layer (GC-IPL), vessel density (VD), perfusion density (PD), optic disc PD, reflux index and foveal avascular zone (FAZ) parameters were measured by the same experienced operator.

Results: There was no significant difference between SSc and controls in terms of age, sex, spherical equivalent (SE), intra ocular pressure (IOP), and axial length (AL). Central and mean macular thickness, nasal and inferior RNFL thicknesses were significantly thinner in SSc patients (Table). Additionally GC complex thicknesses were significantly thinner in all quadrants compared to controls.

Central vessel density (CVD) and central perfusion density (CPD) values were found significantly decreased in all regions in patients with SSc. Optic disc perfusion density values were also decreased in SSc group. An inverse correlation was found between central macular thickness, FAZ area and perimeter values (ρ : -0.300, p : 0.007; ρ : -0.276, p : 0.013, respectively). There was no relationship between the disease duration and the OCTA measures.

Conclusion: Vascular and perfusion density were found decreased in patient with SSc at the results of OCTA measures. These findings may help to understand vasculopathy in the pathogenesis of the disease and OCTA may be a new method providing objective and non-invasive information about capillary network in SSc.

Table. Demographic and ocular parameters of study population

Parameters	SSc (n = 40)	Control (n = 40)	p
Age, years; mean (SD)	47.2 (8.6)	47.5 (8.1)	0.631
Male sex, n (%)	24(60)	16 (40)	0.087
Disease duration, months; mean (SD)	81.3 (38.0)	N/A	-
Foveal MT(μ)	246.3 $\pm$ 19.4	252.6 $\pm$ 15.3	0.033
Average MT(μ)	280.8 $\pm$ 12.4	286.5 $\pm$ 8.7	0.008
Vessel density (mm ⁻¹), 6mm total area; mean (SD)	17.60 $\pm$ 1.31	18.66 $\pm$ 0.64	0.006
Perfusion density, 6mm total area; mean (SD)	43.25 $\pm$ 3.32	45.94 $\pm$ 1.52	0.002
Circularity index; mean (SD)	0.72 $\pm$ 0.09	0.73 $\pm$ 0.06	0.049
RNFL nasal (μ); mean (SD)	74.37 $\pm$ 12.36	74.05 $\pm$ 8.48	0.011
RNFL inferior (μ); mean (SD)	122.62 $\pm$ 17.87	127.40 $\pm$ 12.63	0.023
Inferior nasal GCC(μ); mean (SD)	85.72 $\pm$ 8.53	85.82 $\pm$ 4.84	0.001
Inferior temporal GCC(μ); mean (SD)	82.70 $\pm$ 8.62	84.95 $\pm$ 4.15	0.001
Superior nasal GCC(μ); mean (SD)	86.35 $\pm$ 7.73	86.8 $\pm$ 5.70	0.012
Superior temporal GCC(μ); mean (SD)	47.2 (8.6)	47.5 (8.1)	0.631

MT: Macular thickness; RNFL: Retinal nerve fiber layer; GCC: Ganglion cell complex

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AB0545

GASTROINTESTINAL INVOLVEMENT IN SYSTEMIC SCLEROSIS

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Background: Systemic sclerosis (SSc) is a chronic, connective tissue disease with an autoimmune pattern characterized by inflammation, fibrosis and microcirculation changes leading to internal organs malfunctions. The gastrointestinal tract (GIT) is affected in up to 90% of patients with SSc. Any part of the GIT from the mouth to the anus can be affected. There are few descriptive studies about SSc-related GIT involvement.

Objectives: We aimed to characterize the GIT involvement in patients with SSc.

Methods: This retrospective study included all patients from SSc cohort of our autoimmune diseases unit in a tertiary referral centre. All patients fulfilled SSc criteria proposed by the American College of Rheumatology. All subjects' histories were evaluated. Laboratory and imaging results were obtained from the hospital files. Patients with digestive manifestations were compared with patients without GIT involvement. Chi2 and t-student were used, using the statistical package SPSS25.0.

