immunosuppressing treatments may modify gut microbiota in SSc. Overall these findings support the involvement of altered immune recognition of specific gut bacteria in early SSc.

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THE RELATIONSHIP BETWEEN DISEASE ACTIVITY AND SEVERITY IN SYSTEMIC SCLEROSIS: A PROSPECTIVE ANALYSIS OF 278 PATIENTS

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Background: Evaluating disease activity and severity in systemic sclerosis (SSc) is crucial to define the patients who are candidate for treatment options.

Objectives: We aimed to investigate the relationship between disease activity and severity in SSc in a large cohort.

Methods: This is a cross-sectional prospective analysis of 278 (253 females) patients fulfilling ACR/EULAR (2013) classification criteria for SSc. Disease activity and severity were calculated separately for cutaneous subsets (EsCSG and Medsger). The patients were grouped as inactive if EsCSG score=0, mildly active if EsCSG score=0-3, active if EsCSG score≥3.

Results: The mean age, duration of Raynaud's and non-Raynaud features were 48.8±13.1, 12.1±9.8 and 8.3±7.5 years respectively. Characteristics of the SSc patients were summarized in table-1.

Conclusion: One third of our cohort was found to have active disease despite treatment and only 12% had inactive disease. Skin involvement and severity of different organs were shown to be higher in patients with active disease in both cutaneous subsets, together with severity of lung, peripheral vascular and gastrointestinal involvements in active lcSSc. LcSSc and dcSSc patients who had mildly active disease also had severe disease similar to those with active patients. Disease activity and severity should be assessed as separate measurements to highlight the course of the disease and may guide to the management of patients with SSc.

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LOGOPEDIC TESTING IN SSC PATIENTS REVEALS HIGH FREQUENCY OF OROPHARYNGEAL DYSFUNCTION: A MONOCENTRIC EXPERIENCE

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Background: Up to 98% of patients with systemic sclerosis (SSc) show involvement of the gastrointestinal system (GI) [1]. While meteorism, heartburn and GI dysmotility are very common and accessible to pharmacologic treatment on an evidence based level [1–3], checking for oropharyngeal dysfunction is usually not part of the standard diagnostic algorithm. However, in a survey of the German Network for Systemic Sclerosis (DNSS) patients reported coughing and/or a sore voice in up to 78% [1]. As impairment in speaking or swallowing for example does not only substantially reduce quality of life, it can also be very stigmatizing. In addition, the usual prokinetic therapy of GI-involvement, e.g. metoclopramide, does not appear to improve these symptoms. As the first step to approach this problem is the qualitative and quantitative description, we evaluated the oropharyngeal function in our cohort of SSc patients by detailed logopedic assessment.

Objectives: To evaluate the frequency and type of oropharyngeal dysfunction, e.g. swallowing or speaking, in patients with SSc and to elucidate the correlating and associated factors, e.g. disease duration or modified Rodnan Skin Score.

Methods: After obtaining written consent, oropharyngeal function using a standardized assessment protocol was evaluated in patients with SSc fulfilling the ACR/EULAR criteria by a speech therapist. Furthermore, we investigated whether oropharyngeal dysfunction is associated with patients' characteristics. In addition, all patients received instruction for a training program to treat their individual oropharyngeal dysfunction.

Results: 37 patients with dSSc were assessed for eligibility. 34 patients met the inclusion criteria (3 patients did not speak German) and written consent was obtained.

Oropharyngeal dysfunction (impairment of speaking, swallowing, breathing or oropharyngeal muscle function) was found in 29 of 34 (85%) of both dSSc patients. Neither the subtype of SSc, disease duration nor mRSS were significantly correlated with oropharyngeal dysfunction in general. Only GI involvement in general was associated with oropharyngeal dysfunction.

After logopedic therapy, 28 of the 34 (82%) patients with oropharyngeal dysfunction reported a benefit after 3 days of training and were motivated to continue logopedic training at home.