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ABSTRACTS

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PANLAR 2024

Basic sciences

PANLAR2024-1418

A Distinctive Profile Of Short-Chain Fatty Acids And Metabolic Pathways Discriminate Spondyloarthritis Patients With Or Without Gastrointestinal Symptoms, While Gut Microbiome Diversity And Richness Remain Unchanged

Consuelo Romero-Sanchez[*1,2,3], Alejandro Ramos-Casallas [3], Lorena Chila-Moreno[2,3], Alberto Valdes[4], Viviana Parra-Izquierdo[3,5], Carlos Nieto-Clavijo[6], Deisy Abril[7], Jacqueline Chaparro-Olaya [6], Liliana Morales[6], Sandra Johana Morantes[8], Leidy Jhoana Madroñero[9], Felix-Giovanni Delgado [9], Wilson Bautista-Molano [2,3], Juan Manuel Bello-Gualtero [1,2,10], Juliette De Avila[3]
[1]School of Medicine, Rheumatology program, [2]School of Medicine, Clinical Immunology Group, Universidad Militar Nueva Granada, [3]Cellular and Molecular Immunology Group (InmuBo), Universidad El Bosque, Bogotá, Colombia, [4]CIAL (CSIC-UAM), , Instituto de Investigación en Ciencias de la Alimentación, Madrid, Spain, [5]SAS, Gastroadvanced IPS, [6] Universidad El Bosque, Laboratorio de Parasitología Molecular, Vicerrectoría de Investigaciones, [7]Universidad EL Bosque, Bacterial Molecular Genetics Laboratory, [8] Universidad El Bosque, Programa de Química Farmacéutica Grupo de Investigación de Química Aplicada-INQA, [9] Universidad El Bosque, Instituto de Virología, Vicerectoria de Investigaciones, Universidad El Bosque, [10]Rheumatology and Immunology Department,, Hospital Militar, Bogotá, Colombia

Has this paper been previously presented at another conference?: No

Background/Objectives: Spondyloarthritis (SpA) is associated with dysbiotic processes contributing to alteration of short-chain fatty acid (SCFA) synthesis. The aim was to compare SCFA levels and fecal microbiome composition in SpA patients with and without gastrointestinal symptoms versus controls related with diseases activity.

Methods: 24 adults were included,12 with SpA without Inflammatory Bowel Disease-IBD, 6 with IBD (dysbiosis) and 6 healthy (eubiosis) control(HC). Patients were evaluated for the presence of gastrointestinal symptoms(GS),disease activity.Quantification of SCFAs in feces was performed by ultra-high pressure liquid chromatography coupled to mass spectrometry.DNA was extracted, genomic libraries targeting the 16S rRNA gene were prepared and amplicon sequencing (MiSeq) was carried out for microbiome analysis and in silico inference of metabolic pathways.

Results: Finding significant differences in fecal butyric acid levels between the study groups (p=0.027). Decreased levels of butyric acid and Total-SCFA were observed in SpA with GS and IBD compared to HC. For this metabolite the HC and the SpA without GS showed significant differences compared to the IBD p=0.015 and 0.009 respectively. No differences were evident between fecal SCFA levels between the SpA with GS and IBD group. SpA with GS shows reduced levels of all SCFAs with greater disease activity (p=0.002) and BASDAI (CC:-0.776, p=0.040). Metabolic predictions showed significant differences in vitamin biosynthesis pathways between all groups analyzed. A significant reduction of pathways related to fatty acid biosynthesis was observed in IBD, compared to SpA with GS. Alpha and beta diversity did not show differences between any of the groups. Taxonomic analysis showed an increase in the phylum Tenericutes and the species *Coprococcus eutactus* in SpA patients with GS. Protective species such as *Alistipes finegoldii* and *Lactobacillus ruminis* showed a significant reduction in IBD compared to SpA patients with GS.

Conclusion: Subclinical intestinal involvement in patients with SpA was related to a reduction in SCFA. A differential profile observed in SCFA and some metabolic pathways discriminates SpA patients with or without GS but the diversity

and richness of the fecal microbiome has not yet changed; however, there were changes in the abundance of some taxa have been associated with immune response. The potential role of vitamins and SCFA in regulating the intestinal health immune response is well known as such disease activity.

Reference 1: Jutley GS, Young SP. Metabolomics to identify biomarkers and as a predictive tool in inflammatory diseases. Best Pract Res Clin Rheumatol [Internet]. 2015;29(6):770–82. Available from: http://dx.doi.org/10.1016/j.berh.2016.02.010

Reference 2: Zhou C, Zhao H, Xiao X yue, Chen B di, Guo R jin, Wang Q, et al. Metagenomic profiling of the pro-inflammatory gut microbiota in ankylosing spondylitis. J Autoimmun. 2020;107(November).

Disclosure of Interest: None Declared

Keywords: None

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PANLAR 2024

Basic sciences

PANLAR2024-1461

Co-Localization Of Sigas-Cd71 Complexes With Rab5 And Confirm The Reverse Transcytosis Of Siga In Spa Patients

Juliette De Avila[*1], Alejandro Ramos-Casallas [2], Myriam Velandia-Romero[3], Sandra Janneth Perdomo[1], Jaime Castellanos[4], Cristian Florez-Sarmiento[1, 5], Viviana Parra-Izquierdo[2, 6], Lorena Chila-Moreno[2, 7], Wilson Bautista-Molano [2, 7], Adriana Beltrán- Ostos [1], Diego Jaimes [8], Juan Manuel Bello-Gualtero [7, 9, 10], Cesar Pacheco-Tena[11], Philipe Chalem-Choueka [12], Consuelo Romero-Sanchez[2, 7, 9]
[1]Grupo de inmunología celular y molecular -InmuBo-, Universidad El Bosque, Bogota, [2]Cellular and Molecular Immunology Group (InmuBo), [3]Grupo de Virología, Universidad El Bosque, Bogotá, [4]Grupo de Virología, Universidad El Bosque, [5]SAS, Gastroadvanced IPS, Bogota, [6]SAS, Gastroadvanced IPS, [7]School of Medicine, Clinical Immunology Group, Universidad Militar Nueva Granada, [8]Reumatología, Clinicos IPS, [9]School of Medicine, Rheumatology program, Universidad Militar Nueva Granada, [10]Rheumatology and Immunology Department,, Hospital Militar, Bogotá, Colombia, [11]Reumatolgía, Biomedicina de Chihuahua, Chihuahua, Mexico, [12]Reumatología, Fundacion Instituto de Reumatología Fernando Chalem, Bogota, Colombia

Has this paper been previously presented at another conference?: No

Background/Objectives: Hihg levels of serum SIgA (SIgAs) in SpA patients without inflammatory bowel disease (IBD) have been associated with the clinical activity of these diseases. Previous findings have revealed the presence of SIgA reverse transcytosis (retrotranscytosis) receptors (CD71 and Dec-1), suggesting this mechanism as responsible to transfer this antibody from the gut to the systemic circulation. However, the interaction of these receptors with SIgA and its intracellular trafficking has not been demonstrated in SpA. The aim of this study was to evaluate the interaction of SIgAs with CD71 and Dec-1, and their internalization through the epithelial barrier in SpA patients without IBD

Methods: In total, 180 patients with SpA (ASAS/criteria) were assessed by rheumatologists, of which (n=65, 36.1%) met the selection criteria and from them (n=41, 63.1%) by a gastroenterologist to perform digital chromoendoscopy with magnification. CD71 and Dec1 expression and intracellular trafficking biomarkers (Rab5 and Rab7) was measured by IFI. The protein-protein interactions analysis were evaluated using PLA (proximity ligation assay). The HLA-B27, serum SIgA and clinical indices BASDAI, BASFI, ASDAS-CRP, ASDAS-ESR were evaluated. A bivariate analysis was performed using the Chi-square test

Results: The average age of the included patients was 44.6±10.2 years, 56.1% were men, 39.0% were HLA-B*27:05 positive and 90.2% had axial involvement, and presented CRP 1.7±2.4 and ESR 14.1±12.0 mm/h. 58.5% and 75.6% presented BASDAI>4 and ASDAS-PCR>2.1 respectively. The SIgAs level was 62.3±24.1 gr/mL. Apical expression of CD71 and Dec1 in the ileum was observed in 48.8% and 36.0% respectively. High levels of SIgAs were associated with the expression of CD71 in ileum (p=0.05) but not with Dec1. PLA assays demonstrated the interaction of SIgA with CD71, but not with Dec-1. SIgA-CD71 complexes co-localized exclusively in the presence of Rab5, regardless of HLA-B27 expression

Conclusion: The results confirm the association of SIgAs with disease activity indices. The co-localization of SIgAs-CD71 complexes with Rab5 demonstrates their internalization through the intestinal barrier in the ileum, and confirms the reverse transcytosis of SIgA in SpA patients without IBD, this condition does not seem to be affected by HLA-B27 expression

Disclosure of Interest: None Declared

Keywords: gut - joint axis, SIgA reverse transcytosis, Spondyloarthritis

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PANLAR 2024

Basic sciences

PANLAR2024-1264

Exploring Intestinal Parasitosis In Spondyloarthritis Patients And Its Impact On The Gut Microbiome.

Carlos Nieto-Clavijo[1], Liliana Morales[1], Ricaurte Alejandro Marquez[2], Consuelo Romero-Sanchez[* 3, 4, 5], Alejandro Ramos-Casallas [5], Wilson Bautista-Molano [4, 5], Juan Manuel Bello-Gualtero [3, 4, 6], Javier Escobar-Pérez[2], Jacqueline Chaparro-Olaya [1]

[1]Laboratorio de Parasitología Molecular, Vicerrectoría de Investigaciones, [2]Bacterial Molecular Genetics Laboratory, Universidad EL Bosque, [3]School of Medicine, Rheumatology program, [4]School of Medicine, Clinical Immunology Group, Universidad Militar Nueva Granada, [5]Cellular and Molecular Immunology Group (InmuBo), Universidad El Bosque, [6]Rheumatology and Immunology Department,, Hospital Militar, Bogotá, Colombia

Has this paper been previously presented at another conference?: No

Background/Objectives: There is growing evidence regarding the relationship between the gut microbiome and Spondyloarthritis (SpA). Simultaneously, a connection exists between intestinal parasites and variations in the gut microbiome. The aim of this study was to evaluate the potential effects of enteroparasitic infections on the intestinal microbiome of SpA patients.

Methods: Study participation was obtained from 15 control individuals and 40 SpA patients fulfilling the ASAS criteria. The functional index and disease activity for each patient were assessed. Stool samples were collected and processed for intestinal parasites detection (by microscopy and specific PCR assays). For microbiome analysis, genomic libraries targeting the 16S rRNA gene were prepared and amplicon sequencing was performed (Illumina MiSeq). The resulting data using the QIIME2 pipeline. *in silico* inference of metabolic pathways analysis was conducted to determine the predicted metabolic functions of the microbial communities.

Results: Significantly, higher values of richness and bacterial diversity were found in the control group compared to the SpA patient group. SpA patients with high and low BASDAI scores behaved as significant different groups. All participants were infected with at least one intestinal parasite. There were no significant differences in the frequency of any parasite between SpA patients and control individuals. Based on the prevalence found, the only parasite eligible for microbiome association analysis was *Blastocystis*. We showed that *Blastocystis* colonization in control individuals increases gut microbiome richness and diversity, while in SpA patients, it seems to have no impact. Finally, the taxonomic characterization and PICRUST-metabolomics analysis in *Blastocystis*-positive SpA patients showed elevations in pathways that may enhance antioxidant capacities and alleviate intestinal inflammation, while *Blastocystis*-negative SpA patients showed significant changes in pathways that promote cell division/proliferation and can lead to larger changes in the gut microbiome.

Conclusion: These results may reflect a progression of dysbiosis in SpA-patients, with a decrease in diversity followed by a subsequent decrease in richness as disease activity and functional limitation increase. Our findings also indicate a potential role of *Blastocystis* in shaping the gut microbiome of healthy individuals, while in subjects with SpA, the microbiome may be influenced by disease-dependent factors that *Blastocystis* cannot overcome.

Reference 1: Chaparro-Olaya J, Morales L, León Falla MD, et al. Decreased fecal calprotectin levels in Spondyloarthritis patients colonized by Blastocystis spp. Sci Rep. 2022 Sep 23;12(1):15840.

Disclosure of Interest: None Declared

Keywords: parasites, microbiome, spondyloarthritis

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Basic sciences

PANLAR2024-1133

Surgical Procedures In Patients With Inflammatory Rheumatic Diseases. Big Data – Analysis From The Implementation Of Outpatient Coding Medical Records .

Jose Ramon Lamua Riazuelo[*1], Angela Herranz[1], Vicente Aldasoro Caceres[2], Maria Laino Pineiro[2], Domingo Lopez Ovejero[3]
[1]Rheumatology, Hospital Universitario del Henares, Madrid, [2]Rheumatology, Hospital Universitario de Navarra, Pamplona, [3]Managment control, Hospital Universitario del Henares, Madrid, Spain

Has this paper been previously presented at another conference?: No

Background/Objectives: To estimate and analyse the frequency and type of surgical procedures required by patients with inflammatory rheumatic diseases.

Methods: Retrospective descriptive observational study of surgical needs in patients with inflammatory rheumatic diseases. We studied both the reasons for admission and the type of surgery required between January 2021 and August 2023 at the Hospital Universitario del Henares. For data analysis and quick access, the medical records coding system ICD-10 (v2022) was used, selecting 37 codes linked to inflammatory rheumatic diseases.

Results: Between January 2021 and August 2023, 306 hospital admissions were recorded in patients with inflammatory rheumatic diseases.

74 patients required either scheduled or urgent surgery (24.2% of all admissions)

52 of the admissions (17%) were for scheduled surgery with trauma and general and digestive surgery (both 42.3%) being the most frequently performed. Less frequent were scheduled urological (7.7%), gynecological (5.8%) and ENT (1.7%) surgeries. Image 1

Within scheduled trauma surgery, the most frequent procedure was total knee replacement (54.5%) compared to total hip replacement (18.2%), with hand, ankle, shoulder and lumbar spine surgeries being less frequent.

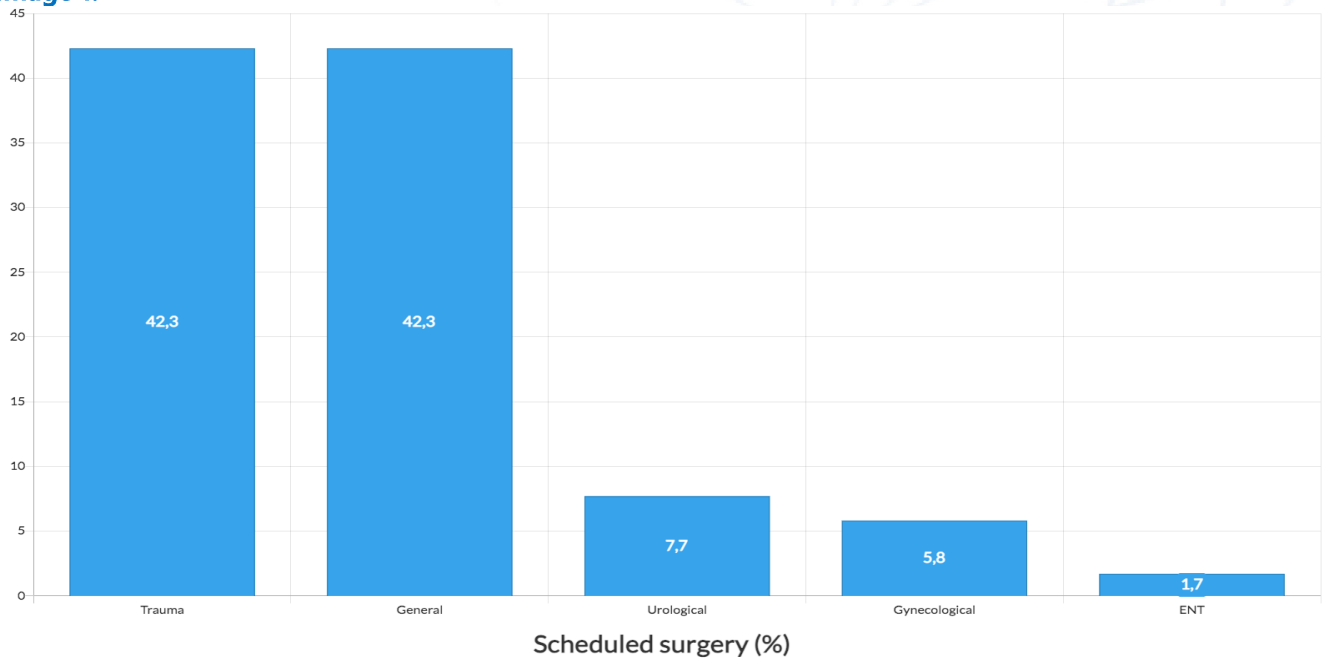
As for scheduled general surgery, the most frequent procedures performed were hernia surgery (36.4%) and cholecystectomy (31.8%).Thyroid, parathyroid, haemorrhoid, and pancreas were less practiced.

Prostate TUR was the only urological surgery done.

The programmed surgery of endometrial neoplasms was the most frequently performed gynaecological procedure.

50% of emergency surgery were trauma surgeries due to fractures , with hip fractures (37.5%), radius (25%), ankle (25%) and vertebral (25%) being the most frequent. 40.9% of emergency surgery was digestive, with anal fissure (44.4%) and intestinal obstruction (22.2%) being more frequent than appendicitis (11.1%), intestinal perforation (11.1%) and post-surgical complications (11.1%)

Image 1:



Conclusion: A high rate of patients with inflammatory rheumatic diseases are admitted to hospital with the need to receive both scheduled or urgent surgical procedures.

The most frequent urgent surgery is associated with fractures.

The scheduled surgery is equally distributed in digestive and traumatological procedures.

Disclosure of Interest: None Declared

Keywords: Big data, Fractures, Surgery

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Basic sciences

PANLAR2024-1349

Iarge-Rd: Ibero American Research Consortium On The Genetics Of Rheumatic Diseases

Patricia Castro-Santos[1, 2], Josefina Durán[3], Ricardo A Verdugo[4, 5], Miguel A. Gutiérrez[6, 7], Juan C. Aguillón[8], Luis A. Quiñones[9, 10], Ricardo Xavier[11], Augusto Rojas-Martinez[12], Mario Alberto Garza Elizondo[13], Alfredo Sanabria-Castro[14, 15], José Miguel Chaverri-Fernández Chaverri-Fernández[15], Sonia Raquel Cabrera Villalba[16], Raquel Dos Santos Sobrín[17], Antonio Mera[17, 18], Ángel Carracedo[2, 19, 20], Roberto Díaz-Peña[* 1, 2]
[1]Faculty of Health Sciences, Universidad Autonoma de Chile, Talca, Chile, [2]Grupo de Medicina Xenómica-USC, Fundación Pública Galega de Medicina Xenómica, Health Research Institute of Santiago de Compostela (IDIS), Santiago de Compostela, Spain, [3]Department of Rheumatology, School of Medicine, Pontificia Universidad Católica de Chile, Santiago de Chile, [4]Instituto de Investigación Interdisciplinaria y Escuela de Medicina, Universidad de Talca, Talca, [5]Departamento de Oncología Básico Clínica, Facultad de Medicina, Universidad de Chile, Santiago de Chile, [6]Reumatología, Hospital Naval Almirante Nef, Viña del Mar, [7]Escuela de Medicina, Universidad de Valparaíso, Valparaiso, [8]Programa de Inmunología, ICBM, Facultad de Medicina, [9]Laboratory of Chemical Carcinogenesis and Pharmacogenetics (CQF), Department of Basic-Clinical Oncology (DOBC), Faculty of Medicine, , Universidad de Chile, [10]Latin American Network for Implementation and Validation of Clinical Pharmacogenomics Guidelines (RELIVAF-CYTED), Santiago de Chile, Chile, [11]Serviço de Reumatologia, Hospital de Clínicas de Porto Alegre, Universidade Federal do Rio Grande do Sul, Porto Alegre, Brazil, [12]The Institute for Obesity Research and School of Medicine and Health Sciences, Tecnologico de Monterrey,, [13]Rheumatology Department, Universidad Autonoma de Nuevo Leon, Monterrey, Mexico, [14]Unidad de Investigación , Hospital San Juan de Dios Caja Costarricense de Seguro Social, [15]Departamento Farmacología Toxicología y Farmacodependencia, Universidad de Costa Rica, San Juan, Costa Rica, [16]Departamento de Reumatología, Hospital de Clínicas, Facultad de Ciencias Médicas- UNA, San Lorenzo, Paraguay, [17]Reumatología, Hospital Clínico Universitario, [18]Facultad de Medicina, Universidad de Santiago de Compostela, Santiago de Compostela, [19]Centre for Biomedical Network Research on Rare Diseases (CIBERER), Instituto de Salud Carlos III, Madrid, [20]Grupo de Medicina Xenómica-CIMUS, Universidad de Santiago de Compostela, Santiago de Compostela, Spain

Has this paper been previously presented at another conference?: No

Background/Objectives: As progress in genetic research accelerates, our comprehension of intricate diseases and their underlying mechanisms expands significantly. Genome-wide association studies (GWASs) are playing a crucial role in elucidating the genetic basis of common diseases, including rheumatic diseases, and it allow us to develop polygenic risk scores (PRSs), a relevant tool for improving the diagnosis and management of complex diseases. However, around 90% of the cases of rheumatic diseases currently included in the analysis are of European ancestry. This lack of diversity restricts generality of findings, limits the biological knowledge that can be gained, and can contribute to standing inequalities in the access to precision medicine, therefore exacerbating health disparities. IARGE-RD is a new network of investigators from across Latin America and Spain who have begun to collect DNA and clinical data from rheumatoid arthritis and spondyloarthropathies patients, and control populations of Latin American ancestry. In this project, we will perform trans-ancestry genomic analyses to accelerate the identification of rheumatic diseases risk loci, fine-map putative causal variants, and to improve the performance of polygenic risk scores in diverse populations. We are showing here the design, organization, and progress of this ambitious project. We fervently invite the Latin American research community to participate in our initiative to generate accurate PRS models for this genetically diverse, understudied, population.

Methods: N/A

Results: N/A

Conclusion: N/A

Disclosure of Interest: None Declared

Keywords: Biomarker, GWAS, PRS

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PANLAR 2024

Basic sciences

PANLAR2024-1345

Effectiveness Of Education In Pain Neurosciences For Physiotherapy Undergraduates.

José Djalma Arrais Junior Arrais[*1], Daniella Dias de Oliveira Dias de Oliveira[1], Cid André Fidélis de Paula Gomes[1]
[1]Ciências da Reabilitação, Universidade Nove de Julho, São Paulo, Brazil

Has this paper been previously presented at another conference?: No

Background/Objectives: **Introduction:** Previously, interventions in chronic musculoskeletal pain were associated only with an actual injury, but over the years, there have been discussions about the biopsychosocial model in the health area, with a new understanding of the health/disease process, through a broad vision that unites biological, psychological and social factors in approaches to health care, which is why the evolution of health professionals to new concepts of pain has become fundamental in the face of new evidence on the subject, as it allows professionals to develop different approaches to assessments, therapeutic approaches and increasing their efficiency. Needing to adapt new professionals, universities have an essential role in implementing pain concepts through active pedagogical methodologies, including the neuroscience of pain and its multiple aspects, as the contact associated with the practice of therapeutic strategies within the biopsychosocial model for chronic pain during training is an option for long term change in this situation.**Objective:** Compare the effectiveness of two educational models on the neuroscience of pain among undergraduates in a physiotherapy course

Methods: **Methods:** An experimental, prospective longitudinal study carried out with simple randomization of participants into a class group and a text group, with the primary outcome of evaluating knowledge about the neurophysiology of pain, with its quantitative variables described by mean and standard deviation, qualitative by absolute number and frequency (%) and using the T-test with a significance level of 5% for stratified univariate analyses. The programs lasted five weeks, with the class group undergoing the lecture program and the text group receiving informative materials for a guided study program, with participants being monitored for 30 days after exposure to the programs and their knowledge of neurophysiology assessed by the Neurophysiological Pain Questionnaire

Results:

Results: Comparing the groups in the pre and post-intervention periods, the classes group had an average of 4.5 ± 1,94, the text group had an average of 3.34 ± 1,46 with a significant difference in favor of the classes group ($p<0.001$), and no statistically significant differences between the times before and after 30 days of intervention ($p=0.082$)

Conclusion: **Conclusions:** The two education models on pain neuroscience improve pain neuroscience knowledge in physiotherapy course graduates, using the expository class program more than guided study

Disclosure of Interest: None Declared

Keywords: Biopsychosocial, Dor cronica, Fisioterapia

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Basic sciences

PANLAR2024-1258

Physicochemical Properties Of Plasma-Derived Extracellular Vesicles From Systemic Lupus Erythematosus Patients

Paula Losada[1], Daniel Rodriguez[2], Juan Camilo Diaz[2], Ricardo Pineda[2], Mauricio Rojas[1], Gloria Vasquez[*1]
[1]GICIG, Universidad de Antioquia , [2]Artmedica , Medellín, Colombia

Has this paper been previously presented at another conference?: No

Background/Objectives: Extracellular Vesicles (EVs) are particles, naturally released from the cell that are delimited by a lipid bilayer and cannot replicate. They have been enrolled in many physiological processes. This characteristic has doubtlessly nurtured EV's growing interest as potential pathogenic players in the context of Systemic Lupus Erythematosus (SLE). While protein surface markers or cargo have been used for EVs evaluation in SLE, there is little information about their physical and biochemical composition. This characteristic could influence the EV-cellular interaction. This study described the differences observed in physicochemical properties such as morphology, elemental atomic composition, surface charge, number, and size distribution of circulating EVs obtained from the plasma of patients with SLE with or without nephritis and controls.

