versus 4%; p=0.03), and lower prevalence of Raynaud’s phenomenon (85% versus 82%; p=0.002). Regarding cumulative manifestations, myositis (51% versus 15%; p<0.001), arthritis (43% versus 22%; p=0.001), and interstitial lung disease (ILD) (60% versus 45%; p=0.014) were more prevalent in patients with anti-Pm/Scl antibodies. In fact, those patients with anti-Pm/Scl antibodies presented with a distinctive clinical profile. However, anti-Pm/Scl antibodies do not play a role in the prognosis of these patients.

References:


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Background: It is well established that patients with systemic sclerosis (SS) show a disrupted lipid profile and an increased cardiovascular risk. Cholesterol efflux capacity (CEC) is the ability of high-density lipoprotein (HDL)-cholesterol to accept cholesterol from macrophages. CEC has been linked to cardiovascular events in the general population and to subclinical atherosclerosis in patients with rheumatoid arthritis and systemic lupus erythematosus.

Objectives: The main purpose of our study was to assess, for the first time, whether CEC is downregulated in SS patients independently of other inflammation-related profile modifications that occur in the disease. Skin thickness is independent and inversely associated with CEC in SS patients.

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Objective: To determine RP expression levels and to evaluate the long-term efficacy of iloprost and alprostadil in RP patients with RD.

Methods: Indicated therapy with intravenous iloprost (n=10), alprostadil (n=17) or their combinations (n=13) was carried out for three years in patients with secondary RP in RD. Frequency of Raynaud’s attacks, digital ulcers (DU) formation and pain intensity on visual analogue scale (VAS) were evaluated. A control group included 30 patients with RD who did not receive prostanooid therapy. By factor analysis method a generalized index of RP expression was identified, on the basis of which levels of RP expression were determined.

Results: “RP expression” scale, revealed as an indicator of RP generalized manifestation, was an average value of two subscales: (1) consisted of 4 indicators “DU,” “digital pitting scars,” “palpable amputation” and “frequency of Raynaud’s attack,” (2) included 3 indicators: “intensity of pain,” “duration of illness,” “whitening of fingers.” Correlation of subscales showed their reliability (r=0.294, p=0.053). RP final expression (severity) was 1.5±1.86. A low level of RP expression had values below 0.65, a high level – over 2.37. At baseline, the high level of RP severity was defined in 16 (22.9%) patients, medium – in 43 (61.4%), low – in 11 (15.7%).

RP treatment with iloprost was effective in the healing of DU in 100% of patients and led to decrease of RP expression generalized index from 2.25 [1; 3] to 1.75 [1; 2] (p=0.012). Alprostadil therapy reduced pain intensity on VAS (p<0.05) and numbness during Raynaud’s attacks (p<0.01) and decreased RP expression from 1 [1; 2] to 0.5 [1; 5] (p=0.038). Patients on prostanooids combination had new DU and amputations; pain intensity reduced by 47% (p<0.05). RP expression generalized index did not change.

Conclusion: Based on RP clinical manifestations in RD patients, a generalized index of RP expression was identified and levels of RP severity were determined. Treatment with iloprost or alprostadil has significant effects on reducing the clinical manifestations of RP with a corresponding decrease in its severity. Iloprost is indicated in patients with medium and high levels of RP expression index, alprostadil – with medium and low index and non-effectiveness of calcium channel blockers.
SUBCLINICAL ATHEROSCLEROSIS IN INDIAN PATIENTS WITH SCLERODERMA – CLINICAL AND SEROLOGICAL ASSOCIATIONS

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Background: Scleroderma has been associated with increased risk of cardiovascular events, however, studies on this from India are sparse. We evaluated clinical and serological factors associated with subclinical atherosclerosis in Indian patients with scleroderma, in a cross-sectional design.

Objectives: To compare carotid intima-medial thickness (CIMT, mean value of both carotids) as a measure of subclinical atherosclerosis (SCA) between patients with scleroderma (n=61) fulfilling 2013 ACR/EULAR criteria, and healthy controls (n=41).

Methods: Subclinical atherosclerosis (SCA) was defined by presence of carotid plaques, or increased CIMT (>2 standard deviations compared with Indian reference standards for age and sex. Total microparticles (TMP) were measured as plasma annexin V (anV)-positive for CD31 and CD142 were endothelial microparticles (EMP). Serum cytokines (IL-1, IL-6, TNF-α) were measured by ELISA using manufacturer appropriate standards for age and sex.

Results: Among 61 patients with scleroderma, 28 (45.9%) patients had SCA; 13 (21.3%) were smokers and 6 (6.2%) reported an alcohol consumption of 3 or more units/day. Median body mass index (BMI) was 25.4 Kg/m2 [21.4, 29.1], with 5 patients more than 25 Kg/m2. Median body mass index (BMI) was 25.4 Kg/m2 [21.4, 29.1], with 5 patients 5.2% being overweight. Vitamin D insufficiency was reported in 19 patients (19.6%). Twenty-one patients (21.6%) have been exposed to oral glucocorticoids (GOC) for more than 3 months at a dose of 5mg daily or more. Eleven patients (11.3%) had previous low impact fractures: 10 of which were vertebral and 1 wrist fracture. Regarding the prescribed anti-osteoporotic treatment (AOP), we found: alendronate (n=7, 7.2%), zoledronic acid (n=7, 7.2%), denosumab (n=2, 2.1%) and teriparatide (n=1, 1%).

Conclusion: Scleroderma has been associated with increased risk of subclinical atherosclerosis, which could not be explained by traditional or novel cardiovascular risk factors.

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