2012 ACR	98.90%	0.561*
2016 ACR/ EULAR	88.00%	
Specificity		
2002 AECG	93.80%	
2012 ACR	71.30%	
2016 ACR/ EULAR	96.30%	

AECG: American European Consensus Group criteria;

Conclusion: In our population, the ACR criteria showed the highest sensitivity, while the ACR/EULAR criteria showed the highest specificity, showing a moderate level of agreement. Despite the validation of these criteria, its application in real life tests its performance according to the population studied.

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THU0258 NERVOUS SYSTEM INVOLVEMENT IN PRIMARY SJÖGREN'S SYNDROME

Jose Luis Andreu¹, Carlos Sánchez-Piedra², Monica Fernandez Castro¹, Victor Martinez Taboada³, Alejandro Olive⁴, Jose Rosas⁵, Raúl Menor-Almagro⁶, Beatriz Rodriguez Lozano⁷, Ángel García-Aparicio⁸, Francisco J López-Longo⁹, Sara Manrique Arijá¹⁰, Jesús Alberto García Vadillo¹¹, Susana Gil¹², Ruth López González¹³, J. Narváez¹⁴, Carles Galisteo¹⁵, Jorge Juan Gonzalez Martin¹⁶, M E Ruiz¹⁷, Iñigo Rúa-Figueroa¹⁸, Oscar Illera¹⁹, Lurdes Romani²⁰, Sheila Melchor²¹, Begoña Moreira²², Enrique Raya²³, Jose M Pego-Reigosa²⁴, Natalia Cid Boza²⁵, Enrique Judez²⁶, Clara Moriano²⁷, Vicente Torrente²⁸, Héctor Corominas²⁹, Blanca García-Magallon³⁰, Carlos Guillén-Astete³¹, Ivan Castellvi³², Cristina Bohórquez³³, Javier Loricera³⁴, Joaquín Belzunegui³⁵. ¹H. U. Puerta de Hierro Majadahonda, Majadahonda, Spain; ²Sociedad Española de Reumatología, Madrid, Spain; ³H.U. Marqués de Valdeilla, Santander, Spain; ⁴H.U. Germans Trias i Pujol, Badalona, Spain; ⁵H.U. Marina Baixa, Villajoyosa, Spain; ⁶H.U. Jerez de la Frontera, Jerez de la Frontera, Spain; ⁷H.U. de Canarias, Santa Cruz de Tenerife, Spain; ⁸H.U. Virgen de la Salud, Toledo, Spain; ⁹H.G.U. Gregorio Marañón, Madrid, Spain; ¹⁰H.U. Carlos Haya, Málaga, Spain; ¹¹H.U. La Princesa, Madrid, Spain; ¹²H.U. de Alicante, Alicante, Spain; ¹³H.U. Virgen de la Concha, Zamora, Spain; ¹⁴H.U. Bellvitge, Barcelona, Spain; ¹⁵H.U. Parc Tauli, Sabadell, Spain; ¹⁶H.U. Madrid Norte Sanchinarro, Madrid, Spain; ¹⁷H.U. Basurto, Bilbao, Spain; ¹⁸H.U. Doctor Negrín, Las Palmas, Spain; ¹⁹H.U. Infanta Sofía, San Sebastián de los Reyes, Spain; ²⁰H.U. Virgen de las Nieves, Granada, Spain; ²¹H. U. 12 de Octubre, Madrid, Spain; ²²H.U. Sierrallana, Sierrallana, Spain; ²³H.U. San Cecilio, Granada, Spain; ²⁴H.U. do Mexoeiro, Vigo, Spain; ²⁵H.U. Valme, Sevilla, Spain; ²⁶H.U. de Albacete, Albacete, Spain; ²⁷C.A.H. de Leon, Leon, Spain; ²⁸H.U. L'Hospitalet, Barcelona, Spain; ²⁹H.U. Sant Joan Despí Moisès Broggi, Barcelona, Spain; ³⁰H.U. Miguel Servet, Zaragoza, Spain; ³¹H.U. Ramón y Cajal, Madrid, Spain; ³²H.U. Santa Creu i Sant Pau, Barcelona, Spain; ³³H.U. Príncipe de Asturias, Madrid, Spain; ³⁴H. U. Marqués de Valdecilla, Santander, Spain; ³⁵H.U. Donostia, San Sebastián, Spain

Background: Primary Sjögren's syndrome (pSS) is a systemic autoimmune disease characterized by the involvement of the exocrine glands, mainly salivary and lacrimal glands. Approximately half of patients will experience extraglandular complications throughout their evolution.

