disease 20 (35%) pts, esophageal involvement 29 (51%) pts of them 5 (9%) pts needed enteral feeding. 2 (4%) pts had oncopathology. CK was increased in 49 (86%) pts: < 10 N - 15 (26%) pts, > 10 N - 28 (49%) pts, > 50 N - 6 (11%). ANA positive - in 39 (70%) pts. Antibodies identified in 25(44%) pts: Pm-Scl 7 (12%) pts, PL-7 1 (2%), Mi-2 10 (17.5%), Ku 2 (3.5%) pts, AMA-M2 2 (2%)pts, a-SRP 4 (7%) and SS-A/Ro-52 13 (23%), SS-A/Ro-60 2 (3%) pts.

Conclusion: The group of inflammatory myopathies is characterized by clinical and immunological heterogeneity. Finding antibodies specific for myositis can help diagnose the disease.

Disclosure of Interests: None declared.

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AB0445

FIRST CLINICAL ANALYSIS OF MYOSITIS PATIENTS REGISTERED AT REUMA.PT/MYOSITIS PROTOCOL: DATA FROM A SINGLE-CENTER

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Background: Idiopathic inflammatory myopathies are a group of rare heterogeneous diseases that require a multidisciplinary and standardized approach.

Table 1. Clinical characteristics and immunological profile of the patients.

Diagnosis (n)	Clinical features					Myositis antibodies (n)
	Skin disease, median [IQR]/ (n)	MMT-8, median disease [IQR] (n)	Lung (n)	Others (n)	Malignancy (n)	
Definite DM (28)	DAS Skin 2 [0-2] (3) Calcinosis (3) Mechanic hands (2)	80 [75-80] (2)	NSIP (2); COP (1)	Arthritis (6)	Breast cancer (1)	anti-Ro52 (6); anti-Mi2b (5); anti-PmScl100 (4); anti-Mi2a (3); anti-NXP2 (3); anti-SAE (2); anti-MDA5 (2); anti-Ku (2); anti-Tif1g (1)
Antisynthetase syndrome (21)	DAS Skin 0 [0-0] (1) Calcinosis (1) Mechanic hands (4)	80 [80-80] (1)	NSIP (1); UIP (3); LIP (1)	Arthritis (15); RP (10)	—	anti-Jo1 (14); anti-Ro52 (12); anti-Mi2b (1); anti-PL7 (3); anti-PL12 (1)
Probable DM (19)	DAS Skin 0 [0-0] (1)	80 [78-80] (1)	COP (1)	Arthritis (5); RP (6)	—	anti-Mi2a (4); anti-Mi2b (2); anti-Tif1g (2); anti-Ku (2); anti-PmScl75 (2); anti-Mi2b (5); anti-Ro52 (2); anti-Mi2a (1); anti-MDA5 (1); anti-EJ (1); anti-SAE (1); anti-SRP (1); anti-Ku (1); anti-Tif1g (1)
CADM (16)	DAS Skin 1 [0-2] (1) Calcinosis (1) Mechanic hands (1)	80 [77-80] (1)	NSIP (1); COP (1)	Arthritis (5); RP (4)	—	anti-Ro52 (2); anti-Mi2a (1); anti-MDA5 (1); anti-EJ (1); anti-SAE (1); anti-SRP (1); anti-Ku (1); anti-Tif1g (1)
MCTD (12)	DAS Skin 0 [0-1] (1)	80 [79-80] (1)	NSIP (1)	Arthritis (8); RP (10)	—	anti-U1 RNP (12); anti-Ro52 (7)
PM (7)	DAS Skin 0 [0-0] (1) Calcinosis (1)	80 [72-80] (1)	NSIP (1)	Arthritis (1)	Ovarian cancer (1); non-Hodg-kin lymphoma (1)	anti-Ro52 (2); anti-SRP (1)
UCTD (5)	DAS Skin 0 [0-2] (1) Calcinosis (1) Mechanic hands (1)	80 [79-80] (2)	NSIP (2)	Arthritis (1); RP (5)	—	anti-ThTo (2); anti-SRP (1); anti-PL12 (1)
Overlap syndromes (12)	DAS Skin 0 [0-2] (2) Mechanic hands (2)	80 [77-80] (2)	NSIP (3); UIP (1)	Arthritis (4); RP (8)	—	anti-PmScl75 (4); anti-PmScl100 (1); anti-Ro52 (1); anti-Ro60 (1); anti-RNAPIII (1); anti-NOR90 (1); anti-MDA5 (1); anti-Ku (1)
Necrotizing myopathy (1)	DAS Skin 0	80	—	—	—	—

