AB0421

MANAGEMENT OF ULCERATION IN SYSTEMIC SCLEROSIS BY A SPECIALIST PODIATRY SERVICE; A CASE SERIES

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Background: Systemic sclerosis is a chronic disorder characterised by diffuse fibrosis and vascular abnormalities in the skin and major organs. Digital ulceration is a common complication, often resulting in patient disability. These ulcers can form through a variety of processes and management should be tailored according to aetiology. In Dorset, the specialist podiatry service has created a unique facility for optimal wound care in the setting of digital ulceration.

Objectives: In this case series, we outline podiatric management of 4 common causes of digital ulceration in systemic sclerosis.

Methods: Tissue ischaemia, infection, micro-trauma and calcinosis were identified as four major contributory factors resulting in ulceration or delayed wound healing. Four cases exemplifying management of each different contributory factor were identified and their case notes reviewed in order to extract clinically relevant data and images.

Results: Case 1 illustrates treatment of ischaemic tissue injury to promote earlier healing, using careful wound care, debridement under local anaesthetic and low-level laser therapy.

Case 2 illustrates the importance of identifying repeated micro-trauma as a contributing factor to non-healing ulceration.

Case 3 demonstrates how surgical debridement or removal of the subcutaneous calcinosis in an outpatient setting can be a useful adjunct in encouraging ulcer healing.

Case 4 illustrates the complexity of correctly identifying infection in the setting of ulceration, with prompt management promoting wound healing.

Conclusion: The pathophysiology of ischaemic tissue damage in scleroderma is complex and can reflect a broad range of vascular pathologies, often occurring concurrently¹ including vasospasm, macrovascular disease and microvascular vasculopathy, leading to digital ulceration. Rapid identification of which processes are driving the ischaemia is critical in targeting therapy to the affected individual. A local podiatry service with expertise in management of tissue-related complications of systemic sclerosis is invaluable in promoting wound healing and preventing further complications.

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AB0422

DIAGNOSTIC PERFORMANCE OF THE ACR/EULAR 2013 CLASSIFICATION CRITERIA FOR SYSTEMIC SCLEROSIS IN A ROUTINE CARE SETTING

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Background: An ACR/EULAR task force released new criteria in 2013 to classify patients with systemic sclerosis (SSc).

Objectives: This study evaluates the diagnostic performance of these criteria in a multidisciplinary care setting.

Methods: Patients with an active follow-up in a Systemic Autoimmune Diseases Unit with a clinical diagnosis of SSc were matched by age and gender with consecutive patients referred to a capillaroscopy clinic. The classification criteria were tested on discrimination and diagnostic accuracy between both groups of patients defined as cases-SSc and controls. Receiver operating characteristic (ROC) curve and the area under the curve (AUC) was calculated for the global score to define the best cut off to classify the patients as having SSc.

Results: A total of 130 patients with SSc and 130 matched-controls were included in this analysis, 90% women, with a mean age of 61.5. Main diagnosis for the control groups were primary Raynaud's phenomenon (34.6%), undifferentiated connective tissue disease (13.1%), and mixed connective tissue disease (9.2%). The 92% and 8% of patients in the SSc-cases and control groups met the 2013 ACR/ EULAR SSc classification criteria respectively. Sensitivity and specificity of the criteria were 81.5% and 93.7%, respectively. The best cut offs for the total score were 8 and 9, and the AUC (95%CI) was 0.962 (0.939-0.985). The individual items with a better discriminatory capacity were abnormal capillaroscopy, telangiectasia and antinuclear antibody positivity.

Table 1. Demographic data and ACR/ EULAR SSc classification criteria of SSc patients and controls.

	Cases-SSc, n= 130	Controls, n= 130	p
Age, mean (SD)	62.4 (16.0)	61.3 (14.8)	0.58
Female, %	90.5	90.8	0.92
Disease duration from onset of symptoms, mean (SD)	7.5 (6.4)	7.8 (6.7)	0.73
% Patients with individual ACR/EULAR 2013 Criteria Items			
Skin thickening	15.8	0.7	<0.001
Sclerodactyly	45.5	6.1	<0.001
Puffy fingers	27.7	1.5	<0.001
Digital tip ulcers	30.2	5.3	<0.001
Fingertip pitting scars	18.8	4.6	0.001
Telangiectasia	51.5	6.1	<0.001
Abnormal nailfold capillaries	79.4	0.8	<0.001
Pulmonary Arterial Hypertension	16.3	3.8	0.001
Pulmonary fibrosis	18.8	6.2	0.002
Raynaud's phenomenon	90.7	66.9	<0.001
Anticentromere antibody	60.7	18.9	<0.001
Sci70	12.0	0	<0.001
Total Score	12.5 (4.8)	3.4 (2.9)	<0.0001

Figure 1. ROC curve for global score of the ACR/EULAR2013 SSc classification criteria.

Conclusion: The ACR/EULAR 2013 criteria showed good diagnostic properties in this cohort reflecting daily practice. Individual items showing the highest discriminatory capacity were abnormal capillaroscopy, telangiectasia and antinuclear antibody positivity.

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AB0423

SAFETY AND TOLERABILITY OF RITUXIMAB IN THE TREATMENT OF SYSTEMIC SCLEROSIS: LONG-TERM FOLLOW-UP

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Background: Rituximab (RTX) has been used for the treatment of systemic sclerosis (SSc) for a long time, but data on tolerance and long-term adverse events (AE) are insufficient.

Objectives: To assess the tolerability and safety of RTX in the patients (pts) with SSc in long-term prospective follow-up.

Methods: Data on the safety and tolerability of RTX were evaluated in 149 SSc pts who received at least one RTX infusion in a long-term open-label prospective observational study. The mean age was 48±13.5 years (17-74), women - 122 (82%), diffuse cutaneous subset of the disease had 52%, limited-37% and overlap-11%.