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 inflammatory infiltrates with a negative serology for dermatomyositis (DM), polymyositis (PM), idiopathic inflammatory myopathy (IIM), and immunemediated necrotizing myopathies (IMNM).

Objectives: In our retrospective analysis, to describe and classify the prevalence of polyautoimmunity and major organ involvement in patients diagnosed with DM/PM.

Methods: A retrospective study including 179 patients with IIM 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 disease without (n=2) and with thyrotoxicosis (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).

Disclosure of Interests: None declared


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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 disease without (n=2) and with thyrotoxicosis (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).