Conclusion: Cardiovascular, bone and neurologic comorbidities are frequently detected already at the time of diagnosing SLE. High numbers of medical prescriptions and hospitalization following SLE diagnosis reflect the comprehensive disease burden. Differences to controls without autoimmune disease are overstimated by detection bias. 

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FR0152 PULMONARY HYPERTENSION IN NEWLY DIAGNOSED SPANISH PATIENTS WITH SYSTEMIC LUPUS ERYTHEMATOSUS: DATA FROM THE RELES COHORT

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Objectives: To investigate the usefulness of UHFUS in LSG ultrasound-guided biopsy and preoperative planning.

Methods: Consecutive patients undergoing a LSG for clinically suspected pSS were included in this study from January 2018 to December 2019. UHFUS of the LSG was performed by using VEVO MD, equipped with a 7.0 MHz probe, scanning first the central compartment of the inferior lip, and then both peripheral compartments. The following parameters were evaluated: distribution of the glands, parenchymal inhomogeneity (score 0-3, from normal to evident), and fibrosis. UHFUS imaging was used to help locate the LSG for the US-guided biopsy. The same expert pathologist calculated the surface area of gland sections examined, the density of foci and evaluated the presence of ectopic germinal centers (GCs). Consecutive patients that had undergone a traditional LSG biopsy from December 2016 to December 2017 were included as controls.

Results: We included a total of 249 patients with suspected pSS: 137 undergoing the UHFUS-guided LSGs and 112 the traditional LSG biopsy procedure. No demographic differences were observed between the two groups. No differences were also observed in the distribution of the final diagnosis. A diagnosis of pSS according to the ACR 2016 criteria was made in 60/137 (43.8%) and 36/112 (32.1%) patients, respectively whereas a diagnosis of no-SS sicca was made in 49/137 (35.6%) and 76/112 (67.2%) patients, respectively.

Conclusion: There were no complications from the HUFUS-guided LSG biopsy. The mean percentage of gland area the HUFUS-guided LSG biopsy included was 44.1% (SD = 17.1%) vs 44.9% (SD = 14.7%) for the traditional LSG biopsy. The mean percentage of gland area the HUFUS-guided LSG biopsy included was 44.1% (SD = 17.1%) vs 44.9% (SD = 14.7%) for the traditional LSG biopsy.

Background: Major salivary gland ultrasonography has an established role in diagnosis and assessment of pSS. Nowadays, however, interest is also growing in labial salivary ultrasound (UHFUS) transducers, which can produce frequencies up to 70 MHz and achieve tissue resolution up to 30 μm, opening up new possibilities for the study labial salivary glands (LSG).

Objectives: To investigate the usefulness of UHFUS in LSG ultrasound-guided biopsy and preoperative planning.

Methods: Consecutive patients undergoing a LSG for clinically suspected pSS were included in this study from January 2018 to December 2019. UHFUS of the LSG was performed by using VEVO MD, equipped with a 7.0 MHz probe, scanning first the central compartment of the inferior lip, and then both peripheral compartments. The following parameters were evaluated: distribution of the glands, parenchymal inhomogeneity (score 0-3, from normal to evident), and fibrosis. UHFUS imaging was used to help locate the LSG for the US-guided biopsy. The same expert pathologist calculated the surface area of gland sections examined, the density of foci and evaluated the presence of ectopic germinal centers (GCs). Consecutive patients that had undergone a traditional LSG biopsy from December 2016 to December 2017 were included as controls.

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