PAH may help to identify patients at a significant high risk of future development of PAH. Nailfold video-capillaroscopy (NVC) findings in patients with SSc, PAH is characterized by changes in the pulmonary vasculature and a hypercoagulation state in patients with SLE PAH. No differences were observed for anti-Sm, anti-Ro, anti-La, LAC, and anti-2GPI IgG/IgM. In SLE-PAH, we observed a significantly higher prevalence of scleroderma pattern at NVC than in SLE controls. Raynaud phenomenon was more prevalent in patients with SLE-PAH than in SLE controls. No differences were observed for disease duration, female sex, anti-Ro, anti-La, LAC, anti-2GPI IgG/IgM, anti-RNP, anti-La, anti-Ro, and anti-2GPI IgG/IgM.

**Background:** Systemic Lupus Erythematosus (SLE) is an autoimmune disease affecting different organs and causing significant morbidity and mortality. Pulmonary arterial hypertension (PAH) is a rare manifestation of SLE. The prevalence of PAH in patients with SLE varies between 0.5 to 5% [1]. No screening algorithm is available to identify patients with SLE with a high risk of developing PAH [3].

**Objectives:** The aim of our work was to analyze the clinical and demographic features and nailfold capillary changes of patients with SLE-related PAH compared to a group of SLE patients without PAH.

**Methods:** We identified and selected 20 patients with SLE and type I PAH and cataloged demographic, clinical, and laboratory features from 8 rheumatology centers across Europe. We could perform NVC on 9 patients. We selected as controls 68 patients with SLE who underwent cardiopulmonary screening to exclude PAH: we collected demographic, clinical, and laboratory features and performed NVC. The presence of SD pattern was assessed as previously described [4]. Patients satisfied the 2019 EULAR/ACR SLE classification criteria. We excluded patients with a diagnosis of mixed tissue disease and overlap syndrome.

**Results:** Demographic and clinical features of patients with SLE-PAH and SLE controls are shown in Table 1. All patients with SLE-PAH were female, age and disease duration were not different between the 2 groups. LAC and anti-RNP+ were more prevalent in patients with SLE-PAH than in SLE controls. Raynaud's phenomenon was more prevalent in patients with SLE-PAH than in SLE controls. In patients with SLE-PAH we observed a significantly higher prevalence of scleroderma pattern at NVC than in controls: patients with SLE-PAH showed a lower number of capillary density and a higher frequency of megacapillaries. In multivariate analysis, Raynaud phenomenon and anti-RNP are predictors of PAH in patients with SLE. McFadden's R-squared for the model is 0.30.

**Conclusion:** Our data show that LAC+, RNP+, Raynaud's, Skin and CNS involvement and a SD pattern at NVC is more prevalent in patients with SLE PAH than in patients with SLE without PAH. Our results point to a generalized microvascular involvement and a hypercoagulation state in patients with SLE-PAH. The variables we identified could be used to implement a screening algorithm to identify patients with SLE with a high risk of developing PAH.

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