Background: It is estimated that the gastrointestinal (GI) tract is involved in about 90% of patients with Systemic Sclerosis (SSc).¹ The UCLA Scleroderma Clinical Trials Consortium Gastrointestinal Tract 2.0 (UCLA SCTC GIT 2.0) questionnaire has been validated in several countries as a useful tool in the assessment of GI symptoms in this pathology.²

Objectives: To assess whether the application of the questionnaire has an added value in clinical practice by comparing the frequency of GI symptoms found during the clinical evaluation in the consultation vs. application of the questionnaire.

Methods: A cross-sectional study was carried out in a cohort of patients with SSc. During the consultation, patients were asked about the presence of GI symptoms and the UCLA SCTC GIT 2.0 questionnaire was handed in for completion. Subgroups that analyse reflux, bloating, dirt, diarrhea and constipation were evaluated and their responses were transformed into dichotomous variables (present/absent). Clinical data was obtained and analysed.

Results: 27 patients were included, most of them female [n = 23 (85.2%)], with an average age of 53.3 ± 13.5 years. All patients met the classification criteria of Leroy/Medsgers of 2001 or ACR/EULAR of 2013: 14 (51.9%) had limited ES, 6 (22.2%) had Overlap Syndrome, 4 (14.8%) had diffuse ES and 3 (11.1%) had early SS. The prevalence of symptoms in all evaluated subgroups was higher in the questionnaire than in the clinical evaluation, with a statistically significant difference in the reflux subgroup [n = 16 (59.3%) vs. n = 13 (48.1%), p = 0.018]. In the remaining subgroups, this difference, although not statistically significant, was also found [abdominal distension n = 20 (74.2%) vs. n = 1 (3.7%), p = 1.0; dirt n = 2 (7.4%) vs. n = 0 (0%); diarrhea n = 22 (91.7%) vs. n = 3 (11.1%), p = 1.0; constipation n = 11 (40.7%) vs. n = 4 (14.8%), p = 0.273]. In the clinical evaluation, 12 patients said they were asymptomatic from the GI point of view, but all of them reported some GI symptoms when filling out the questionnaire. The subgroups in which the disagreement between the answers during the clinical evaluation and the filling out of the questionnaire were more frequent were distension [n = 19 (70.4%) and diarrhea [n = 19 (79.2%)].

Conclusion: The results of the present study reinforce the usefulness of the UCLA SCTC GIT 2.0 questionnaire, usually more applied in clinical trials, in clinical practice, concluding that it allows to find more GI symptoms in patients with SSc than the clinical evaluation in a consultation, this difference being statistically significant in the subgroup that evaluates reflux. The considerable difference found in the subgroups that assess symptoms of the low GI tract, such as diarrhea and constipation, although non statistical significant, may be due to the fact that the patient does not feel comfortable talking about it, a struggle that can be overcome with application of the questionnaire. On the other hand, this tool can also be a means of quantifying the severity of symptoms, monitoring their progress and making the consultation time more profitable. More studies with larger samples are needed to continue studying its role in clinical practice.

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AB0418

SHEAR WAVE ELASTOGRAPHY FOR THE ASSESSMENT OF LIVER FIBROSIS IN PATIENTS WITH SYSTEMIC SCLEROSIS AND SYSTEMIC SCLEROSIS/ PRIMARY BILIARY CHOLANGITIS OVERLAP COMPARED TO PRIMARY BILIARY CHOLANGITIS

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Background: Systemic sclerosis (SSc) is an autoimmune disease characterized by vasculopathy and skin as well as organ fibrosis. The lungs, skin, and gastrointestinal care frequently affected. Primary biliary cholangitis (PBC) is an autoimmune disease of the liver associated with potential progression to liver fibrosis. More recently, these two disorders have been described as an overlapping entity, especially in patients with limited, anti-centromere (CENP-B) positive SSc (1). Here, we report the first results of a pilot study of shear wave elastography (SWE) in patients with SSc and SSc/PBC compared to PBC patients.

Objectives: To assess liver stiffness in patients with SSc, SSc/PBC overlap, and PBC with shear wave elastography.

Methods: We analyzed a sample of 10 SSc to 11 PBC patients. In all patients, a baseline US examination of the liver and liver stiffness measurement by 2D SWE were performed using a GE logiq E10 ultrasound machine. Normal values for

SWE in healthy people have recently been published (2). Liver stiffness measurement was performed according to the recommendations of the manufacturer and the recommendations of the current "EFSUMB Guideline and Recommendation on the Clinical Use of Liver Elastography" (3). In addition, age, body mass index (BMI), and antibody profiles were assessed.

Results: Of 8 SSc patients without PBC, 6 were anti-CENPB pos., 1 had Scl70, and 1 PmScl antibody. Median age was 59.5 (47-71). Median BMI was 23.1 (19.6-25). 1 patient had SSc/PBC overlap, 1 had hepatic steatosis. 1 was positive for CENP-B/AMA-M2 antibodies, the other patient was Scl70 positive. Median age of these 2 patients was 55.5 (55-56), BMI was 23.86 (20.9-26.8). 11 patients with PBC were positive for AMA-M2 antibodies, median age was 58 (41-78) years, BMI was 27.8 (15.8-50.3). The differences were not statistically different. Liver stiffness is expressed in kPa. Measurements had an interquartile range/median ratio <30%, indicating sufficient quality of the measurement. Liver stiffness was higher in patients with SSc/PBC overlap/hepatic steatosis (9.4 ± 0.18 , $**p=0.0133$) and PBC alone (7.359 ± 2.51 , $**p=0.0163$) compared to SSc alone (4.526 ± 0.89 kPa). The results indicate that PBC is the main driver of liver stiffness in patients with SSc, and SSc alone may not necessarily lead to an increased liver stiffness (figure 1).

Figure 1.

Conclusion: Our results indicate that SWE is a useful tool in for the non-invasive assessment of liver stiffness in SSc and SSc/PBC overlap. We will further increase the sample size, especially of patients with SSc/PBC overlap. Of note, other liver diseases, such as hepatic steatosis, have to be kept in mind when SWE is performed as they may contribute to liver stiffness.

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AB0419

ACCESS TO TREATMENT FOR RAYNAUD'S PHENOMENON AND DIGITAL ULCERS FOR PATIENTS WITH SYSTEMIC SCLEROSIS DOESN'T FOLLOW EULAR/EUSTAR GUIDELINES

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