Methods: Adult female patients (SLE-EVs, n=38) who met the “American College of Rheumatology/European Alliance of Associations for Rheumatology 2019” criteria for SLE diagnosis were included. The controls (Ctrl-EVs, n=18) were healthy female volunteers matched by gender and similar age. EVs were obtained from the participants' plasma using a differential centrifugation protocol. The structure, size, and elemental atomic composition of EVs was observed by Electron Microscopy (EM). The surface charge and size distribution were evaluated using “Dynamic Light Scattering” (DLS). The VE count of patients (LES-VE) and controls (Ctrl-VE) was obtained by nano-flow cytometry. The results obtained in each technique were compared between patients and controls using non-parametric statistical tests.

Results: EM showed that circulating EVs in the plasma of patients and controls are heterogeneous in morphology and size. The SLE-EVs reached larger sizes than the Ctrl-VE. There is an increase in the relative percentage of small SLE-EVs and large SLE-EVs compared to Ctrl-EVs. The elemental atomic distribution of the SLE-EVs showed increases in the percentage of carbon and a decrease in oxygen compared to the controls. SLE-VEs are less electronegative than Ctrl-EVs.

Conclusion: This study provides details on the physicochemical characteristics of EVs in SLE. Here, analytical strategies are proposed for the study of extracellular vesicles, such as the measurement of chemical composition and ζ potential, opening the possibility of their future study and utility as a biomarker in SLE.

Disclosure of Interest: None Declared

Keywords: Extracellular Vesicles, Lupus

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Crystal arthropathy

PANLAR2024-1511

Gout An Old Disease With A Wide Genetic Spectrum Of Expression: A Kelley Seegmiller Syndrome Case Report.

Martha Patricia Rodriguez Sanchez[1], Paula Violeta Rodriguez[1], Jaime Escobar[*1], Jorge Rojas[1], Carolina Forero[1]
[1]Bogota, Universidad Javeriana, Bogota, Colombia

Has this paper been previously presented at another conference?: Yes

Background/Objectives: Gout physiopathology is related with hyperuricemia, and the relation between hyperuricemia and gout is in less than 5% of cases. The role of genetics on this association, gout has become more relevant since nearly 400 genes has been associated to this disease. Rare and severe monogenic disorders has been associated with hepatic hyperproduction of uric acid and polygenic disease related to altered AU renal or intestinal elimination.

Methods: We describe a case report of a patient with kelley seegmiller syndrome

Results: A 29-year-old man present with gout at 12 years old. The physical exam present deforming joint tophi, chronic kidney disease, and chronic kidney stones. He is non-responsive to allopurinol and has a low response to febuxostat. His gout has over 8 tophi resections with multiple infectious complications. On the genetic study he has the presence of a hemizygous missense variant classified as pathogenic in the HPRT1 gene which confirms the diagnosis of Kelley-Seegmiller syndrome in the patient. This variant also known as p.D20V was first detected in a Japanese family with three cases of affected siblings but has also been described in a European patient. He has been progressively been decreasing his kidney function to stage 4.

Conclusion: This case of early-onset gout highlights relevance of genetics in the approach of gout. The enzymatic disorders related with hyperproduction of uric acid are rare, representing less than de 5% of gout wide spectrum. Probably the best known are the enzymatic deficiency of HPRT1.

Aspects related with early-onset of gout (juvenile or in childhood); family history , severity of arthritis (deformity and refractoriness to treatment), recurrent urolithiasis and progressive renal impairment, are red alerts to make genetic studies. Mayor therapeutic efforts in this monogenic gout disease require early combinations of Xanthine oxidase inhibitors and Uricosurics, highly restricted diets of purine-rich foods and beverages, elimination of sweetened beverages, high water intake and the association of alkaline citrates. And in some cases (with advanced disease) dual transplant (hepatic-renal) with scarce evidence.

Reference 1: **Yamada Y, Nomura N, Yamada K, Kimura R, Fukushi D, Wakamatsu N, Matsuda Y, Yamauchi T, Ueda T, Hasegawa H, Nakamura M, Ichida K, Kaneko K, Fujimori S. Hypoxanthine guanine phosphoribosyltransferase (HPRT) deficiencies: HPRT1 mutations in new Japanese families and PRPP concentration. Nucleosides Nucleotides Nucleic Acids. 2014;33(4-6):218-22. doi: 10.1080/15257770.2013.865743. PMID: 24940672.**

Disclosure of Interest: None Declared

Keywords: HPRT-Related Gout; Chronic renal insufficiency; Uric acid; metabolism; Xanthines

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PANLAR 2024

Epidemiology (including socioeconomic, socio-cultural and gender equity studies)

PANLAR2024-1538

Differences In Jaki Indications In Patients With Rheumatoid Arthritis (Ra) Treated In Brazil Vs The Rest Of Latin American: Preliminary Results Of An International, Real-World Life Panlar´S Register.

Nicolas Martin Marin Zucaro[*1], Lorena Brance[2], Ferreira Gilda[3], Daniel Gerardo Fernández Avila[4], Hugo Madariaga[5], Perdo Santos Moreno[6], Gabriel Maciel[7], Javier Quagliato[8], Ariana Ringer[8], Ana De Mereiros [9], Carlos Enrique Toro[6], Luisa Servioli[7], Wilson Bautista Molano[6], Alejandro Ezquer[8], Manuella Lima Gomes Octrop[9], Angel Alejandro Castillo Ortiz[10], Rodrigo Garcia Salina[8], Jossiell Then Báez[11], William Antonio Puche Ruiz[6], Viviane De Souza[9], Rafael Fraga[9], Aline Landa[9], Renata Henriques de Azevedo[9], Martins Vieira Cintya[9], Louise Fellet Barbosa[9], Laura Neto Coutinho[9], Lorena Ferreira Morais[9], Kleica Cruz Olivera[9], Nathalia Sacilloto[9], Rinda Dalva Neubarth Giorfi[9], Barbara Stadler Kahlow [9], Samia De Souza Studart[9], Mirlene Souza Santos[9], Marilia Fernandes[9], Rene Donizeti[9], Natalia Brasildo[9], Marcela Cavichioli[9], Claiton Viegas Brenol[9], Penelope Palominos[9], Nicole Pamplona[9], Cristiano Lupo[9], Ricardo Acayaba [9], Rita Menin[9], Mariana Ferreira Martins [9], Paloma De Abreu[12], Gabriela Avila Pedretti [12], Sonia Cabrera Villalba [12], Gonzalo Silveira[7], Ramos Alfredo[7], Vander Fernandes[9], Chiara Borges[9], Nestor Correa-Gonzalez[6], Jessica Perini Cardoso[9], Ines Silveira[9], Samanta Gerardt[9], Julia Fararin Gerardt[9], Roberto Ranza[9], Leandro Alves[9], Humberto Resende[9], Thiago Schultz[9], Juliene Cristine[9], Carina Pizzarossa[7], Santiago Moyano[7], Marcela Lacamera[7], Ubirajara Mariana Peixoto Guimaraes[9], Bicalho Viana Rafaela[9], Beatriz Mota tiburcio[9], Vitor Alves Cruz[9], Aline Vieira Moraes Essado Ferreira[9], Mariana Silva Guimarães[9], Fernando Sommerfleck[8], Glaucio Ricardo Webner de Castro[9], Reyna Amparo Galaviz Pérez[9], Camila Lomonaco[9], Rocio Gamboa[5], Enrique Julio Giraldo Ho[13], Reginaldo Botelho[9], Gabriela Stefenoni Kruger[9], Monique Chalem[6], Carla Gobb[8], Javier Ramirez[6], Enrique Soriano[8]

[1]UI, PANLAR, CABA, [2]UI, PANLAR, Rosario, Argentina, [3]UI, PANLAR, Minas Gerais, Brazil, [4]UI, PANLAR, Bogotá, Colombia, [5]UI, PANRED , Peru, Peru, [6]UI, PANRED , Colombia, Colombia, [7]UI, PANRED , Uruguay, Uruguay, [8]UI, PANRED , Argentina, Argentina, [9]UI, PANRED , Brazil, Brazil, [10]UI, PANRED , Mexico, Mexico, [11]UI, PANRED , Dominican Republic, Dominican Republic, [12]UI, PANRED , Paraguay, Paraguay, [13]UI, PANRED , Panama, Panama

Has this paper been previously presented at another conference?: No

Background/Objectives: To evaluate differences in JAKi prescriptions in patients with rheumatoid arthritis (RA) treated in Brazil vs the rest of Latin American (LA).

Methods: Clinical, demographic and treatment data from the real-world life PANLAR´s register of consecutive patients diagnosed with RA from Dec 2021 to Dec 2023 were analyzed. Patients treated with JAKi were stratified by country of prescription. We performed descriptive statistic to summarize patient's characteristics. Different comparisons were made using parametric and non-parametric tests for continuous variables and X2 test for categorical variables. A p value ≤0.05 was considered significant.

Results: 532 patients were included (52.7% Brazil). Brazil patients treated with JAKi had longer disease duration (p<0.01), previous bDMARD failure (p<0.001) and previous JAKi failure than patients in the rest of LA. Differences in special interest comorbidities, antibodies or disease activity were not found.

Table 1: Table. Characteristics of patients treated with JAKi by region

	Brazil	Rest of LA	p value

	(n=280)	(n = 251)	
Female n, % (95%CI)	258/280, 92.1% (88.3-95.1)	225/251, 89.6% (85.2-93.1)	ns
Age at initial treatment, years, median (IQR)	56.59 (47.7-62.7)	53.7 (22.37-64.7)	ns
Time since diagnosis Years, median (IQR)	10.6 (5.29-16.89)	4 (1.33-9.88)	p < 0.01
Concomitant GC n, % (95%CI)	187/278, 67.3% (61.4-72.7)	152/250, 60.8% (54.4-66.9)	ns
Concomitant Cdmard n, % (95%CI)	215/280, 76.8% (71.3-81.6)	178/251, 70.9% (64.8-76.4)	ns
At least 1 cDMARD failure n, % (95%CI)	270/280, 94.4% (93.5-98.27)	237/248, 95.6% (92.2-97.7)	ns
At least 1 bDMARD failure n, % (95%CI)	197/280, 70.4% (64.6-75.6)	107/251, 42.6% (36.4-49.1)	p < 0.0001
-TNFi n, % (95%CI)	185, 93.9% (89.6-96.8)	85,79.4% (70.5-86.6)	p =0.0001

-IL6 n, % (95%CI)	76, 38.6% (31.7-45.7)	40, 37.4% (28.2-47.3)	ns
-CD80-86i n, % (95%CI)	72, 36.5% (29.8-43.7)	9,8.4% (3.9-15.3)	p < 0.0001
JAKi failure n, % (95%CI)	33/280,11.8% (8.2%-16.1	9/251, 3.6% (1.6-6.7)	p =0.0004
Extraarticular disease n, % (95%CI)	41/276, 14.9% (10.9-19.6)	53/242, 21.9% (16.8-27.6)	ns
Bone erosión n, % (95%CI)	141/279, 50.5% (44.5-56.5)	128/244,52.5% (45.9-58.8)	ns
HAQ mean (SD)	1.13 (0.75-1.75)	1 (0.5-1.5)	ns

LA: Latin America; IQR: Interquartile range; SD: Standard deviation:; CI: Confidence interval:. ns: no significant.

Conclusion: In Brazil JAKi were more commonly prescribed in patients with longer disease and mainly after bDMARDs failure.

Disclosure of Interest: None Declared

Keywords: jak inhibitors, Registry, rheumatoid arthritis

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PANLAR 2024

Epidemiology (including socioeconomic, socio-cultural and gender equity studies)

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The Use Of Contraceptive Methods As Family Planning In Women With Rheumatic Diseases

Galilea Rodriguez-Orozco[*1], Ana Gabriela Rodriguez-Flores[1], Anahi Carrazo-Chapa[1], Maria Eugenia Corral-Trujillo [1], Dixon Javier Ramos-Suque[1], Fany Rocio Arevalo-Nieto[1], Jesus Alberto Cardenas-de la Garza [1], Cassandra Michele Skinner-Taylor [1], Lorena Perez-Barbosa [1], Dionicio Angel Galarza-Delgado [1]
[1]Reumatología, Hospital Universitario, Monterrey , Mexico

Has this paper been previously presented at another conference?: No

Background/Objectives: Women with ARDs have a higher risk of adverse pregnancy outcomes. Family planning and contraception are critical during their health assessment. The ACR recommends highly effective contraception to prevent unwanted pregnancies and adverse maternal-fetal outcomes. In Mexico, around 65.5% of women use some form of contraception, with permanent contraception being the most common. We aim to describe contraceptive use among women with ARDs.

Methods: Our study focused on women with ARDs and their use of contraceptive methods. We classified the methods into non-reversible, highly effective, and less effective. The results were presented as frequencies and percentages and distributions with median and interquartile range. We performed a logistic regression to evaluate the relationship between low efficacy CM use and sociodemographic characteristics.

Results: A total of 114 women were included (table 1). Only 4(4.5%) patients wanted to become pregnant in the next year. From the 110 women who didn't want to become pregnant in the next year, 56(50.9%) have a non-reversible CM, 36(32.7%) used less effective CM, 12(10.9%) used highly effective CM, and only 6(5.5%) didn't used any CM **(figure 1)**.

The median age for patients with no pregnancy desire and with less effective CM was 26(IQR 21-34) and for the women with non-reversible CM was 41(IQR 38-43). The logistic regression analysis reported that the age ([OR]=1.082; p=0.018; 95% IC= 1.013-1.148) and the years of education ([OR]= 0.713; p=0.044;95% IC= 0.513-0.991) were independently associated with the use of non-reversible CM. The age ([OR]=00906; p=0.002;95% IC=0.850-0.965) was independently associated with the use of less effective CM.

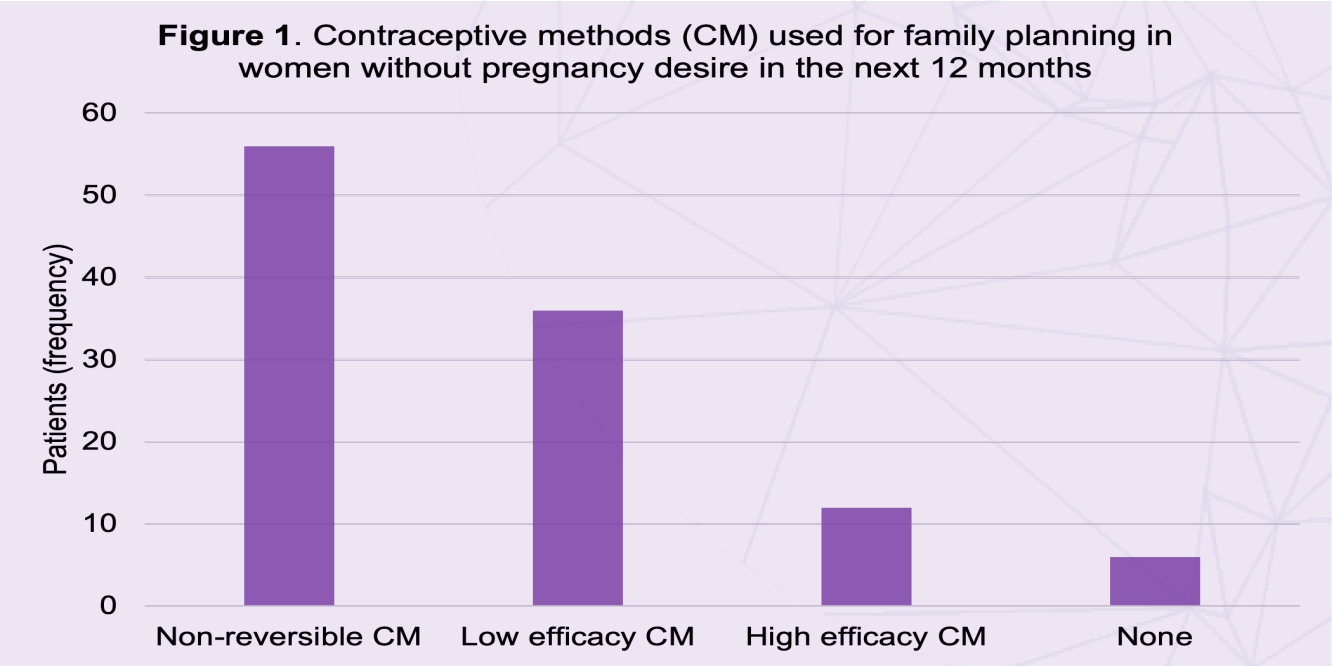
Table 1: **Table 1.**Clinical and sociodemographic characteristics

	n=114
Age,median(IQR)	38(28-42)

Marital Status,n(%)		
	Single	23(20,2)
	Married	74(64,9)
	Comon law	16(14)
	Doesn’t answer	1(0,9)
Education,n(%)		
	Only reading and writing	1(0,9)
	Elementary	3(2,6)
	Middle school	38(33,3)
	High school	52(45,6)
	Technical school	7(6,1)
	University	3(2,6)
	No answer	10(8,8)

Diagnosis,n(%)		
	Rheumatoid arthritis	70(61,4)
	Systemic lupus erythematosus	29(25,4)
	Antiphospholipid syndrome	2(1,8)
	Sjögren syndrome	2(1,8)
	Scleroderma	3(2,6)
	Dermatomyositis	4(3,5)
	Vasculitis	2(1,8)
	UCTD	2(1,8)

Image 1:



Conclusion: Half of ARD women use a non-reversible contraceptive; 1/3 use less effective methods and 1/10 use highly effective ones. Older and less educated women use non-reversible methods, while younger women use less effective methods.

Disclosure of Interest: None Declared

Keywords: Contraceptive, Family planning, Pregnancy

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PANLAR 2024

Epidemiology (including socioeconomic, socio-cultural and gender equity studies)

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Motherhood In Women With Autoimmune Rheumatic Diseases

Fany Arévalo-Nieto[1], Mariana Mora-Salazar[1], Anahí Carrazco-Chapa[1], Galilea Rodríguez-Orozco[1], Ana Gabriela Rodríguez-Flores[1], Maria Eugenia Corral-Trujillo[1], Jesús Alberto Cardenas- de la Garza[1], Lorena Pérez-Barbosa*[1], Cassandra Michele Skinner-Taylor[1], Dionicio A Galarza-Delgado[1]
[1]Rheumatology, Hospital Universitario "Dr. José E. González", Monterrey, Mexico

Has this paper been previously presented at another conference?: No

Background/Objectives: Women in Mexico are torn between being a mother as the only life's meaning and having a well-rounded personal growth. Autoimmune rheumatic diseases (ARDs) in women cause fertility issues. Social and peer pressure can influence women with ARDs toward making hasty decisions regarding pregnancy and family planning, putting their lives and their unborn babies at risk. Women with ARDs should analyze motherhood as a complementary decision and not as a duty. We aimed to explore the maternity beliefs in women with ARDs.

Methods: A cross-sectional, and descriptive study. We included reproductive-age women with ARDs who answered the maternity beliefs scale (MBS) arranged in 2 subscales (**Figure 1)**. Data were presented as percent frequency, mean ± standard deviation (SD), or median and interquartile range (IQR). Spearman correlation tests were performed.

Results: A total of 42 women with ARDs had a mean age of 32.26(6.033). The most frequent diagnosis was rheumatoid arthritis with 22(52.4%). The median of the patients' offspring was 1(IQR 1-2). The social and clinical characteristics are described in **Table 1**. For the MBS results, the sense of life subscale median was 5.50(IQR4-16), and the social duty subscale median was 2.5(IQR 0.00-8.25). Sense of life subscale with education years (p=0.005,r=-0.425) and offspring (p=0.037,r=0.323) correlated statistically significative, while age (p=0.794,r=-0.042) was not statistically significant. Social duty subscale with education years (p= 0.013,r= -0.379) and offspring (p=0.032, r=0.331) correlated statistically significative, while age (p=0.267,r=-0.175) was not statistically significant.

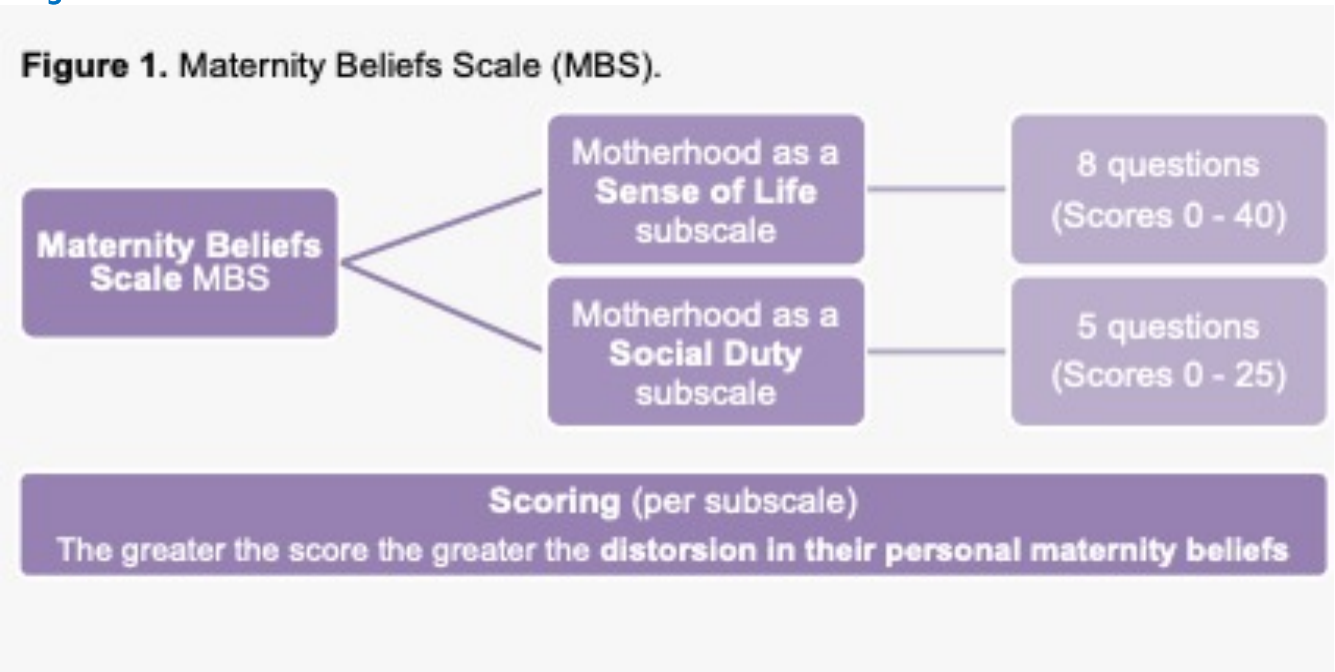
Table 1:

Table. Sociodemographic and clinical characteristics (n=42)	
Age,mean ± SD	32.26 ± 6.033
Marital status, n(%)	

	Single	5(11.9)
	Married	23(54.8)
	Divorced	1(2.4)
	Civil union	11(26.2)
	Others	2(4.8)
Education years, n(%)		
	<9 years	14(33.4)
	>9 years	28(66.7)
Diagnosis, n(%)		
	Rheumatoid arthritis	36(57.2)
	Systemic lupus erythematosus	9(14.3)
	Antiphospholipid syndrome	1(1.6)
	Sjögren syndrome	2(3.2)

	UCTD	1(1.6)
	Systemic sclerosis	2(3.2)
	Spondylarthritis	2(3.2)
	Others	10(15.9)
Occupation, n(%)		
	Stay at home mom	19(45.2)
	Employee	18(42.9)
	Own business	5(11.9)

Image 1:



Conclusion: We found that the socio-demographic factors that significantly correlated with both MBS subscales were education level and children number. Higher education levels and fewer children were associated with less distortion in motherhood as a sense of life and as a social duty.

