diagnosis of psoriasis. 12.3% presented with active polyarthritis at the initial diagnosis of PsA. There was a significant difference in the use of systemic therapy in females, in which there was a higher rate of systemic therapy used in female PsA patients prior to developing PsA as compared to females with psoriasis who did not develop PsA ($n=24$, 48% vs $n=16$, 16%; $p < 0.001$). There was no significant association between ethnicity, education level, comorbidities, BMI, body area affected and family history of psoriasis with development of PsA. The predictive factors in developing PsA are females (OR = 3.14, 95% CI 1.77,5.58), presence of nail involvement (OR = 3.72, 95% CI 1.91,7.26) and the use of systemic therapy (OR = 3.04, 95% CI 1.70,5.43), (all p values < 0.001).

Conclusion: This study highlighted that female sex, presence of nail involvement and use of systemic therapy prior to PsA diagnosis are predictive risk factors in developing PsA among patients with underlying psoriasis. Further prospective studies with larger cohorts are needed to better delineate these risk factors.

REFERENCES:

- [1] Mohd Affandi A, Khan I, Ngah Saaya N. Epidemiology and Clinical Features of Adult Patients with Psoriasis in Malaysia: 10-Year Review from the Malaysian Psoriasis Registry (2007-2016). *Dermatology research and practice*. 2018;2018:4371471.

Figure 1. Comorbidities among Patients with underlying Psoriasis and Psoriatic Arthritis (n=330)

Chi-square test revealed that there was no significant difference between psoriasis and psoriatic arthritis ($p > 0.05$)

Disclosure of Interests: WAI YANG LOO: None declared, FARIZ YAHYA Speakers bureau: speaker for Novartis, Gilead, AbbVie, Janssen, Eli Lilly, Zuehllich-Pharma and Pfizer., Consultant of: consultancy work with Novartis, Gilead, AbbVie, Eli Lilly, Zuehllich-Pharma and Pfizer., Grant/research support from: research grants from Novartis, Gilead, AbbVie, Boehringer-Ingelheim and Pfizer., WINN HUI HAN: None declared, NIK AIMEE AZIZAH FAHEM: None declared, SHIN SHEN YONG: None declared, Lydia Say Lee Pok: None declared, Zhenli Kwan Speakers bureau: Novartis, Zuehllich, YING CHEW TEE: None declared.

DOI: 10.1136/annrheumdis-2021-eular.2792

POS1076

APICAL FIBROSIS AND INTERSTITIAL LUNG DISEASE IN PATIENTS WITH PSORIATIC ARTHRITIS: DO WE UNDERESTIMATE?

G. Ayan¹, E. B. Ata², G. Durhan³, M. Ariyurek³, U. Kalyoncu¹. ¹Hacettepe University Medical Faculty, Department of Internal Medicine Division of Rheumatology, Ankara, Turkey; ²Hacettepe University Medical Faculty, Department of Internal Medicine, ANKARA, Turkey; ³Hacettepe University Medical Faculty, Department of Radiology, ANKARA, Turkey

Background: Extra-articular manifestation (EAMs) definition is not clearly defined in psoriatic arthritis (PsA). Nail involvement, enthesitis, dactylitis has been widely studied however, data are needed on pulmonary involvement in PsA. **Objectives:** We aimed to understand real-life results of lung involvement in PsA patients.

Methods: From the PsA cohort followed in our outpatient clinic, patients who have been requested a chest computed tomography (CT) for any reason by any department were retrieved from medical records and included in this retrospective cross-sectional analysis. All CTs were assessed by a radiologist who is blinded to the patients' clinical history and findings were categorized as parenchymal, airway, pleural findings and lymphadenopathy (LAM). Moreover, any findings that are radiologically attributed to a specific entity such as previous tuberculosis (Tb) infection were noted. Demographic/clinic data including smoking status, concomitant lung problems, disease characteristics (duration, axial/peripheral involvement) were collected and analyzed.

Results: A total of 80/1072 (7.4 %; 65% female) PsA patients with mean (SD) age 56.1 (13.2) years were included in the study. Median (IQR) PsA duration was 23.5 (55.75) months and 36 (45%) patients had peripheral, 29 (36.3%) patients had axial involvement. For the rest of 15 (18.7 %) patients, radiographic