Results: 83 subjects with SSc were included, 68 (81.9%) of them were women. The mean age at the onset of SSc was 62.1 $\pm$ 15.3 years (range 26-89) with a mean follow-up of 9.6 $\pm$ 7.4 years. 80.7% of patients had limited SSc, 12% diffuse SSc, 4.8% SSc sine scleroderma and 2.4% early SSc. Considering the immunological profile 12 (14.5%) had Scl70 antibodies, 49 (59%) antinuclear and 21 (25.3%) had ANA antibodies without specificity for anti-Scl70 or antinuclear. 37.3% patients had lung involvement, 20.5% scleroderma and 30.1% digital ulcers. 79.5% of SSc patients were treated with proton pump inhibitors or H2 blockers. 53 (63.9%) patients with SSc had GIT involvement.

In 11 patients (20.7%) digestive involvement was diagnosed before SSc (mean 26.2 months). Esophageal involvement occurred in 83%, gastric involvement in 28.3%, intestine involvement in 24.5% and liver and biliary tree involvement in 26.4%. See table 1. No significant differences in age, sex, SSc subtype, autoantibody profile, lung involvement, skin disease, mortality and therapy were observed between patients with or without GIT manifestations. There were no deaths associated with GIT involvement. The most common pharmacologic therapy used was proton pump inhibitors (86.8%), domperidone (20.8%) and antibiotic rotation (17%).

Esophageal	Gastric	Intestinal	Liver and biliary tree
44/53 (83%) Esophageal motility disorder 8 (15.1%)	15/53 (28.3%) Gastroparesis 6 (11.3%)	12/53 (24.5%) Small bacterial overgrowth 7 (13.2%)	14/53 (26.4%) Primary biliary cholangitis 9 (17%)
Gastroesophageal reflux 40 (75.5%)	Abdominal pain / nausea 10 (18.9%)	Colonic inertia 1 (1.9%)	Autoimmune hepatitis 3 (5.7%)
Dysphagia 11 (20.8%)	Subacute gastritis 7 (13.2%)	Diarrhea 6 (11.3%)	Cholestatic liver enzymes 11 (20.8%)
		Flatulence / abdominal discomfort 6 (11.3%)	Cirrhosis 2 (3.8%)

Conclusion: Almost two thirds of our cohort of SSc have symptomatic gastrointestinal disease. GIT manifestations are heterogeneous. Symptoms are non-specific and overlapping for a particular anatomical site. Esophagus is the most commonly affected. More than seventy-five per cent of patients experience symptoms of gastroesophageal reflux. We did not find differences among patients with and without SSc GIT disease. 17% of patients had a Reynold's syndrome.

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AB0546

IMMEDIATE TO INTERMEDIATE EFFICACY AND SAFETY OF PROSTAGLANDINS E1 (PGE1) INHIBITORS- ALPROSTADIL IN TREATMENT OF SYMPTOMATIC RAYNAUD'S IN SYSTEMIC SCLEROSIS; SINGLE TERTIARY RHEUMATOLOGY CENTRE EXPERIENCE FROM SRI LANKA

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Background: Systemic sclerosis (SSc) is a multi-system connective tissue disease¹. Raynaud phenomenon (RP) is a frequent (>90%) manifestation in SSc² & if untreated could lead to complications such as digital ulcers, gangrene and amputation.

Calcium antagonists are considered as first-line therapy for symptomatic SSc-RP. In refractory cases phosphodiesterase type 5 (PDE-5) inhibitors- Sildenafil and PGI2 analogue- Iloprost are used. A meta-analysis of trials indicate that PDE-5 inhibitors reduce the frequency and severity of SSc-RP attacks.

In addition a study done with PGE1 inhibitors- Alprostadil 60 micrograms infusion given for six consecutive days, had shown immediate efficacy in SSc- RP; as demonstrated by increased blood flow, digitally measured by telethermography. Furthermore there was a reduction of the number, frequency and severity of attacks³.

Due to unavailability of Iloprost in Sri Lanka, based on the above evidence some rheumatology centres use Alprostadil 60 microgram infusion for 3 consecutive days in refractory symptomatic SSc-RP.

Objectives: To assess immediate (Day 4) and intermediate (Day 42) efficacy of Alprostadil 60 microgram infusions given for 3 consecutive days in treating SSc-RP.