Disclosure of Interest: None Declared

Keywords: Motherhood, SENSE OF LIFE, SOCIAL DUTY

GLOBAL RHEUMATOLOGY BY PANLAR

PANLAR 2024

Epidemiology (including socioeconomic, socio-cultural and gender equity studies)

PANLAR2024-1161

Evaluating The Economic Burden Of Rheumatoid Arthritis In Latin America: A Systematic Literature Review

Angela Isabel Maldonado-Restrepo[*1], Gabriel E. Acelas-González[2], Gabriel-Santiago Rodriguez-Vargas[3], Pedro Rodriguez-Linares[3], Javier-Leonardo González-Rodriguez[1], Adriana Rojas-Villarraga[4], Pedro Santos-Moreno[5]
[1]Research group in Direction and Management, Universidad del Rosario, [2]Research vicerectory, Fundación Universitaria de Ciencias de la Salud – FUCS, [3]Research department, Biomab – Center for Rheumatoid Arthritis, [4]Research institute, Fundación Universitaria de Ciencias de la Salud – FUCS, [5]Scientific direction, Biomab – Center for Rheumatoid Arthritis, Bogotá, Colombia

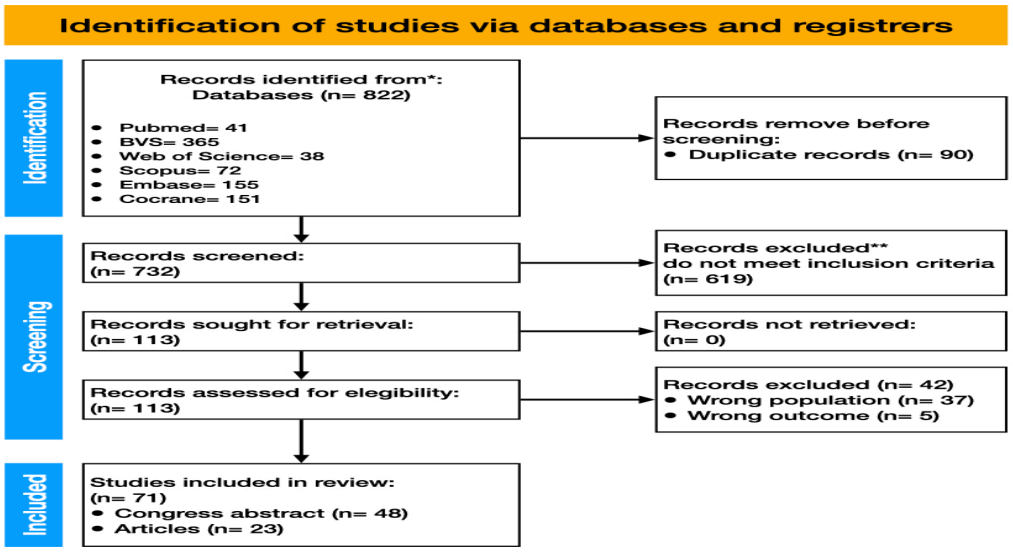
Has this paper been previously presented at another conference?: No

Background/Objectives: Rheumatoid arthritis (RA) imposes a significant economic burden on healthcare systems due to morbidity, mortality, and occupational disability. The aim of this study is to perform a systematic literature review to identify existing health literature related to the economic evaluation of RA in Latin America.

Methods: Studies on economic evaluations in RA patients from 2000 to 2023 were analyzed using PubMed, Scopus, Web of Science, Embase, Cochrane, and the Virtual Health Library databases. The PRISMA method was followed. Inclusion and exclusion criteria were applied. Four reviewers selected the articles to be included and inconsistencies were resolved by a third reviewer. Study quality was assessed with the Joanna Briggs Institute tool (JBI) and a qualitative analysis was done (following SwiM guideline).

Results: 823 articles were identified. Duplicates were removed. Inclusion criteria were applied to titles/abstracts, resultant in 114 articles meeting inclusion criteria. 42 were excluded due to errors related to population or outcome. Ultimately, 24 articles and 48 abstracts were included in the analysis (Image 1). JBI results indicated a mean difference of -0.5 with a standard deviation of 1.38, revealing no significant differences, suggesting close agreement among reviewers. The design of the included studies was: cross-sectional, longitudinal, prospective and retrospective. Brazil leads in article publications with 34.5%, followed by Colombia 29%, and Mexico 26%. The primary focus of economic studies was cost analysis, accounting for 87.5%, while cost-effectiveness and cost-utility constitute 8.3% and 4.2%, respectively. The predominant perspectives adopted include the third-party payer 29%, insurers 13%, social 8%, and mixed providers 4%. Regarding abstract publications, Colombia takes the lead with 35.4%. The most prevalent perspective is that of the provider at 66.6%, general perspective (37.5%), private (34.3%), public (22%), and mixed (6.2%). This is followed by the third-party payer perspective (33.3%).

Image 1:



Conclusion: Cost assessment in RA Latin American patients emphasizes the need for careful expense management by insurers and healthcare providers, highlighting the importance of robust health policies and risk management in global systems. Definitively more research is needed regarding Latin American RA population.

Disclosure of Interest: None Declared

Keywords: Economic burden, Latin America, rheumatoid arthritis

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PANLAR 2024

Epidemiology (including socioeconomic, socio-cultural and gender equity studies)

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Importance Of Integrated Care Networks In Public Health Services For The Care Of People With Rheumatic Diseases

Sonia Sandy Sapag Durán[*2], Ana Maria Sapag Duran[1], Joseline Neisa Quiroz Almaraz [1], Vivian Eliana Duran Chavez[3], Sandra Patricia Echazú Román[4], Yelixza Yoisy Alvarado Cayami[1], Tatiana Rosario Maida Vargas[5], David Glover Oliva Chávez[5], Javier Lopez Villa[6], Evelin Montenegro Suarez[3], Walter Henry Morales Oliva[5], Edson Ocampo Clavijo[7], Jorge Luis Flores[3], Alberto Nogales[1], Angela Mery Delgado Salinas[1], Carlos Alberto Hurtado[8], Hellen Shirley Poggi Montero [8]
[1]Hospital Japones, [2]Centro de Especialidades Reumatología, [3]Hospital San Juan de Dios, [4]Clinica Foianini, [5]Instituto Boliviano de Reumatología, [6]Caja de Caminos, [7]Caja Nacional de Salud, [8]SEDES, Santa Cruz, Bolivia, Plurinational State Of

Has this paper been previously presented at another conference?: No

Background/Objectives: **Background:** Integrated Health Service Networks help to achieve universal access and coverage of health and improve the care of patients with rheumatic diseases. The strengthening, integration and permanent communication of these networks between primary care (PC) and tertiary care (TC) is essential to achieve favorable results in the proper diagnosis and treatment of these patients. **Objective:** To determine the importance of establishing integrated care networks between primary care centers and tertiary care center.

Methods: Descriptive, cross-sectional study. Medical care teams were formed between PC physicians and TC rheumatologists for the "Show Your Hands on Time" campaign in October 2023, in Santa Cruz, Bolivia.

Results: A total of 268 patients were treated, 240 women (89.55%). Average age: 53 years (18-94). 58.58% had chronic disease, more frequent: hypertension (34.33%), diabetes (18.66%). 72% consulted a rheumatologist for the first time. 40% previously attended PC centers. Time of symptom onset: 32.22 months ± 42.13 (1-240). Pain was the main cause for consultation (97.01%), average intensity of 6.79 ± 2.2 (0-10) according to the verbal numerical scale (VNS). Severe pain (61.94%). 94.4% reported joint pain and 49.63% reported generalized pain, in the hands (83.58%) and knees (64.93%) were the most frequent locations. 36.94% were on chronic treatment with oral nonsteroidal anti-inflammatory drugs (NSAIDs). 27.98% had received systemic corticosteroids (CS) in the last 6 months for pain management and 15.67% continued with systemic corticosteroids at the time of evaluation. In half of the patients, the main diagnosis was osteoarthritis (50.37%), all of whom reported severe pain measured by VNS. 30.29% of these patients were being treated with NSAIDs and 26.67% had received or were receiving CS (12.59%). 24.25% had inflammatory arthritis, of which 11.94% had new-onset rheumatoid arthritis. 5.60% had diagnosed rheumatoid arthritis, of which all were in moderate or severe pain and 100% had active synovitis. In 100% of the care, the treatment was adapted to the base rheumatic pathology together with the PC physician and referred for a third-level care for patients who required it.

Conclusion: Integrated Care Networks promote and facilitate efficient, effective, and prompt care. It is necessary to train the physicians of PC centers in order to meet these objectives.

Disclosure of Interest: None Declared

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Keywords: integrated health networks, primary care, rheumatic diseases

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PANLAR 2024

Epidemiology (including socioeconomic, socio-cultural and gender equity studies)

PANLAR2024-1311

Exploring Gender Disparities And Barriers In Rheumatology Practice: Insights From Pan American Female Rheumatologists

Yurilís J. Fuentes-Silva[*1,2], Ana María Arredondo González[3,4], Deshiré Alpízar-Rodríguez[5], Adriana Beltrán-Ostos[6,7,8,9], Graciela Vanesa Betancur[10,11], Sanshenka Bonilla-Tovar[12], Andrea Bran Ordóñez[13,14], Talia Díaz-Prieto[15], Paola Estela Gottschalk Gómez [16,17], Ericka Virginia Sarabia Chavez[18], Jossiell Esperanza Then Báez [17,19], Daniela B. Tovar-Bastidas[12], Alicia Yupe Flores[20], Eva M Zolano[21], Iris Jazmín Colunga-Pedraza [22]
[1]Departamento de Medicina, Universidad de Oriente, Ciudad Bolivar, [2]Programa de Doctorado en Ciencias de la Educación, Universidad Nacional Experimental de Guayana, Puerto Ordaz, Venezuela, Bolivarian Republic Of, [3]Sociedad de Cirugía de Bogotá - Hospital de San José , [4]Profesora asociada de reumatología, Fundación Universitaria de Ciencias de la Salud, Bogotá, Colombia, [5]1. Research Unit, Colegio Mexicano de Reumatología, Mexico City, Mexico, [6]Cellular and Molecular Immunology Group/INMUBO, Universidad El Bosque, [7]Profesor Asistente. Vicerrectoría de investigaciones, Universidad El Bosque, [8]Riesgo de Fractura, Cayre, [9]Estudiante Doctorado en Epidemiología Clínica. Pontificia Universidad Javeriana, Bogotá, Colombia, [10]Servicio de Autoinmunidad e Inmunologia. Hospital El Cruce Néstor Kirchner, [11]Instituto CER, Buenos Aires, Argentina, [12]Centro de Reumatología Reumamedic, Lima, Peru, [13]Departamento de Medicina Interna y reumatología, Hospital Esperanza, [14]Departamento de Medicina Interna y reumatología, Hospital El Pilar, Ciudad de Guatemala, Guatemala, [15]Departamento de Pediatría, Hospital San José, Tecnológico de Monterrey, Escuela de Medicina y Ciencias de la Salud, Monterrey, Mexico, [16]Clínica Unión Médica, [17]Hospital Regional Universitario Presidente Estrella Ureña, Santiago, Dominican Republic, [18]Hospital Obrero n°5 Caja Nacional de Salud, Potosí, Bolivia, Plurinational State Of, [19]Hospital Metropolitano de Santiago, Santiago, Dominican Republic, [20]1. Hospital Multimédica, Ciudad de Guatemala, Guatemala, [21]Departamento de Reumatologia consultorio de especialidades del Instituto Salvadoreño del Seguro Social, San Salvador, El Salvador, [22]Servicio de Reumatología. Hospital Universitario UANL, Monterrey, Mexico

Has this paper been previously presented at another conference?: No

Background/Objectives: This mixed-methods survey study aimed to assess gender inequalities and barriers experienced by female rheumatologists in Pan America during their medical practice, identify contributing factors, and capture narratives of these experiences to inform potential interventions and solutions.

Methods: A cross-sectional study was conducted with a mixed-methods design using an online survey among PANLAR member countries. Closed and open questions were used for the quantitative and qualitative phases. The survey was answered by 246 participants (239 rheumatologists and 9 rheumatology trainees) from 17 PANLAR countries. Descriptive and analytical methods were used for the quantitative analysis, and phenomenological methods were used for the qualitative approach. The study adhered to Helsinki's declaration and WHO´s International Ethical Guidelines.

Results: The mean age of participants was 44 years; most were from Argentina (31,3%), Mexico (17.48%), and Colombia(14.23%), other countries represented included Venezuela, El Salvador, and Guatemala. Among participants 11% were pediatric rheumatologists, 60% were teachers, and 49% were researchers. About 50% were married and 63% were mothers. Although no significant correlations were found between individual characteristics and gender-related experiences, respondents did express encountering a range of barriers in professional and educational settings. These included discriminatory treatment, harassment, sexism, and gender-based aggression, particularly about maternity, family

planning, and patient care. Some participants experienced limited opportunities to participate in academic events as a result of childcare obligations (Fig. 1). Some of the participants did not face gender barriers. Proposed solutions to address the challenges faced by those who did include improving the work environment, promoting gender equity policies, and education, and increasing effort in their work and academic activities (Fig. 2).

Image 1:

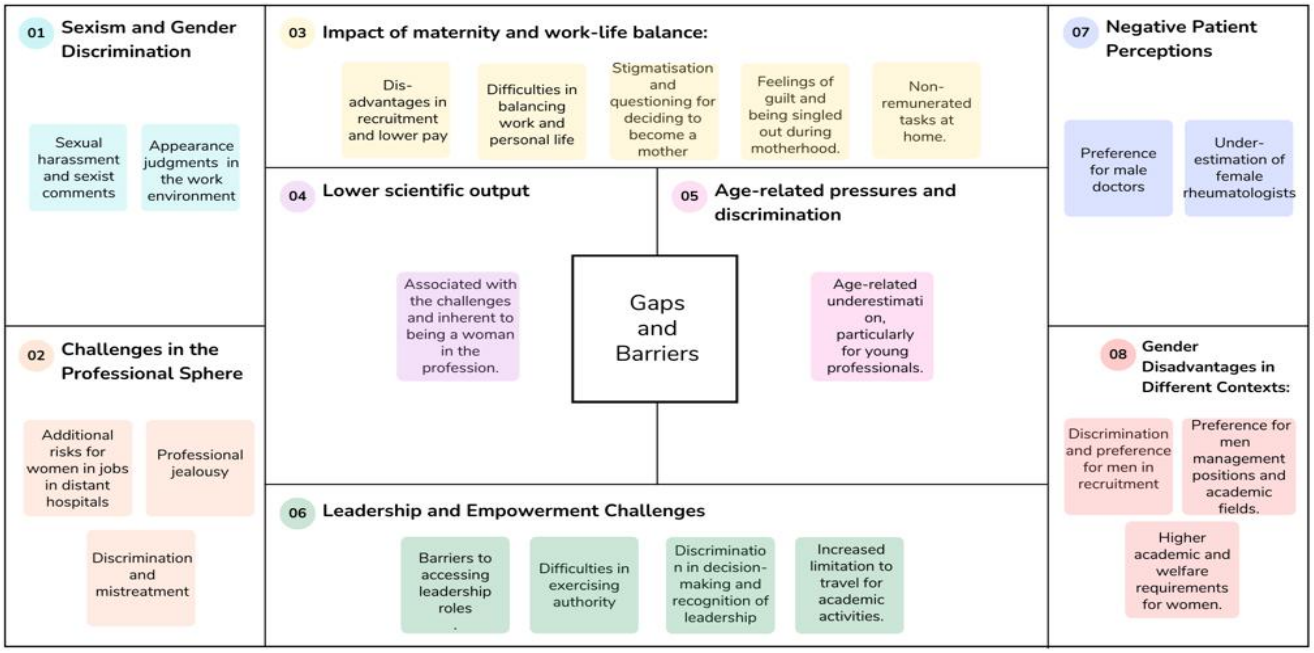
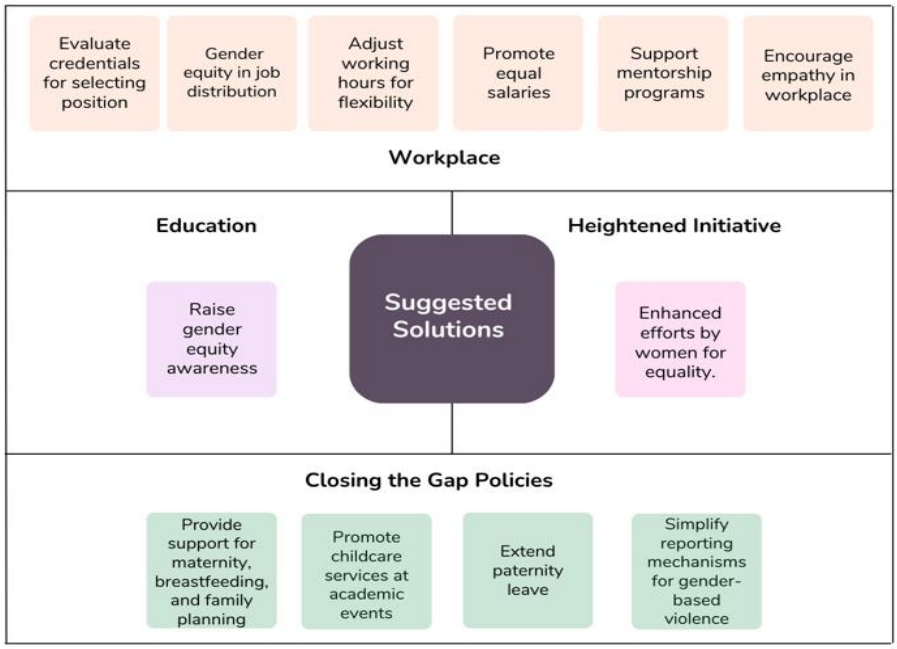


Image 2:



Conclusion: This study sheds light on the challenges that female rheumatologists encounter in Pan-American countries due to their gender. Despite having a diverse sample, the study did not find any significant associations between individual characteristics and gender-related experiences. The perceived barriers were diverse, as were the proposed solutions. Further research is needed to explore the underlying factors and develop targeted interventions that can promote gender equity in rheumatology.

Disclosure of Interest: None Declared

Keywords: gender discrimination, gender inequality, medical practice

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PANLAR 2024

Epidemiology (including socioeconomic, socio-cultural and gender equity studies)

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Epidemiology Of Juvenile Idiopathic Arthritis In Argentina: A Retrospective Study

Judith Giupponi[*1], Daniela Vidal [2], Graciela Espada [3], Vanesa Duarte[4]
[1]Santa Fe , Hospital de Nilños O Alassia, Santa Fe , [2]Cordoba , Hospital Santisima Trinidad , Cordoba , [3]Buenos Aires , Hospital de Niños R Gutierrez , [4]Buenos Aires , Novartis , Buenos Aires , Argentina

Has this paper been previously presented at another conference?: Yes

Background/Objectives: **Background:** The term juvenile idiopathic arthritis (JIA) represents a heterogeneous group of disorders, all manifesting joint inflammation, but with different clinical phenotypes, disease course, and outcomes. In Argentina data analyzing these variables in multicenter cohorts are still scarce. **Objective:** To describe sociodemographic and clinical characteristics of patients with different subtypes of JIA.

Methods: Descriptive, retrospective, and multicenter design. Patients were included with JIA diagnosis, according to ILAR criteria (2001) within the last 3 years and with at least 12 months of follow-up since diagnosis. Sociodemographic, and clinical variables prior to diagnosis, time to specialist consultation and clinical manifestations at the time of diagnosis were recorded.

Results: 320 patients (65.5 % female) from 17 specialized care centers in were included. Median age at onset was 6.5 years (2,55 IQR). Caucasian (60.3 %) and Mestizo (34.4 %) were the predominant ethnic groups. The percentage of patients were in school according to their chronological age was 94.4%. Mean educational level attained by parents was 13.6 years (SD 4.16). According to the Graffar scale, 37.2% of patients belonged to lower-middle socio-economic strata while 36.9 % belonged to the middle stratum. Delay to specialized consultation from the onset of symptoms was 2 months. At diagnosis, JIA categories were: persistent oligoarthritis (37.8%); RF negative polyarthritis (20%); systemic (15%); RF positive polyarthritis (12.1%); enthesis-related arthritis (ERA) (6.8%); extended oligoarthritis (2.5%); psoriatic (1.8%) and undifferentiated (0.3%). The most frequent manifestations were articular and serological. Ocular involvement (12.5%) was more frequent in the oligoarticular subtype. The most used treatments were NSAIDs and cDMARDs (methotrexate).

Conclusion: This is the first national multicenter study of JIA patients. Contrary to what we assumed there was no severe delay in diagnosis (2 mo). As it is reported in American and European literature, persistent oligoarthritis and RF negative polyarthritis were the most frequent categories in our Cohort; Caucasian and Mestizo the predominant ethnic groups .**The management of JIA patients should be coordinated by pediatric rheumatologists and supported by a multi- and interdisciplinary team.** Conflict of interest: This research was supported by Novartis Argentina S.A.

Disclosure of Interest: None Declared

Keywords: Juvenile Idiopathic Arthritis, Juvenile idiopathic arthritis epidemiology, Manifestations of Juvenile Idiopathic Arthritis

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PANLAR 2024

Epidemiology (including socioeconomic, socio-cultural and gender equity studies)

PANLAR2024-1249

Maternal-Fetal Attachment In Pregnant Women With Rheumatic Diseases

Maria Eugenia Corral-Trujillo[1], Galilea Rodriguez-Orozco[1], Ana Gabriela Rodriguez-Flores[1], Anahi Carrazo-Chapa[1], Fany Rocio Arevalo-Nieto[1], Dixon Javier Ramos-Suque[1], Jesus Alberto Cardenas-de la Garza [1], Cassandra Michele Skinner-Taylor [1], Lorena Perez-Barbosa [*1], Dionicio Angel Galarza-Delgado [1]
[1]Rheumatology, Hospital Universitario "Dr Jose Eleuterio Gonzalez", Monterrey, Mexico

Has this paper been previously presented at another conference?: No

Background/Objectives: Maternal–fetal attachment (MFA) is the bond between a mother and her baby that starts during pregnancy (1). Since pregnancies in women with autoimmune rheumatic diseases (ARD) have a higher frequency of adverse maternal-fetal outcomes, they may have difficulties developing a healthy MFA. We aim to describe the quality and intensity of the MFA with the MAAS in pregnant women with ARD and their relationship with depressive and anxious symptoms.

Methods: Retrospective study. Pregnant women in their third trimester from the Rheumatology service in the University Hospital in México were asked to answer 3 psychological scales: Edinburgh Postnatal Depression Scale (EPDS), State and Trait Anxiety Inventory (STAI) and Maternal Antenatal Attachment Scale (MAAS) (**Figure 1)**. Kolmogorov–Smirnov and Spearman correlation tests were performed. Sociodemographic and clinical characteristics are presented as frequencies and percentages for the categorical variables and means, standard deviation (SD), median, and interquartile range (IQR) for the continuous variables. A p-value <0.005 was considered significant.

Results: Fifty-three women were included. The mean (SD) age was 28.32 (6.889) years. The main ARD was Rheumatoid Arthritis with 30 (56.6%) patients. The median (IQR) for the quality MAAS subscale was 25 (22-16) and for the intensity MAAS subscale was 19 (16-23); the prevalence of depressive and anxious symptoms are in **table 1.** Correlations between MFA intensity with anxiety state (ρ= 0.147, r= 0.202), postnatal depression (ρ= 0.839, r= 0.029), MFA quality with anxiety state (ρ = 0.478, r= 0.100), postnatal depression (ρ= 0.304, r= -0.144) were not statistically significant.

Table 1:

Table 1. Clinical and sociodemographic information and scales scores (N=53)

Age , mean (SD)	28,32 (6,889)
Rheumatic diagnosis n(%)	
Rheumatoid Arthirtis	30 (56,6)

Systematic Lupus Erythematosus	9 (17)
Antiphospholipid syndrome	9 (17)
Others*	5 (9,5)
EDPS Perinatal depression comorbidity, n(%)	16 (30,2)
STAI Anxiety State subscale, n(%)	
Moderate	26 (49,1)
High	27 (50,9)
STAI Anxiety Trait subscale, n(%)	
Low	9 (17)
Moderate	39 (73,6)
High	5 (9,4)

Image 1:

Image 1. Scales used in the third-trimester psychological evaluation in the CREER.

