After silicone cosmetic surgery.

Heterogeneous cohorts of enrolled patients not selective for SSc, non-homogeneous diseases often failed to find an increased risk of SSc associated with silicone.

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. These studies have several limitations, including heterogenous cohorts of enrolled patients not selective for SSc, non-homogeneous diseases, and stage at disease diagnosis.

A 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 clinical features of these 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 nucleolar pattern, but specific SSc-related autoantibodies were negative.

2. 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 antitopoisomerase positivity; she died during follow-up.

3. 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).

**REFERENCES:**


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**AB0738**

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


**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 (p<0.04) were significantly more frequent in patients with labs signs of inflammatory (p<0.03).

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

**Disclosure of Interests:** None declared.


**AB0739**

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 intra-venous 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 per day, while maintaining the general benefits of the drug. Sclerotic-like skin thickening was observed during the follow-up. Seven patients increased the posology to 75mg three times daily due to poor effectiveness, and further seven patients increased the posology to 75mg three times daily only during the colder months of the year. Conversely, thirty-five patients reduced the dosage to 75mg once daily only during the hottest months of the year, due to partial remission of the RP. During follow-up, blood tests did not reveal any significant alteration ascribable to Aminaphtone. A subjective improvement of Raynaud’s symptoms (assessed by the RCS) was already evident after 1-2 months of treatment in fifty-six patients (80%). Globally, the patients referred a sustained improvement followed by stabilization of Raynaud’s symptoms during the follow-up.