erythema 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 definition by including all types 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, meet the 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.

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 anti-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 perivascular lymphocytic infiltrate- findings highly suggestive for EM; this 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.

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AB0565

EXPERIENCE IN THE USUAL PRACTICE OF PATIENTS WITH INFLAMMATORY 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. This group includes idiopathic polymyositis (PM), idiopathic dermatomyositis (DM), PM/DM associated with neoplasia, associated with rheumatic autoimmune diseases, juvenile PM/DM, inclusion body myositis (MCI) and immunomediated necrotizing myopathies (IMNM).

Objectives: Inflammatory myopathies (IM) are a heterogeneous group of acquired diseases, characterized by the presence of muscle weakness and inflammation. This group includes idiopathic polymyositis (PM), idiopathic dermatomyositis (DM), PM/DM associated with neoplasia,

associated with rheumatic autoimmune diseases, juvenile PM/DM, inclusion body myositis (MCI) and immunomediated necrotizing myopathies (IMNM).

Methods: A retrospective search of all patients assessed in the service diagnosed with IM was performed. The computerized medical records were reviewed. The variables collected were: sex, age, underlying disease and immunosuppressive and biological treatments used, antibodies, and complementary tests. The immunosuppressant sought were methotrexate (MTX), azathioprine (AZA), hydroxychloroquine (HCQ), tacrolimus, mycophenolate (MMF), cyclophosphamide (CFM), cyclosporine (CsA), chloroquine; intravenous immunoglobulins (IVIG), rituximab (RTX). The quantitative variables are shown with the median and interquartile range; the qualitative ones are shown with the absolute value and its percentage

Results: 42 patients were found diagnosed with IM; the average age of diagnosis was 54 years, with a predominance of women with 71.4%. Table 1 shows the clinical characteristics, complementary tests and treatments used in these patients. The registered deaths were 8 (19%); of which 6 (75%) were related to their cancer, one patient with IM with pulmonary involvement died in the context of a respiratory infection at 91 years of age, and the other patient in the context of a bowel obstruction with 87 years of age. Two (4.7%) patients presented an overlap syndrome, one with scleroderma and the other with systemic lupus erythematosus. The median CPK was higher at the time of diagnosis in patients in the IM group with pulmonary involvement. We also observed a greater involvement of the swallowing muscles, 7 (16%) in patients with IM associated with malignancy, and those who were more associated in the initial IVIG treatment, 9 (21%). The mean follow-up time of these patients is 94 months. The most widely used immunosuppressant drug was MTX 76%; followed by 50% IVIG and 38% AZA; among those who maintain current treatment the most used is MTX 28% second of RTX 17%.

Conclusion: Despite the fact that IM are a serious disease, more than 80% of patients continue to follow up, IM presented more aggressively in IM patients associated with malignancy, and presented less aggressively in patients diagnosed at the juvenile age. In 40% of the patients, no specific antibody was found; possibly due to the fact that most of these patients were diagnosed more than 7 years ago, where the antibody pool was much more restricted than today's

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AB0566

POLYAUTOIMMUNITY AND MAJOR ORGAN INVOLVEMENT PREVALENCE IN SJÖGREN'S SYNDROME: THYROID, LIVER, LUNG 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, autoimmune 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 the ACR classification criteria (1) that had been admitted to our outpatient clinic between December 2008 and December 2018. Demographic and disease-specific characteristics were recorded in all patients.

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's disease without (n=4) and with thyroidectomy (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=6), emphysema (n=1) and chronic obstructive pulmonary disease (n=1).