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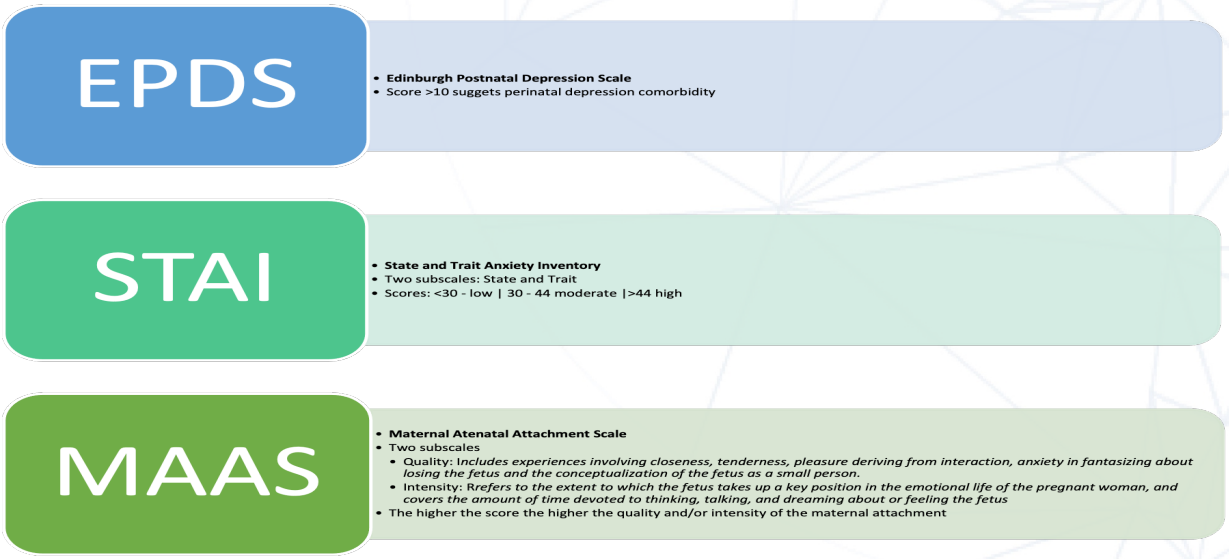

Conclusion: The pregnant women with ARDs were able to develop MFA quality and intensity with their unborn babies. Women unable to develop an MFA can be a risk factor for developing anxiety and/or depression postpartum; which are highly common comorbidities in ARDs

Disclosure of Interest: None Declared

Keywords: Anxiety, Depression, Mental health

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Epidemiology (including socioeconomic, socio-cultural and gender equity studies)

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Exploring Perceptions And Challenges Faced By Women Rheumatologists In Pan America: A Mixed-Methods Study

Adriana Beltrán-Ostos[1, 2, 3, 4], Daniela B. Tovar-Bastidas[* 5], Deshiré Alpízar-Rodríguez[6], Ana María Arredondo González[7, 8], Graciela Vanesa Betancur[9, 10], Sanshenka Bonilla-Tovar[5], Andrea Bran Ordóñez[11, 12], Talia Díaz-Prieto[13], Yurilís J. Fuentes-Silva[14, 15], Paola Estela Gottschalk Gómez [16, 17], Jossiell Esperanza Then Báez [17, 18], Ericka Virginia Sarabia Chavez[19], Alicia Yupe Flores[20], Eva M Zolano[21], Iris Jazmín Colunga-Pedraza [22]
[1]Cellular and Molecular Immunology Group/INMUBO, Universidad El Bosque, [2]Profesor Asistente. Vicerrectoría de investigaciones, Universidad El Bosque, [3]Riesgo de Fractura, Cayre, [4]Estudiante Doctorado en Epidemiología Clínica. Pontificia Universidad Javeriana, Bogotá, Colombia, [5]Centro de Reumatología Reumamedic, Lima, Peru, [6]Research Unit, Colegio Mexicano de Reumatología, Mexico City, Mexico, [7]Sociedad de Cirugía de Bogotá - Hospital de San José , [8]Profesora asociada de reumatología, Fundación Universitaria de Ciencias de la Salud, Bogotá, Colombia, [9]Servicio de Autoinmunidad e Inmunologia. Hospital El Cruce Néstor Kirchner, [10]Instituto CER, Buenos Aires, Argentina, [11]Departamento de Medicina Interna y reumatología, Hospital Esperanza, [12]Departamento de Medicina Interna y reumatología, Hospital El Pilar, Ciudad de Guatemala, Guatemala, [13]Departamento de Pediatría, Hospital San José, Tecnológico de Monterrey, Escuela de Medicina y Ciencias de la Salud, Monterrey, Mexico, [14]Departamento de Medicina, Universidad de Oriente, Ciudad Bolivar, [15]Programa de Doctorado en Ciencias de la Educación, Universidad Nacional Experimental de Guayana, Puerto Ordaz, Venezuela, Bolivarian Republic Of, [16]Clínica Unión Médica, [17]Hospital Regional Universitario Presidente Estrella Ureña, [18]Hospital Metropolitano de Santiago, Santiago, Dominican Republic, [19]Hospital Obrero n°5 Caja Nacional de Salud, Potosí, Bolivia, Plurinational State Of, [20]1. Hospital Multimédica, Ciudad de Guatemala, Guatemala, [21]Departamento de Reumatologia consultorio de especialidades del Instituto Salvadoreño del Seguro Social, San Salvador, El Salvador, [22]Servicio de Reumatología. Hospital Universitario UANL, Monterrey, Mexico

Has this paper been previously presented at another conference?: No

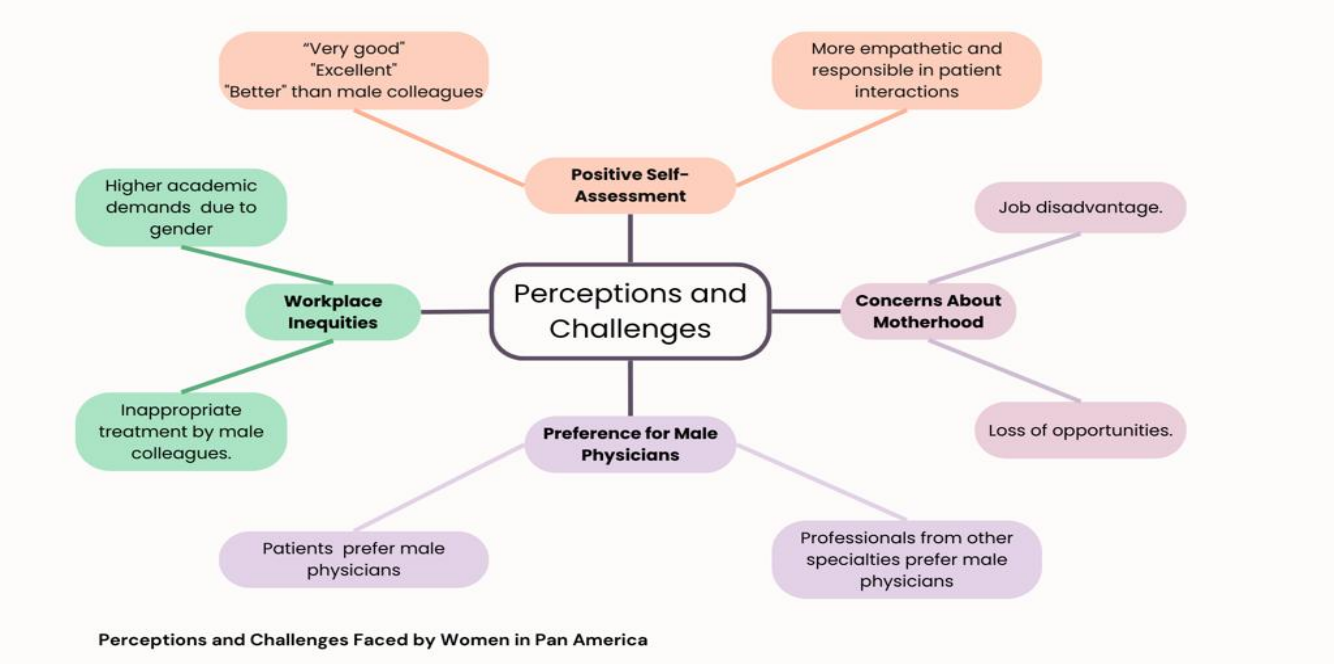
Background/Objectives: Gender inequality permeates the landscape of rheumatology, affecting female practitioners at multiple levels. This study aims to assess the barriers and inequalities female rheumatologists face in Latin America, focusing on their professional experiences, how they perceive themselves, and how they feel colleagues, superiors, and patients perceive them.

Methods: A cross-sectional study was conducted using an online survey in PANLAR member countries. The survey included closed and open-ended questions for the quantitative and qualitative phases, respectively. A total of 246 participants from 17 countries responded to the survey. Descriptive and analytical methods were used for the quantitative approach, while a phenomenological method was used for the qualitative approach. The research followed ethical guidelines from the Declaration of Helsinki and CIOMS/WHO.

Results: The survey found that the mean age of respondents was 44.35 years, and most of them lived in Argentina, Mexico, and Colombia; 60% were involved in teaching, and 49% engaged in research. Female rheumatologists expressed diverse opinions regarding their job performance compared to their male colleagues. Some expressed a positive assessment, describing their performance as "very good," "excellent," or even "better" compared to male colleagues. However, significant challenges are also highlighted, such as inequality, sexism, misogyny, and disrespectful behavior by male colleagues. Additionally, concerns about motherhood, job disadvantages, and a noted preference for men in hiring

were raised. The perception of women as more empathetic and responsible in dealing with patients contrasts with the notion of greater academic demands and effort required by women in the professional field. The responses also reflect the perception that, despite their favorable judgment of performance, there is a preference for male physicians among patients and those professionals from other specialties who request consultations (Fig. 1).

Image 1:



Perceptions and Challenges Faced by Women in Pan America

Conclusion: There is a significant difference between how female rheumatologists perceive themselves and how they feel others perceive them. This contrast adds complexity to the dynamics of their work and emphasizes the need to address not only tangible obstacles but also subjective perceptions that may impact gender equality and professional recognition within the field of rheumatology.

Disclosure of Interest: None Declared

Keywords: gender discrimination, gender inequality, rheumatology

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PANLAR 2024

Epidemiology (including socioeconomic, socio-cultural and gender equity studies)

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Gender Bias: A Comparative Study Of International Congresses Of Rheumatology

Griselda Serna-Peña[1], Diana Paola Flores-Gutierrez[1], Valeria Gonzalez-Gonzalez[1], Iris Colunga-Pedraza[1], Maria Fernanda Ortiz-Nuño[*1], Gisela Garcia-Arellano[1], Dionicio Galarza-Delgado[1]
[1]Rheumatology, Hospital Universitario. Dr. José Eleuterio González, Monterrey, Mexico

Has this paper been previously presented at another conference?: No

Background/Objectives: The gender gap in academic rheumatology has narrowed, however, equal representation in academic rheumatology is still lacking, and it goes from senior authorship to congress participation. We aim to describe and compare the percentage of female representation among speakers and moderators at the Pan-American Congress of Rheumatology (PANLAR) and European Congress of Rheumatology (EULAR) of 2023.

Methods: A cross-sectional, comparative, and retrospective study of the proportion of women participating in PANLAR and EULAR Congresses of Rheumatology in 2023. Using the programs for this year's congresses we determined the gender by the author's name. We categorized the type of sessions and excluded industry-sponsored sessions or presentations. Individuals could be counted multiple times if they had multiple roles or presentations.

Results: A total of 1149 participants in the congresses were included (Table 1). In PANLAR, no significant differences were observed between gender for their participation as moderators or speakers in the scientific sessions (p=0.718) and posters (p=0.527). At EULAR, a higher prevalence of female participation as moderators of scientific sessions was observed (53.42% vs. 46.58%, p=0.024), however, a lower percentage was found in speaker participations (43.97% vs. 58.54%, p=0.024). In the poster area, no significant difference was found between gender and participation as moderators or speakers. (p=0.957). Table 2.

Table 1: Table 1.

	PANLAR				
Type of session	Participation (n=281)	Women (70)	Men (163)	p-value	
Scientific session, n (%)	Moderator, 94 (33.45)	27 (28.72)	67 (71.28)	.718	**<.001**
	Speaker, 139 (49.47)	43 (30.94)	96 (69.06)	.718	**.007**

Poster, n (%)	Moderator, 32 (11.39)	11 (34.38)	21 (65.63)	.527	.064
	Speaker, 16 (5.69)	7 (43.75)	9 (56.25)	.527	.308
		EULAR			
Type of session	**Participation (n=867)**	**Women (292)**	**Men (325)**	**p-value**	
Scientific session, n (%)	Moderator, 219 (25.26)	117 (53.42)	102 (46.58)	**.024**	**<.001**
	Speaker, 398 (45.91)	175 (43.97)	223 (58.54)	**.0.24**	**.007**
Poster, n (%)	Moderator, 39 (4.5)	22 (56.41)	17 (43.59)	.957	.064
	Speaker, 211 (24.34)	120 (56.87)	91 (43.13)	.957	.308

Conclusion: Despite the increasing participation of women in academic rheumatology, the advancements remain slow and with a persistent gender gap. We found the European congress had more participation of women compared to the Pan-american congress, yet they still account for half the participants in both congresses.

Disclosure of Interest: None Declared

Keywords: academic, gender inequality, women in rheumatology

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PANLAR 2024

Epidemiology (including socioeconomic, socio-cultural and gender equity studies)

PANLAR2024-1536

Clinical Characteristics According Epidemiological, Social And Comorbidities Disparities Among Patients With Inflammatory Rheumatic Diseases: Preliminary Results Of An International, Real-World Life Panlar´S Register.

Nicolas Martin Marin Zucaro[*1], Lorena Brance[2], Ferreira Gilda[3], Daniel Gerardo Fernández Avila[4], Hugo Madariaga[5], Perdo Santos Moreno[6], Gabriel Maciel[7], Javier Quagliato[8], Ariana Ringer[8], Ana De Mereiros [9], Carlos Enrique Toro[6], Luisa Servioli[7], Wilson Bautista Molano[6], Alejandro Ezquer[8], Manuella Lima Gomes Octrop[9], Angel Alejandro Castillo Ortiz[10], Rodrigo Garcia Salina[8], Jossiell Then Báez[11], William Antonio Puche Ruiz[6], Viviane De Souza[9], Rafael Fraga[9], Aline Landa[9], Renata Henriques de Azevedo[9], Martins Vieira Cintya[9], Louise Fellet Barbosa[9], Laura Neto Coutinho[9], Lorena Ferreira Morais[9], Kleica Cruz Olivera[9], Nathalia Sacilloto[9], Rinda Dalva Neubarth Giorfi[9], Barbara Stadler Kahlow [9], Samia De Souza Studart[9], Mirlene Souza Santos[9], Marilia Fernandes[9], Rene Donizeti[9], Natalia Brasildo[9], Marcela Cavichioli[9], Claiton Viegas Brenol[9], Penelope Palominos[9], Nicole Pamplona[9], Cristiano Lupo[9], Ricardo Acayaba [9], Rita Menin[9], Mariana Ferreira Martins [9], Paloma De Abreu[12], Gabriela Avila Pedretti [12], Sonia Cabrera Villalba [12], Gonzalo Silveira[7], Ramos Alfredo[7], Vander Fernandes[9], Chiara Borges[9], Nestor Correa-Gonzalez[6], Jessica Perini Cardoso[9], Ines Silveira[9], Samanta Gerardt[9], Julia Fararin Gerardt[9], Roberto Ranza[9], Leandro Alves[9], Humberto Resende[9], Thiago Schultz[9], Juliene Cristine[9], Carina Pizzarossa[7], Santiago Moyano[7], Marcela Lacamera[7], Ubirajara Mariana Peixoto Guimaraes[9], Bicalho Viana Rafaela[9], Beatriz Mota tiburcio[9], Vitor Alves Cruz[9], Aline Vieira Moraes Essado Ferreira[9], Mariana Silva Guimarães[9], Fernando Sommerfleck[8], Glaucio Ricardo Webner de Castro[9], Reyna Amparo Galaviz Pérez[9], Camila Lomonaco[9], Rocio Gamboa[5], Enrique Julio Giraldo Ho[13], Reginaldo Botelho[9], Gabriela Stefenoni Kruger[9], Monique Chalem[6], Carla Gobb[8], Javier Ramirez[6], Enrique Soriano[8]

[1]UI, PANLAR, CABA, [2]UI, PANLAR, Rosario, Argentina, [3]UI, PANLAR, Minas Gerais, Brazil, [4]UI, PANLAR, Bogotá, Colombia, [5]UI, PANRED , Peru, Peru, [6]UI, PANRED , Colombia, Colombia, [7]UI, PANRED , Uruguay, Uruguay, [8]UI, PANRED , Argentina, Argentina, [9]UI, PANRED , Brazil, Brazil, [10]UI, PANRED , Mexico, Mexico, [11]UI, PANRED , Dominican Republic, Dominican Republic, [12]UI, PANRED , Paraguay, Paraguay, [13]UI, PANRED , Panama, Panama

Has this paper been previously presented at another conference?: No

Background/Objectives: To evaluate the epidemiological, social and comorbidities disparities among patients with inflammatory rheumatic diseases.

Methods: Consecutive patients diagnosed with RA, PsA, and axSpA from Dec 2021 to Dec 2023 from the real-world life PANLAR´s register was analyzed. Categorical variables were expressed as %. Tables of contingency were analyzed with $\chi 2$ or Fisher test ($p<0.05$ was considered significant), continuous variables (median, IQR).

Results: 1517 patients were included. Female gender was significatively increased in RA patients. No differences between ethnicities were found. Patients with RA were significantly less frequently in active work (p=0.006 and p=0.00001) status and had a lower prevalence of private insurance (p= 0.00001 and p= 0.005). AxSpA were younger than RA and PsA patients (p=0.002, p=0.001) and had lower rate of cardiovascular comorbidities (hypertension (axSpa p= 0.0014), dyslipidemia (p= 0.0037 and p=0.0005)) and higher rate of uveitis (p=0.0001and p=0.0003) and inflammatory bowel disease (RA p=0.00001). No differences between infections and cancer were reported.

Table 1: Clinical characteristics , ethinicity and comorbidities in rheumatic patients of LA

	RA n=1296, 85.4%	PsA n= 111, 7.31%	axSpA n=110, 7.29%
Female, n, %(95%CI)	1125, 86.8% (84.8-88.6)	65,58.5% (48.8-67.8	63, 57.7% (47.8-66.6)
Active work status n, %(95%CI)	572, 44.1% (41.4-46.8)	64, 57.6% (47.9-66.9)	77,70.6 (60.5-78.3)
Private medical insurancen, %(95%CI)	686,53.6% (50.1-55.6)	86, 78.8% (68.5-84.8)	78, 70.9% (61.5-79.1)
Comorbidities n, %(95% CI)			
Hypertension	490, 38.7% (35.1-40.5)	35, 37.2% (23.1-41.1)	24, 23.3% (14.5-30.7)
Dyslipidemia	412, 32.6% (29.2-34.4)	37,33.4% (24.6-42.9)	17,16.5% (9.2-23.5)
Smoking	293, 23.3% (20.3-24.9)	25, 22.5% (15.1-31.4)	13,12.6% (6.4-19.3)
Diabetes	169, 13.4% (11.2-14.9)	16, 14.2% (8.4-22.3)	6,5.8% (2.1-11.5)

Non-cutaneous cancers plus melanomas	30, 2.4% (1.5-3.3)	2, 2.1%, (0.2-6.35)	2,1.9% (0.2-6.4)
Inflammatory bowel disease	5, 0.4% (0.1-0.8)	1,1.1% (0.2-4.9)	6,5.8% (2.1-11.5)
Uveitis	16, 1.3% (0.7-1.9)	3,3.2% (0.5-7.69)	19, 18.4% (10.7-25.6)
DVT or PT	26, 2.1% (1.3-2.9)	1,1.1% (0.2-4.9)	2,1.9% (0.2-6.4)
Herpes Zoster	69, 5.5% (4.1-6.7)	6,6.4% (2.1-11.3)	2,1.9% (0.2-6.4)
Tuberculosis	160, 12.6% (10.6-14.2)	11,11.7% (5.1-17.1)	14,13.6% (7.1-20.4)

Pulmonary throboembolism: PT; deep venous thrombosis: DVT; chronic obstructive pulmonary disease: COPD.

Conclusion: It is important to know clinical disparities in Latin American patients.

Disclosure of Interest: None Declared

Keywords: jak inhibitors, rheumatic diseases, rheumatoid arthritis

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PANLAR 2024

Epidemiology (including socioeconomic, socio-cultural and gender equity studies)

PANLAR2024-1541

Ethnicity And Rheumatoid Arthritis: Preliminary Results Of An International, Real-World Life Panlar´S Register.

Lorena Brance[1], Nicolas Martin Marin Zucaro[*2], Ferreira Gilda[3], Daniel Gerardo Fernández Avila[4], Hugo Madariaga[5], Perdo Santos Moreno[6], Gabriel Maciel[7], Javier Quagliato[8], Ariana Ringer[8], Ana De Mereiros [9], Carlos Enrique Toro[6], Luisa Servioli[7], Wilson Bautista Molano[6], Alejandro Ezquer[8], Manuella Lima Gomes Octrop[9], Angel Alejandro Castillo Ortiz[10], Rodrigo Garcia Salina[8], Jossiell Then Báez[11], William Antonio Puche Ruiz[6], Viviane De Souza[9], Rafael Fraga[9], Aline Landa[9], Renata Henriques de Azevedo[9], Martins Vieira Cintya[9], Louise Fellet Barbosa[9], Laura Neto Coutinho[9], Lorena Ferreira Morais[9], Kleica Cruz Olivera[9], Nathalia Sacilloto[9], Rinda Dalva Neubarth Giorfi[9], Barbara Stadler Kahlow [9], Samia De Souza Studart[9], Mirlene Souza Santos[9], Marilia Fernandes[9], Rene Donizeti[9], Natalia Brasildo[9], Marcela Cavichioli[9], Claiton Viegas Brenol[9], Penelope Palominos[9], Nicole Pamplona[9], Cristiano Lupo[9], Ricardo Acayaba [9], Rita Menin[9], Mariana Ferreira Martins [9], Paloma De Abreu[12], Gabriela Avila Pedretti [12], Sonia Cabrera Villalba [12], Gonzalo Silveira[7], Ramos Alfredo[7], Vander Fernandes[9], Chiara Borges[9], Nestor Correa-Gonzalez[6], Jessica Perini Cardoso[9], Ines Silveira[9], Samanta Gerardt[9], Julia Fararin Gerardt[9], Roberto Ranza[9], Leandro Alves[9], Humberto Resende[9], Thiago Schultz[9], Juliene Cristine[9], Carina Pizzarossa[7], Santiago Moyano[7], Marcela Lacamera[7], Ubirajara Mariana Peixoto Guimaraes[9], Bicalho Viana Rafaela[9], Beatriz Mota tiburcio[9], Vitor Alves Cruz[9], Aline Vieira Moraes Essado Ferreira[9], Mariana Silva Guimarães[9], Fernando Sommerfleck[8], Glaucio Ricardo Webner de Castro[9], Reyna Amparo Galaviz Pérez[9], Camila Lomonaco[9], Rocio Gamboa[5], Enrique Julio Giraldo Ho[13], Reginaldo Botelho[9], Gabriela Stefenoni Kruger[9], Monique Chalem[6], Carla Gobb[8], Javier Ramirez[6], Enrique Soriano[8]

[1]UI, PANLAR, Rosario, [2]UI, PANLAR, CABA, Argentina, [3]UI, PANLAR, Minas Gerais, Brazil, [4]UI, PANLAR, Bogotá, Colombia, [5]UI, PANRED , Peru, Peru, [6]UI, PANRED , Colombia, Colombia, [7]UI, PANRED , Uruguay, Uruguay, [8]UI, PANRED , Argentina, Argentina, [9]UI, PANRED , Brazil, Brazil, [10]UI, PANRED , Mexico, Mexico, [11]UI, PANRED , Dominican Republic, Dominican Republic, [12]UI, PANRED , Paraguay, Paraguay, [13]UI, PANRED , Panama, Panama

Has this paper been previously presented at another conference?: No

Background/Objectives: Most of the epidemiologic studies, outcomes, and trials of patients with RA included primarily Caucasian patients or without racial information defined.Objetive: to evaluate the different clinical characteristics among ethnicities in RA patients from Latin American.

