anti-MDA5 antibodies were more frequent in IMM-ILD group ($p=0.006$). In our IMM-ILD group we compared the autoantibodies with the clinical and serological features and we found that patients with IMM-ILD and anti-Ro-52 antibody had more frequency of heliotrope rash ($p=0.045$) and those with IMM-ILD and anti-Jo1 antibody had a higher level of CK ($p<0.001$).

Table 1. Demographic characteristics

Age, mean SD	40.611 +/- 16.37
Women, n(%)	24 (66.7%)
Diagnosis	
Dermatomyositis	25 (69.4%)
Polymyositis	6 (16.7%)
Sindrome antisintetasa	5 (13.9%)
Time of evolution *	6.00 (2.25 – 19.00)
Interstitial lung disease	11 (30.6%)
Serological	
CK	305.00
LDH	(50.75 – 1969.250)
Risk ILD complicated with IIM	460.727 +/- 384.76
High	16 (44.4%)
Moderate	8 (22.2%)
Low	12 (33.3%)

*months

Table 2. Clinical and serological comparison between IMM groups with and without ILD

	IMM with ILD, n=11	IMM without ILD, n=25	p
Proximal muscle weakness	10 (90.9%)	22 (88.0%)	NS
Heliotrope Rash	7 (63.6%)	10 (40.0%)	NS
Mechanic hands	4 (36.4%)	4 (16.0%)	NS
Anti-MI-2	2 (18.2%)	8 (32.0%)	NS
Anti-Tif1 γ	0 (0.0%)	6 (24.0%)	NS
Anti-MDA5	4 (36.4%)	0 (0.0%)	.006
Anti-NXP2	1 (9.1%)	0 (0.0%)	NS
Anti-SAE1	0 (0.0%)	1 (4.0%)	NS
Anti-Ku	0 (0.0%)	2 (8.0%)	NS
Anti-PM/Sci100	0 (0.0%)	1 (4.0%)	NS
Anti-PM/Sci75	2 (18.2%)	0 (0.0%)	NS
Anti-Jo1	1 (9.1%)	0 (0.0%)	NS
Anti-SRP	0 (0.0%)	3 (12.0%)	NS
Anti-PL12	0 (0.0%)	1 (4.0%)	NS
Anti-EJ	1 (9.1%)	1 (4.0%)	NS
Anti-PL7	1 (9.1%)	4 (16.0%)	NS
Anti-OJ	0 (0.0%)	2 (8.0%)	NS
Anti-Ro52	5 (45.5%)	8 (32.0%)	NS

Conclusion: Anti-MDA5 antibodies were more frequent in our IMM-ILD group than in IMM without ILD group. Almost half of our patients were in a high risk group, which means they need an early immunosuppressive treatment. In our IMM-ILD patients we found an association between the presence of anti-Ro-52 antibody with heliotrope rash and of anti-Jo1 antibody to a higher level of CK.

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AB0608

CARDIAC VESSELS CALCIFICATION IN A COHORT OF SYSTEMIC SCLEROSIS PATIENTS: POSSIBLE ROLE IN VASCULOPATHY AND HEART ABNORMALITIES.

S. Sciacca¹, C. Rotondo¹, A. Corrado¹, L. Giardullo¹, S. Stefania¹, A. Altomare¹, F. P. Cantatore¹. ¹University of Foggia, Rheumatology Unit, Foggia, Italy

Background: Cardiovascular disease is the leading cause of morbidity and mortality worldwide. Myocardial calcifications have been related with cardiovascular diseases (CVD) such as focal wall motion abnormalities and arrhythmias. The impact of vascular calcifications is under investigation in order to define the risk of cardiovascular events. The relationship between cardiac calcification and systemic sclerosis (SSc) has not been investigated.

Objectives: The aim of the study is to evaluate the frequency of different patterns of cardiac calcification in SSc patients, and to correlate them to other CVD risk factors.

Methods: We analyzed thoracic-CT scanners of 35 SSc patients (88% female, aged 47.8 ys $\pm$ 12.9, disease duration 12.8 ys $\pm$ 9) to determine the location and extension of vascular and cardiac calcification. All recruited patients fulfilled the 2013 ACR-EULAR classification criteria for SSc. No one patients had renal failure, cardiomyopathy, myocarditis, history of cardiac surgery or radiotherapy.

