Methods: This is a cross-sectional, observational, and comparative study. A total of seventy-five PsA patients aged 40-75 years old, who fulfilled the 2006 CASPAR criteria and seventy-five matched controls by age (± 5 years), gender and comorbidities were recruited for this study. Patients with history of a previous CV event and pregnant women were excluded from this study. A high-resolution B mode carotid US was performed in all study subjects by a certified radiologist. Subclinical atherosclerosis was defined as the presence of a carotid plaque (CP) or an increased carotid intima media thickness (cIMT). The presence of CP was defined as a cIMT ≥ 1.2 mm or a focal narrowing ≥ 0.5 mm in the surrounding lumen. An increased cIMT was considered as a value ≥ 0.8 mm. Distribution was evaluated with the Kolmogorov-Smirnov test. Comparisons were done with χ^2 test for qualitative variables and Student's t test and Mann-Whitney's U test for quantitative variables. A p value < 0.05 was considered statistically significant.

Results: There were no differences when comparing the demographic characteristics between both groups (Table 1). When comparing the carotid US findings, a statistically significant difference was found in the prevalence of CP, which was higher in the PsA group (44.0% vs 26.7%, $p=0.026$), in the presence of unilateral CP (25.3% vs 10.7%, $p=0.019$) and in the presence of subclinical atherosclerosis (52.0% vs 34.7%, $p=0.032$) (Figure 1).

Conclusion: The prevalence of subclinical atherosclerosis was higher in PsA patients than controls, and this could be attributed to an increase in the inflammatory burden of these patients. The carotid US should be considered as part of the CV evaluation in all PsA patients, identifying those who would benefit from an opportune treatment preventing the development of a CV event.

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Table 1. Demographic and clinical characteristics of psoriatic arthritis patients and controls.

	PsA (n=75)	Controls (n=75)	p
Age years, mean $\pm$ DE	53.89 $\pm$ 10.59	54.25 $\pm$ 7.08	NS
Female gender, n (%)	43 (57.3)	43 (57.3)	NS
T2DM, n (%)	16 (21.3)	15 (20.0)	NS
HTN, n (%)	28 (37.3)	21 (28.0)	NS
Dyslipidemia, n (%)	33 (44.0)	28 (37.3)	NS
Obesity, n (%)	31 (41.3)	32 (42.7)	NS
Active smoking, n (%)	14 (18.7)	18 (24.0)	NS
BMI kg/m ² , median (p25-p75)	29.32 (26.23-32.03)	28.9 (25.4-33.5)	NS
Disease duration years, median (p25-p75)	5.0 (3.0-10.0)	-	-
DAPSA, median (p25-p75)	12.6 (5.3-22.9)	-	-
Glucocorticoids, n (%)	10 (13.3)	-	-
MTX, n (%)	51 (68.0)	-	-
bDMARD, n (%)	28 (37.3)	-	-

PsA, psoriatic arthritis; NS, not significant; T2DM, type 2 diabetes mellitus; HTN, hypertension; BMI, body mass index; DAPSA, disease activity for psoriatic arthritis; MTX, methotrexate; bDMARD, biological disease modifying antirheumatic drug.

Figure 1. Carotid ultrasound findings in psoriatic arthritis patients and controls.

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POS1403 RADIOSYNOVECTOMY IN A CLINICAL SETTING: AN UNDEREXPLOITED TOOL AT OUR DISPOSAL

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Background: Radiosynovectomy (RS) is a useful for treating inflammatory arthritis that fail conventional treatments. The main isotope used is Yttrium-90 on large joints as knees, whereas Erbium-169 and Rhenium-186 are more common in small and medium sized joints respectively.

RS is a safe procedure since the isotopes cannot escape the synovial capsule or be absorbed into circulation. It is, however, lethal against cells within the inflamed joint. The most common rheumatic disease treated with RS is rheumatoid arthritis (RA), followed by axial spondyloarthritis (SpA) and idiopathic juvenile arthritis (JIA). It has also been used on persistent synovitis after joint replacements, pigmented villonodular synovitis (PVNS) and undifferentiated arthritis.

Objectives: To describe the experience in RS of a tertiary rheumatology center and compare patients with and without clinical response to treatment in the following 12 months.

Methods: Observational retrospective study between May 31st 2013 and October 31st 2019. We collected demographic variables, data about the disease of the patient, the joints affected, isotope utilized, presence of Baker's cyst, systemic treatment received, need of additional infiltrations (before and after), complications and any changes in medication up to a year after the procedure. All the RS were performed ambulatory and the radioisotope infiltration was guided by ultrasound, with 40mg of triamcinolone infiltrated after.

SPSS v23 was used for statistical analysis; with Chi2 for qualitative variables and Student's T distribution for quantitative variables.

Results: We evaluated 67 joints in 49 patients in total. All of them were refractory to conventional treatment. 44 patients (65.7%) were women, median of 53.4 years of age (IQ 43.4-67.1).

The median disease duration was 12.5 years and RS seemed to fare better the longer the patient had the disease (median of 13.5 years vs 6.5 years $p<0.001$). The joints infiltrated where 46 (68.6%) knees, 14 (20.9%) wrists and 7 (15.2%) elbows. Out of the knees, 16 (34.8%) belonged to RA patients with effective response in 14 (87.5%). 100% of elbows had an effective response, of them 6 (85.7%) had RA. However, even when 9 (64.2%) wrists also had RA as diagnosis, only 3 (21.4%) were effective.

Of the PVNS, 6 out of 8 (75%) had no clinical response, as shown in Table 1.

Table 1. RS response compared to clinical diagnosis.

	TOTAL	EFFECTIVE	INEFFECTIVE	p
	67 (100%)	46 (68.6%)	21 (31.3%)	
Inflammatory Arthritides	52 (77.6)	39 (75%)	13 (25%)	<0.0001
(RA + PsA + SpA + sJIA), (%)				
RA (%)	30 (44.7)	22 (73.3)	8 (26.6)	<0.001
RA positive ACPA/RF	21 (70)	15 (71.4)	6 (28.6)	<0.0001
Psoriatic arthritis (PsA) (%)	6 (9)	4 (66.6)	2 (33.3)	0.42
SpA (%)	10 (14.9)	8 (80)	2 (20)	0.45
sJIA (%)	6 (9)	5 (83.3)	1 (16.6)	0.55
PVNS (%)	8 (11.9)	2 (25)	6 (75)	<0.001
Inespecific monoarthritis (%)	3 (4.4)	3 (100)	0 (0)	0.23
OA + Calcium Pyrophosphate Deposition (CPPD) (%)	4 (5.9)	2 (50)	2 (50)	0.33

Intra articular corticosteroids were needed before RS, with no differences in effective and ineffective joints; however after RS it was significantly lower in effective joints in the first six months (0% vs 43% $p<0.0001$) and remained so in the following 6 months (0% vs 19% $p<0.0001$). Only 13 (28%) patients with effective RS needed to change systemic treatment compared to 10 (43%) of those ineffective ($p<0.0001$). None of the patients with RS had any complication after the procedure during follow up.

Conclusion: Our study showed that knees were the main joint infiltrated and they had an overall good response to treatment, especially if the diagnosis was RA. Patients with effective procedures needed least treatment changes and significantly less corticosteroids infiltrations.

In our study, RS in PVNS was significantly less effective than in inflammatory arthritis (25% vs 75% $p<0.0001$) and RA seemed to have the best response overall.

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POS1404 ECHOCARDIOGRAPHIC FINDINGS IN SYSTEMIC LUPUS ERYTHEMATOSUS PATIENTS AND ITS RELATION TO ANTIBODIES TITERS

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