Objectives: To characterize the involvement of the nervous system (NS) in patients with pSS.

Methods: Multicenter cross-sectional study of a cohort of patients with pSS, constructed by random selection of pSS patients fulfilling the 2002 American-European Consensus Criteria for pSS¹ from 33 rheumatology units. Through review of clinical records and interview with patients, demographic, clinical, analytical, therapeutic data and disease activity indexes were collected. Univariate analysis was done by Chi square test, Mann-Whitney U test and Student's t test. Multivariate analysis was done by linear logistic regression. A p <0.05 was considered significant. Patients signed an informed consent. The study was authorized by the ethics committees.

Results: 437 patients were included (95% women, median age of 58 years). 65 patients developed NS involvement: 26 patients central NS, 31 peripheral NS and 8 both. Multivariate analysis showed association

between NS involvement and atherosclerotic stroke (OR 10.4, 95% CI 2.8-38.5), ear disease (OR 2.1, 95% CI 1.1-4.2) and myopathy (OR 6.5, 95% CI 1.3-31.6). Patients with NS involvement had higher probability of being treated with glucocorticoids (OR 3.3, 95%CI 1.5-7.2) and cyclophosphamide (OR 6.8, 95% CI 1.5-31).

Conclusion: 15% of patients with pSS develop NS involvement that is associated with atherosclerotic stroke, ear disease and myopathy.

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THU0259 ULTRASOUND OF MAJOR SALIVARY GLANDS IDENTIFIES PATIENTS WITH MORE COMPLEX SALIVARY GLAND HISTOPATHOLOGY BUT NOT MILD LESIONS

Chiara Baldini¹, Francesco Ferro¹, Nicoletta Luciano¹, Gianmaria Governato¹, Marta Mosca¹, Stefano Bombardieri¹, Valentina Donati². ¹University of Pisa, Department of Clinical and Experimental Medicine, Pisa, Italy; ²University of Pisa, Pathology Unit, Pisa, Italy

Background: Ultrasonography of major salivary glands (SGUS) has been proposed as a feasible and reliable tool for the assessment of parotid and submandibular glands inflammation and damage in Sjögren's syndrome (pSS). However, the relationship between major SGUS and labial salivary gland (LSG) histopathology is still unclear.

Objectives: to investigate the correlation between SGUS abnormalities and LSG histopathology in patients newly diagnosed patients with pSS

Methods: Consecutive patients suspected of having pSS were enrolled in this study. All the patients underwent a complete diagnostic work up. The echostructure of each gland on B-mode images was graded on a 5-point scale (0-4), and a SGUS score ≥ 2 was defined as pathological. Hypo-anechoic areas in the glands were defined as isolated (<25% of the surface), localized (25-50%) and diffuse-scattered (>50%). Hyperechoic bands present in more than 50% of the parenchyma were also recorded. An expert pathologist analyzed all the LGS samples assessing focus score (FS), number of foci and presence of ectopic germinal centers (GCs).

Results: We included 115 pts (105 F: 10 M, mean age (SD) 54.8 (12.5) years). Out of them 51 were diagnosed with pSS and 64 represented the no-SS sicca controls. A SGUS score ≥ 2 identified pSS patients with a sensitivity of 62.7% and a specificity of 96.7%. SGUS score significantly correlated with FS ($r=0.457^{**}$, $p=0.000$), number of foci ($r=0.359^{**}$, $p=0.000$) and number of ectopic GCs ($r=0.505^{**}$, $p=0.000$). However, the overall concordance between SGUS and LSG histopathology was moderate (Cohen's kappa =0.574). Thus, we specifically focused on 19/51 pSS "discordant" cases who presented normal SGUS findings but focal lymphocytic sialadenitis in their LSG biopsy. These "discordant" patients tended to present a lower FS (1.7 ± 0.5 vs 2.6 ± 1.5 , $p=0.04$) and a significantly lower number of foci in their biopsies (2.7 ± 1.6 vs 4.6 ± 2.9 ,