QUANTITATIVE INDEXES TO ASSESS THE INTERSTITIAL LUNG DISEASE, AND ITS EXTENSION, IN SJÖGREN’S SYNDROME

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Background: Interstitial lung disease (ILD) is the most frequent pulmonary impairment in Sjögren’s syndrome (SS). The diagnosis is challenging, as there are no specific tests (i.e. autoantibodies or pulmonary function tests) or symptoms. Chest CT is the gold standard. Semiquantitative visual scores (SQCT) estimate ILD extent, though burdened by relevant intra-, inter-reader variability. Quantitative chest CT (QCT) is a promising method to assess ILD severity

Objectives: to verify if QCT assessment could identify SS subjects affected by ILD and to identify those SS patients with an extensive lung disease

Methods: in this multi-center, cross-sectional, and retrospective study, subjects affected by SS and with a chest CT were enrolled. A blind and centralized SQCT assessment was carried out in order to calculate both Goh and Taouli scores. An operator-independent analysis of all CTs with different image parameters remained unclear, and their parameters including heterogeneity of glands, clearance of posterior border, size of glands, fibrosis bands and size of vacuoles in the glands. Each gland would be scored through these parameters which may range from 0 to 3 or 0 to 4. The weight of different parameters have not been clarified.

Results: The distribution of minor salivary gland biopsy was evaluated with Chisholm-Mason grade, ranging from 1-4.

Conclusions: Different image parameters had different significance for representing the gland conditions. For parotid glands, fibrosis bands and heterogeneity of glands were main parameters. For submandibular glands, fibrosis bands and size of vacuoles accounted for the change of glands. SGUS correlated with final pathology result.

References:

Disclosure of Interests: None declared


THE ROLE OF INFRARED THERMOGRAPHY IN THE ASSESSMENT OF PERIPHERAL VASCULOPATHY AND IN THE THERAPEUTIC MANAGEMENT OF SYSTEMIC SCLEROSIS PATIENTS TREATED WITH SYNTHETIC PROSTANOIDS

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Background: Skin lesions represent the leading feature of systemic sclerosis (SSc), with Raynaud’s phenomenon (RP) the most frequent and early clinical manifestation of the disease. Digital vasculopathy severely affects SSc patients, lowering their quality of life and negatively impacting on their daily functioning. Digital ulcers are associated with poor cardiovascular prognosis and decreased survival rate. Nevertheless, standardized treatment strategies and non-invasive tools for the management of RP and SSc skin manifestations are badly needed.

Objectives: The aim of this study was a) to evaluate the efficacy of infrared thermography in the assessment of peripheral vasculopathy in a cohort of SSc patients treated with cyclic intravenous infusions with synthetic prostanoids b) to identify those patients who might benefit from an intensified insufusional treatment protocol with prostanoids.

Methods: Twenty-six SSc patients [2], attending our Department for their routinely 28 days apart intravenous therapy with prostanoids (iloprost) based on the presence of severe secondary RP and/or digital ulcers, were enrolled in this study. Informed consent was obtained from all individual participants included in the study. Infrared thermography was performed by the same person at 3 points on each hand: The weight of different hands was made at baseline (T0), and at days 14 and 28 after the first prostanoid infusion (named T1 and T2, respectively). Statistical analyses have been performed and a p-value <0.05 was considered statistically significant.

Disclosure of Interests: None declared


SALIVARY GLAND ULTRASOUND FOR SJÖGREN SYNDROME AND SICCA SYMPTOMS WITH EVALUATION OF THE DIFFERENT IMAGE PARAMETERS AND BIOPSY RESULT

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Background: Sjögren’s syndrome involves multiple organs, especially the lacrimal and salivary glands. Salivary gland ultrasonography (SGUS) is quick and easily accessible, which provides visibility of salivary glands. Currently, there were several scoring systems for SGUS. Acuity for different image parameters remained unclear, and these parameters including heterogeneity of glands, clearance of posterior border, size of glands, fibrosis bands and size of vacuoles in the glands. Each gland would be scored through these parameters which may range from 0 to 3 or 0 to 4. The weight of different parameters have not been clarified.

Conclusions: Different image parameters had different significance for representing the gland conditions. For parotid glands, fibrosis bands and heterogeneity of glands were main parameters. For submandibular glands, fibrosis bands and size of vacuoles accounted for the change of glands. SGUS correlated with final pathology result.

References:

Disclosure of Interests: None declared
