delimited area, according to their specific problems. ScleroNet[®] seems to enable the experts to networking specifically on SSc, giving the opportunity of sharing their knowledge. Without ScleroNet[®] the timing of treatment and/or diagnosis would have been delayed. Nevertheless, due to the fact that it is a work-in-progress and some experts have been enrolled in a second stage, data are available only for some interventions. The use of validated questionnaires and indicators are necessary to measure and prove the value of ScleroNet[®].

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AB0656

ANTISYNTHEASE SYNDROME: CLINICAL VALUE OF SOLOMON'S AND CONNORS' DIAGNOSIS CRITERIA

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Background: Two antisynthetase syndrome (ASSD) diagnosis criteria sets have been proposed; both consider mandatory the presence of anti-aminoacyl transfer RNA synthetase (ARS) autoantibodies. Solomon's criteria consider major clinical criterions (interstitial lung disease (ILD) and fulfillment of Bohan and Peter criteria for DM/PM) and minor criterions (arthritis, Raynaud's phenomenon (RP) and mechanic's hands (MH)) (1). In contrast, Connors criteria evaluate the presence of at least one of the previously mentioned clinical features except myositis, and includes the presence of fever without other cause (2).

Objectives: 1) To evaluate the performance of Solomon's and Connors' criteria in patients with clinical suspicion of ASSD or myositis and positive ARS. 2) To describe their clinical characteristics.

Methods: We performed an observational retrospective study in two centers. All patients with clinical suspicion of ASSD or myositis, and positive ARS in the myositis immunoblot (Euroimmun assay) were included.

Results: We analyzed 37 patients; 70.3% woman, with a mean age at the moment of the ARS detection of 51.4 (SD±14.0) years, median time from the first symptom to the ARS detection of 4.0 (SD±5.8) years, and time of evolution of 7.69 (SD±6.51) years. The frequency of ARS was: anti-Jo1 (n=17), anti-PL-12 (n=8), anti-PL-7 (n=4), anti-EJ (n=4), and anti-OJ (n=4).

Diagnosis criteria fulfillment and clinical manifestations:

- 1) Patients that met Solomon and Connors' criteria (n=17, 45.9%):
 - At disease onset: ILD (n=6, 35.9%), muscle weakness (MW) (n=5, 29.4%), and arthritis (n=4, 23.5%).
 - During disease development: ILD (n=14, 82.3%); arthritis (n=13, 76.5%); MW (n=10, 58.8%); mechanic hands (n=10, 58.8%); Raynaud phenomenon (n=8, 47.0%); and fever (n=3, 17.5%).
- 2) Patients that only met Connors' criteria (n=17, 45.9%):
 - At disease onset: ILD (n=5, 29.4%), MW (n=3, 17.6%), or arthritis (n=5, 29.4%).
 - During disease development: Arthritis (n=8, 47.0%); ILD (n=6, 35.3%); MW (n=6, 35.3%); Raynaud phenomenon (n=6, 35.3%); fever (n=5, 29.4%); and mechanic hands (n=1, 5.9%).

Relative risk (RR) of the different clinical manifestation for Solomon's criteria fulfillment:

- MH RR=2.98 (95%CI 1.5-5.6; P=0.002), ILD RR=3.2 (95%CI 1.1-9.2; P=0.013); other manifestations does not presented significant RR.

Conclusion: More than three quarter of all patients presented as first clinical manifestation one of those included in the ASSD classic triad (ILD, MW and arthritis). These manifestations showed increasing rates during the disease development, being more frequent in patients that met Solomon's criteria than in those who only met Connors' criteria; more than twice as high in for ILD, and almost twice for MW and arthritis. This suggests that patients who met Solomon's criteria, at disease onset presented incomplete clinical forms, and their clinical progression favored the criteria fulfillment. On the other hand, we cannot predict if the

patients that only met Connors' criteria are going to fulfill Solomon's criteria; nevertheless, our results suggests it.

To conclude, our results suggest that: 1) Connors criteria might be considered for screening of ASSD; 2) Solomon's criteria can be considered at the moment the gold standard for the ASSD diagnosis; 3) the presence of mechanic hands or ILD indicates a high probability of Solomon's criteria fulfillment in patients with positive ARS.

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AB0657

ANTISYNTHEASE SYNDROME: NON-ANTISYNTHEASE ANTIBODIES, CLINICAL MANIFESTATIONS AND OVERLAPS

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Background: The antisynthetase syndromes (ASSD) are characterized by the presence of anti-aminoacyl transfer RNA synthetase (ARS) autoantibodies and clinical features including myositis, arthritis, interstitial lung disease (ILD), Raynaud's phenomenon (RP), mechanic hands (MH), and fever. Two ASSD diagnosis criteria have been developed; those proposed by Connors, and the stricter criteria proposed by Solomon (1, 2). Additionally, other symptoms of connective tissue diseases (CTD) can be present.

Objectives: To describe a series of patients with positive ARS and analyze: 1) the associated non-ARS antibodies, 2) the clinical manifestations that are not included in the different ASSD diagnosis criteria; and 3) the initial diagnosis attributed by the Rheumatologist in the clinical records.

Methods: We performed an observational retrospective study in two hospitals. All patients with clinical suspicion of ASSD or myopathy and positive ARS in the myositis immunoblot (Euroimmun assay) were included.

Results: We analyzed 37 patients; 70.3% woman, with a mean age at the moment of the first symptom of 50.5 (SD±14.0) years, and 51.4 (SD ±14.0) years at the moment of the ARS detection. The frequency of ARS was: anti-Jo1 (n=17), anti-PL12 (n=8), anti-PL7 (n=4), anti-EJ (n=4), and anti-OJ (n=4). The rate of the ASSD clinical manifestations was: arthritis (56.7%), ILD (54.1%), muscle weakness (48.6%), RP (37.8%), MH (29.7%) and fever (21.6%). Thirty-four patients (91.9%) met Connors' criteria and 17 of them (45.9%) also met Solomon's criteria.

Non-antisynthetase characteristics:

- Associated non-ARS antibodies: anti-Ro52 (n=17, 46%); anti-PM/Sc175 (n=6, 16.2%); anti-PM/Sc100 (n=5, 13.5%); anticentromere (n=3, 8.1%); rheumatoid factor (n=2, 5.4%); anti-CCP (n=2, 5.4%); and anti-DNAbs (n=2, 5.4%). Other antibodies detected only once: Anti-SRP, lupic-anticoagulant, anti-Ku, anti-Mi2, Anticardiolipin, Nor90, Th/To.
- Most frequent clinical manifestations not included in the ASSD diagnosis criteria: dysphagia (n=10, 27%); dermatomyositis rash (n=9, 24.3%); and SICCA symptoms (n=7, 18.9%).
- First diagnosis attributed by the clinicians in the medical records: ASSD (n=19, 51.35%), dermatomyositis/polymyositis (DM/PM) (n= 3), overlap syndrome (n= 3), systemic lupus erythematosus (SLE) (n= 3), primary Sjögren's syndrome (SS) (n=2); rheumatoid arthritis (RA) (n=2); undifferentiated-CTD (UCTD) (n=2); and Systemic Sclerosis (SSc) (n=1; 2.7%). Overlaps included 2 DM/PM-SSc and 1 DM/PM-SS, and both UCTD was described with SSc pattern. Thus, of the 18 cases not diagnosed as ASSD, 6 (33.3%) presented DM/PM diagnosis pattern and 6 (33.3%) SSc pattern.