RESULTS: Fragility fractures of various localization were found in 50 (36.7%) people: 41 (37.3%) women and 9 (34.6%) men. Vertebral and peripheral bone fractures occurred with the same frequency (19.8%) without significant differences depending on the patient’s gender. Only 1 (3.8%) male had a history of proximal femoral fracture. Fractures of both the vertebra and the peripheral bone occurred in 4 (2.9%) people: 3 (2.7%) women and 1 (3.8%) man.

9 (6.2%) women and 16 (61.5%) men had a low risk of major osteoporotic fractures according to FRAX, 60 (54.5%) and 10 (38.5%) - a moderate risk, respectively, while 41 (37.3%) women were at high risk. Among 86 patients without a history of low-energy fractures (69 women and 17 men), 8 (11.6%) women and 16 (94.1%) men were at low risk of major osteoporotic fractures, and 57 (82.6%) and 1 (5.9%), respectively, were at moderate risk. Only 4 (5.8%) women were assigned to the high-risk group. After recalibration of the fracture risk assessment tool with inclusion of the femoral neck T-score in persons, with moderate risk without a history of fragility fractures, 9 (13.0%) women and 1 (5.9%) man were found to be at high risk, 14 (20.3%) women - at very high risk and 34 (49.3%) women - at low risk. Among moderate-risk patients with prior fractures after FRAX recalculating 3 (7.3%) women and 7 (77.8%) men became at low risk, 1 (11.1%) male - at high and 1 (11.1%) male – at very high risk. Thus, 55 (50.0%) women and 1 (3.8%) man were at very high, 12 (10.9%) and 2 (7%), respectively, - at high, and 43 (39.1%) and 23 (88.5%), respectively, - at low risk of major osteoporotic fractures.

Conclusion: In the examined cohort of patients with SSc, the frequency of fragility fractures was 37.3% in women and 34.6% in men. A high and very high risk of major osteoporotic fractures was found in 60.9% of women and 11.5% of men. 3 (2.7%) women and 6 (23.1%) men with a history of previous fractures were in the low-risk group by FRAX, but they need to consider the appointment of anti-osteoporotic therapy as for patients at high and very high risk.

Disclosure of Interests: None declared.

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