Disclosure of Interests: None declared


AB0660
SEXUAL HEALTH IMPAIRMENT IN WOMEN WITH IDIOPATHIC INFLAMMATORY MYOPATHIES

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Background: Idiopathic inflammatory myopathies (IIM) are a group of disorders characterized by skeletal muscle inflammation that can cause functional impairment including sexual dysfunction.

Objectives: To assess sexual function, pelvic floor function and sexual quality of life of women with IIM compared to age-/sex-matched healthy controls (HC).

Methods: In total 27 women with IIM [mean age: 54.2, disease duration: 7.3 years, dermatomyositis (DM, 10)/polymyositis (PM, 13)/necrotizing myopathy (NM, 3)], 11 women with clinically amyopathic dermatomyositis (CADM), and 27 healthy women (mean age: 54.2) filled in 11 well-established and validated questionnaires assessing sexual function, pelvic floor function, quality of life, fatigue, physical activity and depression. Data are presented as mean±SEM.

Results: Compared to HC, patients with IIM had significantly higher prevalence and greater severity of sexual impairment (FSFI, BISF-W, dysfunction of pelvic floor (PISQ-12), and worse sexual quality of life (SQoL-F) (table 1). There were no significant differences in sexual function between PM and DM. Even sexually active IIM patients reported significantly greater sexual health impairment compared to sexually active HC. Sexual health impairment in IM was associated with laboratory markers of disease activity, health status, physical activity, fatigue and depression (table 2).

Conclusion: Women with IIM have significantly impaired sexual function, sexual quality of life and pelvic floor function than age-matched HC. Worse scores in IIM were associated with disease activity, health status, physical activity, fatigue and depression.

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AB0661
ASSOCIATION OF ANTI-MDA-5 AUTOANTIBODY WITH AUTOIMMUNE ASSOCIATED HEMOPHAGICCYTIC SYNDROME DERMATOMYOSITIS

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Background: Autoimmune associated hemophagiccytosis (AAHS) is a rare complication in dermatomyositis (DM). We previously demonstrated by multivariate analysis that one of factors associated with mortality in AAHS is DM (OR 5.57 [95% CI 1.08–28.65], P ≤ 0.05) among connective tissue diseases (1).

Objectives: To find out underlying immunological characteristics, we examined the DM patients with AAHS.

Methods: We examined 31 new onset patients with idiopathic inflammatory myopathies (IIM) including clinically amyopathic dermatomyositis (CADM) admitted to our hospital between January 2009 and December 2018. Three patients had been diagnosed as AAHS proven by bone marrow aspiration. We examined these patient clinical and laboratory characteristics.

Results: Two patients were diagnosed as DM and one was CADM. We found that these 3 patients were associated with interstitial pneumonia. Laboratory tests of all 3 patients showed hypereosinophilia and high titer of anti-MDA5 antibody. All patients were diagnosed as AAHS by bone marrow aspiration smears. Two of them died on the 12th and on the 75th hospital day, respectively, in spite of intensive therapies.

Conclusion: Anti-MDA5 may relate not only interstitial pneumonia but also AAHS.

REFERENCES

Disclosure of Interests: Manabu Honda Speakers bureau: Asahi Kasei Pharma, Ono Pharm., Mayuko Moriyama: None declared, Masahiro Kondo Speakers bureau: Eisai Co., Chugai Pharma, Mitsubishi Tanabe Pharma, Bristol-Myers Squibb, Janssen Pharma, Astellas Pharma, Takeda Pharma, NIPPON KAYAKU, Daichi-Sankyo, Asahi Kasei Pharma, AbbVie Japan., Shunichi Kumakura: None declared, Yoshiko Sumita: None declared, Yohko Murakawa Grant/research support from: Asahi Kasei Pharmaceutical Co., Ltd.


AB0662 UTILITY OF NAILFOLD CAPILLAROSCOPY FOR THE EARLY DIAGNOSIS OF SYSTEMIC SCLEROSIS SPECTRUM OF DISEASES IN ASIA

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Background: The utility of nailfold capillaroscopy (NFC) has largely been evaluated in patients with Raynaud’s Phenomenon (RP). However, in equatorial countries, RP occurs in only 79% (1) and 84% (2) of patients in Singapore and Malaysia respectively. In the early stages of Systemic Sclerosis (SSc), patients may develop autoantibodies or puffy fingers before the onset of RP (3).

Objectives: There is no data on the utility of NFC in patients with non-RP features suggestive of the scleroderma-spectrum of diseases (SSc, mixed connective tissue disease, dermatomyositis). We aim to compare the utility of NFC for the early diagnosis of the SSc-spectrum of diseases in patients with present with and without RP.

Methods: Patients referred to our institution for NFC evaluation from March 2010 – March 2017 were recruited. Patients with confirmed diagnosis of a connective tissue disease were excluded. Eligible patients were divided into 4 groups: (I) RP with or without positive ANA; (II) Undifferentiated non-RP features to suggest SSc-spectrum diseases and positive ANA; (III) Undifferentiated non-RP features to suggest SSC-spectrum diseases and positive ANA ≥1/400 and (IV) Positive SSc-associated autoantibodies without features to suggest SSc-spectrum diseases. Images were analysed at 200x magnification using a software analysis program.

Results: 133 patients were recruited (mean age 55 years, 87% female; 76% Chinese, 7% Malay, 10% Indian, 7% other ethnicity). ANA was positive in 74 (55.2%) patients (n=25 anti-centromere, n=3 anti-Scl70). Taking into consideration NFC patterns, the clinical outcomes were normal in 32 patients (35.6%), connective tissue disease (CTD) suspected in 33 patients (36.7%), and definite CTD in 25 patients (27.8%). Diagnostic yield for SSc-spectrum of diseases was highest in Groups I and III (Table 1).

Abstract AB0662 Table 1.

<table>
<thead>
<tr>
<th>Group</th>
<th>Definite SSC-spectrum diseases n (%)</th>
<th>Suspected CTD n (%)</th>
<th>No CTD n (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>I</td>
<td>24 (47.1%)</td>
<td>16 (31.4%)</td>
<td>11 (21.6%)</td>
</tr>
<tr>
<td>II</td>
<td>5 (31.2%)</td>
<td>5 (31.2%)</td>
<td>6 (37.5%)</td>
</tr>
<tr>
<td>III</td>
<td>14 (35.9%)</td>
<td>17 (43.6%)</td>
<td>8 (20.5%)</td>
</tr>
<tr>
<td>IV</td>
<td>2 (12.5%)</td>
<td>9 (56.2%)</td>
<td>5 (31.2%)</td>
</tr>
</tbody>
</table>

Conclusion: In patients without RP, NFC was most useful to confirm a diagnosis in those with undifferentiated features to suggest SSc-spectrum of diseases and positive ANA.

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