Conclusion: Our study revealed relationship of anti-Jo-1 and anti-Ro-52 but not anti-MDA-5 in ILD-inflammatory myopathies. Even though new autoantibodies panel give opportunity to a closer look for inflammatory myopathies, larger series of patients should be evaluated to determine the association of specific antibodies in the differential diagnosis and prediction of outcome of IIM. MSA positivity in non-IIM diagnosed patients should be monitored to determine whether this positivity is related to a future disease development.

Table 1: Frequency of MSAs and MAAs in idiopathic inflammatory myositis

	JDM/DM (n=26 patients)	PM/ASS (n=35 patients)	All (n=61 patients)
Myositis-specific autoantibodies, n(%)			
Anti-Jo-1	1 (3.8%)	9 (25.7%)	10 (16.4%)
Anti-MDA-5	5 (19.2%)	3 (8.6%)	8 (13.1%)
Anti-SRP	2 (7.7%)	4 (11.4%)	6 (9.8%)
Anti-TIF1g	4 (15.4%)	2 (5.7%)	6 (9.8%)
Anti-NXP2	4 (15.4%)	2 (5.7%)	6 (9.8%)
Anti-SAE1	2 (7.7%)	1 (2.9%)	3 (4.9%)
Anti-Mi-2 alpha	2 (7.7%)	1 (2.9%)	3 (4.9%)
Anti-Mi-2 beta	2 (7.7%)	0	2 (3.3%)
Anti-PL7	0	3 (8.6%)	3 (4.9%)
Anti-PL12	0	2 (5.7%)	2 (3.3%)
Anti-EJ	1 (3.8%)	3 (8.6%)	4 (6.6%)
Anti-OJ	1 (3.8%)	0	1 (1.6%)
Myositis-associated autoantibodies, n(%)			
Anti-Ro-52	4 (15.4%)	16 (45.7%)	20 (32.8%)
Anti-PM-Scl 100	1 (3.8%)	4 (11.4%)	5 (8.2%)
Anti-PM-Scl 75	1 (3.8%)	4 (11.4%)	5 (8.2%)
Anti-Ku	0	4 (11.4%)	4 (6.6%)

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AB0629

VASCULAR MANIFESTATIONS OF SYSTEMIC SCLEROSIS: SIMILAR IN PATHOGENESIS, DIFFERENT IN FREQUENCY

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Background: Pulmonary arterial hypertension (PAH) is one of the main manifestations of vascular involvement in systemic sclerosis (SSc). The association of PAH with Raynaud's phenomenon (RP) and digital ischemic disorders is assumed.

Objectives: The aim of the study to detect of the possible relationship of pathogenetically similar processes and the predictor role in the early diagnosis of PAH and digital ischemic disorders by the nailfold videocapillaroscopy (NVC).

Methods: 111 patients with SSc (51 patients with PAH (SSc-PAH) and 60 patients without PAH) include in this study. In all patients, the diagnosis of SSc was validated according to the 2013 ACR-EULAR criteria. PAH was diagnosed by right heart catheterization. NVC was performed in all recruited subjects. Capillary quantitative parameters (loops length and width, capillary density, neovascularization) were evaluated and a semi-quantitative scoring was used (specific patterns - early, active and late) to define microvascular alterations. The test evaluated the presence of capillaroscopic changes in the nailfold bed on 2-5 fingers of both hands. The normal capillaroscopic pattern was characterized by the presence of 7-11 capillaries in the form of hairpins per 1 mm. Pathological patterns were characterized by morphological and structural changes, such as expanded and giant capillaries, hemorrhages, avascular fields, neovascularization. The capillaroscopy pattern (normal, non-specific, early/active/late) was determined qualitatively. Decreased capillary density, dilated, giant or branched capillaries, microhemorrhages were evaluated semi-quantitatively.