Methods: Data from the real-world life PANLAR´s register of consecutive patients diagnosed with RA from Dec 2021 to Dec 2023 were analyzed according to self-defined ethnicity. Categorical variables were expressed as %, and (95%CI). Tables of contingency were analyzed with $\chi 2$ or Fisher test, continuous variables (median, IQR) ($p<0.05$ was considered significant).

Results: 1240 patients were included, mainly half-blood (49.6%) and white (40.9%). Half-blood had higher anti-CCP positivity and RF+ and lower cDMARD and bDMARD failure. No differences were found in JAKi failure. Afro-Latinamerican had higher concomitant GC and cDMARD use. White people showed higher extraarticular disease and bone erosion. According to DAS28-CRP, there were more percentage of inactive disease activity in half blood people and more percentage of high disease activity in Afro-Latinamerican.

Table 1: Clinical characteristics according to ethnicity

n, % (95%CI)	White n= 516 (40.9%)	Half Blood n= 625 (49.6%)	Afro-Latinamerican n= 99 (7.8%)
Anti-CCP +	292/446, 65.5% (60.8-69.8)	418/571, 73.2% (69.4-76.8)	53/83,63.9% (52.6-74.1)
RF +	389/504, 77.2% (73.2-80.7)	494/591, 83.6% (80.3-86.4)	77/95,81.1% (71.7-88.4)
Concomitant GC	296/514, 57.6% (53.2-61.9)	397/623, 63.7% (59.8-67.5)	78/99, 78.8% (69.4-86.4)
Concomitant cDMARD	361/516, 70% (65.8-73.9)	386/624, 61.9% (57.9-65.7)	71/99, 71.7% (61.8-80.3)
cDMARD failure	438/512, 85.5% (82.2-88.4)	434/625, 69.4% (65.6-73.1)	83/99, 83.8% (75.1-90.4)
bDMARD failure	242/516, 46.9% (42.5-51.3)	204/624, 32.7% (29.1-36.5)	49/99, 50.5% (39.3-59.7)
JAKi failure	51/516,9.9% (7.4-12.8)	48/624, 7.7% (5.7-10.1)	5/99, 5.1% (1.6-11.4)
DAS28-CRP			

-Inactive disease	40,8.1% (5.8-10.9)	64, 12.7% (9.9-15.9)	7, 7.8% (3.2-15.4)
-Low disease	31,6.3% (4.3-8.8)	50, 10% (7.5-12.9)	12, 13.3% (7.1-22.1)
-Moderate disease	275,56% (51.5-60.5)	253, 50.4% (45.9-54.8)	43, 47.8% (37.1-58.5)
-High disease	145,29.5% (25.5-33.7)	135, 26.9% (23.1-30.9)	28, 31.3% (21.7-41.7)
Extraarticular disease	109/510, 21.4% (17.9-25.2)	8 1/599, 13.5% (10.9-16.5)	14/94, 14.9% (9.7-27.3)
Erosion	259/504,51.4% (46.9-55.8)	251/599, 41.9% (37.9-45.9)	43/95, 45.3% (35.1-55.8)

Conclusion: Further research is needed to explain the disparities found in rheumatoid arthritis.

Disclosure of Interest: None Declared

Keywords: Registry, rheumatic diseases, rheumatoid arthritis

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PANLAR 2024

Epidemiology (including socioeconomic, socio-cultural and gender equity studies)

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Prevalence Of Overweight And Obesity In People With Musculoskeletal Symptoms

Sonia Sandy Sapag Durán[2], Ana Maria Sapag Duran[1], Vivian Eliana Duran Chavez[*3], Joseline Neisa Quiroz Almaraz [1], Sandra Patricia Echazú Román[4], Tatiana Rosario Maida Vargas[5], David Glover Oliva Chávez[5], Javier Lopez Villa[6], Evelin Montenegro Suarez[3], Walter Henry Morales Oliva[5], Edson Ocampo Clavijo[7], Cristian Carlos Añez Martinez[1], Jorge Luis Flores[3], Alberto Nogales[1], Carlos Alberto Hurtado[8], Hellen Shirley Poggi Montero [8], Freddy Juan España Irusta[7], Angela Mery Delgado Salinas[1]
[1]Hospital Japones, [2]Centro de Especialidades Reumatología, [3]Hospital San Juan de Dios, [4]Clinica Foianini, [5]Instituto Boliviano de Reumatología, [6]Caja de Caminos, [7]Caja Nacional de Salud, [8]SEDES, Santa Cruz, Bolivia, Plurinational State Of

Has this paper been previously presented at another conference?: Yes

Background/Objectives: BACKGROUND: Overweight and obesity is currently considered a global epidemic. The repercussions on rheumatic diseases have been widely studied in both degenerative diseases and autoimmune pathologies. OBJECTIVE: To identify the prevalence of overweight and obesity in people with musculoskeletal symptoms

Methods: Descriptive cross-sectional study. Data collection carried out in the campaign "Show your hands on time", in Santa Cruz de la Sierra, Bolivia. Sociodemographic variables were evaluated and the Body Mass Index (BMI) was measured, BMI: 25 – 29 kg/m2 was considered overweight, Obesity: ≥30, in > 60 years: overweight 28 – 31.9, obesity ≥ 32. The analysis was performed using SPSS Statistics.

Results: A total of 248 patients were included, 220 women (88.71%) and 28 men (11.29%). The mean age was 53 years (18-94). 119 (47.98%) married, 97 (43.14%) single or divorced, and 22 (8.87%) widowed. Most of them were housewives (57.66%) or had informal jobs (30.24%). High school was the level of studies achieved in the majority (45.97%) and only 14.92% had a university level. More than half had a chronic disease (58.87%); hypertension was the most frequent (34.27%), followed by diabetes mellitus (18.95%). The main diagnosis was osteoarthritis (51.21%), followed by inflammatory arthritis (24.19%), neuropathy (12.10%) and tendinopathy (8.06%). More than half had severe pain (62.50%), and one-third moderate pain (30.24%) as measured by a verbal numerical scale. Almost one-third had received corticosteroids in the last six months or were receiving them (27.02%). The prevalence of overweight or obesity was 81.85%. Half were obese (51.21%) and one-third were overweight (30.65%). There was no statistically significant association between weight and demographic variables, pain intensity, mood disorders (depression or anxiety), insomnia or corticosteroid use.

Conclusion: A high prevalence of overweight and obesity was identified in people presenting with musculoskeletal symptoms. Public health interventions should be carried out to guide the population about the consequences of these interventions.

Disclosure of Interest: None Declared

Keywords: Musculoskeletal Symptoms, OVERWEIGHT AND OBESITY

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PANLAR 2024

Epidemiology (including socioeconomic, socio-cultural and gender equity studies)

PANLAR2024-1202

Diagnosis Of Health Situation Of The Rheumatology Service Of A Hospital In The Dominican Republic

Alexandra Molina Diaz[*1], Carmen Maria Tineo Rodriguez[1], Glenny Paulino Acevedo[1], Catherine Rodriguez Tejada[1], Greysi Diaz[1], Luis Sarita[2], Marianny Castillo[1], Melissa Rodriguez Urena[1], Daniel Jimenez Gutierrez[1], Laura Tolentino[1], Rosario Tavares Duarte[1], Esthela Loyo[1]
[1]Reumatologia, [2]Geriatrics, Hospital Regional Universitario Jose Maria Cabral y Baez, Santiago, Dominican Republic

Has this paper been previously presented at another conference?: No

Background/Objectives: The objective of this study is to analyze the health situation in the Rheumatology service of a hospital in the Dominican Republic

Methods: A non-experimental, descriptive cross-sectional study was conducted using primary sources. From the total universe of 6210 patients registered in the Rheumatology service a non-probabilistic accidental sampling of 10% (621 patients) was selected. The health, sociodemographic, and economic aspects of the patients were assessed.

Results: The number of patients evaluated was 621, with a total of 28 rheumatological pathologies identified, Rheumatoid Arthritis being the most common at 27.5%, followed by Systemic Lupus Erythematosus at 16.6% and Osteoarthritis with 15.5%, while less common ones included Paget's Disease, Juvenile Dermatomyositis, and Sweet's Syndrome at 0.2%. Among the most used immunomodulator medications, prednisone was the highest at 30.9%, followed by Methotrexate at 23.7%, Hydroxychloroquine at 19.2%, and Mycophenolate Mofetil at 13.7%. Anti-TNF drugs were used by 7.1%, followed by Rituximab at 4.2%, and Tocilizumab at 2.3%. A total of 65.9% presented some comorbidity, with Arterial Hypertension representing 52.2% and Diabetes Mellitus 14.3% and 15.0% smoke. In regards to the sociodemographic variables, 83.3% were women; the average age was 51.48 years ±15.829, and 25.8% of participants had higher or technical education. 61.8% reported being unemployed, and 67.0% stated that their income depended on others or some assistance program. The mean income was $154 ±384. 51.9% used four or more medications; 59.6% depended on a third party and/or government assistance program to acquire their medications; 61.4% reported living in their own homes; 41.4% reported having visited the rheumatology service 2-3 times while 40.9% referred between 4-6 visits in the last 12 months. The average number of consultations per patient per year was 2.29 (SD 1.317), while only 12.7% of patients needed to be admitted to the Rheumatology service. Finally, 94.5% of patients reported feeling cared for by the staff.

Conclusion: The health situation in the Rheumatology service was successfully analyzed, addressing population characteristics, prevalent pathologies, treatment, comorbidities, sociodemographic, and economic aspects, as well as patient satisfaction. This analysis aims to provide solutions to the issues which were identified.

Disclosure of Interest: None Declared

Keywords: Analysis, Health, Situation

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Epidemiology (including socioeconomic, socio-cultural and gender equity studies)

PANLAR2024-1348

A Systematic Review Evaluating The Essential Methodological Elements Of Consensus In Classification/Diagnostic Criteria And Guideline Development

Yimy Medina[*1,2], Cindy Vanessa Mendieta [1], Natalia Prieto[2], María Laura Acosta Felquer [3], Enrique R. Soriano [3]
[1]Epidemiology and Biostatistics , (1) PhD Program in Clinical Epidemiology, Department of Clinical Epidemiology and Biostatistics, Pontificia Universidad Javeriana, Bogotá, Colombia , [2]Internal Medicine. Rheumatology , Universidad Nacional de Colombia , Bogotá, Colombia, [3]Rheumatology Section, Internal Medicine Service, Instituto Universitario Hospital Italiano Buenos Aires, Argentina , Buenos Aires , Argentina

Has this paper been previously presented at another conference?: No

Background/Objectives: A consensus is defined as a general agreement, implicit or explicitly expressed, among the members of a group. It aims to gather expert input iteratively until a consensus is reached, but there are no established methodological criteria for conducting and analyzing these studies. To investigate the existence of different elements within consensus studies and to compile a list of candidate items for validating studies that employ consensus methodologies

Methods: We selected eligible studies based on predefined criteria, which included specific items, phases, and a threshold (70%). We conducted a literature search without a date limit, using Medline, Embase, LILACS, SciELO and until March 2022. We included studies in the English language. We assessed the risk of bias using the CASP (Critical Appraisal Skills Program) qualification checklist.

Results: A total of 8.360 references were identified, 3,783 references were screened by title and abstract and a total of 1,633 selected for full-text analysis. A total of 20 papers were finally included for data extraction. Fourteen (70%) studies were conducted with Delphi method and six (30%) studies used modified Delphi method. In all of them, a review of the literature and synthesis of the evidence was performed before a consensus. The Delphi studies, did not report conflicts of interests and modified Delphi studies lacked an analysis plan and faced issues with consensus timing. Other methodologies such as RAND-UCLA and Nominal were excluded due to poor methodological quality. Overall, most of the included studies were associated with a low risk of bias.

Conclusion: **Discussion:** There was an evident absence of standardization in definitions, methodology, and reporting. Establishing a robust conceptual framework for the different phases of consensus methods could facilitate the planning and execution of these studies. While the developed checklist is lengthy and has yet to be validated, it can be used as a starting point to enhance the methodological rigor of consensus. **Conclusion:** There is no established methodological framework for conducting consensus studies This review provides preliminary criteria to improve the methodological quality and transparency of consensus studies. As a result, there is a growing need to improve the consensus methodology. To address this issue, we recommend the use of a checklist that should be considered in future consensus studies and ensure that the reporting methodology is more robust and reliable.

Disclosure of Interest: None Declared

Keywords: Consensus Study; Reporting Guidelines; Completeness of reporting; Good reporting; Methodology; Systematic review of Literature

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Epidemiology (including socioeconomic, socio-cultural and gender equity studies)

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Non-Attendance In Rheumatology And Its Relationship With Depression And Anxiety

Ana Cecilia Bardán Incháustegui[1], Daniela Alejandra Salcedo Soto[1], Pablo Gámez Siller[1], Dennya Monserrat Lara Méndez[1], Diana Elsa Flores Alvarado*[1], Jorge A Esquivel Valerio[1], Ángel Kevin Garza Elizondo[1], Jesús Alberto Cárdenas de la Garza[1], Dionicio Ángel Galarza Delgado[1]
[1]Rheumatology, Hospital Universitario "Dr. José Eleuterio González", Nuevo León, Mexico

Has this paper been previously presented at another conference?: No

Background/Objectives: Non-attendance to appointments among patients with rheumatic diseases can have significant consequences. One identified association is with the economic burden, serving as a primary contributing factor to this non-adherence. Currently, our ongoing investigation aims to explore other potential causes, including symptoms of depression.

Methods: A cross-sectional study was conducted from October to December 2023, involving the evaluation of 815 patients with rheumatic diseases who missed their consultation appointments. For these patients, we conducted a deliberate search in our mental health program database to identify any symptoms of depression or anxiety. Subsequently, we stratified the risk of depression using the Hospital Anxiety and Depression Scale (HADS): a score of 0 is classified as no risk, 1-7 points as low risk, 8-10 points as intermediate risk, and >11 points as high risk.

Results: We identified 35 patients who have missed at least one scheduled rheumatology consultation. Out of these patients, 23 showed at least one symptom of depression and 25 exhibited symptoms of anxiety. Upon analyzing the risk stratification for depression, we found that 11 patients (47.82%) were at low risk while 12 (52.17%) were at high risk. For anxiety, 12 patients (48%) were at low risk while 9 (36%) were at high risk. 13 (37.14%) of our patients presented a risk for both.

Conclusion: Future interventions should not only address economic factors but also prioritize strategies to identify and manage symptoms of depression, ultimately enhancing patient adherence and overall well-being. Further research and collaborative efforts are warranted to develop targeted interventions that address both physical and mental health aspects in the comprehensive care of patients with rheumatic diseases.

Disclosure of Interest: None Declared

Keywords: Anxiety, Depression, non-attendace

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PANLAR 2024

Epidemiology (including socioeconomic, socio-cultural and gender equity studies)

PANLAR2024-1372

Experience Of A Cognitive Rehabilitation Program For Patients With Rheumatic Diseases

Gabriela Anais Madrid-Lopez[*1], Diana Paola Flores-Gutierrez[1], Maria Eugenia Corral-Trujillo[1], Ivan de Jesus Hernandez-Galarza[1], Dionicio Angel Galarza-Delgado[1]
[1]Rheumatology , Hospital Universitario "Dr. José Eleuterio González", Monterrey, Mexico

Has this paper been previously presented at another conference?: No

Background/Objectives: Rheumatic diseases (RD) can have an impact on cognitive function, frequent complaints involve self-perceived deficits in attentional abilities, working and long-term memory, and executive functions. The presence of cognitive impairment and mood disorders in a patient with RD represent a greater burden on the patient's life.

Our aim is to determine the prevalence of cognitive impairment at its different levels in patients with RD.

Methods: Observational, descriptive, cross-sectional study. We evaluated patients from a rheumatology clinic from September 2022 to November 2023. Patients over 18 years old with at least one RD and a subjective perception of cognitive impairment affecting their daily lives were assessed (Fig. 1).

Results: A total of 16 patients were evaluated, 87.5% were women with a mean age of 50.06 +/- 16.03 years (Table 1). The most frequent diagnoses were Fibromyalgia (FM) and Systemic Lupus Erythematosus (SLE) in 25% and 18.8%, respectively. According to the Montreal Cognitive Assessment (MoCa) test, some level of cognitive dysfunction was found in 87.5% (14) of patients (92.8 % (13) mild and 7.14% (1) severe). Psychiatric comorbidities were found in 50% of the patients, being the most frequent Major Depressive Disorder and Recurrent Depressive Disorder. Only 31.3% had had previous psychiatric treatment, while 50% had received psychological support. We found that 31.3% had had thoughts of death, and they were still present in 18.8%. Suicidal ideation and a history of suicide attempts were present in 6.3%.

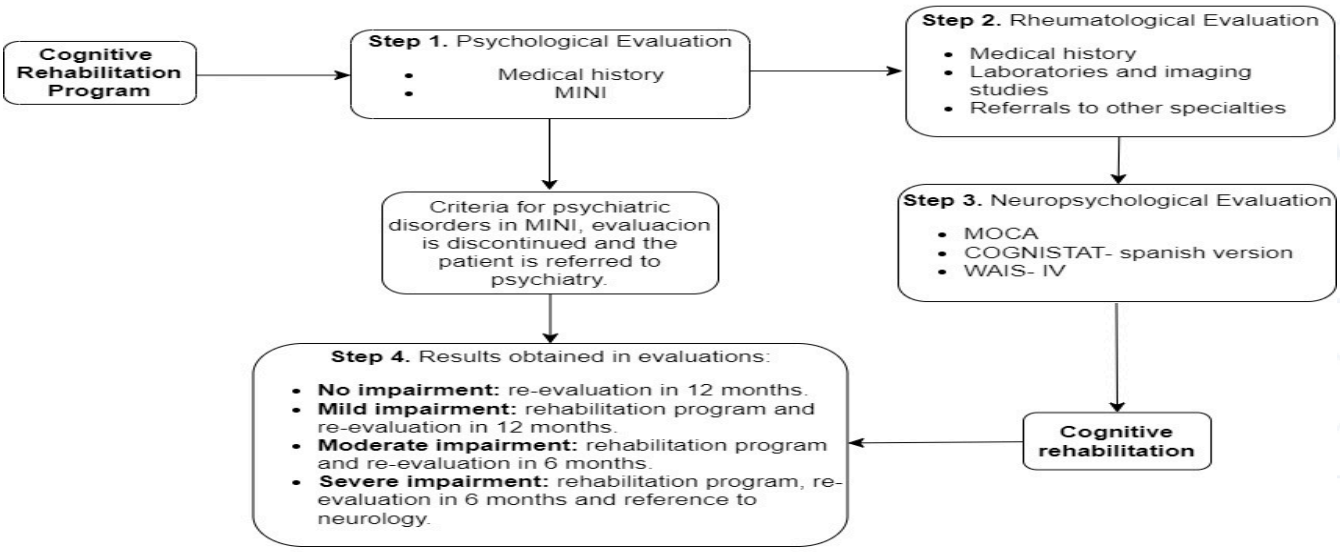
Table 1: **Table 1.** Sociodemographic and clinical characteristics.

Age, mean (+/-)	50.06 (16.03)
Women, n (%)	14 (87.5)
Education level, n (%)	
Primary school	1 (6.3)
Secondary school	2 (12.5)

High school	4 (25)
Degree	8 (6.3)
Posgraduate studies	1 (6.3)
Smoking, n (%)	2 (12.5)
Alcoholism, n (%)	3 (18.8)
Diagnoses, n (%)	
Fibromyalgia	4 (25)
Systemic Lupus Erythematosus	3 (18.8)
Psoriatic arthritis	2 (12.5)
Other	7 (43.7)
Comorbidities, n (%)	
Hypothyroidism	4 (25)

Image 1:

Image 1: Cognitive Evaluation and Rehabilitation Program.



**MoCA : Montreal Cognitive Assessment, COGNISTAT: Neurobehavioral Cognitive Status Examination (NCSE), WAIS-IV: Wechsler Adult Intelligence Scale- Fourth Edition.*

Conclusion: Over two-thirds of the participants had cognitive impairment according to the MoCa and 50% presented a psychiatric comorbidity. Cognitive and emotional components alter the patient's daily function and may impact on their quality of life. Neuropsychological evaluation should be part of the multidisciplinary management of patients with rheumatic diseases.

Disclosure of Interest: None Declared

Keywords: cognition, mental health, neuropsychological test

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Epidemiology (including socioeconomic, socio-cultural and gender equity studies)

PANLAR2024-1477

Características Clínicas Y Grado De Discapacidad De Pacientes Con Artritis Reumatoide Que Acuden Por Primera Vez A Consulta De Reumatología

Karelia Lucia Arispe Claros[*1], Néstor Vladimir Gareca Torrico[2,3], Natalia Gareca Canedo[4]
[1]Hospital Clínico Viedma, Cochabamba, Bolivia, Plurinational State Of, [2]Servicio Reumatología, Hospital Clínico Viedma, [3]Servicio de Reumatología, [4]Clínica Los Olivos, Cochabamba, Bolivia, Plurinational State Of

Has this paper been previously presented at another conference?: No

Background/Objectives: Rheumatoid arthritis (RA) is an autoimmune, chronic, inflammatory, degenerative and insidious pathology, so that patients suffering from it generally arrive late to the Rheumatology service, with significant irreversible joint damage, which is associated with disability, compromised quality of life and decreased survival. In Latin America, the lack of incidence studies limits the understanding of the epidemiology of RA.

The objective was to describe the demographic, clinical characteristics and degree of disability of patients with a diagnosis of RA attending the rheumatology service for a first consultation.

Methods: Observational, cross-sectional, descriptive study. Patients with rheumatoid arthritis diagnosed for the first time were recruited, taking into account the RA classification criteria (ACR/EULAR 2010). Disease activity was assessed with the DAS 28 index and the degree of disability with the HAQ DI questionnaire. A total of 40 patients who met the aforementioned criteria within one year in the outpatient clinic of the Rheumatology Service were included.
Results: The results of this study showed that the highest frequency of patients with RA is in the female gender in a ratio of 7:1, mean age 46 years ± 15 years, demographically predominantly in the rural area with 55%, the delay in seeing a rheumatologist for the first time is greater than 12 months in 55% (Fig. 1) of the patients and there is an association Sig= <0.005 between the onset of symptoms and the delay in consulting the primary care general practitioner and the rheumatologist. These patients had a high degree of disease activity with DAS 28 => 5.1 (Fig. 2) and moderate disability according to the HAQ DI questionnaire.
Image 1:

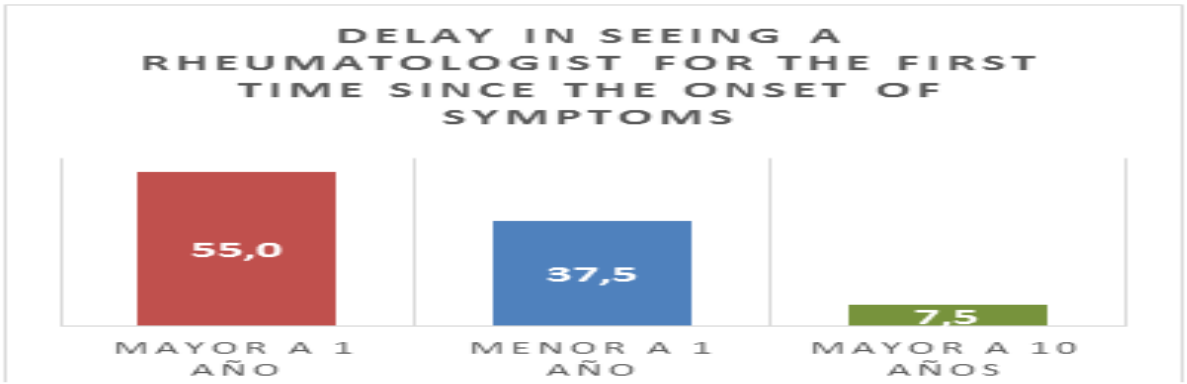

Image 2:

Conclusion: If patients arrive late, more than 12 months late to the first consultation with the rheumatologist, without treatment, with moderate degree of disability and high RA activity, it means that these patients have established joint damage due to the time of evolution. It is important to diagnose and intervene early, because the perpetuating factors of the disease are not completely established in the early stages of the disease. Therefore, the aim of this work has been to

collect data on the characteristics of these patients, in order to establish a database and regional registries, for the subsequent planning of a nationwide intervention plan.

