Methods: Observational study using data from the Portuguese Rheumatic Diseases Register (Reuma.pt/Myositis protocol). Data extracted included demographic variables, clinical features and immunological expression of the disease.

Results: 17 patients were identified. All met the criteria for AS according to Connors criteria, while 3 did not met according to the Solomon criteria. Mean age at diagnosis was 60.1 years (26 - 80) and 76.5% were female. Mean follow-up time was 2.8 (0.5-9) years. Only 3 patients had history of smoking in the past. The autoantibodies expressed were anti-Jo1 (n=12), anti-PL12 (n=2), anti-OJ (n=2) and anti-PL7 (n=1). 4 patients positive for anti-Jo-1 also expressed anti-Ro52. The clinical information and treatment are described in table 1. One patient presented as a paraneoplastic syndrome associated with anti-Jo-1.

Table 1. Demographic and clinic characteristics of our cohort. AZA – azathioprine; CYC – Cyclophosphamide; DM – dermatomyositis; GS – Gottron's sign; ILD – Interstitial lung disease; PM – Polymyositis; NSIP - Nonspecific interstitial pneumonia; MH – mechanic hands; MMF - Mycophenolate mofetil; MTX – Methotrexate; PDN – prednisolone; RP – Raynaud phenomenon; RTX – Rituximab; UIP - Usual interstitial pneumonia; Y – yes; N – no. Connors criteria – anti-ARS plus one or more of RP, MH, arthritis, ILD, fever. Solomon criteria – anti-ARS plus 2 major criteria or 1 major and 2 minor criteria. *induction therapy.

Case	Serology	Major criteria (ILD [NSIP/UIP/ non-specific] or PM/ DM)	Minor criteria (Arthritis, MH, RP)	Other manifestations	Connors (2010)/ Solomon (2011) criteria	PDN	DMARDcs (MTX/MMF/ AZA)	CYC/ RTX
1	Jo1	PM	MH, arthritis	GS	Y/Y	Y	MMF	-
2	Jo1	NSIP	RP, MH	Asthenia	Y/Y	Y	AZA	-
3	Jo1	NSIP	MH, arthritis	Calcinosis, asthenia	Y/Y	Y	AZA	-
4	Jo1	NSIP; DM	-	GS	Y/Y	Y	-	-
5	Jo1/Ro52	PM	MH, arthritis	GS, asthenia	Y/Y	Y	MTX	-
6	Jo1	UIP	RP, arthritis	Asthenia	Y/Y	Y	-	RTX
7	Jo1/Ro52	NSIP; PM	arthritis	-	Y/Y	Y	MMF	CYC*
8	Jo1	NSIP; PM	-	-	Y/Y	Y	MMF	-
9	Jo1/Ro52	NSIP; PM	-	-	Y/Y	Y	AZA	-
10	PL7	-	RP, arthritis, MH	Dysphagia	Y/N	Y	-	-
11	Jo1	-	RP	Asthenia	Y/N	-	-	-
12	Jo1/Ro52	PM	MH, arthritis	GS, asthenia	Y/Y	Y	MMF	-
13	PL12	PM	RP, arthritis	GS, asthenia	Y/Y	Y	MMF	-
14	Jo1	UIP	RP, arthritis	Weight loss, asthenia	Y/Y	Y	-	RTX
15	OJ	Non-specific pattern	-	-	Y/N	Y	MMF	-
16	OJ	NSIP	-	-	Y/Y	Y	-	-
17	PL12	PM	RP, MH	-	Y/Y	-	-	-

Conclusion: The most frequent autoantibody was anti-Jo-1, which is consistent with the literature. Interestingly, patients with anti-PL, usually described as having severe lung disease, in our series do not have it. Additionally, we found a trend for a younger age at diagnosis in Jo1 positive patients and remarkably more than half of these patients have been diagnosed with ILD, being the NSIP pattern the most frequently reported.

Disclosure of Interests: None declared

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AB0591 ANALYSIS OF A COHORT OF PATIENTS WITH SYSTEMIC SCLEROSIS AND INTERSTITIAL LUNG DISEASE

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Background: Interstitial lung disease (ILD) is a common manifestation of systemic sclerosis that is associated with early mortality. The development or progression of ILD can occur at any time, so patients should be monitored regularly, particularly in the first years after diagnosis.

