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 FVC (77.4% ± 23.1% versus 85.8% ± 23.1%; p=0.006) and more severe ILD defined as FVC <70% (41% versus 24%; p=0.004). Death rate was similar in patients with and without PM/Scl antibodies (18% versus 17%; p=0.871). We did not find differences in terms of death rate nor in the causes of death (SSc and non-SSc related) according to the anti-PM/Scl antibodies profile. The 5- and 10-years survival rates of patients with anti-PM/Scl antibodies were 91% and 82%, respectively, without differences with those without these antibodies (93% and 85%, respectively).

Conclusion: In Spanish SSc patients, the presence of anti-PM/Scl antibodies confers 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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