CIRCUITING FIBROCYTES IN LIMITED CUTANEOUS SYSTEMIC SCLEROSIS PATIENTS: CORRELATION WITH DERMAL THICKNESS

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Disclosure of Interests:

Objectives: To evaluate the role of circulating fibrocytes in limited cutaneous systemic sclerosis (lcSSc) patients. This observation may well support the development of pulmonary conditions in systemic sclerosis, which now considered as one of risk factors for pulmonary lesion.

Methods: Patients for the study were selected from the department of rheumatology at the Emergency Care Municipal Hospital 25 in the city of Volgograd. The main group incorporated 42 persons with the diagnosis of systemic scleroderma verified by ACR/EULAR diagnostic criteria of 2013, without any exclusion criteria. There were 11 men and 31 women aged 22–72 among the systemic scleroderma patients. The mean age of patients was 44.1±15.4. The control group incorporated 30 healthy donors at the Emergency Care Municipal Hospital 25.

Results: Compared with the control group, patients with systemic scleroderma showed a considerably higher rate of antibodies to elastase (52%) and elastin (38%). The upper normal level of antibodies to elastin was in the range of 0.131 absorbance units, of antibodies to elastase – 0.131 absorbance units.

Conclusion: By determining antibodies to elastin and elastase by the proposed technique of enzyme immunoassay at early stages of systemic scleroderma, one can predict lesions of pulmonary parenchyma presenting with various clinical signs, and exacerbation of fibrosis processes.

Disclosure of Interests: None declared


ROLE OF ELASTIN AND ELASTASE ANTIBODIES IN DEVELOPMENT OF PNEUMOSCLEROSIS IN PATIENTS WITH SYSTEMIC SCLERODERMA

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Objectives: To identify patients with anti-ARS antibodies from our hospital as an idiopathic inflammatory myopathy, or if they did not present myositis, they remained undiagnosed.

Methods: Retrospective observational study carried out in a regional hospital in Barcelona with a reference population of 260,000 inhabitants. All patients were selected, determined by the Dot Blot Polymyositis/Scleroderma IgD D-Test, we applied Connors diagnostic criteria and collected demographic, clinical and instrumental data, and types of antibodies.

Results: We identified 18 patients with anti-ARS antibodies, 9 anti-Jo1 (53%), 4 anti-PL7, 3 anti-PL12 and 1 anti-EJ. Of these, 13 had values of ANA > 1/80, 3 values of 1/80 and 1 negative. Other antibodies identified were anti-Ro52 in 4, anti-DNA in 4 and anti-Sc170 in 1. All patients except one met AS criteria. None of anti-DNA positive subjects met criteria for erythematous systemic lupus or systemic sclerosis.