cirrhosis. Regarding major organ involvement, 20/179 (11%) patients had renal manifestations: renal insufficiency (n=12), glomerulonephritis (n=3), interstitial nephritis (n=2) and IgA nephritis (n=3). Eight/179 (4%) patients had lung manifestations: interstitial fibrosis (n=1) and chronic obstructive pulmonary disease (n=1).