Disclosure of Interest: None Declared

Keywords: Artritis reumatoide, bolivia, epidemiologia

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PANLAR 2024

Epidemiology (including socioeconomic, socio-cultural and gender equity studies)

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Clinical Aspects Of Patients With Systemic Sclerosis In A University Hospital

Camila Sten.[1], Ana Moreira[1], Angie Rivera[*1], Ingrid Moss[1], Julio Borges[1], Breno Bianchi[1], Carla Dionello[1], Blanca Bica[1]
[1]rheumatology, universidade federal do Rio de Janeiro, Rio de Janeiro, Brazil

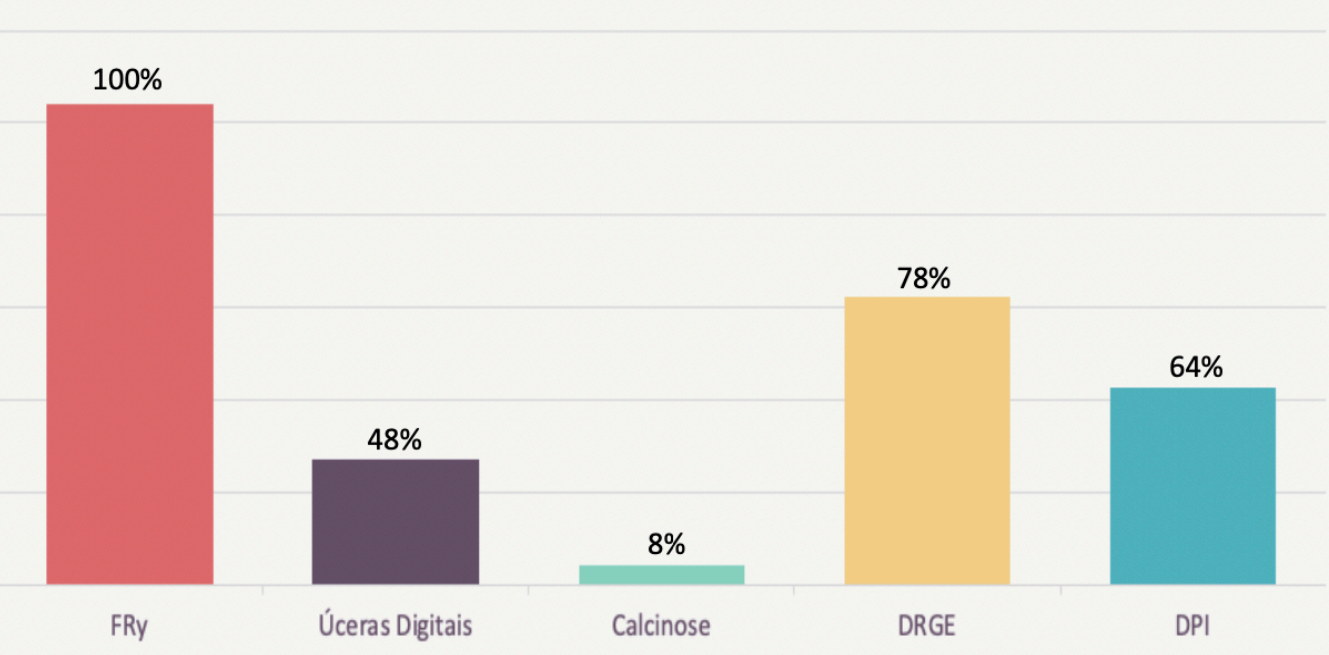
Has this paper been previously presented at another conference?: Yes

Background/Objectives: Systemic sclerosis (SSc) is a chronic connective tissue disease that affects various organs and systems in the body. It has a higher prevalence in females and a low annual incidence. The morbidity and mortality associated with SSc are still significant, underscoring the importance of early recognition of symptoms and the initiation of appropriate treatment. This study aimed to evaluate the clinical aspects of patients with SSc in a University Hospital, to identify the most prevalent domains and their prognostic value.

Methods: The study involved the review of medical records of patients diagnosed with SSc, according to the 2013 ACR/EULAR criteria, who are under follow-up in the rheumatology outpatient clinic of a University Hospital. Data collection was conducted from January to June 2023. A table was created to record the patients' demographic data and the involvement of organs and systems affected by the disease.

Results: A total of 37 patients were evaluated, with 35 females and 2 males. The mean age at the time of diagnosis was 51 years. Among the evaluated patients, 24 had limited SSc, 11 had diffuse SSc, 1 had early SSc, and 1 had sine scleroderma. The time elapsed from the onset of symptoms to diagnosis varied from 1 month to 27 years. All patients presented Raynaud's phenomenon (RP), with 70% of them experiencing RP together with non-Raynaud's symptoms. It was found that 64% of the patients had positive ANA, with half of them showing the nuclear pattern. Additionally, 9 patients had positive anti-Scl70 antibodies. Regarding specific manifestations, 48% of patients had digital ulcers, and 8% had calcinosis. The occurrence of pulmonary hypertension was observed in only 3 patients, while 2 presented renal involvement of undefined etiology, and 2 manifested cardiac involvement in the form of arrhythmias. The most frequently symptoms were gastroesophageal reflux disease (GERD), affecting 78% of patients, and interstitial lung disease (ILD), affecting 64%, which was the most severe manifestation reported.

Image 1:



Conclusion: This study identified a high prevalence of gastrointestinal manifestations, which were the most discomforting symptoms reported by patients. On the other hand, ILD was identified as the most severe symptom, affecting more than half of the patients, and standing out as the leading cause of death. These findings underscore the importance of proper diagnosis and treatment, with the aim of improving the prognosis and quality of life of these individuals.

Reference 1: FIRESTEIN, G. S. et al. Firestein y Kelley. Tratado de reumatologia. [S. l.: s. n.], 2022

Reference 2: Perelas A, Silver RM, Arrossi AV, Highland KB. Systemic sclerosis-associated interstitial lung disease. Lancet Respir Med. 2020 Mar;8(3):304-320. doi: 10.1016/S2213- 2600(19)30480-1. Epub 2020 Feb 27. PMID: 32113575.

Disclosure of Interest: None Declared

Keywords: diffuse systemic sclerosis, interstitial lung disease, limited systemic sclerosis

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PANLAR 2024

Epidemiology (including socioeconomic, socio-cultural and gender equity studies)

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The Landscape Of Reactive Arthritis In Colombia: A National Registry-Based Study

Julian Barahona-Correa[*1,2], Liz Beltran-Medina[1], Karen-Tatiana Gualdrón[1,2], Santiago Bernal-Macías[1,2], Daniel G. Fernández-Ávila[1,2]
[1]School of Medicine, Pontificia Universidad Javeriana, [2]Division of Rheumatology, Hospital Universitario San Ignacio, Bogotá, Colombia

Has this paper been previously presented at another conference?: No

Background/Objectives: Registries allow the ascertainment of the epidemiology of chronic diseases such as reactive arthritis (ReA). The Colombian Ministry of Health has implemented a National Health Registry (SISPRO) that collects data from each medical contact in the system, which provides close to universal coverage (around 98%). We aimed to establish the 6-year prevalence of ReA in Colombia and to describe its demographics, using data from January 1st, 2017, to December 31st, 2022.

Methods: We performed an observational, cross-sectional study using the International Statistical Classification of Diseases and Related Health Problems as search terms related to ReA (M023, M028, M029, M036) based on SISPRO data. We calculated prevalence per 100,000 inhabitants.

Results: We found 19,081 patients with a primary diagnosis of ReA, with an estimated 6-year prevalence of 40 cases per 100,000 inhabitants (0.04%). We observed a higher prevalence in women (male-to-female ratio 0.5:1). We found the highest frequency of cases in the 75-79 years group. Most cases were reported in Atlántico, Quindío, Bolivar, Sucre, and Magdalena. The absolute number of cases was higher in pre-pandemic years (2017: 3,630, 2018: 3,843, 2019: 4,711) when contrasted with pandemic (2020: 2,715, 2021: 3,021) and post-pandemic (2022: 2,451) years.

Table 1:

Age group (years)	Male		Female		Total population	
	Patients	Prevalence [a]	Patients	Prevalence [a]	Patients	Prevalence [a]
0-4	178	9	147	8	325	9
5-9	206	10	214	11	426	11

10-14	264	13	306	16	572	14
15-19	248	12	382	19	631	15
20-24	255	12	427	20	682	16
25-29	318	16	571	29	889	22
30-34	363	20	720	39	1083	30
35-39	392	24	880	50	1272	37
40-44	406	28	1104	70	1510	50
45-49	485	36	1381	91	1866	65
50-54	501	39	1713	116	2214	80
55-59	566	50	1506	115	2072	85
60-64	532	59	1254	118	1786	91
65-69	496	72	1019	125	1515	101
70-74	391	79	697	118	1088	100
75-79	271	83	519	130	790	109

80 or older	286	70	528	100	814	87
Total	5987	25	13085	53	19081	40

Image 1:

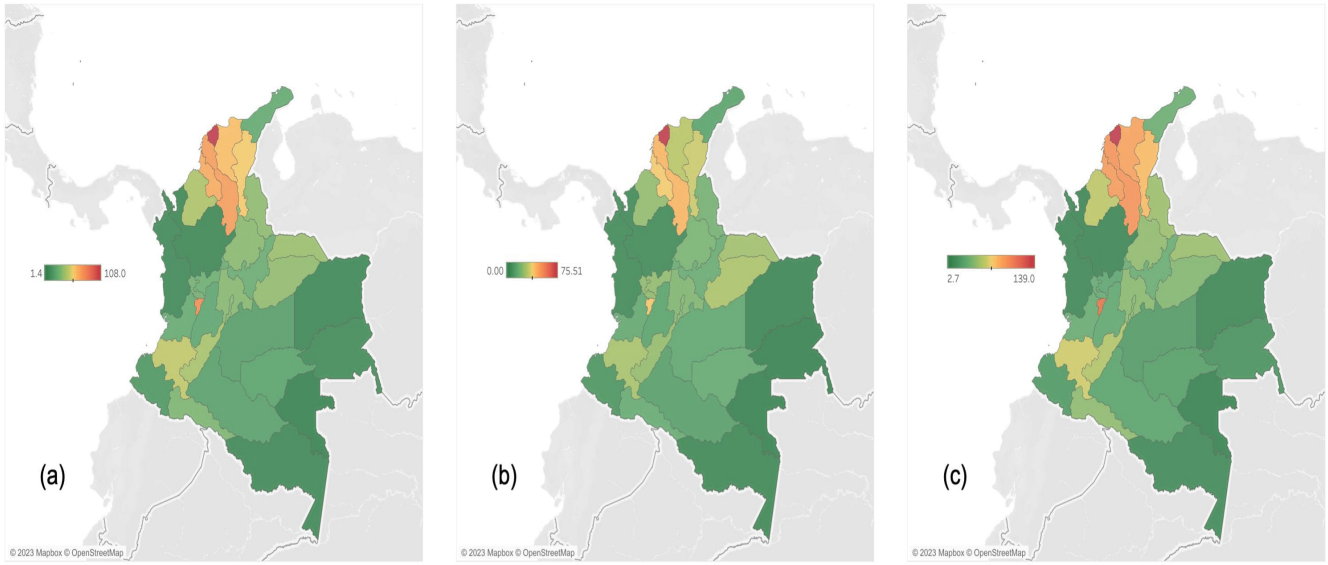

Fig. 1 Geographic distribution of the adjusted prevalence of patients with reactive arthritis (M023, M028, M029, M036; a global, b male, and c female)

Conclusion: We offer the first study that describes the demographic characteristics of ReA in Colombia. The Caribbean region presents the highest frequency, probably due to environmental and sociocultural factors. Elderly patients are the most frequently reported cases; one may speculate that more common but less known differential diagnoses among non-rheumatologists in this age group, such as inflammatory osteoarthritis or pseudogout, may be registered as ReA.

Disclosure of Interest: None Declared

Keywords: Epidemiology, Latin America, Reactive Arthritis

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Epidemiology (including socioeconomic, socio-cultural and gender equity studies)

PANLAR2024-1318

Geographic Distribution And Accessibility Challenges In Patients With Rheumatic Diseases

Ana Cecilia Bardán Incháustegui[*1], Daniela Alejandra Salcedo Soto[1], Pablo Gámez Siller[1], Dennya Monserrat Lara Méndez[1], Diana Elsa Flores Alvarado[1], Jorge A Esquivel Valerio[1], Ángel Kevin Garza Elizondo[1], Jesús Alberto Cárdenas de la Garza[1], Dionicio Ángel Galarza Delgado[1]
[1]Rheumatology, Hospital Universitario "Dr. José Eleuterio González", Nuevo León, Mexico

Has this paper been previously presented at another conference?: No

Background/Objectives: The importance of patient non-attendance for outpatient appointments is increasing in a time when efficient resource utilization is crucial. One of the leading causes of missed appointments is transportation limitations, which significantly contributes to the economic burden of non-adherence. Hence, our objective was to examine and analyze the geographic distribution and proximity of patients with rheumatic diseases to our reference hospital.

Methods: We evaluated 61 patients from our rheumatology clinic at Hospital Universitario 'Dr. José Eleuterio González", in Monterrey, Nuevo León, México. We obtained their residence locations from clinical charts and calculated the distance from their municipalities to Monterrey, where our clinic is located, using public transport routes. To determine travel time and public route availability, we utilized the Google Maps app.

Results: We identified that only 26.22% (16) of patients live in the same municipality where the reference hospital is located in Monterrey, Nuevo León. The nearest municipality identified was Guadalupe, representing only 16.39%, with an estimated time to arrival of 55 minutes using public transportation. Four municipalities do not have public transportation routes and represent 8.19% (5) of our study population. The longest route identified had a travel time of 3 hours to reach our clinic.

Image 1:

Conclusion: Our study sheds light on the geographic distribution and accessibility challenges faced by patients with rheumatic diseases attending our rheumatology clinic at Hospital Universitario 'Dr. José Eleuterio González'. The majority of patients live outside the municipality where the reference hospital is situated, underscoring the need for targeted strategies to enhance transportation options and reduce travel burdens.

Disclosure of Interest: None Declared

Keywords: accesibility, geographic, non-attendace

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Fibromyalgia and pain

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Gender Specificity Of Neuropathic Pain In Patients With Axial Spondyloarthritis

Iryna Shapoval[*1], Nataliia Kuzminova[1], Olena Kulchytska[1], Mykola Stanislavchuk[1]
[1]Internal Medicine#1, National Pirogov Memorial Medical University, Vinnytsya, Ukraine, Vinnytsya, Ukraine

Has this paper been previously presented at another conference?: No

Background/Objectives: Axial spondyloarthritis (axSpA) is a chronic rheumatic disease characterized by inflammation of the sacroiliac joint and severe pain syndrome. Persistent situations in patients with rheumatic diseases presence an overlap of nociceptive and neuropathic components in pain regulation, which needs different treatment approaches. The potential influence of gender on pain characteristics, including the neuropathic pain (NP) component, also needs additional clarification.

Our study aimed to determine gender specifics in patients with axSpA and NP and evaluate their role.

Methods: We examined 143 patients with axSpA according to the ASAS Criteria (26 female and 117 male) with a mean age of 42.1±11.3 years (M±SD). All patients completed self-administered disease-specific questionnaires (ASDAS-ESR, BASDAI, BASFI, ASQoL, VAS-Pain) and to reveal NP we used the Leeds assessment of NP scale (LANSS). The study was conducted in compliance with bioethical standards. All data were analyzed using IBM Statistics SPSS 23 software.
Results: Among 143 patients with axSpA, there were 47 persons with NP (LANNS≥ 12). According to the gender differences, we indicate a higher prevalence NP in the female group with the proportion of patients – 50.0% (13/26) and a significant difference vs. the male group – 29.0% (34/117), $p<0.05$. The female group showed expressiveness of NP symptoms with mean scores (M±SD) of LANSS were 11.03±4.34 compared to the male group - 8.93±4.32. $p<0.05$.

Regarding disease-specific parameters male and female groups with NP did not differ. The presence of NP in both groups was associated with more pronounced functional disorders, higher disease activity, and worse quality of life than patients without NP.

The significant correlation we found between gender and NP was assessed by LANSS ($r= - 0.186$, $p< 0.05$) and ASQoL ($r=-0.169$, $p< 0.05$). Also, we calculated the risk of appearance NP in patients with axSpA: female gender in axSpA patients increases the chances of NP appearance 3 times (OR = 2.44; 95% CI 1.0266 - 5.805, $p <0.05$).

Conclusion: Our results showed a higher prevalence of NP in female patients with axSpA and associations between female gender with the risk of appearance NP in axSpA patients, this specificity can be significant in choosing an approach to the management of this category of patients.

Reference 1: Gok, K., Cengiz, G., Erol, K., & Ozgocmen, S. (2018). Neuropathic Pain Component in Axial Spondyloarthritis and the Influence on Disease Burden. *Journal of clinical rheumatology: practical reports on rheumatic & musculoskeletal diseases*, *24*(6), 324–327. https://doi.org/10.1097/RHU.0000000000000711

Reference 2: Rusman, T., van Bentum, R. E., & van der Horst-Bruinsma, I. E. (2020). Sex and gender differences in axial spondyloarthritis: myths and truths. *Rheumatology (Oxford, England)*, *59*(Suppl4), iv38–iv46. https://doi.org/10.1093/rheumatology/keaa543

Disclosure of Interest: None Declared

Keywords: Axial Spondyloarthritis, Gender Specificity, Neuropathic pain

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Fibromyalgia and pain

PANLAR2024-1072

Cross-Cultural Adaptation And Validation Of The Nociplastic-Based Fibromyalgia Features (Nff) Diagnostic Tool In Mexican Fibromyalgia Patients

Eli Marisol Saldaña Campos*[1], Miguel Angel Novoa Islas[1], Brissia Ceniceros Ruiz[1], Aline Priscilla Santiago García[2], Paloma Lynette Ibarra De La Torre[1], Alejandra Landeros Sáenz[1], Gabriel Andrés Calderon De la Peña [1], Cesia Gisela Avalos Fernandez [1], Silvia Itzel Viruete Lerma[1], Verónica González Díaz[1], Gloria Esther Martínez Bonilla[1], Ana Guilaisne Bernard Medina[1], Maria Elena Ventura Valenzuela[1], Jefte Felipe Uribe Martínez [1], Sergio Cerpa Cruz[1]
[1]Reumatología, Hospital Civil de Guadalajara "Fray Antonio Alcalde", [2]Doctorado en Farmacología, Universidad de Guadalajara, Guadalajara, Mexico

Has this paper been previously presented at another conference?: No

Background/Objectives: Fibromyalgia (FM) is a generalized painful chronic disorder in which "nociplastic pain" has been recognized as a pathogenic mechanism. The diagnostic tool "Nociplastic-based Fibromyalgia Features (NFF)" was validated in patients with FM, however, it hasn't been adapted transcultural or validated for it's application in Mexican patients. This study aimed to perform transcultural adaptation and validate a preliminary diagnostic tool in Mexican FM patients.

Methods: This cross-sectional study included female FM patients, 18-65 years, and as a control group: primary generalized osteoarthritis (OA) patients, recruited by random sampling, the enrollment took place in the Hospital Civil de Guadalajara “Fray Antonio Alcalde". A sample size of 42 patients (21 in each group) with a power of 80% was calculated; cross-cultural adaptation of NFF was performed with receiver operating characteristic curve analysis combined with likelihood ratios. A two-tailed alpha value <0.05 was set as significant.

Results: A total of 63 patients were recruited: 33 patients with fibromyalgia and 30 patients with primary generalized osteoarthritis. The demographic and clinical characteristics are shown in Table 1. We proved the prediction capacity according to the scores obtained using the ROC curve, AUC was 0.980, 95% IC 0.953 – 1.0; p < 0.001 (Fig.1). The cut-off value ≥ 4 points, with a sensitivity of 86.49% (95% IC 71.23- 95.46), and specificity of 96.15% (95% IC 80.36 – 99.90), positive predictive value 96.97% (95% IC 82.34 -99.55), negative predictive value 83.33% (95% IC 68.80-91.90). The results of Fagan's nomogram are shown in Fig. 2.

Table 1:

Table 1. Demographic and clinical characteristics of patients with fibromyalgia and osteoarthritis.

	Osteoartritis n=30	Fibromyalgia n=33
Age, mean ±DS	56,9 ± 7,0	50,18 ± 10,14

Evolution time, mean ±SD, months	92,7 ± 123,5	113,3 ± 143,3
SF -12	52,8 ± 7,0	51,5 ± 5,2
EVA mean, ±SD	5,19 ± 2,4	7,2 ± 1,5
FIQR, mean, ±SD.	NA	52,7 ± 17,8

Abbreviations: FIQR, Revised Fibromyalgia Impact Questionnaire; FM, fibromyalgia; SD, standard deviation; VAS, visual analog scale; NA, not applicable.

Image 1:

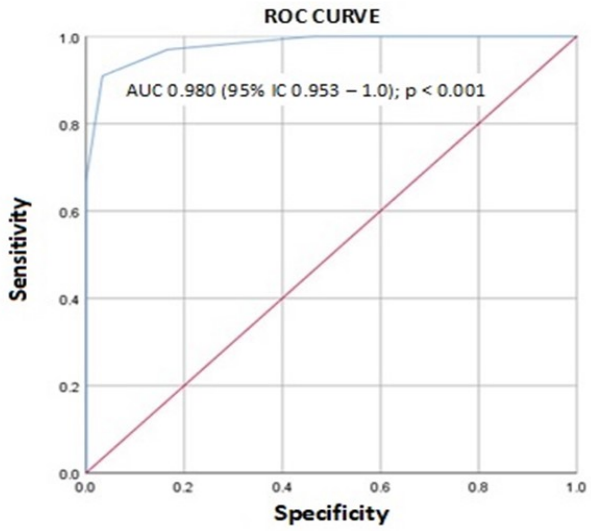

Figure 1. ROC Curve and AUC for the total cross-culturally adapted version of the Nociplastic-based Fibromyalgia Features. AUC, area under the curve; ROC, receiver operating characteristics.

Image 2:

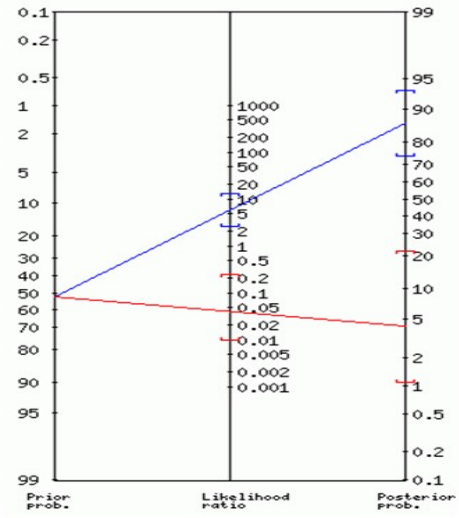

Figure 2. Fagan's Nomogram for the cross-culturally adapted version of the Nociplastic-based Fibromyalgia Features.

Conclusion: This cross-culturally adapted version of the Nociplastic-based Fibromyalgia Features tool has adequate validity and diagnostic performance with a good sensitivity and specificity of Nociplastic pain in patients with chronic pain, for discriminating fibromyalgia with a cut-off score like its original version (≥4 pts.), allowing the early diagnosis of fibromyalgia Mexican patients.

Reference 1: Pérez-Neri I, Sandoval H, Estêvão MD, Vasanthan LT, Alarcon-Ruiz CA, Ruszkowski J, et al. Central and peripheral mechanisms of pain in fibromyalgia: scoping review protocol. Rheumatol Int [Internet]. 2023 Apr 1 [cited 2023 May 25];43(4):757–62. Available from: https://doi.org/10.1007/s00296-023-05275-9

Reference 2: Ghavidel-Parsa B, Bidari A, Atrkarroushan Z, Khosousi MJ. Implication of the Nociplastic Features for Clinical Diagnosis of Fibromyalgia: Development of the Preliminary Nociplastic-Based Fibromyalgia Features (NFF) Tool. ACR Open Rheumatology [Internet]. 2022 [cited 2023 Jul 17];4(3):260–8. Available from: https://onlinelibrary.wiley.com/doi/abs/10.1002/acr2.11390

Disclosure of Interest: None Declared

Keywords: Centralized nociplastic pain, Cross-cultural adaptation, Fibromyalgia diagnosis

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Fibromyalgia and pain

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Validation Of The Fibromyalgia Survey Questionnaire (Fsq) In Chronic Inflammatory Arthritis. Preliminary Report.

