interstitial lung disease (ILD) of various aetiologies and revealed to be an important serum marker for morbidity and mortality. Currently, scientists are still looking for serum markers to be used in daily clinical practice in rheumatology and in sports medicine.

Disclosure of Interests: None declared

Figure 1. Comparison of serum KL-6 concentrations in CTD-ILD group and CTD group.

Fig 2. Receiver-operating characteristic curve (ROC) of KL-6 for the diagnosis of CTD-ILD.

Conclusion: The serum KL-6 is a important biomarker for the diagnosis of CTD-ILD and Serum KL-6 could be a clinically useful biomarker in screening CTD-ILD in the Uygur population of China.

References:


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increased in RDC type 2 compared with type 1 and DDH. Increased posterior pelvic tilt was found in RDC type 2 compared with DDH. Logistic regression and receiver operating characteristic curve analyses indicated that MMP-3 may be associated with differentiation between RDC types 1 and 2. No difference was found in CTI between RDC types and DDH.

RDC type 2 hips developed partial (type 2A) and massive (type 2B) femoral head destruction within the first 12 months. Whereas partial destruction showed <20% collapse ratio, massive destruction demonstrated >40% collapse ratio. Increased posterior pelvic tilt was found in massive destruction. Femoral head destruction started earlier within the first 6 months in massive destruction compared with that in partial destruction. From receiver operating characteristic curve analysis, pelvic tilt differentiated the femoral head destruction types using the initial radiographs at the onset of the first demonstration of femoral head destruction. No difference was found in CTI or MMP-3 between the two subtypes.

Conclusion: Disease progression of RDC during 12 months after the onset of hip pain could be classified into two distinct types based on the absence (type 1) and presence (type 2) of femoral head destruction in association with MMP-3 and pelvic tilt as biological and mechanical factors, respectively. MMP-3 may be a diagnostic marker for hip pain classification.

Results:

Table 1. Resulting scores for k = 9 for all 271 patients.

<table>
<thead>
<tr>
<th>Feature</th>
<th>Statistic Value</th>
<th>Amplitude</th>
<th>Mean</th>
<th>Slope</th>
</tr>
</thead>
<tbody>
<tr>
<td>Healthy</td>
<td>0.503</td>
<td>0.528</td>
<td>0.486</td>
<td>0.509</td>
</tr>
<tr>
<td>Affected</td>
<td>0.496</td>
<td>0.532</td>
<td>0.482</td>
<td>0.505</td>
</tr>
</tbody>
</table>

Conclusion: FOI is an innovative method that detects early changes in vascularization of the hands. This method can be useful in early detection of arthritis, especially in populations where PsO patients are affected. The results of the objective scoring methods show that a clear distinction between healthy and affected joints is possible with the average scores as well as the median values. However, if the range of the scores is considered, the overlap between healthy and affected is not negligible. The current scoring system can be used as an indicator but not as a single classification marker. Nevertheless, the research at hand has shown the expected outcome and motivates further development on the heatmap approach.

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