DM – dermatomyositis; CADM – clinically amyopathic dermatomyositis; MCTD – mixed connective tissue disease; PM – polymyositis; UCTD – undifferentiated connective tissue disease; ILD – interstitial lung disease; NSIP – nonspecific interstitial pneumonia; LIP – lymphocytic interstitial pneumonitis; UIP – usual interstitial pneumonia; COP – cryptogenic organizing pneumonia; RP – Raynaud phenomenon

Objectives: To clinically characterize patients with inflammatory myopathies followed at an hospital's Rheumatology Department, using the Rheumatic Diseases Portuguese Register (Reuma.pt).

Methods: An observational transversal study was performed. Data on demographic variables, clinical features, antibodies and treatment were collected.

Results: Of the 121 included patients, 78% were female, with a median age of 56 [44-68] years and a median disease duration of 2 [0-4] years. The most frequent diagnosis was dermatomyositis (DM; n=28, 23%) followed by antisynthetase syndrome (ASyS; n=21, 17.4%). At the time of the analysis, the median Manual Muscle Test (MMT-8) was 80 [78-80], the median modified skin Disease Activity Score was 0 [0-2] and global disease activity was 0.5 [0-0.75]. Calcinosis was found in 6% of the patients (n=7), mostly DM cases. Interstitial lung disease (ILD) was present in 29 patients (24%), of those, 52% (n=15) had anti-synthetase syndrome (ASyS). Three patients presented as a paraneoplastic syndrome. Ninety-nine patients (82%) had a myositis autoantibody identified: antisynthetase autoantibodies were the most commonly identified (n=20, 16%). 62% of the patients were treated with steroids and 35% with ≥2 disease-modifying anti-rheumatic drugs.

Table 1 depicts the main clinical characteristics and the immunologic profile for each diagnosis

Conclusion: In our cohort the most frequent myositis subtype was DM. Almost a quarter of patients had associated ILD, which is an important cause of morbidity and mortality. ILD was more frequent in ASyS patients and was most commonly related to anti-Jo1 antibodies, which is consistent with the literature.

Disclosure of Interests: None declared.

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AB0446

DEMOGRAPHIC AND CLINICAL FEATURES OF IDIOPATHIC INFLAMMATORY MYOSITIS AND PREVALENCE OF MYOSITIS-RELATED ANTIBODIES

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Background: Idiopathic inflammatory myopathies (IIM) are heterogeneous groups of connective tissue diseases. Diagnosis of IIM is sometimes challenging, but newly defined myositis specific autoantibodies (MSAs) are helpful in diagnosing of IIM and revealing the clinical signs [1].

Objectives: To describe demographic and clinical features of IIMs and to evaluate the frequency and clinical associations of myositis-specific and myositis associated antibodies (MAAs) in IIM.

Methods: Samples obtained from patients tested for MSA/MAA as of 2017 to 2020 were retrospectively evaluated. Patients were diagnosed with IIM according to clinician diagnosis. The prevalence and clinical associations of myositis-related antibodies were assessed with univariate and multivariate analysis.

Results: 152 patients (70.4% female) were tested for myositis-related antibodies during the study period. 81 patients were diagnosed with IIM (38 DM, 43PM). DM patients were diagnosed at an earlier age and its association with malignancy was more relevant, although the relationship with malignancy was not statistically significant. Differences of clinical characteristics between DM and PM patients were skin features which were more frequent in DM, and interstitial lung disease which was more common in PM patients.

MSAs/MAAs were found in 65.4% and 43.2% in IIM patients, more frequently than patients without IIM (p=0.000 and 0.0225, respectively). MSAs were equally frequent in both IIM groups, whereas MAAs were more common in the PM group (although no significant difference in overlap with other connective tissue diseases within these two diseases). The most common MSAs in DM were anti-TIF1-γ (23%), anti-MDA5 (16%), anti-NXP2 (13%) and in PM were anti-Jo-1 (28%), anti-MDA5 (12%), anti-ku (12%), anti-PL7 (12%) respectively. Predictors of ILD in IIM were Anti-Jo-1 positivity and age (RR:10 [CI:2-41] p=0.003 and RR:1.07 [CI:1.02-1.12] p=0.04 respectively)

Conclusion: The general characteristics of DM and PM patients and the frequencies of myositis-specific autoantibodies were similar to the literature, except that anti-TIF1-γ antibodies (14%) were more common in our Turkish cohort [2].

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