Digital ulcers tend to recur during the disease course requiring several drugs, while SU at lower limbs tend to be more persistent.

Table 1. Demographic, clinical and laboratory features of the whole cohort and of the 2 groups (patients with and without SSc).

Patients, n (%)	Total 211 (100)	SSc- 106 (50)	SSc+ 105 (50)	P value	OR (CI 95%)
Demographic characteristics					
Age at Raynaud's phenomenon, mean (SD) years	42.9 (14.2)	40.9 (13.4)	45.0 (14.4)	0.007*	
Age at SSc diagnosis, mean (SD) years	48.3 (13.3)	50.7 (12.4)	45.8 (13.7)	0.000*	
Diagnostic latency, mean (SD) years	1 (0-3)	1 (0-3)	1 (0-3)	0.496*	
Female, n (%)	187 (88)	98 (93)	89 (85)	0.079*	
Cutaneous subset, n (%)					
Diffuse	64 (30)	21 (20)	43 (41)		
Limited	147 (70)	85 (80)	62 (59)	0.001*	2.8 (1.5-5.2)
Autoantibodies, n (%)					
ACA	88 (42)	48 (45)	40 (39)		
AntiScl70	79 (38)	32 (30)	47 (45)		
Anti-RNAPolIII	11 (5)	7 (7)	4 (4)		
ANA without specificity	32 (15)	19 (18)	13 (12)	0.139*	
Laboratory exams, n (%)					
Anemia (Hb<12.5 g/dL)	43 (20)	12 (11)	31 (30)	<0.001*	3.7 (1.8-7.7)
CRP<6 mg/L	30 (14)	13 (13)	17 (16)	0.031*	2.1 (1.0-4.4)
ESR<20 mm/h	40 (20)	11 (11)	29 (28)	0.001*	3.4 (1.6-7.3)
Main disease manifestations, n (%)					
Lung involvement	70 (34)	25 (24)	45 (44)	0.002*	2.5 (1.4-4.5)
Heart involvement	33 (16)	9 (9)	24 (23)	0.004*	3.2 (1.4-7.4)
GI involvement	160 (76)	82 (78)	78 (75)	0.817*	
Renal involvement	8 (4)	3 (3)	5 (5)	0.496*	
Articular involvement	83 (40)	30 (29)	53 (51)	0.001*	2.5 (1.4-4.5)
Telangiectasia	101 (48)	34 (32)	67 (64)	<0.001*	3.0 (1.7-5.5)
Puffy fingers	40 (19)	41 (40)	37 (35)	0.027*	0.5 (0.3-0.9)
Proximal myopathy	81 (41)	11 (11)	70 (67)	<0.001*	10.1 (8.0-12.0)
Calcinosis	37 (24)	8 (8)	29 (28)	0.001*	4.3 (1.8-10.2)

SSc- patients with history of skin ulcers, SSc+ patients without history of skin ulcers, SD: standard deviation, OR: odds ratio, CRP: C reactive protein, ESR: erythrocyte sedimentation rate.

Hb: haemoglobin, G-I: gastro-intestinal.

*: Fisher test, *: Pearson test, *: Fisher test, *: Mann-Whitney test.

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AB0680

NAIFOLD VIDEOCAPILLAROSCOPY PATTERN CORRELATES WITH ORGAN INVOLVEMENT AND DISEASE OUTCOME IN SYSTEMIC SCLEROSIS: A SINGLE-CENTER OBSERVATIONAL STUDY

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Background: Systemic sclerosis (SSc) is characterized by systemic autoimmunity, vasculopathy and fibrosis. Nailfold Videocapillaroscopy (NVC) is a safe method to detect and to analyze morphological microvascular abnormalities in SSc patients. There is circumstantial evidence to suggest an association between NVC abnormalities and disease severity, particularly vascular manifestations.¹

Objectives: To evaluate the association of NVC patterns with demographic, clinical, laboratory features and disease progression in the SSc cohort of University Hospital of Heraklion.