Milena Mimica[*1,2,3], Jocelyn Muñoz[1], Josefina Durán[4], Sebastián Ibañez[5,6], Alejandra Segovia[5,6], Miguel Gutierrez[7,8], Oscar Neira[9], Carolina Foster[9], Oslando Padilla[4], María José Monsalves[1], Loreto Massardo[1,2,3]
[1]Facultad de Medicina y Ciencia, Universidad San Sebastián, [2]Unidad de Reumatología, Hospital Félix Bulnes Cerda, Santiago, [3]Unidad de Reumatología, Hospital Regional Libertador Bernardo O'Higgins, Rancagua, [4]Facultad de Medicina, Pontificia Universidad Católica de Chile, [5]Facultad de Medicina, Universidad del Desarrollo, [6]Departamento de Reumatología, Clínica Alemana de Santiago, Santiago, [7]Facultad de Medicina, Universidad de Valparaíso, Valparaíso, [8]Unidad de Reumatología, Hospital Naval Almirante Nef, Viña del Mar, [9]Departamento de Reumatología, Hospital Del Salvador, Santiago, Chile

Has this paper been previously presented at another conference?: Yes

Background/Objectives: Fibromyalgia (FM) in chronic inflammatory arthritis (CIA): rheumatoid arthritis, psoriatic arthritis and spondyloarthropathies is common (13-21%),Diagnosis in this group is especially difficult due to overlapping pain symptoms. The Fibromyalgia Survey Questionnaire (FSQ) (cut-off point >= 13) is not validated in CIA. Objective: to evaluate the performance of the FSQ to diagnose FM in patients with CIA.

Methods: Multicenter cross-sectional study in 101 adults with CIA with and without FM. CIA activity and clinical diagnosis of FM were evaluated. Questionnaires were applied virtually: FSQ, quality of life (SF-12), functionality (HAQ) and work productivity (WPAI). Statistical analysis: chi-square, t-test, Mann-Whitney and ROC curves. SOCHIRE (Chilean Society of Rheumatology) financing.

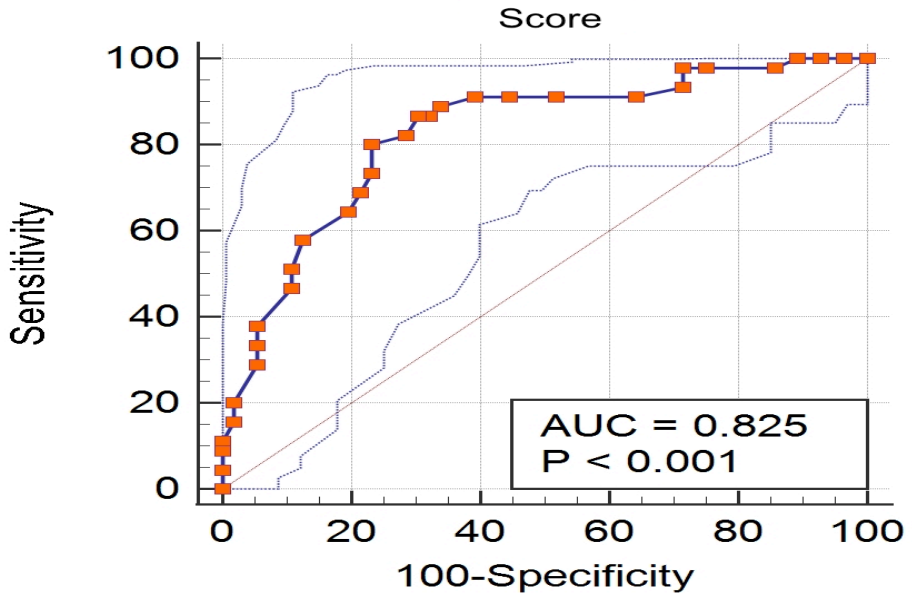
Results: See table. FSQ performance for FM diagnosis is adequate in CIA patients (see Figure). Areas under the curve (AUC) ROC 0.8 (p<0.001; 95%CI 0.7-0.9), with the best cut-off point being ≥16, with 80% sensitivity and 77% specificity. In patients with low activity/remission, FSQ performance is good: AUC 0.89 (p < 0.001, 95%CI 0.76 - 0.96), best cut-off point ≥13, 84.2% sensitivity and 88.6% specificity. With moderate/severe activity, FSQ performance drops: AUC 0.73, (p 0.027, 95% CI 0.57-0.86), and cut-off point ≥20, 62% sensitivity and 76.2% specificity. The FM ACR 2016 diagnostic criteria in patients with CIA present 71% sensitivity and 71% specificity (p <0.001) but are not useful in CIA with moderate/severe activity (not significant).

Table 1:

Characteristics of 101 patients with CIA according to the presence of clinical FM			
	With FM (n=56)	Without FM (n=45)	P Value
Diagnosis:	64%	80%	0.222

Rheumatoid arthritis Psoriatic arthritis Spondyloarthropathies	20% 16%	11 % 9%	
Moderate/High CIA activity %	**38%**	**58%**	**0.033**
Intention to increase CIA therapy	30%	26%	0.413
NSDAI use	**63%**	**87%**	**0.005**
Corticosteroids use, %	**42%**	**64%**	**0.020**
Conventional DMARDs use %	82%	91%	0.157
Biologic and targeted synthetic DMARDs use %	30%	22%	0.245
HAQ; media (SD)	**0,8 (0,7)**	**1,3 (0,6)**	**< 0.001**
SF-12v2 physical component; media (SD)	**43 (12)**	**35 (10)**	**< 0.001**
FSQ score (0-31); median (IQR)	**9 (11)**	**21(9)**	**< 0.001**

Image 1:



Conclusion: CIA activity scores are higher in patients with concomitant FM, but this does not reflect the decision to increase antirheumatic treatment. FSQ is a good tool to recognize concomitant FM in patients with CIA with a cut-off point ≥16, higher than that of the general population (≥13). However, FSQ performance is lower in CIA with moderate/severe activity.

Disclosure of Interest: None Declared

Keywords: Diagnostic test, Fibromyalgia diagnosis, inflammatory arthorpathies

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Imaging

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Performance Per Joint In The Ultrasound Score Of 10 Joints In The Monitoring Of Patients With Rheumatoid Arthritis

Ana Moreira[1], Camila Sten.[1], Angie Rivera[*1], Ingrid Moss[1], Julio Borges[1], Breno Bianchi[1], Carla Dionello[1], Blanca Rios[1]
[1]Rheumatology, Universidade Federal do Rio de Janeiro, Rio de Janeiro, Brazil

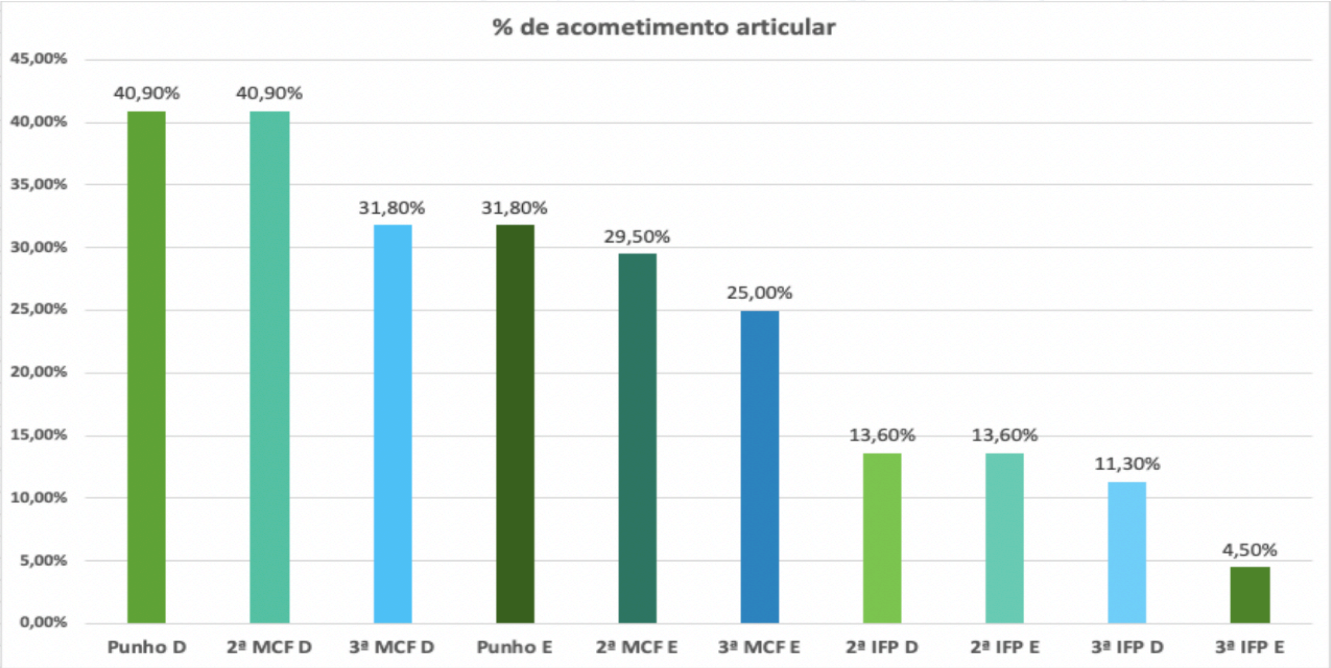
Has this paper been previously presented at another conference?: Yes

Background/Objectives: Monitoring Rheumatoid Arthritis (RA) activity is crucial for making appropriate therapeutic decisions and controlling disease progression. Ultrasonography (USG) with Power Doppler (PD) is a non-invasive and safe tool to assess inflammatory activity, and Score10 is one of the scores that can be used in this approach, which evaluates wrists, 2nd and 3rd metacarpophalangeal (MCP) and 2nd and 3rd proximal interphalangeal (PIP) of both hands. The aim of this study was to analyze which joints of this score are most affected, generating a better understanding of the effectiveness of Score10 in assessing disease activity in patients with RA.

Methods: We selected 44 exams of patients with confirmed RA, requested by rheumatologists as a complement to the physical examination in the evaluation of disease activity.

Results: Of a total of 44 exams (440 joints), 59% showed sonographic activity acording to OMERACT – PD criteria greater than grade 1 in two or more joints. The most affected joints were the right wrist and 2nd right MCP (40.9%), followed by the 3rd right MCP and left wrist (31.8%), 2nd left MCP (29.5%), 3rd left MCP(25%), 2nd right PIP and left (13.6%), 3rd PIP right (11.3%). The least affected joint was the 3rd left PIP with 4.5%. By the grey scale, the most affected joint was the 2nd right MCP, with 81.8% of the altered exams, followed by the 2nd left MCP (68.1%), the 3rd right MCP (65%), both wrists (54.5%), 3rd left PIP (50%), 2nd left PIP and 3rd right PIP (27.2%), 2nd right PIP (20.4%) and 3rd left PIP (11.3%). Bone erosions were most frequently observed in the left wrist (40.9% of the exams), followed by the 2nd right MCP (36.3%), 2nd left MCP (34%), right wrist (31.8%), 3rd right MCP (11. 3%), 2nd right and left PIP and 3rd left MCP in 4 exams.

Image 1:



Conclusion: The joints that most frequently demonstrated ultrasound activity were the wrists and second MCP, with emphasis on the greater involvement of the right side, usually more required for manual skills. There was also a discrepancy between the joints most involved by the grey scale and PD mode. We believe that a detailed study of this involvement is essential for optimizing the scores and making their findings further more relevant to support clinical decisions and help in the appropriate treatment of these patients.

Disclosure of Interest: None Declared

Keywords: Power Doppler, rheumatoid arthritis, Ultrasonography

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Imaging

PANLAR2024-1121

Evaluation Of Reduced Joint Sets For Ultrasound Assessment Of Patients With Chronic Chikungunya Rheumatism

Hugh R. Watson[* 1, 2], Andrea Nizzardo[3], Wilmer Silva-Caso[4, 5], Ronald Aquino-Ortega[4], Miguel Angel Aguilar-Luis[4], Yordi Tarazona-Castro[4], Felipe Cabellos-Altamirano[6], Giulia Calusi[3], Marie Mandron[1], Maria-Antonietta D'Agostino[7], Juana Del Valle-Mendoza[4, 5]
[1]Clinical Development, Evotec, Lyon, France, [2]Clinical Medicine, Aarhus University, Aarhus, Denmark, [3]Pharmacometrics, Evotec, Verona, Italy, [4]Biomedicine, Universidad Peruana de Ciencias Aplicadas, [5]Instituto de Investigación Nutricional, Lima, [6]Directorate of Jaen, Ministry of Health, Cajamarca, Peru, [7]Rheumatology, Università Cattolica del Sacro Cuore, Rome, Italy

Has this paper been previously presented at another conference?: No

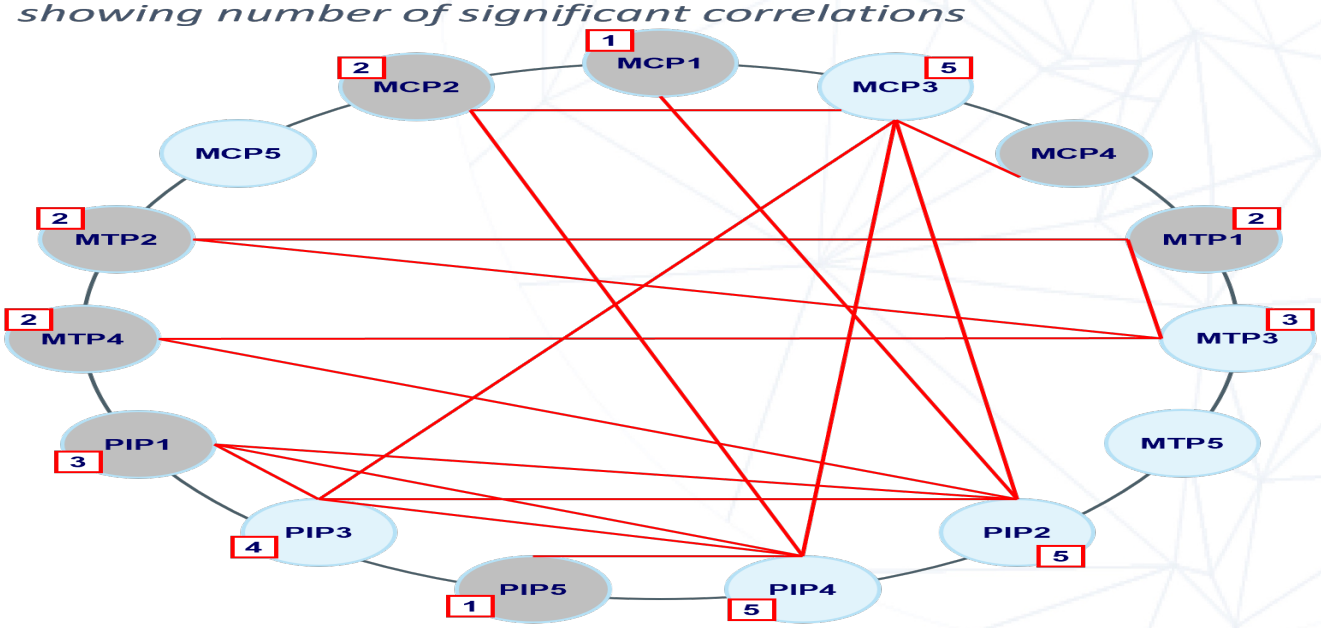
Background/Objectives: Infection by chikungunya virus (CHIKV) is often followed by chronic musculoskeletal (MSK) symptoms and significant patient disability. Global ultrasound (US) synovitis scores based on 40 joints correlate with symptom severity and patient-reported outcomes (PRO) in post-chikungunya rheumatism, but the examination is time-consuming. Our objective was to determine whether an US score based on a smaller number of joints could be identified to serve as an objective measure of patient symptoms and outcomes.

Methods: Patients with acute CHIKV infection were enrolled into a prospective study. Physical and ultrasound examination of 20 pairs of joints was accompanied by recording of pain and MSK stiffness and the RAPID3 PRO instrument. Follow-up assessment was performed after 3 months. A cluster analysis was performed on the complete set of joints using the change in US synovitis score from baseline to 3 months. Two approaches were implemented for the selection of joints within each cluster, a statistical approach and a pragmatic approach. The statistical approach employed Spearman correlation followed by retention of the joints with no correlations and those most highly correlated (Figure 1). The pragmatic approach identified the joints most frequently found to exhibit abnormalities on US examination.

Results: 60 patients were assessed by US in both the acute phase of CHIKV and after 3 months. The statistical and pragmatic approaches resulted in 14 pairs and 13 pairs of joints respectively being selected for a reduced set US score. In both approaches a large cluster of small joints was identified leading to some MCP, PIP and MTP joints being eliminated. The larger joints (shoulder, elbow, wrist, knee and ankles) were all retained. Using each approach, the change from baseline in overall score observed was similar in the complete and the reduced sets, although the pragmatic approach yielded the most similar results between the complete and reduced joint sets.

Image 1:

Figure 1. Selection of clustered MCP, PIP and MTP joints showing number of significant correlations



Conclusion: Subsets of the 40 initial joints examined were able to demonstrate similar changes in overall US synovitis score over time, although the reduction in number of joints was less than 50% whichever selection method was employed.

Disclosure of Interest: None Declared

Keywords: Chikungunya, joints, Ultrasound

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Imaging

PANLAR2024-1400

Utility Of Point-Of-Care Lung Ultrasound For The Evaluation Of Interstitial Lung Disease Associated With Connective Tissue Diseases

Luis F. Vega-Sevilla[*1], Rodrigo J. Castillo De La Garza[1], Rodrigo A. Cerda-González[1], Miguel A. Villareal-Alarcón[1], Erick J. Rendón-Ramírez[2], Jorge A. Esquivel-Valerio[1], Dionicio A. Galarza-Delgado[1]
[1]Rheumatology Service, [2]Pulmonary and Critical Care Medicine Department, Hospital Universitario "Dr. José Eleuterio González", Monterrey, Mexico

Has this paper been previously presented at another conference?: No

Background/Objectives: Interstitial lung diseases (ILD) are a heterogenous group of diseases caused by pneumonia, autoimmunity, environmental exposure, or sarcoidosis. Among the autoimmunity causes, connective tissue disease (CTD) is one of the most common. Currently gold standard diagnosis and treatment follow-up is the high-end resolution tomography (HRCT). We aimed to evaluate the utility of Point-of-care ultrasound (POCUS) as a guidance tool for ILDs in patients with CTD and compare it with high-end ultrasound (HEUS) and HRCT.

Methods: We performed a cross-sectional, descriptive, and comparative study from February to August 2023. We included patients ≥ 18 years old diagnosed with ILD associated with autoimmunity and CTD. We performed POCUS, HEUS and HRCT on patients with ILD and compared their findings. We identified the total number of B lines and the number of B lines per pulmonary segment. We employed the Warrick scale to assess ILD by HRCT. A Pearson correlation was used to determine the relationship between imaging findings. For statistical analysis, variables were presented according their distribution.

Results: We included a total of 34 patients with ILDs that had autoimmunity characteristics associated with CTD. The mean age ± SD was 62.8 ± 12.4, 34 (100%) were women. Eleven (32%) patients had RA, 10 (29%) had SSc, 4 (12%) had IIM, 3 (9%) had ILD with autoimmune characteristics, 2 (6%) had Sjogren syndrome, 2 (6%) had MCTD, 1 (3%) had SLE and 1 had UCTD. Efficacy and correlation of POCUS with HEUS and HRCT are shown in table 1 and 2.

Table 1: Correlation between POCUS and high-end ultrasound findings

	POCUS	HEUS	rho	p-value
Total of B lines, mean ± SD	22.6 ± 9	46 ± 26.9	0.801	**<0.001**
B-Lines per intercostal space, mean ± SD	1.66 ± 0.67	1.08 ± 0.58	0.846	**<0.001**
Visibility, mean ± SD	0.97 ± 0.03	0.84 ± 0.11	0.583	**<0.001**
Severity, mean ± SD	1.94 ± 0.73	2.06 ± 0.95	0.698	**<0.001**

Table 2.

	Warwick score	p-value	Severity	p-value
POCUS				
B-Lines in Total	0.649	0.002	0.577	0.008
B-Lines per intercostal space	0.640	0.002	0.555	0.011
HEUS				
B-Lines in Total	0.513	0.021	0.490	0.028
B-Lines per intercostal space	0.581	0.007	0.586	0.007

Conclusion: POCUS is a useful, reliable, easily applied, and economical tool to screen for ILD associated with CTD. POCUS may identify characteristics that correlate with severity detected by other imaging methods, such as HEUS or HRCT. HEUS is not superior to POCUS for screening lung changes. However, HRCT remains the gold standard for ILD diagnosis.

Disclosure of Interest: None Declared

Keywords: High resolution computed tomography, interstitial lung disease, Ultrasound

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Imaging

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Capillaroscopic Findings In Patients With Raynaud's Phenomenon And Negative Antibodies In High Altitude Cities, First Results

Vladimir Aroja Santos[*1], Carla Ximena Murillo Jauregui [2], Rodrigo Lopez Garcia [1], Mercedes Juana Tarqui Herrera [3], Rolando Pasten Vargas [4]
[1]Medicina Interna , COSSMIL , [2]Neumologia y Fisiologia , IBBA, [3]Medicina Interna , HOSPITAL LA MERCED , [4]Medicina Interna , CPS, La Paz , Bolivia, Plurinational State Of

Has this paper been previously presented at another conference?: No

Background/Objectives: Capillaroscopy is a technique that is used to non-invasively examine the morphology of the capillaries. Its main indication is to distinguish between a Primary Raynaud's Phenomenon from a Secondary one.

The Normal Pattern is characterized by: 1. The orderly arrangement of the capillaries. 2. Density between 9-13 per millimeters, 3. The afferent branch of 6-9 micrometers in diameter, efferent branch of 8-21 micrometers, exceptionally there may be bleeding, increased angiogenesis and megacapillaries. The presence of some of these could indicate some pathology, however, these characteristics were not validated in a population that lives at high altitudes (for example at 3,600 meters above sea level).

To describe the capillaroscopic findings in patients with Raynaud's Phenomenon and negative antibodies who live in high-altitude cities and do not have a rheumatological diagnosis.

Methods: Observational, descriptive and cross-sectional; in a single center, The patients were recruited from January 2021 to December 2023, who attended the medical center referred by an expert Rheumatologist to perform a Capillaroscopy.

Results: Thirty-eight patients were obtained, with an average age of 32.9 years, more than 80% were female and without any treatment. Among the main capillaroscopic findings we highlight: The presence of ectatic capillaries in 78.9%, the presence of tortuosities in 100% of the patients and only 5.2% had a Normal Pattern and a Sclerodermic Pattern, the latter two presented a Raynaud's Phenomenon triphasic.

Conclusion: The Normal Pattern was very infrequent in these patients, with tortuous and ectatic capillaries being the most frequent findings, the latter possibly linked to hypobaric hypoxia typical of native residents acclimatized to high altitudes.

Disclosure of Interest: None Declared

Keywords: Capillaroscopy, high altitudes, residents

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PANLAR 2024

Infections (including COVID-19)

PANLAR2024-1236

Serum Cytokines And Musculoskeletal Ultrasound As Surrogate Markers For Chronic Post-Chikungunya Rheumatism

Hugh R. Watson[*1,2], Wilmer Silva-Caso[3,4], Ronald Aquino-Ortega[3], Miguel Angel Aguilar-Luis[3], Yordi Tarazona-Castro[3], Felipe Cabellos-Altamirano[5], Andrea Nizzardo[6], Giulia Calusi[6], Marie Mandron[1], Maria-Antonietta D'Agostino[7], Juana Del Valle-Mendoza[3,4]

[1]Clinical Development, Evotec, Lyon, France, [2]Clinical Medicine, Aarhus University, Aarhus, Denmark, [3]Biomedicine, Universidad Peruana de Ciencias Aplicadas, [4]Instituto de Investigación Nutricional, Lima, [5]Directorate of Jaen, Ministry of Health, Cajamarca, Peru, [6]Pharmacometrics, Evotec, Verona, [7]Rheumatology, Università Cattolica del Sacro Cuore, Rome, Italy

Has this paper been previously presented at another conference?: No

Background/Objectives: Chronic musculoskeletal symptoms such as arthralgia and arthritis develop in many patients after acute chikungunya virus (CHIKV) infection. The arthralgia of chronic post-CHIKV rheumatism represents a particularly severe outcome, but is difficult to measure. Objective surrogate measures for the chronic symptoms would be valuable in assessing treatment response. We evaluated various markers of joint inflammation for their association with patient outcomes.

