progression and skin involvement, we started MP with prednisone (mean dose 8mg. a day), observing no significant changes after treating for 8 months on skin or lung disease, only improving the hands edema.

Case 6: A woman diagnosed with diffuse SSC, having telangiectasias, sclerodema, positive ATA and NSIP. At 100 months from diagnosis, after 6 cyclophosphamide cycles followed by azathioprine (both ineffective) due to lung function (FVC 76%, FEV 83%, DLCO 26%) and skin (mRSS 30) worsening, MP and prednisone (mean dose 15mg. a day) were started. Currently, we are still waiting to assess clinical response.

Conclusion: Despite it is not included in EULAR current recommendations for SSC complications, our patients have remarkably improved with MP, especially skin involvement, with a good safety profile. These data reaf-
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