Methods: Retrospective study (2011-2018) of SSc patients who underwent NVC. NVC findings were classified into three distinct patterns namely early, active and late according to *Cutolo et al*². NVC patterns were correlated with the clinical characteristics of the patients. We also correlated baseline NVC patterns with the progression of the disease at 3 years.

Results: 62 patients [(88.8% women, mean age of diagnosis 49.8 years, range 18-82)] were included. Compared to early/active pattern, patients with late pattern were more likely to have diffuse SSc (dSSc) (p=0.006), Interstitial Lung Disease (ILD) (80.0% vs 38.1% p=0.002) and esophageal involvement (80.0% vs 47.6% p=0.0034). There was a trend for increased frequency of Pulmonary Arterial Hypertension (PAH), digital ulcers (DU) and calcinosis in patients with late pattern (p=0.079, p=1.103 and p=0.079 respectively). Patients with active NVC pattern were more likely to have arthritis (early/active/late: 36.4%/75.9%/55.0%, p=0.054). A total 42 patients had NVC data at the time of SSc diagnosis. At 3 years there were no significant differences regarding disease progression, although patients with late NVC pattern had more hospitalizations due to infections (33.3% vs 9.1%, p=0.191), higher death rate (16.7% vs. 8.3%, p=0.543), need to use cyclophosphamide (33.3% vs 17.4%, p=0.391) and/or bosentan (40.0% vs 22.7%, p=0.426).

Conclusion: In this single-center SSc cohort, NVC pattern was found to correlate with organ involvement especially ILD, esophageal involvement

and dSSc. Serious infections and treatment intensification were also more frequent among patients with late NVC pattern. NVC may be a useful prognostic marker for SSc patients.

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AB0681

SCLERODERMIC HAND: SUBCLINICAL JOINT INVOLVEMENT?

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Background: Systemic sclerosis (SSc) is a chronic autoimmune connective tissue disorder of not fully understood aetiology characterized by vascular and fibrotic abnormalities in the skin and internal organs. Musculoskeletal involvement, mainly affecting hands and feet, is frequent in SSc and represents a major cause of disability. Ultrasonography is a non-invasive, cost-effective imaging modality which is able to detect the presence of joint involvement in SSc.

Methods: 61 consecutive patients (60 women) were enrolled. Each patient has completed a dichotomous survey to evaluate the presence of joint symptoms (presence of pain, swelling, morning stiffness in the last 3 months). Subsequently a rheumatologist - blinded to clinical data and survey results - performed the ultrasound examination of hands and wrists to evaluate the presence of effusion, synovial hypertrophy, power-Doppler signal, erosions and tenosynovitis defined according to the OMERACT definitions. The ultrasound examination was performed using the Esaote MyLab70 with a multifrequency linear probe (6-18 MHz).

Results: Of the 61 patients analyzed, 29 showed joint involvement on the ultrasound examination (47.54%), in particular, 37.93% had tendon involvement and 72.41% joint involvement (Table 1). 31 patients did not report joint symptoms (50.82%) but 13 (41.93%) still had ultrasound alterations (Table 2).

Table 1. Musculoskeletal involvement in SSc

	n. pazienti (%)
Joint effusion	14/29 (48.28%)
Synovial hypertrophy	18/29 (62.07%)
Erosions	2/29 (0.69%)
Tenosynovitis	11/29 (37.93%)
Power-Doppler signal	9/29 (31.03%)

Table 2. Musculoskeletal involvement in asymptomatic patients

	n. pazienti (%)
Joint effusion	3/13 (23.08%)
Synovial hypertrophy	8/13 (61.54%)
Erosions	0/13 (0%)
Tenosynovitis	5/13 (38.46%)
Power-Doppler signal	3/13 (23.08%)

Conclusion: Musculoskeletal involvement is frequent in SSc and can be asymptomatic in more than 20% of patients. The ultrasound examination can make it possible to detect articular and periarticular involvement at an early stage of the disease before the onset of disability.

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