Table 1. Patient characteristics with apical fibrosis, interstitial lung disease

	Involvement	Gender	Age	PsA duration, months	Axial Disease (yes/no)	Smoking Status	Smoking pack-age-years	Concomitant Lung Disease (yes/no)	Linked to another problem by radiologist (yes/no)
ID-1 AF	AF	M	58	2	No	Current	40	No	No
ID-2 AF	AF	M	61	1	No	Current	40	No	No
ID-3 AF	AF	M	73	122	Yes	Ex	30	No	No
ID-4 AF	AF	F	55	1	Yes	NA	NA	No	Yes
ID-5 AF	AF	F	65	#	NA	Never	-	Yes [€]	Yes [€]
ID-6 NSIP	NSIP	F	96	NA	NA	Never	-	No	No
ID-7 NSIP	NSIP	M	69	NA	NA	Ex	15	Yes [§]	No
ID-8 NSIP	NSIP	F	66	156	No	NA	NA	Yes [§]	No
ID-9 LIP	LIP	M	61	200	Yes	Never	-	No	No
ID-10 LIP	LIP	F	80	14	Yes	NA	NA	No	No

AF= Apical fibrosis; NSIP= Non-specific interstitial pneumonia, LIP= Lymphocytic interstitial pneumonia; PsA= Psoriatic Arthritis, NA= Not available*radiotherapy sequelae; # tomography was done prior to PsA diagnosis; € previous tuberculosis infection; § chronic obstructive pulmonary disease

assessment was missing. Smoking status could be retrieved in 47 patients (never=40.4%, ex-smoker= 19.1%, current smoker=40.4%). There were 14 concomitant lung problem in 12 (15%) patients. CT findings showed that 68.8% of patients had at least one lung pathology. Parenchymal findings were seen in 65% of the patients as both non-specific changes (atelectasis, $n= 35$; nodules, $n=24$; ground glass opacity, $n= 9$; sequelae fibrosis, $n= 9$; emphysema, $n= 7$; consolidation, $n= 5$, interstitial thickening, $n= 5$; pulmonary cyst, $n= 4$) and specific pathologies as apical fibrosis (AF) ($n=5$) and interstitial lung disease (ILD) ($n=5$, NSIP=3, LIP=2). AF was linked to previous Tb infection in 1 patient and radiotherapy in another (Table 1). However, there is no specific pathology in the rest of 3 (3.7%) patients that AF could be attributed to and all of them were male. Other pathologies were seen as airway findings in 28.8% patients (bronchiectasis, $n= 17$, bronchial wall thickness, $n= 10$, air trapping $n= 7$, centrilobular opacity, $n= 4$,) and pleural findings in 13.8 % of the patients (pleural plaque, $n= 5$, effusion, $n= 3$, thickness, $n=3$). LAM was observed in around 4% of the patients.

Conclusion: The real-life experience of our PsA cohort showed that pulmonary findings included variable specific, non-specific findings. As a limitation results represent the CT findings of around 8% of our PsA cohort. Within the scope of previous reports male predominant AF and ILD come forward in PsA that requires further attention in future studies [1,2].

REFERENCES:

- [1] Peluso R, Iervolino S, Vitiello M, et al (2015) Extra-articular manifestations in psoriatic arthritis patients. *Clin Rheumatol* 34 (4):745-753.
- [2] Bargagli E, Bellisai F, Mazzei MA, et al (2020) Interstitial lung disease associated with psoriatic arthritis: a new disease entity? *Intern Emerg Med*.

Disclosure of Interests: None declared.

DOI: 10.1136/annrheumdis-2021-eular.2873

POS1077

CLINICAL AND RADIOLOGICAL FEATURES OF SEROPOSITIVE PSORIATIC ARTHRITIS

H. EL Moutaouakil¹, K. Nassar¹, S. Janani¹. ¹University Hospital of Ibn Rochd, Department of Rheumatology, casablanca, Morocco

Background: Rheumatoid factor (RF) and anti-cyclic citrullinated peptides (anti-CCP) are two highly specific laboratory markers for rheumatoid arthritis. However, they can also be found in other chronic inflammatory arthritis such as psoriatic arthritis (PsA).

Objectives: The aim of our study is to analyze the different epidemiological and paraclinical characteristics of seropositive psoriatic arthritis.

Methods: Descriptive and analytical retrospective study from January 2010 to December 2020 conducted in the Department of Rheumatology of the University Hospital of Ibn Rochd, Casablanca.

Inclusion criteria: patients diagnosed with psoriatic arthritis according to the CASPAR or ASAS 2009 criteria, regardless of the immunological status (RF/anti-CCP).

The patients were then divided into two groups: seropositive (positive anti-CCP and / or positive RF) and seronegative. A univariate analytical study was performed by jamovi version 1.2.27

Results: 80 patients were enrolled. 22 patients were seropositive (Group 1) and 58 were seronegative (Group 2). In the group 1, the mean age was 51.1 years (± 9.45). The sex ratio M/F was 0.29, the mean age of onset was 43.5 years (± 10.4), the mean duration of disease was 9.55 ± 8 years. All patients had skin involvement. Polyarticular involvement was present in all cases; axial involvement was present in 68.18% of cases and enthesitis in 68.18% of cases. All patients were HLA B 27 negative. The presence of X-ray and / or ultrasound bone