AB0737
CAPILLAROSCOPIC PATTERNS IN PATIENTS WITH SYSTEMIC SCLEROSIS- RHEUMATOID ARTHRITIS (SSC-RA) OVERLAP SYNDROME.

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Background: Nailfold capillaroscopy is useful for the diagnosis and follow-up of autoimmune rheumatic diseases. Impaired microcirculation is one of the leading factors in local and general pathogenesis of SSC. Nail-fold video-capillaroscopy (NFVC) stands as the most informative and at the same time simple method used for evaluation of capillary circulation.

Objectives: To identify characteristic and specific for SSC-RA capillaroscopic features.

Methods: Both hand II – V fingers of 32 pts with SSC-RA were subjected to widefield NFVC, evaluated using a binocular 20x magnification Olympus microscope and analyzed in view of specific skin lesions discriminating diffuse and limited SSC forms.

Results: SSC-specific dilatations of capillary loops were the most common for SSC-RA and were found in all pts SSC-RA. 1/3 pts had signs of active scleroderma pattern, such as capillary loss or “avascular areas” (37,5%), and hemorrhages (28%). The morphological capillary abnormalities such as varying degrees of capillary loops tortuosity/vascular inhomogeneity were present in 69% of examined nailfolds, branching bushy behavior of capillary loops predominated. Architectural disorientation/disarrangement of capillary loops was seen in 37,5% of them. Mega-capillaries and formation of subcutaneous plexus were presented infrequently in 16%. Ramified/bushy capillaries was seen in 37,5% of them. Mega-capillaries and formation of subcutaneous plexus were presented infrequently in 16%. Ramified/bushy capillaries were presented infrequently in 16%. Ramified/bushy capillaries was seen in 37,5% of them.

Conclusion: Thus, widefield NFVC revealed a “mixed” nature of capillaroscopic changes, combining features specific for SSC (capillary dilation, avascular areas, hemorrhages) and for RA (various changes in capillary loops).

Disclosure of Interests: None declared


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AMINAPHTONE TOLERABILITY AND SAFETY IN SCLERODERMA PATIENTS: A FOUR-YEAR FOLLOW-UP

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Background: Recent studies show that Aminaphtone is effective in the treatment of Raynaud’s phenomenon (RP) symptoms in patients with systemic sclerosis (SSc), and an increase in peripheral blood perfusion was demonstrated by Laser speckle contrast analysis in treated patients (1,2). Unfortunately, the drug is only available in a few countries.

Objectives: To evaluate long-term tolerability and safety of Aminaphtone in SSC patients with secondary RP.

Methods: Seventy SSC patients (EULAR/ACR criteria) (mean disease duration 8±7 years, mean age 61±10 years) who started Aminaphtone treatment due to active RP were enrolled and followed for at least 4 years. Patients were also taking various concomitant treatments, including immunomodulators, cyclic intravenous iloprost, endothelin receptor antagonists and aspirin. None was taking sildenafil or selexipag. Survival of Aminaphtone in therapy was assessed along with possible drug-related side effect. The Raynaud condition score (RCS) to assess disease severity and blood examinations were routinely performed.

Results: The mean follow-up of patients was 49±11 months. Aminaphtone was orally administered at 75mg twice daily, as standard initial posology in our clinical practice. During the follow-up, six patients (8,6%) referred headache as side effect and had to reduce Aminaphtone posology to 75mg once daily, while maintaining a possible role of silicone in SSc pathogenesis (ASIA syndrome). Specifically addressed large clinical studies or big-data studies need to rule out this matter.

REFERENCES:

Disclosure of Interests: Adriano Lercara: None declared, Alberto Sulli: None declared, Carmen Pizzoni: None declared, Emanuele Gottelli: None declared, Sabrina Paolino: None declared, ANDREA CERE: None declared, Maurizio Cutolo Grant/research support from: Bristol-Meyers Squibb, Celsgene, Pfizer, Boehringer-Ingelheim


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DO COSMETIC SILICONE IMPLANTS TRIGGER SYSTEMIC SCLEROSIS?

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Background: The pathogenesis of systemic sclerosis (SSc) is thought to result from interactions between epigenetic features and environmental factors, leading to the onset and progression of the disease in genetically susceptible patients (1). Case reports of women with silicone breast implants who developed SSc have been published, but case-control and prospective studies in connective tissue diseases often failed to find an increased risk of SSc associated with silicone cosmetic surgery (2,3). These studies have several limitations, including heterogenous cohorts of enrolled patients not selective for SSc, non-homogeneous disease duration at diagnosis at the time of silicone implant, and the possibility that the effect of silicone implants as immune adjuvants is highly suspected but remains unclear (4).

Objectives: Retrospective study of SSc patients, to find out who developed SSc after silicone cosmetic surgery.

Methods: The clinical files of 140 female patients with systemic sclerosis were retrospectively evaluated and clinical data collected.

Results: Five patients showing a history of silicone cosmetic surgery (3.6%) before SSc development were identified. The brief clinical histories of the five patients are below reported, showing very similar outcomes after silicone implant.

1. TC 47-year-old female underwent cosmetic breast prosthesis: twelve months later she experienced Raynaud’s phenomenon (RP) and diffuse cutaneous SSc after 10 further months; antinuclear antibodies were positive with a speckled and nuclear pattern, but specific SSc-related autoantibodies were negative. 2. LS 28-year-old female underwent cosmetic breast prosthesis: twenty-two months later RP appeared and antinuclear antibodies (ACA) positive aggressive diffuse SSC was diagnosed one year later. 3. PJ 38-year-old female underwent cosmetic breast prosthesis: eleven months later she experienced RP and after 10 further months, aggressive diffuse cutaneous SSC; antinuclear antibodies were positive with a speckled pattern, but specific SSc-related autoantibodies were negative. 4. CM 58-year-old female who underwent cosmetic lip silicone application: one year later she complained of simultaneous onset of RP and very aggressive diffuse cutaneous SSC with anti-topoisomerase positivity; she died during follow-up. 5. BS 33-year-old female who underwent cosmetic breast prosthesis: twenty months later she complained of RP and after ten further months, limited cutaneous SSC with ACA positivity; SSC clinical condition partially improved and its progression stopped after prosthesis removal. Globally, after silicone implant, RP occurred in a mean time of 15±5 months and SSC in 23±8 months.

Conclusion: This study reports a prevalence of 3.6% of silicone cosmetic surgery before SSC onset, interestingly with a close and similar temporal association between silicone implant and disease development. This finding suggests a possible role of silicone in SSc pathogenesis (ASIA syndrome). Specifically described large clinical studies or big-data studies need to rule out this matter.

Disclosure of Interests: Participating centers