Treatment should be considered when the disease is clinically significant, particularly when there is evidence of progression based on a decrease in lung function, progression of fibrosis on the HRCT or worsening of respiratory symptoms.

Objectives: -To relate the type of systemic sclerosis (SS) with pulmonary involvement with the radiological pattern.

-To study if there is a relationship between the antibodies and the aforementioned affectation.

Methods: Retrospective descriptive study of patients treated in our Hospital (2009-2019) by the Rheumatology and Internal Medicine department diagnosed with systemic sclerosis and interstitial lung disease.

The data were obtained through the review of medical records.

We have included data from patients who have a diagnosis of limited or diffuse systemic sclerosis or overlap with interstitial lung involvement.

Results: Of the 213 patients with systemic sclerosis in our database 43 had interstitial lung involvement (20.2%). 79% of the patients with ILD (34) had a non-specific interstitial pneumonia type (NSIP) radiological pattern and 21% of the patients (9) had a pattern of usual interstitial pneumonia (UIP)

Among the patients with ILD with a NSIP -type radiological pattern, 19 patients were diagnosed with diffuse SS, 9 patients with overlap syndrome and 6 with limited SS. Of the patients with ILD with radiological pattern type UIP, 5 patients were diagnosed with diffuse SS, 3 patients with overlap syndrome and 1 patient was diagnosed with limited SS.

TABLE 1. RELATIONSHIP BETWEEN SS TYPE AND RADIOLOGICAL PATTERN

	NSIP	UIP
LIMITED SS	6 (17.6%)	1 (11.1%)
DIFFUSE SS	19 (55.8%)	5 (55.5%)
OVERLAP	9 (26.4%)	3 (33.3%)

Among the patients with the NSIP pattern, 17 had positive SCL70 antibody, 3 positive ANA patients and 1 patient had positive anti-centromere antibody.

Of the patients with UIP type interstitial pneumopathy, 8 patients had anti-SCL70 antibody, 3 patients ANA positive antibody and 2 patients anti-centromere positive antibody.

TABLE 2. RELATIONSHIP BETWEEN TYPE OF AB AND RADIOLOGICAL PATTERN

	NSIP	UIP
Anti SCL70	17	8
Anti centromere	1	2
ANA	3	3

Regarding treatment, 21 patients were taking Mycophenolate, 16 patients required cyclophosphamide and 6 patients rituximab.

No patient in our cohort died due to interstitial lung disease.

Conclusion: The data obtained are consistent with what is collected in the medical literature.

The subtype of scleroderma most related to ILD was diffuse SS. The most frequent antibody was anti-SCL 70.

Regarding the treatment,the most used in ILD in our center was the mycophenolate.

From our sample analyzed when applying the likelihood ratio (RV) a value of 47,186 is obtained, which has an associated probability of 0, which is less than 0.05, leads to reject the null hypothesis (there is no dependence between antibodies and type of radiological pattern of ILD in SS), concluding that there is dependence between the analyzed variables.

After this analysis, we can conclude that in our sample there is a relationship between the type of interstitial pneumopathy pattern and the antibody present in patients with SS.

Disclosure of Interests: None declared

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AB0592 NAILFOLD CAPILLARY ABNORMALITIES PREDICT INTERSTITIAL LUNG DISEASE (ILD) COMPLICATION IN SYSTEMIC SCLEROSIS PATIENTS

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Background: Systemic sclerosis (SSc) have various organ involvements including pulmonary hypertension (PH), digital ulcers (DU), and interstitial lung disease (ILD). On the other hand, Nailfold capillary (NFC) abnormalities (enlarged/giant capillaries, fresh or old hemorrhages, avascular areas, ramified/bushy capillaries) detected by capillaroscopy are included in ACR/EULAR classification criteria for SSc as one of important findings. In addition, many studies have reported the relationship between NFC abnormalities and organ involvements (DU, PH) [1][2]. However, there are a few reports about the relationship between NFC abnormalities and ILD.

Objectives: We clarify the association with NFC abnormalities and ILD in SSc patients.