**AB1155**

**CORRELATION BETWEEN NAILFOLD VIDEOCAPILLAROSCOPY PATTERNS, LEFT VENTRICLE DYSFUNCTION AND PULMONARY DISEASE IN SYSTEMIC SCLEROSIS**

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**Background:** Systemic Sclerosis (SSc) is a multisystem connective disease characterized by a microvascular damage, which leads to systemic fibrosis, immune dysregulation and progressive involvement of internal organs [1]. According to the classification of the morphological aspects, into the scleroderma pattern proposed by Cutolo et al. are described the early, active and late patterns.

**Objectives:** The aim of our study is thus to report a correlation between specific nailfold videocapillaroscopy pattern and internal organ involvement.

**Methods:** All enrolled patients were diagnosed for SSc, according to the American College of Rheumatology criteria and underwent an echocardiographic examination and a nailfold videocapillaroscopy.

**Results:** From 145 samples tested 68 were found positive for monospecific anti-DFS70: 82.4% were women and the median age was 55±14.4 years. The ANA titer was greater than 1/320 in all of the cases and 26.5% of patients had two positive determinations DFS70 separated 15.4±9.2 months. The reasons for requesting ANA were diverse (arthralgias in 33.8% of the cases), and most of them were ordered from primary care. Clinical follow-up was performed in 66.1% of the patients for a mean of 2.9 years (between 2 months and 7 years). Only 3 patients (4.1%) had a defined AARD: 2 systemic lupus erythematous and 1 antiphospholipid syndrome, diagnosed years before. There were 5 patients with rheumatoid arthritis (7.3%) and one had sarcoidosis. Nineteen patients (27.9%) had an organ-specific autoimmune disease: 14 autoimmune hypothyroidism, 2 autoimmune hepatitis, 2 primary biliary cholangitis and 1 immune thrombocytopenia. Six patients (8.8%) were followed up because of undifferentiated connective tissue disease (they did not meet criteria for AARD).

**Conclusion:** In our experience, patients with monospecific anti-DFS70 ANA rarely present AARD, even though 42.7% of subjects showed autoimmune features. Rheumatoid arthritis patients occasionally had an isolated anti-DFS70 APA. Therefore isolated anti-DFS70 may be potentially considered as marker of benign autoimmunity.

**REFERENCES**


**Disclosure of Interests:** None declared


**AB1156**

**DEFINITION OF TWO NEW ULTRASOUND ENTHESOPHYTES SCORES: APPLICATION IN A CONSECUTIVE SERIES OF IBD PATIENTS**

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**Background:** Recent studies have developed criteria for US definition of enthesal abnormalities [1] however no actual scores are available to

**Methods:** All enrolled patients were diagnosed for SSc, according to the American College of Rheumatology criteria and underwent an echocardiographic examination and a nailfold videocapillaroscopy.

**Results:** From 145 samples tested 68 were found positive for monospecific anti-DFS70: 82.4% were women and the median age was 55±14.4 years. The ANA titer was greater than 1/320 in all of the cases and 26.5% of patients had two positive determinations DFS70 separated 15.4±9.2 months. The reasons for requesting ANA were diverse (arthralgias in 33.8% of the cases), and most of them were ordered from primary care. Clinical follow-up was performed in 66.1% of the patients for a mean of 2.9 years (between 2 months and 7 years). Only 3 patients (4.1%) had a defined AARD: 2 systemic lupus erythematous and 1 antiphospholipid syndrome, diagnosed years before. There were 5 patients with rheumatoid arthritis (7.3%) and one had sarcoidosis. Nineteen patients (27.9%) had an organ-specific autoimmune disease: 14 autoimmune hypothyroidism, 2 autoimmune hepatitis, 2 primary biliary cholangitis and 1 immune thrombocytopenia. Six patients (8.8%) were followed up because of undifferentiated connective tissue disease (they did not meet criteria for AARD).

**Conclusion:** In our experience, patients with monospecific anti-DFS70 ANA rarely present AARD, even though 42.7% of subjects showed autoimmune features. Rheumatoid arthritis patients occasionally had an isolated anti-DFS70 APA. Therefore isolated anti-DFS70 may be potentially considered as marker of benign autoimmunity.

**REFERENCES**


**Disclosure of Interests:** None declared

VALIDATION OF VECTOR (VELCRO CRACKLES DETECTOR) FOR THE DIAGNOSIS OF INTERSTITIAL LUNG DISEASE IN PATIENTS WITH CONNECTIVE TISSUE DISEASES

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Background: Interstitial lung disease (ILD) represents one of the most frequent pulmonary manifestations in connective tissue diseases (CTD) and it is characterized by severe implications in morbidity and overall prognosis. However, a routinely assessment of ILD is not so common in all CTDs. Velo-crackles are typical of lung fibrosis and have been proposed for the early diagnosis of the disease. Recently, we validated the algorithm VECTOR (VELacro Crackles detector), developed to detect the presence of velcro-crackles in pulmonary sounds recorded by an electronic stethoscope (ES) in RA-ILD patients as screening for the diagnosis of interstitial lung involvement, showing a diagnostic accuracy, a sensitivity and a specificity of 93.9%, 93.2% and 76.9%, respectively.

Methods: CTD patients who underwent HRCT in the last 12 months were enrolled. They were auscultated with an ES (Littmann 3200TM 3M, USA), bilaterally, at dorsal level, in at least 3 pulmonary fields (superior, medium and basal). All tracks recorded were analyzed by suitably developed software (VECTOR) capable of recognizing pathological crackles in lung sounds. Results were compared with HRCT findings detected in a blind manner by an expert radiologist.

Results: Ninty CTDs patients were enrolled, namely 27.8% systemic sclerosis (SSc), 31.1% primary Sjögren’s syndrome (pSS), systemic lupus erythematosus 11.1%, 7.8% polymyositis, 6.6% dermatomyositis, and 15.5% undifferentiated CTD (UCTD). Male/female ratio was 1:3.1 and a mean age of 63.9±12.7 years; among them 45 (50%) showed ILD at HRCT.

Conclusion: These data confirm the diagnostic accuracy of VECTOR in the detection of ILD in CTDs patients, as previously described also for RA-ILD. In some CTDs such as SSc, a careful evaluation of lung involvement is quite diffused, while for other CTDs, for example pSS or UCTD, ILD remains often underestimated, with a delay in diagnosis and treatment. Since lung complications represent one of the most serious and frequent cause of poor prognosis for all CTDs patients, the search for a simple, repeatable and radiation-free tool for the screening of these patients is mandatory. The routinely employment of an ES and VECTOR, combined to clinical findings (cough, dyspnea) and respiratory lung function tests, could increase our ability to early identify ILD in CTD patients.

REFERENCES

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