patients with absence of GI involvement presented higher UCL scores when IS therapy was given, which may reflect the potential GI complaints as an adverse effect by therapy, rather than involvement by the SSC.

REFERENCES:

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AB0825
EFFICACY OF AUTOLOGOUS PLATELET RICH PLASMA ON MORPHEA: A COMPARATIVE CLINICAL AND ULTRASONOGRAPHIC FOLLOW UP STUDY

Keywords: Ultrasound, Skin, Systemic sclerosis
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Background: Morphea is a subtype of limited scleroderma characterized by atrophic changes. There are multiple treatment modalities for morphea, but all have limited success to restore atrophy.

Objectives: To evaluate the efficacy and safety of paltelet rich plasma (PRP) to restore skin changes in morphea such as (skin atrophy, dyspigmentation and adnexal destruction) by ultrasound and Localized Scleroderma Cutaneous Assessment Tool (LoSCAT).

Methods: Nine morphea patients (21 lesions) were diagnosed clinically and by histopathology. Intradermal PRP was injected into morphea lesion once weekly for 12 sessions. The disease severity and damage were evaluated at baseline, after the last session (3 months later) and at 6 months follow up using (LoSCAT).

Echogenicity and skin layer thickness were measured by musculoskeletal ultrasound with high frequency linear probe.

Results: The mean age of our patients was 21.8 ± 8.4 years (range: 11 to 36 years). The mean duration of morphea lesions was 5.96 ± 2.4 years (range: three months to 20 years). The LoSCAT score showed a significant improvement with a mean reduction from 13.7 ± 3 to 7.3 ± 6.8 after therapeutic endpoint (at 3 months) reaching to 6.44 ± 7.1 after 6 months follow up with p-value = 0.008 and 0.014 respectively. The activity index (LoSAI) also showed a significant lowering in the score at both timepoints with p-value <0.02 and 0.04 respectively. The significant difference in size between morphea lesions and healthy control areas by US (1.77± 1.13 vs 3.29 ± 1.72; p = 0.007) has been vanished after treatment (at 3 month; p= 0.17 and at 6 month; p=0.53). There was a significant positive correlation between the duration of the lesion and the improvement assessed by ultrasound with p-value = 0.01. As regard adverse effects all patients reported having pain during PRP injection, transient edema of face reported by 4 patients (45%) and only 2 patients showed transient erythema. fig 1.

Conclusion: Autologous PRP is a safe technique with great aesthetic outcomes as well as a potential tool to facilitate myositis research.

REFERENCES:

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AB0826
EXPLORING THE POTENTIAL GENDER DIFFERENCE IN MYOSITIS: DISEASE PHENOTYPE AND ANTIBODY PROFILE FROM A SINGLE-CENTER ITALIAN COHORT

Keywords: Autoantibodies, Myositis, Gender/diversity issues
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Background: Idiopathic inflammatory myopathies (IMM) include a heterogeneous group of rare autoimmune diseases with a large spectrum of muscular and systemic manifestations, mainly involving skin and lung [1,2]. Myositis specific antibodies (MSA) and myositis associated antibodies (MAA) have been described in IMM patients potentially correlating to disease outcome [3]. As well documented, autoimmune diseases present with a clear gender bias among women. To our knowledge, no studies has explored the potential gender difference in IMM patients.

Objectives: The aim of the study was to explore differences in disease features, clinical outcome, antibody profile, and treatments in IMM patients according to the gender.

Methods: In an observational study, we included patients with a defined IMM diagnosis who were referred to 3rd level Rheumatology Unit “Tor Vergata” University Hospital in Rome (Italy) for the past 5 y/o (Dec 2022). Inclusion criteria were i. a defined diagnosis of dermatomyositis (DM), polymyositis (PM), and anti-synthetase syndrome (ASS), in accordance with the 2017 EULAR/ACR criteria, ii. age ≥ 18 y/o, iii. availability of medical records and consent to study. Data comprised: disease duration and diagnostic delay, clinical phenotype, treatments, and autoantibodies including anti-nuclear antibodies (ANA), MSAs (anti -MDA5, -NXP2, -SAE, Mi2, -TIF1, -anti-RNA synthetase, -Jo1, -PL7, -EJ), and MAAs (anti-PM/Scl, -Ro/a-Sm, -Ku, U1-RNP).

Results: The study cohort comprised 31 patients who met the inclusion criteria, with a similar gender distribution [n= 17 (54.8%) females and n=14 (45.2%) males]. The median age at symptoms onset was similar in both groups (59±13.3 vs 56.6±12.6 y/o) and males experienced slightly longer diagnostic delay (10.7±4.4 vs 8.7±4.6 months) and disease duration (30±29 vs 21±20 months) than females (P <0.05 for both). However, both DM (F 6.5% vs M 5%) and ASS (F 6.5% vs M 28.6%) were predominantly prevalent in males. Skin involvement occurred similarly in both groups while lung disease occurred about twofold in males (57.1%) than females (29.4%). Most patients in the cohort showed ANA titre ≥ 1:160, with a comparable rate in females and males (64.7% vs 64.3%), and a positivity for at least one MSA and MAA. A double positivity of MSA occurred in 6.5% of the cohort, all females (MDAS/antinXLP2 and MDA5/EA). The whole cohort had undergone steroids as 1st line therapy; as steroid-sparing agents, the main difference on treatments occurred for the mycophenolate mofetil which resulted significantly more administrated in males (57.14%) than females (6%, P = 0.002). Furthermore, among patients with lung involvement (n=13), the need to treat the progression of interstitial lung disease, by using the antibiotic agent (nintetanib), resulted only in males (15%).

Conclusion: Our preliminary findings suggest that IMM can present a gender difference in disease outcome by showing a longer diagnostic delay and a higher respiratory involvement in male patients. These data might highlight a possible gender-oriented approach in accordance with a different disease profile and treatment strategies but require further investigations in a larger cohort.

REFERENCES:

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AB0827
CLINICAL SIGNIFICANCE OF SERUM FERRITIN IN PATIENTS WITH SYSTEMIC SCLEROSIS

Keywords: Systemic sclerosis
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Figure Ultrasound (greyscale; transverse view) (a) before treatment shows morphea lesion in between two healthy areas. The lesion shows dermal and subcutaneous atrophy at end stages with Loss of the border between dermis and subcutaneous tissue. (b) after treatment shows marked increase in dermal and subcutaneous thickness (c) remained improvement after 6 months of the end of treatment (dik e: photos for the same patient before treatment & at six-month follow up).

REFERENCES: NIL.
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