Table 1. Clinical and laboratory characteristics with anti-Ro52α

	anti-Ro52α (+) N=46	anti-Ro52α (-)) N=183	P value
age	54.6 ± 14	53.1 ± 19	0.89
sex (female)	35 (76%)	126 (69%)	0.37
cancer	6 (13%)	43 (23%)	0.15
ILD	32 (76%)*	78 (49%)*	0.0016
creatinine	974.3***	1274****	0.40
kinase			
MSA			
MDA5	12 (26.1%)	36 (19.6%)	0.41
ARS	19 (41%)	13 (7.1%)	<0.00001
TIF1γ	4 (8.7%)	37 (20%)	0.084
Mi-2	1 (2.1%)	12 (6.5%)	0.47
MJ	1	11 (6%)	0.46
SAE	2	5 (2.1%)	0.63
PM/ScL	1	5 (2.1%)	1
SRP	0	4	0.58
non	6 (13%)	56 (30%)	0.016

*4 patients excluded with insufficient data. **23 excluded. ***2 excluded. ****16 excluded.
ILD: interstitial lung disease. MSA: myositis specific autoantibodies

Table 2. Clinical and laboratory characteristics in patients with anti-Ro52α and anti-Ro52β

	anti-Ro52α with anti-Ro52β (N=26)	Anti-Ro52α without anti-Ro52β (N=20)	P value
age	59.8±12.5	47.85±13.5	0.009
sex (female)	21 (81%)	14 (70%)	0.49
cancer	4 (15%)	2 (10%)	0.68
creatinine kinase	1267.52	588.4	0.065
ILD	17 (71%) *	16 (89%)**	0.25
MSA			
MDA5	5	7	0.31
ARS	9	10	0.74
TIF1	3	1	0.62
SAE	1	1	1
Mi-2	1	0	1
MJ	1	0	1
PM/ScL	0	1	0.45
non	6	0	0.03

*4 cases excluded with insufficient data. **2 cases excluded.

Disclosure of Interests: None declared

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FRI0340 LONG-TERM FOLLOW-UP OF PRIMARY RAYNAUD'S PHENOMENON COHORT OF 248 PATIENTS

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Background: Raynaud's phenomenon (RP) is frequently associated with the presence of scleroderma or other connective tissue diseases (CTD). Identify the presence of secondary RP is important to perform an adequate therapeutic management and to achieve the early control of these patients. Nailfold capillaroscopy is safe, economic, easy to perform and has proven to be useful in identifying patients with secondary RP.

Objectives: To assess a long-term follow-up primary RP patient's cohort.

Methods: Retrospective observational study of a wide and unselected series of patients diagnosed as primary RP from a single university hospital from January 2012 to December 2018. Patients were classified as primary RP after the presence of CTD at the onset was excluded.

Results: We studied 248 patients (210 women/38 men), with a mean age of 46.3±15.2 years (range 15-88). After a mean follow-up period of 57.2±21.6 months, 9 (3.6%) patients were diagnosed of a CTD. The remaining 239 (96.4%) patients continued classified as primary RP. The main pathologies observed after follow-up were: Scleroderma/Systemic sclerosis (n=3), Systemic Lupus Erythematosus (n=3), Rheumatoid arthritis (n=1), Sjogren's syndrome (n=2). The main capillaroscopic patterns observed were: Normal (n=175), Unspecific (n=64), Scleroderma pattern (n=3) and suggestive of other rheumatic diseases pattern (n=6). All the patients who developed a CTD during follow-up showed changes at

successive nailfold capillaroscopic examinations. 28 of 239 patients who remained primary RP showed minor changes at successive nailfold capillaroscopy. The main capillaroscopic changes detected on this group were: Presence of capillary tortuosity (n=6), presence of a decreased capillary density (2) and the presence of capillary bleeding (n=20). Antinuclear antibodies (ANA) were positive at the onset in 46 patients (16.9%) and after follow-up in 44 (17.7%) patients.

Conclusion: After a mean follow-up period next to 5 years, most of our primary RP patients remained free of CTD. A minority of our patients showed changes at nailfold capillaroscopy exam or positivity of ANA.

Disclosure of Interests: None declared

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FRI0341 LOWER URINARY TRACT SYMPTOMS PREVALENCE IN SYSTEMIC SCLEROSIS PATIENTS: RESULTS FROM A COMPREHENSIVE ANALYSIS

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Background: Lower urinary tract symptoms (LUTS) are a seldom-reported manifestation of systemic sclerosis (SSc). Although LUTS have been described in SSc patients with a higher prevalence than in the general population, no controlled studies have been reported to date [1-3].

Objectives: To compare LUTS prevalence and severity in SSc patients and in healthy subjects and mainly to explore their association with SSc clinical and diagnostic parameters.

Methods: This study evaluated 42 SSc consecutive patients (median age 61 years, range 21-85) and 50 matched healthy subjects (median age 57 years, range 28-93). SSc diagnosis was based on the 2013 American College of Rheumatology (ACR)/European League Against Rheumatism (EULAR) criteria. LUTS were assessed through validated self-reported questionnaires derived from the International Conference on Incontinence (ICIQ-FLUTS, ICIQ-MLUTS and ICIQ-OAB) [4]. General comorbidities and/or medication potentially related to LUTS, as well as lower urinary tract infections, were evaluated in order to exclude confounding factors. Non-parametric tests and chi-squared test were performed to compare LUTS distribution, namely of urinary incontinence (UI) and overactive bladder (OAB), in the two populations, then linear and logistic regressions were used to test the association between SSc disease and LUTS prevalence and severity. In SSc population, linear and logistic regressions were performed to test the association between LUTS and SSc variables, including nailfold videocapillaroscopy (NVC) patterns ("Early", "Active", "Late"), SSc-related autoantibodies and dual X-ray absorptiometry (DXA) parameters. Multivariate analysis was performed to adjust the associations for potential confounders. A p value < 0.05 and a confidence interval (CI) of 95% were considered statistically significant.

Results: SSc patients showed significantly higher prevalence and severity of UI and OAB than healthy controls (p< 0.005, p< 0.01). SSc was a strong predictor of LUTS, independent of demographic data, comorbidities and treatments (OR 5.57, 95% IC 1.64-18.88). In SSc patients sarcopenia positively correlated with OAB (p< 0.001) and reduced bone mineral density (BMD) positively correlated with OAB (p< 0.05) and UI (p= 0.001). UI positively correlated with anti Scl70 Abs (p< 0.05) and cyclosporine treatment (p= 0.001) and negatively with anti RNA polymerase III Abs (p< 0.05); OAB positively correlated with calcinosis (p< 0.005) and negatively with methotrexate treatment (p< 0.05). NVC "Active" and "Late" patterns were predominant among SSc patients presenting LUTS (both UI and OAB), although not any statistical correlation was found.

Conclusion: For the first time urinary tract involvement was found to be significantly higher in SSc patients than in healthy matched controls. In addition, sarcopenia, bone damage and calcinosis appeared significantly correlated with LUTS, suggesting a possible interplay.

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