Results: RP was detected in 100% of cases in both groups. In the analysis of capillaroscopic patterns in both groups, the early and late scleroderma types of changes prevailed, but no significant differences were noted. Typical scleroderma patterns were found in 51 patients (100%) with SSc-PAH. In 3 patient with SSc without PAH, the abnormalities were regarded as non-specific. The NVC pattern was detected to be early in 8 patients with SSc-PAH and in 11 with SSc without PAH. The NVC pattern was found to be active in 16 patients with SSc-PAH and in 18 with SSc without PAH. The NVC pattern was detected to be

late in 27 patients with SSc-PAH and in 28 with SSc without PAH. In addition to RP, the development of digital ulcers was noted with equal frequency in history (25 patients with SSc-PAH and 32 with SSc without PAH). Also, the time to their appearance from the first symptom of SSc was the same (56 (16; 84) months and 44 (23; 72) months, respectively). Severe forms of digital ischemic disorders were observed rarely and with the same frequency in the studied groups. Ischemia in 2 patients with SSc-PAH and in 5 patients with SSc without PAH, gangrene in 2 patients only in the SSc group without PAH, amputation in 1 of each group.

Conclusion: In the course of the study, it was not possible to identify differences between the NVC patterns, the frequency and severity of digital ischemic disorders in the compared groups. That fact does not allow using the NVC as an early diagnosis of PAH in SSc. However, the NVC can help predict the development of digital ischemic disorders.

References: No

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AB0630

IMBALANCE BETWEEN TH17 AND REGULATORY T CELLS IN PATIENTS WITH PM/DM COMBINED WITH EBV/CMV VIRAEMIA

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Background: Dermatomyositis and polymyositis (DM/PM) are associated with muscle weakness and inflammatory infiltration within the skeletal muscle. The numerical and functional defects of immune cells, due to long-term uses of glucocorticoids and disease-modifying anti-rheumatic drugs (DMARDs) together with immune disturbances associated with disease itself, lead to high risks in opportunistic infections, such as Epstein-Barr virus (EBV) and cytomegalovirus (CMV).¹⁻² We want to observe changes of peripheral lymphocytesubsets in PM/DM patients with EBV and/or CMV infection, especially whether there is imbalance between Th17 and Treg cells.

Objectives: To investigate the characteristics of peripheral lymphocyte subsets in PM/DM with EBV and/or CMV infection, especially the Th17 and Treg cells.

Methods: From February 2016 to November 2019, PM/DM patients with EBV and/or CMV viremia (infection group, n=34) and without infection (non-infection group, n=31) as well as healthy adult controls (n=20) were enrolled in our study. Absolute numbers of total T, total B, NK, CD4 + T, CD8 + T cells, and CD4 + T subsets (Th1, Th2, Th17 and Treg cells) in peripheral blood by flow cytometry combined with standard absolute counting beads.

Results: (1) Compared with PM/DM patients without infection, 34 PM/DM patients with EBV and/or CMV infection, including 12 patients with EBV, 20 patients with CMV, 2 patients combined EBV and CMV, the absolute number of total T lymph cells (P=0.019), total B lymph cells (P=0.037), NK cells (P=0.033), CD4 + T cells (P=0.000), Th1 cells (P=0.014), Th2 cells (P=0.003), Th17 cells (P=0.003), Treg cells (P=0.004) lower than its of (P=0.003) patients without infection, the absolute number of CD8 + T cells (P=0.427) has no obvious difference between them.

(2) And its the absolute number of total T lymph cells (P=0.000), total B lymph cells (P=0.003), NK cells (P=0.000), CD4 + T cells (P=0.000), CD8 + T cells (P=0.006), Th1 cells (P=0.000), Th2 cells (P=0.001), Th17 cells (P=0.000) and Treg cells (P=0.000) significantly lower than healthy control.

(3) Compared with the healthy control, the absolute number of total T lymph cells (P=0.000), NK cells (P=0.000), CD4 + T cells (P=0.031), CD8 + T cells (P=0.000), Th1 cells (P=0.002), Th2 cells (P=0.031), and Treg cells (P=0.000) in PM/DM without infection evidently lower, but there is no significant difference in absolute number of total B lymph cells (P=0.19) and Th17 cells (P=0.171).

Conclusion: We show that the absolute number of peripheral blood lymphocytes and CD4+T subsets in patients with PM/DM with EBV and/or CMV viremia is further reduced. In addition to Treg cells, a decrease in Th17 cells may also be an important feature of EBV and/or CMV infection in DM/PM. These cell reductions may be the cause and risk indicator of viral infections.

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