Results: We found myocardial vessels calcifications (MCv) in 37% SSc patients, aortic wall calcifications (ACw) in 60% SSc patients, cardiac valve calcifications (VC) in 28% SSc patient and heart wall calcifications (HCw) in 20%.

The SSc patients with almost one calcification had older age (65 ± 9.8 ys vs 50 ± 8.8 ys; $p=0.0001$) and higher values of circulating NTproBNP (336.9 ± 351.9 vs 144.2 ± 107.8 ; $p=0.04$) compared to those without.

In particular, the SSc patients with MCv had and uric acid (5.3 ± 1.5 vs 4.1 ± 1.3 ; $p=0.05$), higher rate of PAH (25% vs 0%; $p=0.037$), arrhythmia (38.5% vs 9%; $p=0.036$) and higher prevalence of CENP-B antibodies (46% vs 4%; $p=0.01$) compared to patients without MCv.

Patients with HCw had lower C reactive protein (0.16 ± 0.10 vs 0.7 ± 0.7 ; $p=0.008$) compared to those without HCw. No differences in the rate of heart and vascular complications of SSc were observed.

The SSc patients with ACw had higher frequency of arrhythmia (33% vs 0%; $p=0.016$) and longer disease duration (15.5 ± 9.9 vs 8.8 ± 5.8 ; $p=0.03$).

The SSc patients with VC had higher rate of PAH (33% vs 0%; $p=0.003$) and uric acid (6 ± 0.5 vs 3.8 ± 1.2 $p=0.0001$).

Regression analysis excluded any association with gender, BMI, systemic arterial hypertension, steroid therapy, hypovitaminosis D or smoke habit. No cardiovascular event was recorded in one year of observation.

Conclusion: All patterns of calcifications may be related mostly with the older age. Myocardial vessels calcifications have been found in a high percentage of SSc patients and in particular in those with PAH and positive for anti CENP-B. Furthermore, myocardial vessels calcifications could be associated to the higher occurrence of arrhythmia. More studies are needed to assess the importance of vascular calcification as a part of the vascular involvement in SSc.

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AB0609

THE SPECTRUM OF ANTINUCLEAR ANTIBODIES IN PATIENTS WITH SYSTEMIC SCLEROSIS POSITIVE FOR ANTI-U1RNP

R. Shayakhmetova¹, L. P. Ananyeva¹, O. Koneva¹, M. Starovoytova¹, O. Ovsyannikova¹, O. Desinova¹, L. Garzanova¹. ¹V.A. Nasonova Research Institute of Rheumatology, Moscow, Russian Federation

Background: Patients with systemic sclerosis positive for anti-U1RNP have special clinical picture and disease progression. The autoimmune profile in this group is poorly understood.

Objectives: The purpose of our work was to study the level of major autoantibodies in patients with systemic sclerosis positive for anti-U1RNP.

Methods: The study included 80 patients (71 women and 9 men, mean age 44.5 ± 14 years) positive for antibodies to RNP and meeting the criteria of the systemic sclerosis (ACR/EULAR 2013). Patients were examined for autoantibodies: RF, ACCP, ACA, anti-Sci70, anti-RNAP-III, anti-Ro, anti-La, anti-dsDNA, anti-Sm, ACL, anti-Jo1. 44 patients were examined in dynamics in 24 months.

Results: In the study group the clinical picture was dominated by inflammatory musculoskeletal lesions (synovitis and myopathy), skin manifestations were poorly expressed. Interstitial lung disease was detected in 68% of cases. Overlaps (34%) with other rheumatic diseases (rheumatoid arthritis, systemic lupus erythematosus) and combination with Sjogren's syndrome (32.5%) were frequently noted. Other antibodies were often detected: commonly - RF (31%), anti-Ro (38%), anti-dsDNA (42%), rarely - anti-Sm (11%), ACCP (8%), anti-La (8%), ACA (6%), anti-Sci70 (6%), AKL (2%). Anti-Jo1 and anti-RNAP-III were not detected at all. In patients with systemic sclerosis highly-positive for anti-U1RNP (more than 2 upper normal limits) RF, anti-Ro, anti-dsDNA were significantly more common in comparison with low-positive ($p=0.00$). In dynamics 80% of patients maintained anti-U1RNP, while other autoantibodies were detected with the same frequency. In patients with initially low titer of anti-U1RNP, their disappearance was noted.