AB0333 USEFULNESS OF MULTI-PARAMETRIC EVALUATION INCLUDING MINOR SALIVARY GLAND BIOPSY FOR THE DIFFERENTIAL DIAGNOSIS OF SICCA SYNDROME IN A SPANISH SINGLE-CENTER EXPERIENCE

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Background: Sjögren’s syndrome (SS) is a systemic autoimmune disease characterized by mononuclear cell infiltration of the exocrine glands, which leads to sicca syndrome and systemic manifestations. The minor salivary gland biopsy (MSGB) is undoubtedly important for the classification, diagnosis and prognosis of SS. However, differentiating SS and non-Sjögren’s sicca syndrome (NSS) can be challenging.

Objectives: The aim was to evaluate the histological characteristics of MSGB besides focus score (FS) in patients with sicca syndrome and the usefulness of the different clinical, serological and histological parameters to diagnose, classify and describe the prognosis of patients with Sjögren’s syndrome.

Methods: Prospective observational single-center study of patients referred for study of sicca syndrome with multi-parametric evaluation from January 2019 to December 2020. A diagnostic protocol based on Schirmer’s test, unstimulated whole saliva flow (UWSF) and minimally invasive MSGB was applied. Patients fulfilling 2016 ACR-EULAR classification criteria were classified as SS.

Results: In a cohort of 115 patients with sicca syndrome, SS (47.8%) were diagnosed with SS. The mean age was 56.9±14.5 years and most of the patients were women (81.7%) with no significant differences between SS and NSS. SS were more likely to present positive Schirmer’s test, positive UWSF, anti-Ro+, FS≥3, FLS, anitnuclear antibodies (ANA)+, rheumatoid factor (RF+) and anti-La- among others.

MSGB was a safe procedure and very effective (only 7% insufficient biopsies) in our cohort. The mean gland size of the MSGB was 5.7±0.37 mm2. Furthermore, it was the individual parameter that most correlated with SS, even more than anti-Ro+, Schirmer’s and UWSF. Seronegative SS (Anti-Ro-) was 47.3%. In our study, the presence of lymphocytic infiltrates (LI) were associated in previous studies with higher risk of lymphoma and systemic activity (SE) and specificity (SP). FS≥3, GC, LEL and LF were only found in SS and were glandular atrophy (GA), germinal centers (GC), lymphoepithelial lesions (LEL) and lymphoid follicles (LF). FS≥1 is the current histological classification criteria for ACR/EULAR. However, the presence of lymphocytic infiltrates (LI) (although not FSs≥1) and FLS were suggestive markers of SS with greater sensitivity (SE) and specificity (SP). FLS, GC, LEL and LF were only found in SS and were associated in previous studies with higher risk of lymphoma and systemic disease.

Conclusion: SS is a heterogeneous disease that requires a comprehensive clinical, serological, functional and histological evaluation. MSGB is a simple, safe, repeatable procedure that provides enormous information. It was the single parameter that best correlated with SS and allowed the diagnosis of seronegative SS. In summary, the use of MSGB is essential not only for the differential diagnosis of sicca syndrome but also as a prognostic marker for SS.

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AB0334 THE FIRST 1000 DAYS OF LIFE AND REPRODUCTIVE DISORDERS IN WOMAN WITH RHEUMATIC DISEASE (RDS)

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Background: Gynaecological problems are often ignored by rheumatologist and have a negative impact on quality of life of RDs patients.

Objectives: The aim of this study was to describe gynaecological, reproductive and sexual problems in premenopausal woman with RDs.

Methods: A monocentric, cross-sectional observational study was conducted in the Rheumatology Department of Careggi Hospital in Florence. Inclusion criteria: female gender, premenopausal age (and±18 years old), diagnosis of rheumatic diseases were patients who had at least one visit in the Rheumatology Department in the previous year, with at least one visit per patient was ACR/EULAR criteria for RDS. The patients were also evaluated previously for gynaecological history and symptoms and subjected to a self-administered validated questionnaire.

Results: From May 4th to November 30th, 2020, 200 patients were enrolled (mean age 39.1±7.6 years (Ms±SD); 56% arthritis, 40% connective tissue disease and 15% systemic vasculitis. In the history, spontaneous, full-term birth in 91% and 93% of patients, respectively, was observed and pre-term birth was reported in 81.6% of patients. 63% of patients were breastfed. In family history, menorrhagia, dysmenorrhoea, or chronic pelvic pain were reported in 59%, 5% and 7% of patients, respectively. The first menstruation was at 12.3±2.0 years (Ms±DS) and mostly woman reported menstrual disorders during adolescence (56% experienced dysmenorrhoea and 52% menorrhagia). Menstrual disorders and abnormal bleeding were frequently reported also in adulthood: 71% had dysmenorrhoea, 36% heavy menstrual cycles and 9% metrorrhagia. Moreover, 26% of patients referred non-menstrual pelvic pain, 19% urinary pain and 19% pain during defecation. Vaginal symptoms were frequently reported: 36% of patients referred vaginal dryness, 29% burning, 19% recurrent vaginal infections and dyspareunia in 39% of patients. Uterine fibroma was present in 23% and endometriosis in 10% of patients. Fertility problems were reported by 10% of patients in a time frame of 7.5±6.4 years and 30% of patients experienced at least one miscarriage; otherwise, 56% of patients had at least one full-term pregnancy.

Conclusion: RDs patients show a high prevalence of various gynaecological problems affecting their quality of life. The management of female RDs patients is a challenge for the clinician and should include an accurate evaluation of the gynaecological aspects (menstruation, fertility, maternity, sexuality) as well as a multidisciplinary teamwork (rheumatologist and gynaecologist).

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AB0335 SURVIVAL ASSESSMENT IN PATIENTS WITH SLE AND PULMONARY MANIFESTATIONS IN A COLOMBIAN COHORT WITH 2-YEAR FOLLOW-UP

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Background: The survival of patients with systemic lupus erythematosus (SLE) is remarkable, but there are no data on survival of patients with SLE and pulmonary manifestations in the Latin American region.

Objectives: The aim of this study was to assess the survival of patients with SLE and pulmonary manifestations in a Colombian cohort.

Methods: A monocentric, retrospective, cross-sectional study was conducted in the Rheumatology Department of the Engineering School of the National University of Colombia in Medellin, Colombia between February and November 2019. The patients were diagnosed with SLE based on the 2012 American College of Rheumatology (ACR) criteria. The primary outcome was patient survival at 2 years follow-up. The secondary outcome was occurrence of pulmonary manifestations, and causes of death. The data was obtained from medical records.

Results: A total of 123 patients with SLE were included. The mean age of the patients was 34.6±12.1 years and the mean follow-up was 3.6±2.5 years. The most common pulmonary manifestations were interstitial lung disease (51.7%) and pleuritis (45.3%). The 2-year survival rate was 78.4%. The most common causes of death were cardiovascular disease (20.6%) and infections (18.5%). The cumulative survival rate at 2 years was 0.78 (95% CI: 0.68-0.87). The factors associated with decreased survival were age (HR=1.05; 95% CI: 1.01-1.09) and pulmonary manifestations (HR=2.31; 95% CI: 1.11-4.79).

Conclusion: The survival of patients with SLE and pulmonary manifestations in a Colombian cohort is similar to that in other countries. However, the presence of pulmonary manifestations is a risk factor for decreased survival. Further studies are needed to identify other risk factors and improve patient management.

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