REFERENCES:


Disclosure of Interests: None declared

AB0745 SYMPTOMS OF GASTROINTESTINAL DYSORDERS IN SYSTEMIC SCLEROSIS PATIENTS WITH DIFFERENT DISEASE SUBTYPES AND ANTIBODIES

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Background: Gastrointestinal tract is the second most commonly affected organ system in approximately 90% of patients with systemic sclerosis (SSc) and has a negative impact on health-related quality of life (1,2).

Objectives: This study aims to analyze frequency and severity of gastrointestinal symptoms, their impact on social functioning and emotional wellbeing and compare results among patients with limited cutaneous (lcSSc) and diffuse cutaneous systemic sclerosis (dcSSc), as well as in patients with anti-centromere antibodies (ACA) and anti-topoisomerase I antibodies (ATA).

Methods: 62 patients with SSc were included in this study, 31 of them with lcSSc and 11 patients with dcSSc. ACA were detected in 26, and ATA in 16 patients. The UCLA-SCTC-GIT 2.0 self-assessment questionnaire (3,4) was used to assess presence and severity of gastrointestinal symptoms in our patients. It consists of seven scales: reflux, distension/bloating, diarrhea, fecal soiling, constipation, social functioning and emotional wellbeing.

Results: There was no difference in percentage of patients with lcSSc and dcSSc who used proton pump inhibitors (27.27%: 32.25%), as well as in patients with ACA and ATA (34.61%: 25%). Symptoms of gastrointestinal reflux (lcSSc: dcSSc = 64.5%: 81.8%), distension/bloating (lcSSc: dcSSc = 61.3%: 81.8%), constipation (lcSSc: dcSSc = 45.2%: 45.5%) and fecal soiling (lcSSc: dcSSc = 6.4%: 18.2%) were found equally frequent (p>0.05) in patients with lcSSc and dcSSc. However, symptoms of diarrhea were found significantly more frequent in patients with dcSSc (lcSSc: dcSSc = 16.1%: 45.5%, p=0.04). The mean index value for diarrhea was significantly higher in patients with dcSSc (dcSSc: lcSSc = 0.45: 0.11, p=0.02), indicating more severe symptoms in diffuse form of disease. We did not notice a significant difference in frequency or severity of gastrointestinal symptoms in patients with ACA and ATA (34.61%: 25%). Symptoms of gastroesophageal reflux (lcSSc: dcSSc = 6.4%: 18.2%), distension/bloating (lcSSc: dcSSc = 6.4%: 18.2%), constipation (lcSSc: dcSSc = 45.2%: 45.5%) and fecal soiling (lcSSc: dcSSc = 6.4%: 18.2%) were found equally frequent (p>0.05) in patients with lcSSc and dcSSc. However, symptoms of diarrhea were found significantly more frequent in patients with dcSSc (lcSSc: dcSSc = 16.1%: 45.5%, p=0.04). The mean index value for diarrhea was significantly higher in patients with dcSSc (dcSSc: lcSSc = 0.45: 0.11, p=0.02), indicating more severe symptoms in diffuse form of disease. We did not notice a significant difference in frequency or severity of gastrointestinal symptoms in patients with ACA and ATA (34.61%: 25%).

Conclusion: Unlike other gastrointestinal manifestations, diarrhea is significantly more common and more severe in patients with dcSSc. No significant difference in frequency and severity of gastrointestinal symptoms was found in patients with ACA and ATA. Impact of gastrointestinal tract symptoms on social functioning and emotional wellbeing was similar in both forms of disease and antibodies.

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AB0747 ORAL MICROBIOME IN RHEUMATIC DISEASES. WHAT INVOLVEMENT?

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Background: The concept of core-microbiome in health is useful for investigating the possible role of the oral microbiome in autoimmune disease, such as Rheumatoid Arthritis, Spondyloarthritis, Sjogren Syndrome or Systemic Sclerosis (SSc), whose pathogenesis has not been fully understood. Environmental factors and certain genetic backgrounds have been proposed. Among the various environmental factors, the microbiota stands out, the entire composition of microorganisms, mainly bacteria but also fungi and viruses, which populate the human body.

Objectives: The aim of the study was to verify whether there were quantitative differences between the microorganisms present in the oral cavity, in particular between the lactobacillus spp., of patients with SSc compared to those present in the oral cavity of healthy subjects taken as controls.

Methods: Twenty-nine SSc female patients (mean age 62.) classified according to the ACR/EULAR2010 criteria and twenty-three female healthy subjects (HS, mean age 57) were enrolled and underwent tongue and gum swab sampling. Quantitative PCR was conducted in triplicates using Lactobacillus specific primers rpoB1, rpoB1o and rpoB2 for RNA-polymerase β subunit gene.

Results: Our data showed Lactobacillus spp. rpoB sequences significantly lower in the tongue of SSc patients than in HS (p<0.001). The statistical analysis in HS highlighted a significant lower amount of rpoB on the gums than on the tongue.

Conclusion: Our preliminary data show that the number of Lactobacillus on the tongue in SSc patients is about half that of HS. These data make it more likely that Lactobacillus in SSc patients may play a protective role. Further investigations will also be needed in other autoimmune diseases.

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AB0746 MALIGNANCY IN DERMATOMYOSITIS

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Background: Link between dermatomyositis (DM) and malignancy is well established. Compared with general population, the incidence of cancer is estimated to be 5 to 7 times higher in patients with DM. However, criteria suggestive of associated malignancy still lack.

Objectives: The aim of our study was to describe clinical, biological, therapeutic features and outcomes of DM associated with malignancy.

Methods: We conducted a retrospective study of patients with DM diagnosed in an internal medicine department over a period time of 12 years. Cases of DM associated with malignancy were retained.

Results: Among 38 patients diagnosed with DM, malignancy was found in 10 (26.3%). Sex-ratio M/F was 0.3. The mean age at DM diagnosis was 42.2 years (range: 30-75 years) and the mean age at malignancy diagnosis was 43.19. In five cases the diagnosis of neoplasia was concomitant to the DM diagnosis. In the other 5 cases, the diagnosis of DM preceded the neoplasia with a mean delay of 26 months [9-82 months].

Conclusion: In our series, breast neoplasia was the most frequent cancer associated with DM. Despite oncological treatment, DM can remain progressive.

Disclosure of Interests: None declared