CAPILLAROSCOPIC DIFFERENCES IN PRIMARY BILIARY CHOLANGITIS WITH OR WITHOUT SCLERODERMA AND RAYNAUD’S PHENOMENON, A PRELIMINARY STUDY

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Background: A high proportion of capillaroscopic alterations have been reported in patients with Primary Biliary Cholangitis (PBC). A), together with Raynaud’s phenomenon (RP), is considered to be a hallmark feature of PBC. In this study, we aim to analyze the differences between clinical, serological and capillaroscopic parameters observed in three groups of patients with PBC: patients with PBC alone (PBC-A), patients with PBC and RP (PBC-RP), and patients with Raynaud Syndrome (PBC-RS).

Methods: Perungual capillaroscopy was performed on 12 patients with PBC-A, 10 with PBC-RP and 13 with PBC-RS, who received follow-up in our systemic diseases and hepatology monographic outpatients. Capillaroscopy was made with USB Digital Microscope Dino-Lite 8 epiluminescence video. The capillaroscopic alterations were scored according to a semiquantitative method. All patients were given a detailed clinical evaluation. Variables related to clinical, serological and capillaroscopic parameters were collected. A comparative study was done.

Results: Of the 36 patients analyzed, 32 (88.9%) were women, with no sex differences between the three groups. The median age at PBC diagnosis was 50 + 12.8 years in PBC-A group, 60.5 + 15 years in PBC-RP and 62 years in PBC-RS, showing significant difference between the first group and the other two (p = 0.039). 14 patients had other systemic diseases: 1 hemolytic anemia, 1 SLE, 2 Psoriasis, 1 PTD and 9 Sicc. The only clinical parameter with significant difference between the three groups was association with SSc: 3 (25%) PBC-A, 5 (50%) PBC-RP and 12 (85.7%) PBC-RS, p = 0.002. Twenty five (73.5%) patients had positive ANA, with no differences between groups. All 11 patients who had ACA were from the PBC-RS group. Statistically significant differences were observed between the capillaroscopic parameters were the presence of capillary dilatations [5 (41.7%) PBC-A, 5 (50%) PBC-RP, 11 (84.6%) PBC-RS, p = 0.03] and pathological hemorrhages [1 (8.3%) in PBC-A, 2 (22.2%) PBC-RP, 11 (78.6%) PBC-RS, p <0.001] as well as the presence of a different capillaroscopic pattern (p <0.001): normal or nonspecific in 9 (75%) of PBC-A, 4 (44.4%) PBC-RP and 2 (15.4%) PBC-RS; connective tissue disease suggestive pattern in 3 (25%) of PBC-A, 5 (55.6%) of PBC-RP and 1 (7.7%) of PBC-RS; sclerodermiform in 10 (76.9%) PBC-RS, and none of the other two groups. We did not find significant differences in the presence of simple tortuosities, complex tortuosities, branched capillaries or capillary loss.

Conclusion: This preliminary study shows an evolutionary trend in some clinical (age at PBC diagnosis, sicca association) and capillaroscopic parameters (capillary dilatation, hemorrhages, general capillaroscopic pattern) in patients with PBC-A, PBC-RP and PBC-RS, which may suggest three different phenotypic expressions of the same pathogenic process.

Disclosure of Interests: None declared

THU0609 ULTRASOUND AS A USEFUL TOOL IN THE DIAGNOSIS OF RHEUMATOID ARTHRITIS IN PATIENTS WITH UNDIFFERENTIATED ARTHRITIS

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Background: Nowadays, rheumatologists face challenges in finding an effective method to classify and treat patients with undifferentiated arthritis (UA). There is a need for new tools that could ensure accurate characterization of inflammatory processes in these patients.

Objectives: To investigate if a characterization of UA patients using US may help to fulfill the 2010 ACR/EULAR RA classification criteria in a real-life cohort.

Methods: We conducted a cross sectional study in two rheumatology care clinics. Patients not fulfilling the 2010 ACR/EULAR RA criteria were included. On the examination day, all patients underwent a physical examination, radiographs and US. The 7-joint US score (US 7) was adopted to scan all patients. US was performed according to EULAR criteria and interpreted by OMERACT definitions. Grey-scale and power Doppler synovitis and tendon involvement were scored. Bone erosions were also evaluated during the US examination.

Results: A total of 204 patients were included. The diagnosis was modified from UA to RA in 86 (42.1%) patients. The prevalence of synovitis detected by US was the main parameter that allowed changing the diagnosis from UA to RA, and modified the final score of the 2010 ACR/EULAR classification criteria, from a mean (SD) of 4.6 (0.5), by clinical examination, to 6.5 (0.6) by US. The changes in the score of the 2010 ACR/EULAR classification criteria were from score 4 to score 6 in 7 (6.7%) patients; from 4 to 7 in 24 (27.9%) patients; from 5 to 6 in 42 (48.8%) patients; from 5 to 7 in 5 (5.8%) patients and from 5 to 8 in 5 (5.8%) patients.

In addition to synovitis, a wide range of tenosynovitis and bone erosions were detected by US. Synovitis was more frequently detected in 2ndMCP followed by 2ndMTP and 5thMTP. The tendons of the wrist, 2nd and 3th finger were the most affected. In relation to bone erosions, 2ndMCP and 5thMTP where the joints with more proportion of anatomical damage.

Conclusion: US demonstrated to be useful to help accurately classify RA, patients previously diagnosed with UA.

Disclosure of Interests: Marwin Gutierrez: None declared, Chiara Berto-lazzi: None declared, Edwin Castillo: None declared, Denise Clavijo Cornejo: None declared, Luis Carlos Rodriguez Delgado: None declared, Jaime Mendoza Torres: None declared, Carlos Pineda: None declared, Pedro Santos-Moreno Grant/research support from: Dr Santos has received research grants from Janssen, Abbvie and UCB, Speakers bureau: Dr Santos has received speaker fees from Sanofi, Lilly, Bristol, Pfizer, Abbvie, Janssen and UCB

THU0610 ANALYSIS OF ANTINUCLEAR ANTIBODY ANTIBODIES POSITIVITY AND THEIR MAJOR KARYOTYPES IN PATIENTS WITH AUTOIMMUNE DISEASES AND HEALTHY SUBJECTS

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Background: Autoantibodies, especially antigenic antibodies (ANA), play an important role in the diagnosis and differential diagnosis of autoimmune disease (AID); disease monitoring, efficacy observation and pathogenesis research. Objectives: Our aim was to investigate the rate of ANA positivity and their major karyotypes in different AIDs and healthy controls.

Methods: The distribution and positive rate of Antinuclear antibody (ANA) karyotypes were detected by indirect immunofluorescence in 3704 patients with AID and 1073 healthy subjects were retrospectively analyzed.

Results: The positive rate of ANA in different AID groups was 90.7% (1845/2034) in SLE, 54% (525/973) in RA, 86.4% (267/309) in SS, 49.5% (555/1125) in SSc, 80.7% (294/364) in MCTD, and 64.5% (226/351) in MPO-ANCA. The most prevalent ANA karyotypes detected by indirect immunofluorescence in 3704 patients with different AIDs and healthy controls.

Disclosure of Interests: None declared