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CLINICAL CHARACTERISTICS AND RISK FACTORS OF POLYMYOSITIS AND DERMATOMYOSITIS COMBINED WITH INTERSTITIAL LUNG DISEASE IN PATIENTS RESIDING IN THE NORTHEAST SICHUAN PROVINCE IN CHINA

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Background: Idiopathic inflammatory myositis (IIM) is a systemic autoimmune disease characterized by nonsuppurative inflammation of striated muscle, myalgia, and proximal and symmetric muscle weakness. IIM can affect numerous organ systems, such as the skin, lungs, heart, and gastrointestinal tract. Polymyositis (PM) and dermatomyositis (DM) are the most common forms of IIM. Interstitial lung disease (ILD) is a common and severe complication of PM/DM, and concurrent ILD in patients with PM/DM is a major cause of death, with a fatality rate that exceeds 50% [1]. To explore the clinical features and risk factors of PM/DM combined with ILD (PM/DM-ILD) can improve the early diagnosis rate, put early interventions and improve the therapeutic effect.

Objectives: We explored the clinical features and risk factors of PM and DM, combined with ILD to increase early diagnosis and improve treatment outcomes.

Methods: Data were collected from 130 patients with PM/DM, treated at a single center from January 1, 2014 to September 30, 2018. General medical status, clinical symptoms, laboratory indicators, high-resolution computed tomography, therapeutic outcomes, and prognoses were retrospectively reviewed in patients with PM/DM with (ILD group) and without (NILD) ILD.

Results: There was statistically significant difference in age between the ILD group (n=65) and the NILD group (n=65) ($p<0.05$), but no significant between-group differences in PM/DM ratio, sex, or disease duration ($p>0.05$ for all). In the ILD group, initial symptoms were arthritis and respiratory symptoms, and myasthenia for the NILD group. Incidences of Raynaud's phenomenon, dry cough, expectoration, dyspnea on exertion, arthritis, fever, globulin (GLOB), erythrocyte sedimentation rate (ESR), and anti-Jo-1 antibody rate were higher for ILD ($p>0.05$ for all); however, albumin (ALB), creatine kinase aspartate aminotransferase activity ratio (CK/AST) and CK were significantly lower in the ILD group ($p>0.05$ for all). Bivariate logistic regression analysis showed that age, dry cough, arthritis, dyspnea on exertion, anti-Jo-1 antibody, and elevated GLOB were independent risk factors for ILD among patients with PM/DM.

Table 1. Bivariate logistic regression analysis on risk factors associated with ILD in patients with PM/DM

Variables	B	SE	p value	OR	95% CI for OR	
					Lower limit	Upper limit
Age	.053	.018	.003	1.054	1.018	1.092
Dry cough	.997	.449	.026	2.71	1.125	6.592
Arthritis	1.089	.481	.024	2.971	1.157	7.63
Dyspnea on exertion	1.192	.483	.014	3.295	1.279	8.493
Anti-Jo-1 (+)	1.517	.706	.032	4.558	1.141	18.201
GLOB	.093	.029	.001	1.097	1.036	1.162

Conclusion: The morbidity associated with PM/DM-ILD is high. Older age, dry cough, arthritis, dyspnea on exertion, anti-Jo-1 antibody positivity, and increased GLOB increase the risk of developing ILD. This information could be used to carefully monitor changing lung function in these patients.

REFERENCES:

- [1] Lega JC, Reynaud Q, Belot A, et al. (2015) Idiopathic inflammatory myopathies and the lung. *Eur Respir Rev* 24(136):216-238.

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COMPARING OF TWO DISTINCT SEVERITY SCORES FOR EVALUATING DISEASE SEVERITY IN FAMILIAL MEDITERRANEAN FEVER

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Background: Familial Mediterranean Fever (FMF) is a chronic hereditary disease which is characterized by recurrent attacks of fever accompanied by serositis. Severity of disease is related with morbidities such as amyloidosis and chronic renal failure.

Objectives: The aim of this study was to evaluate disease severity with two disease severity scores in FMF patients, and compare them.

Methods: The study included 160 patients with FMF. Demographic and clinical data were recorded in the patients' form. The patients' disease severity were evaluated with International Severity Scoring System for FMF (ISSF) and The Second Set of FMF severity score (F-SS-2).

Results: A total of 160 patients, comprising of 106 males (66.3%) and 54 (33.8%) females with a mean age of 33.5 ± 12.2 years were evaluated. Mean disease duration was 16.6 ± 10.3 years. Other demographic and clinical characteristics of the patients were shown in Table 1. According to ISSF, 67 (41.9%) patients were classified as having mild disease, 80 (50.0%) patients as intermediate disease and 13 (8.1%) patients as severe disease. On the other hand, 59 (36.9%) patients were classified as having mild disease, 41 (25.6%) patients as intermediate disease and 60 (37.5%) patients as severe disease according to F-SS-2 score. Higher rates of patients were found having severe disease according to F-SS-2 compared with ISSF ($p<0.001$). Also, lower rates of patients were scored as having intermediate disease with F-SS-2 compared with ISSF ($p<0.001$) (Table 2).

Table 1. Sociodemographic and clinical characteristics of patients (n=160)

Characteristics	
Gender, n (%)	
Male	106 (66.3)
Female	54 (33.8)
Age (years), mean $\pm$ SD	33.5 $\pm$ 12.2
Disease duration (years), mean $\pm$ SD	16.6 $\pm$ 10.3
Age of diagnosis (years), mean $\pm$ SD	23.1 $\pm$ 12.7
Delay of diagnosis (years), mean $\pm$ SD	6.2 $\pm$ 7.9
Age of symptom onset (years), mean $\pm$ SD	16.9 $\pm$ 11.8
Dose of colchicine, (mg/day), mean $\pm$ SD	
ISSF Score (n, %)	
Mild	67 (41.9)
Intermediate	80 (50.0)
Severe	13 (8.1)
F-SS-2 Score (n, %)	
Mild	59 (36.9)
Intermediate	41 (25.6)
Severe	60 (37.5)