Table 2. Maintenance treatment of idiopathic inflammatory myopathy

Type of treatment	N (%)
Methotrexate monotherapy	35 (40.7)
+ cyclosporine A	20 (57.1)
+ rituximab	11 (18.6)
+ chloroquine	2 (5.7)
Azathioprine monotherapy	13 (15.1)
Rituximab monotherapy	3 (3.5)
Mycophenolic acid monotherapy	15 (17.4)
+ tacrolimus	13 (86.7)
+ rituximab	1 (6.7)
Cyclosporine A	1 (1.2)
Tocilizumab*	1 (1.2)

* Anaphylactic reaction to rituximab, received tocilizumab due to pulmonary fibrosis progression as part of anti-synthetase syndrome

Conclusion: GC, methotrexate and cyclophosphamide (in case of pulmonary involvement) were the cornerstone treatment in our cohort.

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AB0678

ANTIPROLIFERATIVE AND VASOACTIVE TREATMENT MODALITIES IN 457 CONSECUTIVE PATIENTS WITH SYSTEMIC SCLEROSIS FROM ACADEMIC CENTERS IN GREECE

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Background: The pathophysiology of Systemic Sclerosis (SSc) encompasses autoimmunity, microvascular damage and fibrosis of the skin and internal organs. Accordingly, the two mainstays of treatment comprise antiproliferative and vasoactive regimens. So far there are limited data regarding the actual use of these agents in daily clinical practice.

Objectives: To describe current treatment modalities based on standard practice decisions according to published recommendations and/or guidelines for SSc, as well as to determine to which extent different disease modifying agents, namely antiproliferative and vasoactive drugs, are administered to these patients.

Methods: Consecutive patients from 7 academic rheumatology departments across Greece who fulfilled the 1980 American College of Rheumatology criteria for classification of SSc and were examined between January 2016 and December 2018 at least once, were included in the study. Patients' medical records were analyzed and antiproliferative and vasoactive agents administered anytime during the disease course were recorded.

Results: A total of 457 patients (87% women, 51% diffuse SSc, 62% with pulmonary fibrosis, 55% with digital ulcers, mean±SD age at diagnosis 49.2±13.1 years, disease duration 10.4±8 years) were studied. Methotrexate was the most frequent antiproliferative agent ever administered (53% of patients, 55% of them with diffuse SSc) followed by cyclophosphamide (26%, 78% of them diffuse), mycophenolate (11%, 63% of them diffuse), azathioprine (10%, 64% of them diffuse), rituximab (9%, 84% of them diffuse) and tocilizumab (3%, 68% of them diffuse). Among vasoactive agents, endothelin receptor antagonists (ERA) were most frequently ever administered in 39% of patients (64% with diffuse SSc) followed by iloprost in 7% (55% diffuse) and 5 phosphodiesterase (5PDE) inhibitors in 5.5% of patients (62% diffuse). Among all antiproliferative/vasoactive agents used, the greatest retention rate at last follow-up visit since initiation had ERA (82%) and 5PDE inhibitors (86%). Of note, 20% of SSc patients (90% women, 70% limited SSc, age at diagnosis 50.4±13.2

years, disease duration 8.4±6.4 years) had never been treated with either antiproliferative or vasoactive agents, whereas 41% had ever received only antiproliferative and 8% only vasoactive therapy. Moreover, 1/5 of patients with pulmonary fibrosis had never received antiproliferative treatment, whereas 1/3 of patients with digital ulcers had never received vasoactive drugs (Table).

Conclusion: About 20% of contemporary SSc patients, including patients with pulmonary fibrosis and digital ulcers, have never received antiproliferative or vasoactive therapy, possibly reflecting the spectrum of benign disease and/or a subgroup of under-treated patients.

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Table 1. Treatment modalities in consecutive SSc patients

	Combined antiproliferative and vasoactive agents	Only antiproliferative agents	Only vasoactive agents	Without antiproliferative and vasoactive agents
All patients n=457	31%	41%	8%	20%
Diffuse SSc n=233	43%	39%	7%	11%
Limited SSc n=224	17%	45%	11%	27%
Pts with Pulmonary fibrosis n=285	38%	40%	8%	14%
Pts with ulcers and/or pulmonary hypertension n=251	52%	23%	13%	12%

Disclosure of Interests: None declared

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SKIN ULCERS IN SYSTEMIC SCLEROSIS: 10 YEARS' FOLLOW-UP OF 211 PATIENTS FROM A MONOCENTRIC COHORT IN THE NORTH EAST OF ITALY

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Background: Microvascular involvement plays a pivotal role in the pathogenesis of systemic sclerosis (SSc). Among vasculopathic manifestations, skin ulcers (SU) stand out for their high prevalence.

Objectives: The aim of this study was to evaluate the prevalence and the subtype of SU, the association with clinical phenotype and pharmacological approach in the cohort of scleroderma patients attending our tertiary referral Centre.

Methods: We retrospectively evaluated clinical records of patients affected with SSc according to ACR/EULAR 2013 criteria, attending the Rheumatology Unit of Padova University. Patients with SSc *sine scleroderma*, overlap syndrome and with a follow-up lower than 24 months were excluded. We evaluated the epidemiological and clinico-serological data, including autoantibody pattern, laboratory data (such as haemoglobin, ESR, CRP), organ involvement and pharmacological treatments. Prevalence of SU, type of occurrence (isolated, recurrent and persistent episodes) and site (digital and localized at the lower limbs, between knees and ankle-feet) were recorded. Statistical analysis was performed by SPSS v. 24.

Results: 211 patients were included in the study: 187 female and 24 male, aged 60.8 ±12.4 years, 147 (70%) with limited cutaneous and 64 (30%) with diffuse form. During the follow-up period of 120 months (50-216), 105 (50%) patients experienced at least one episode of SU: 74 experienced digital ulcers, 11 presented only SU at lower limbs and 20 both kinds of ulcers. Demographic, laboratoristic and clinical features of our cohort are shown in Table 1. At the multivariate analysis, diffuse cutaneous form, younger age at diagnosis, telangiectasias and joint involvement were independently associated to SU. Among 105 patients who experienced at least one episode of SU, 69 (66%) had recurrent/persistent ulcers. The latter group needed a combination of drugs, including: calcium-channel blockers (90%), low-dose aspirin (75%), prostanoids (85%) and/or endothelin receptor antagonists (58%); 27% requested opioids for analgesia. Concerning SU at lower limbs, 19/31 patients (61%) had macrovascular involvement and 14/31 (45%) persistent ulcers; 6/31 (19%) underwent autologous skin grafting.

Conclusion: In our cohort SU occur more frequently in SSc diffuse cutaneous form and are associated with visceral and articular involvement.