Conclusion: This study shows the high prevalence of echocardiographic alterations in PsA patients compared to the general population, of the same magnitude as patients with RA. We emphasize the value of an echocardiogram for a complete cardiovascular evaluation and early detection of cardiac abnormalities in these patients.

REFERENCES:

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POS1393 QUANTITATIVE AUTOFLUORESCENCE FINDINGS IN PATIENTS UNDERGOING HYDROXYCHLOROQUINE TREATMENT

S. Parrulli1, M. Cozzi1, M. Airaldi1, F. Romano1, F. Viola2, P. Sarzi-Puttini3, G. Stauvenhi1,1, A. Invernizzi2,3,1, Sacco Hospital, University of Milan, Eye Clinic, Department of Biomedical and Clinical Science “Luigi Sacco”, Milan, Italy; 2University of Milan, IRCCS-Ca Granda Fondazione Ospedale Maggiore ABW) and/or renal insufficiency7 but no alterations on Spectral Domain – Optic Coherence Tomography (RPE). Its accumulation within RPE cells can lead to sight threatening retinal toxicity, with bull’s eye maculopathy (BEM) representing its advanced phenotype. Quantitative Auto-Fluorescence (qAF) is an imaging modality that allows the measurement of retinal auto-fluorescence following short-wavelength light (488nm) excitation of retinal fluorophores (lipofuscin). Two recent studies have focused on qAF values in patients treated with HCQ 5,6. In both cases qAF field examination were recruited. Healthy subject matched by age and sex were widely used as primary or adjunctive treatment for several rheumatological and dermatological disorders1. HCQ modulates immune response through several mechanisms in PsA patients compared to the general population, of the same magnitude as patients with RA. We emphasize the value of an echocardiogram for a complete cardiovascular evaluation and early detection of cardiac abnormalities in these patients.

REFERENCES:

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POS1394 ACCURACY AND PERFORMANCE OF A HANDHELD ULTRASOUND DEVICE TO ASSESS ARTICULAR AND PERIARTICULAR PATHOLOGIES IN PATIENTS WITH INFLAMMATORY ARTHRITIS

S. Parrulli1, M. Cozzi1, M. Airaldi1, F. Romano1, F. Viola2, P. Sarzi-Puttini3, G. Stauvenhi1,1, A. Invernizzi2,3,1, Sacco Hospital, University of Milan, Eye Clinic, Department of Biomedical and Clinical Science “Luigi Sacco”, Milan, Italy; 2University of Milan, IRCCS-Ca Granda Fondazione Ospedale Maggiore ABW) and/or renal insufficiency7 but no alterations on Spectral Domain – Optic Coherence Tomography, Short-Wavelength Autofluorescence and 10-2 Visual Field examination were recruited. Healthy subject matched by age and sex were also enrolled in the study. All subjects underwent qAF measurements in one eye. Images were analyzed using the conventional qAF grid by Delori calculating the qAF of 8 sectors of the intermediate ring and the mean of those values (qAF1).

Methods: Consecutive patients at risk for the development of HCQ retinal toxicity (duration of treatment >5 years or daily HCQ dose >5mg/kg of actual body weight (ABW)) and/or renal insufficiency7 but no alterations on Spectral Domain – Optic Coherence Tomography, Short-Wavelength Autofluorescence and 10-2 Visual Field examination were recruited. Healthy subject matched by age and sex were also enrolled in the study. All subjects underwent qAF measurements in one eye. Images were analyzed using the conventional qAF grid by Delori calculating the qAF of 8 sectors of the intermediate ring and the mean of those values (qAF1).

Results: Thirty-nine patients treated with HCQ (38 females, mean age 52.1 ± 8.6 years) and 39 untreated subjects (38 females, mean age 51.2 ± 8.6 years). In both HCC Patients and untreated subjects, qAF was positively correlated with age (r = 0.004) (Figure 1). Although HCC patients showed a higher mean qAF compared to untreated subjects (294.7 ± 65.3 vs 268.9 ± 57.5), the difference was not significant (p = 0.068). HCC patients showed significantly higher mean qAF values in the inferior-temporal, inferior and inferior-nasal sectors of the intermediate ring of qAF grid compared to untreated subjects (all p < 0.05).

Conclusion: These results suggest a possible preclinical increase of qAF values in inferior paravertebral sectors probably induced by HCC exposure. Further studies are required to improve our understanding of preclinical stages of HCQ retinopathy and the possible role of qAF in the HCC toxicity screening.

REFERENCES:

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Figure 1. Visual representation of a model predicting the standardized qAF values as influenced by age and HCQ daily dose/ABW, calculated for a treatment duration of 15 years.

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