Methods: Patients with acute CHIKV infection, confirmed by PCR or IgM, were enrolled in a prospective cohort study in Jaén, Peru. Clinical joint exam, ultrasound (US) scans using grey-scale and power Doppler, and serum inflammatory markers (CRP, IL1b, IL6 and IL12, eotaxin, GM-CSF and HGF) were performed at inclusion, repeated at 3, 6 and 12 months. Patients completed a joint stiffness assessment and the RAPID3 instrument comprising pain, disability and quality of life assessment. Joint counts and US scans included 20 pairs of joints. Global synovitis and tenosynovitis scores were calculated.

Results: 80 patients were included with acute CHIKV infection. Elevated serum markers and frequent US abnormalities were found at inclusion. 60 patients (mean age 35 years, 68% female) returned for follow-up. Chronic CHIKV rheumatism defined by combination of >1 tender joint, pain score >2/10 and RAPID3 score >6 was present in 35%, 26% and 4% of patients at 3, 6 and 12 months. However, serum inflammatory markers and global ultrasound scores in acute infection did not clearly predict progression to chronic disease. At 3 months, global US synovitis and tenosynovitis scores differed significantly between chronic and resolved CHIK. They also correlated well with tender joint count ($r=0.53$, $p<0.0001$), pain severity ($r=0.60$, $p<0.0001$), joint stiffness ($r=0.53$, $p<0.0001$) and RAPID3 scores ($r=0.60$, $p<0.0001$). 3-month serum markers did not discriminate between chronic and resolved CHIK, but serum IL12 and CRP were associated with global ultrasound scores within the subpopulation with chronic disease.

Conclusion: Global ultrasound scores appear more useful than serum inflammatory markers as an objective measure of clinical severity in chronic post-CHIKV rheumatism.

Disclosure of Interest: H. Watson Shareholder with: Sanofi, Employee with: Evotec, W. Silva-Caso: None Declared, R. Aquino-Ortega: None Declared, M. A. Aguilar-Luis: None Declared, Y. Tarazona-Castro: None Declared, F. Cabellos-Altamirano: None Declared, A. Nizzardo Employee with: Evotec, G. Calusi Employee with: Evotec, M. Mandron Employee with: Evotec, M.-A. D'Agostino Consultant with: Evotec, J. Del Valle-Mendoza Grant / Research support with: Evotec, Sanofi

Keywords: Chikungunya, Cytokines, Ultrasound

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PANLAR 2024

Infections (including COVID-19)

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Outcomes Of Acute Respiratory Infections In Patients With Rheumatic Diseases

Guillermo Arturo Guaracha Basañez[*1], Carla Marina Román-Montes[2], Emilio Said-Diego[1], Mariel Martínez-Ruíz[1], Virginia Pascual-Ramos[1], Irazú Contreras-Yáñez[1], Guillermo Ruiz-Palacios[2], Alfredo Ponce-de-Leon[2]
[1]Immunology and rheumatology Department, [2]Infectious diseases department, Instituto Nacional de Ciencias Médicas y Nutricion "Salvador Zubirán", Mexico City, Mexico

Has this paper been previously presented at another conference?: No

Background/Objectives: Acute respiratory infections (aRI) are a cause of morbidity and mortality in patients with rheumatic diseases (RD). The outcomes of aRI in patients with RD are poorly known, due to the limitation of diagnostic methods, and the low frequency of reporting them.

To describe the outcomes of aRI in patients with RD who attended the emergency room and had a positive PCR respiratory panel.

Methods: The study was conducted between August 2022 to April 2023. Patients with RD and a positive PCR panel (BioFire® FilmArray®) from a nasopharyngeal swab were included. Demographic and clinical data, and outcomes were collected from the electronic clinical record. Descriptive statistics were used, differences between hospitalized patients and outpatients were analyzed.

Results: Sixty-four patients were analyzed, 62% (n=40) were women with a median age of 57 years (IQR: 36.5-73.5). The most frequent diagnosis was SLE in 34% (n=22), RA in 14% (n=9), OA in 12.5% (n=8), gout in 8% (n=5), and systemic vasculitis in 6% (n=4). RD activity was identified in 19% (n=12), 50% (n=6) had severe activity, 70% (n=45) had immunosuppressive treatment, the most common drug was mycophenolate mofetil 45% (n=21), and methotrexate 22% (n=10); 80% (n=51) were glucocorticoid users, with a median dose of 7.9 mg (SD: 8.5 mg).

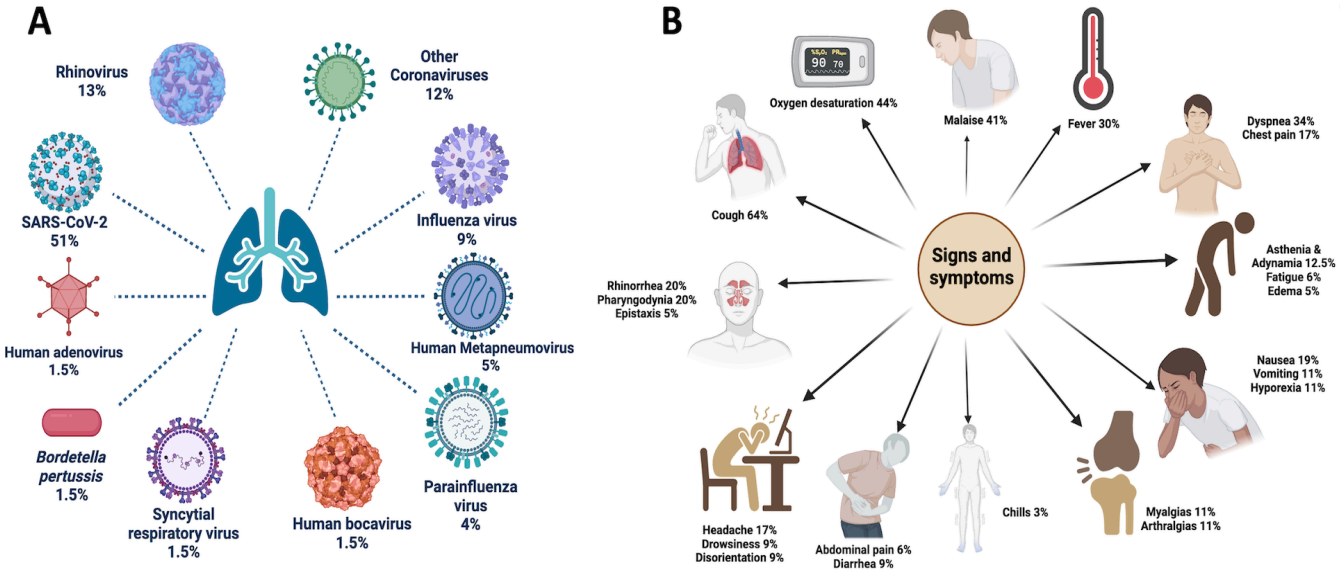
Twelve patients presented coinfection with two pathogens; the frequencies of the pathogens found are summarized in the figure. The median number of days between symptom onset and clinical evaluation was 4 days (IQR:2-6); symptoms are summarized in figure.

Chest CT was performed in 70% (n=45), pneumonia was identified in 76% (n=34) of patients, characterized by ground glass in 55.5% (n=19), micronodules in 35.5% (n=12) and consolidations in 29% (n=10).

The 59% (n=38) of patients required hospitalization, the median days of hospitalization were 5 days (IQR:0-16.5); 26% (n=10) required admission to ICU. Patients who required admission to the ICU more frequently presented additional comorbidity (p=0.03), especially CKD (OR:8.7, 95% CI 1.3-58.8, **p=0.03**), AKI (OR:5.8, 95% CI 1.02-28.4, **p=0.03**) and more extended hospital stay (OR:1.1, 95% CI 1.02-1.2, **p≤0.01**) compared to those who not. Overall mortality at 30 days was 8% (n=5).

Image 1:

Figure. **A.** Distribution of respiratory panel pathogens by PCR. **B.** Frequency of signs and symptoms.



Conclusion: Patients with RD who come for evaluation for aRI have a significant rate of hospitalization and mortality. Patients with active RD should have an early medical evaluation and should not be underestimated.

Disclosure of Interest: None Declared

Keywords: Acute respiratory infections, rheumatic diseases, Viral infections

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PANLAR 2024

Infections (including COVID-19)

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Risk Of Infection Associated With Therapeutic Plasmapheresis. Cohort Study

Elisabet Deltin[*1], Marina Scolnik [1], Javier Rosa[1], Onaldo Barrios Taborda[2], Enrique Soriano [1]
[1]Hospital Italiano de Buenos Aires , Ciudad Autonoma de Buenos Aires , Argentina, [2]Pontificia Universidad Javeriana, Bogota, Colombia

Has this paper been previously presented at another conference?: Yes

Background/Objectives: Plasmapheresis (PF) is an extracorporeal therapy that removes immunoglobulins, immune complexes or inflammatory mediators from plasma. It is used in autoimmune diseases and other conditions. In 2022, a meta-analysis showed that PF was associated with serious infections within the first year.

Objective: To evaluate the incidence of serious infections and mortality in a cohort of patients who received PF for various conditions at a University Hospital in Buenos Aires.

Methods: Retrospective cohort study, between 2005 and 2023. Patients of both sexes over 18 years of age, who had received treatment with PF, were included. Data were obtained by manual review of electronic medical records. Incidence Rate (IR) of serious post-PF infections was calculated with its 95% confidence interval (95% CI) during the subsequent 12 months of follow-up and was expressed per 1000 patient-years (PA). Multivariate Cox regression analysis was performed to identify factors associated with serious infections (> grade 3) according to Common Terminology Criteria for Adverse Events (CTCAE). These results are based on the analysis of the first PF session in cases where more than one session was performed.

Results: 91 patients were included, the demographic characteristics and those related to the indications for PF are shown in Table 1. Infections occurred in 23 patients (25.2%), 19 were severe, with a IR of 6 (95% CI 3.8 to 9.4) per 1000 PA. Twenty patients died (21.9%) with the IR of death being 6.4 per 1000 PA (95% CI 4.1 to 9.9). None of the patients with rheumatic diseases suffered severe infection. In the multivariate analysis (including age, sex, underlying pathology, concomitant treatments, renal function and use of corticosteroids) no variable was significantly associated with a higher risk of severe infections. There was a trend towards a higher risk with a greater amount of immunosuppressants, lower creatinine clearance (CrCl). We did not find variables associated with higher mortality, although this was lower in patients with rheumatic diseases.

Image 1:

Table 1: Demographic characteristics and indications of Plasmapheresis	
CHARACTERISTICS	
Male sex, n (%)	35 (38.5%)
Age at 1st PF, mean (SD)	43.3 years (SD 17.1)
Received GCC VO, n (%)	71 patients (78%)
Received GCC pulse, n (%)	63 patients (69.2%)
Number of IS (IQR median)	2 (IQR 1-4)
Basal CrCl	34 ml/min/1.73 m2 (IQR 11.1 to 54.6)
REASON FOR INDICATION	
transplants, n (%)	45 patients (49.4%)
hematological, n (%)	18 patients (19.7%)
rheumatologic, n (%)	7 patients (7.7%)

PF: plasmapheresis, GCC: glucocorticoids, PO: oral route, IS: immunosuppressants, ClCr (Creatinine Clearance).

Conclusion: In our experience, PF was associated with a low incidence of severe infections and death, especially in patients with rheumatic diseases. We did not find factors significantly associated with either of these 2 events.

Disclosure of Interest: None Declared

Keywords: Mortality, Plasmapheresis, serious infections

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Infections (including COVID-19)

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Emphysematous Osteomyelitis Of The Spine In A Patient With Systemic Lupus Erythematosus: Analysis Of A Rare Clinical Case.

Daniel Jimenez Gutierrez[*1], Esthela Loyo[1], Glenny Paulino Acevedo[1], Catherine Rodriguez Tejada[1], Greysi Diaz[1], Marianny Castillo[1], Melissa Rodriguez Urena[1], Rosario Tavares Duarte[1], Alexandra Molina Diaz[1], Laura Tolentino[1], Luis Sarita[2], Carmen Maria Tineo Rodriguez[1]
[1]Reumatologia, [2]Geriatrics, Hospital Regional Universitario Jose Maria Cabral y Baez, Santiago, Dominican Republic

Has this paper been previously presented at another conference?: No

Background/Objectives: Emphysematous Osteomyelitis affecting the axial skeleton is an exceedingly rare variant of osteomyelitis that can jeopardize the lives of affected patients. It is characterized by the presence of gas in bone tissue and bone destruction in imaging studies. Low back pain and fever are common symptoms. Imaging studies confirm the diagnosis.

Methods: Our patient, a 20-year-old male of Haitian nationality, with a diagnosis of Systemic Lupus Erythematosus, reported with non-relenting lower back pain, not improved by analgesia. Physical examination revealed exquisite and incapacitating sharp pain, hindering mobility accompanied by high and persistent fever. In addition to an elevated white blood cell count, a computed axial tomography of the lumbosacral spine was performed, revealing hypodense images with gas at the interosseous level of the bilateral iliac crests. A bone marrow biopsy was obtained and was negative for malignancy, whilst a highly positive procalcitonin suggested an infectious process, finally a blood culture with Klebsiella pneumoniae growth was reported and a diagnosis was made.

Results: To date, fewer than 30 cases of emphysematous osteomyelitis affecting the spine have been reported. Early diagnosis could change the prognosis to a favorable outcome. Complementary studies, including blood count, procalcitonin, blood culture, and imaging such as CT, in the context of this patient with lumbar musculoskeletal pain, were crucial for a timely diagnosis.

Image 1:

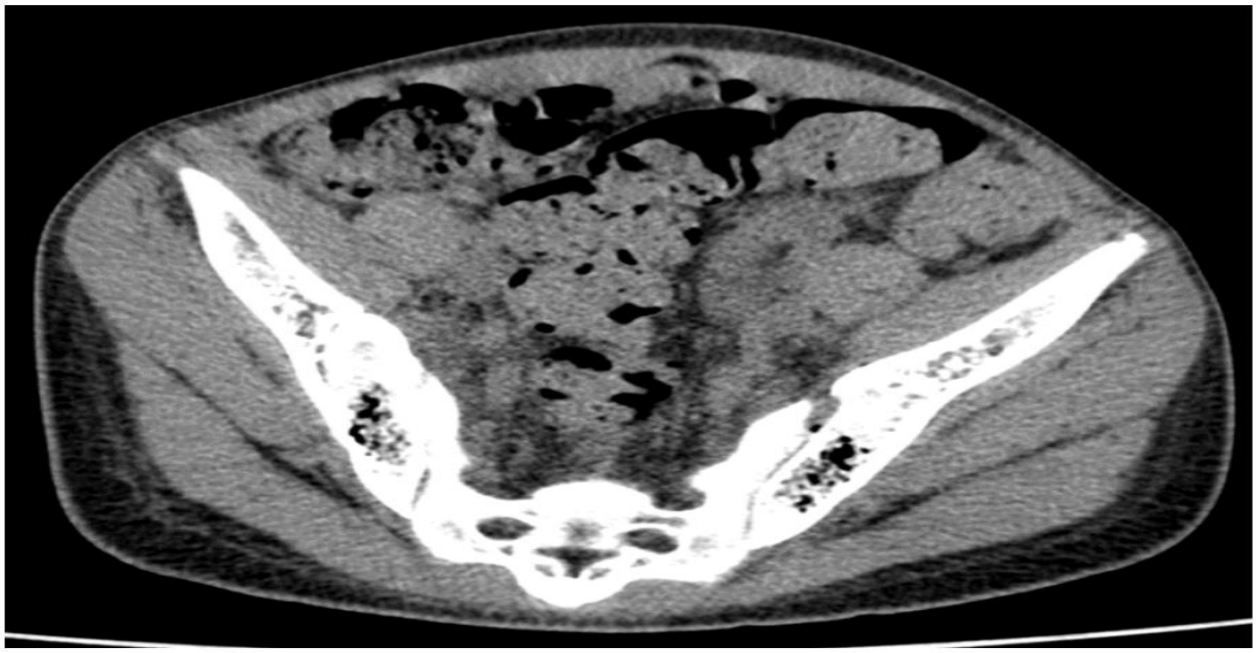
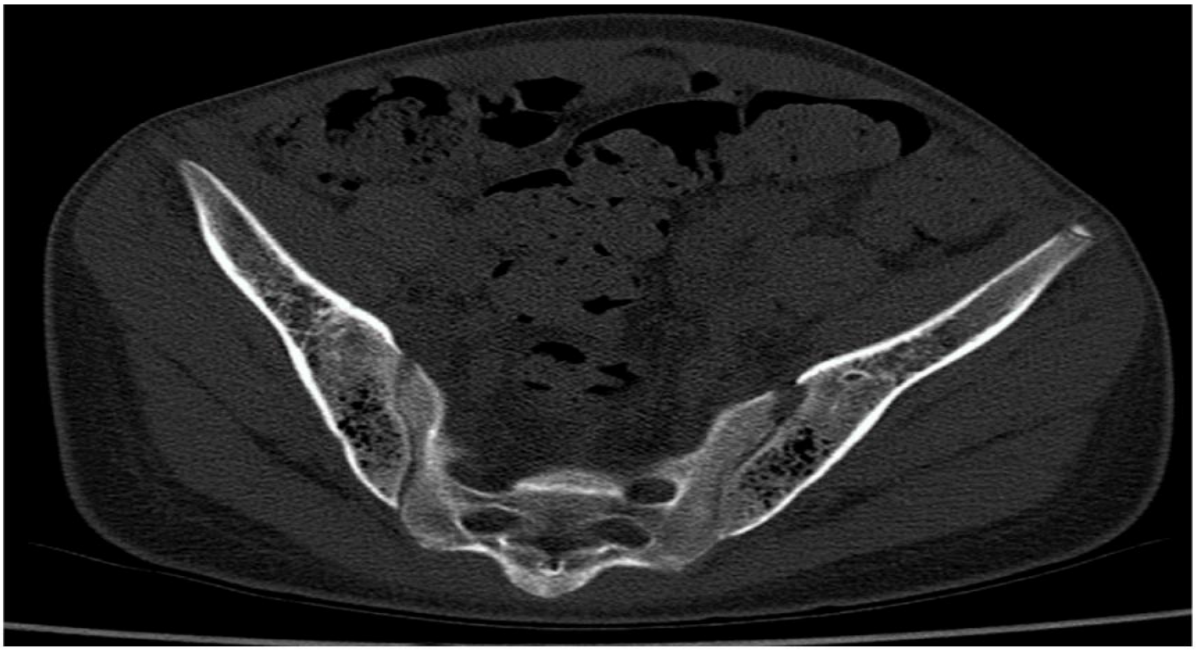


Image 2:



Conclusion: A rare and life-threatening case of emphysematous osteomyelitis was diagnosed based on clinical and imaging findings. The patient underwent intensive treatment with broad-spectrum antibiotics for several weeks. Recovery progressed without complications, and he is currently undergoing immunosuppressive treatment for his autoimmune disease.

Disclosure of Interest: None Declared

Keywords: Emphysematous, Osteomyelitis, Pain

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Infections (including COVID-19)

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Factors Associated With Presence Of Indeterminate Qft®-Plus In Patients With Rheumatic Diseases.

Guillermo Arturo Guaracha Basañez[*1], Carla Román-Montes[2], Alberto Ordinola-Navarro[2], Karla María Tamez-Torres[2], Edgar Saúz-Sinco [2], Luis Pérez-Camacho[2], Miriam Bobadilla-Del Valle[2], Irazú Contreras-Yañez [1], Virginia Pascual-Ramos [1], José Sifuentes-Osornio [2], María Fernanda González-Lara[2], Alfredo Ponce-de-León[2]
[1]Immunology and rheumatology Department, [2]infectious diseases department, Instituto Nacional de Ciencias Médicas y Nutrición Salvador Zubirán, Mexico City, Mexico

Has this paper been previously presented at another conference?: No

Background/Objectives: International recommendations suggest performing QuantiFERON-TB over tuberculin intradermal reaction (PPD) for screening latent tuberculosis among patients with rheumatic diseases (RD). The prevalence of an indeterminate QFT®-Plus ranges between 2-21%. Immunosuppression has been associated with the presence of the result, although inconsistently. Describe the prevalence and factors associated with indeterminate QFT®-Plus among patients with RD

Methods: A retrospective study from March 2020 to December 2022 was conducted. All QFT®-Plus results from patients with RD were included. Clinical records were reviewed to obtain demographic data and clinical characteristics. Descriptive statistics were used, and an analysis of the differences between indeterminate and determined results was made; a multiple logistic regression was performed to identify the factors associated with presenting an indeterminate QFT®-Plus result

Results: The results of 147 QFT®-Plus were analyzed; 53% (n=78) were indeterminate, 97.4% (n=76) were due to poor mitogen response (<0.5IU/ml in positive control). In 76% (n=59), indeterminate QFT®-Plus was obtained during a hospitalization episode (p≤0.01).

Of the total patients, 77% (n=113) were women with a median age of 46 years (IQR:32-59), the most frequent additional comorbidity was hypertension in 17% (n=25), obesity in 16% (n=23), CKD in 11% (n=16), and diabetes in 9.5% (n=14). The most frequent diagnosis was SLE in 41.5% (n=61), RA in 20% (n=29), and inflammatory myopathies in 12% (n=18). 81% (n=119) received immunosuppressive treatment, and 69% (n=102) received glucocorticoids. The patients with an indeterminate QFT®-Plus were more frequently hospitalized, had hypoalbuminemia, elevated AST, ALT, CRP, and higher PMN/Lymphocyte index compared with those not. In multiple logistic regression, factors associated with an indeterminate QFT®-Plus were being hospitalized (OR=6.08, 95%CI:2.72-13.58, p≤0.001), hypoalbuminemia (OR=3.83, 95%CI:1.44-10.19, p≤0.01), elevated CRP (OR=2.99, 95%CI: 1.06-8.42, p=0.038) and the use of glucocorticoids (OR= 2.86, 95%CI:1.17-6.98, p=0.021).

Conclusion: Although QFT®-Plus is recommended for screening patients with RD, we found a high prevalence of indeterminate QFT®-Plus. Furthermore, we identified clinical and laboratory factors associated with this result, which should be considered

Disclosure of Interest: None Declared

Keywords: Latent Tuberculosis, rheumatic diseases, Tuberculosis

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PANLAR 2024

Infections (including COVID-19)

PANLAR2024-1388

Presence Of Autoantibodies Following Sars-Cov-2 Infection And Prolonged Symptoms.

Inirida Belisario Gomez[*1], Soriuska Mayora[1], Wendy Martinez Vasquez[1], Christian Medina García[1], Alexis García Piñero[1], Juan B De Sanctis[2], Mercedes Zabaleta Lanz[1]
[1]Clinical immunology, Institute of Immunology, Caracas, Venezuela, Bolivarian Republic Of, [2]Institute of Molecular and Translational Medicine Translational Medicine, Palacky University, Olomouc, Czech Republic

Has this paper been previously presented at another conference?: No

Background/Objectives: Since the emergence of COVID-19, there have been case reports with development of autoimmune or autoinflammatory conditions following acute infection. SARS-CoV-2 has the ability to induce a state of hyperstimulation with increased synthesis of multiple autoantibodies, demonstrated in different studies evaluating the presence of autoantibodies. This systemic autoreactivity suggests autoimmune activation during and/or following SARS-CoV-2 infection. The persistent positivity of autoantibodies has led to the conclusion that, in a group of people, production is maintained and may lead to the symptoms of long COVID. Our study evaluated the presence of post-COVID-19 symptoms and autoantibody positivity in convalescents.

Methods: It was a prospective, cross-sectional study. Patients older than 18 years, with more than 1 month and less than 12 months from the last infection and no history of autoimmune disease were included. A survey was conducted on the presence of symptoms following COVID-19 and a blood sample was taken for serum. Anticellular antibodies (ANA) were performed by indirect immunofluorescence and antiphospholipid antibodies (APA) were obtained by linear immunoassay. Excel and Prism9 were used for compilation and statistical analysis.

Results: Thirty-five serum samples were obtained, distributed in 25 female samples (71%) and 10 male samples (29%). The mean age was 49.6 years. Of the symptoms reported, neuropsychiatric symptoms were the most frequently observed with 18 patients (51%), followed by cardiopulmonary with 16 (46%), musculoskeletal and gastrointestinal each with 14 patients (40%); only a statistically significant difference was found between sex and the report of myalgias (Figure 1). Regarding autoantibodies, all patients had at least one autoantibody positive. ANA were present in 22 patients (63%) and positive antiphospholipid antibodies in 27 patients (77%). In the relationship between symptoms and autoantibody positivity, we found that neuropsychiatric symptoms were positive for ANA an APA in 78%, gastrointestinal symptoms were ANA positive in 86% and APA 82%, for musculoskeletal symptoms we found positivity for ANA in 64% and APA in 75% (Figure 2).

Image 1:

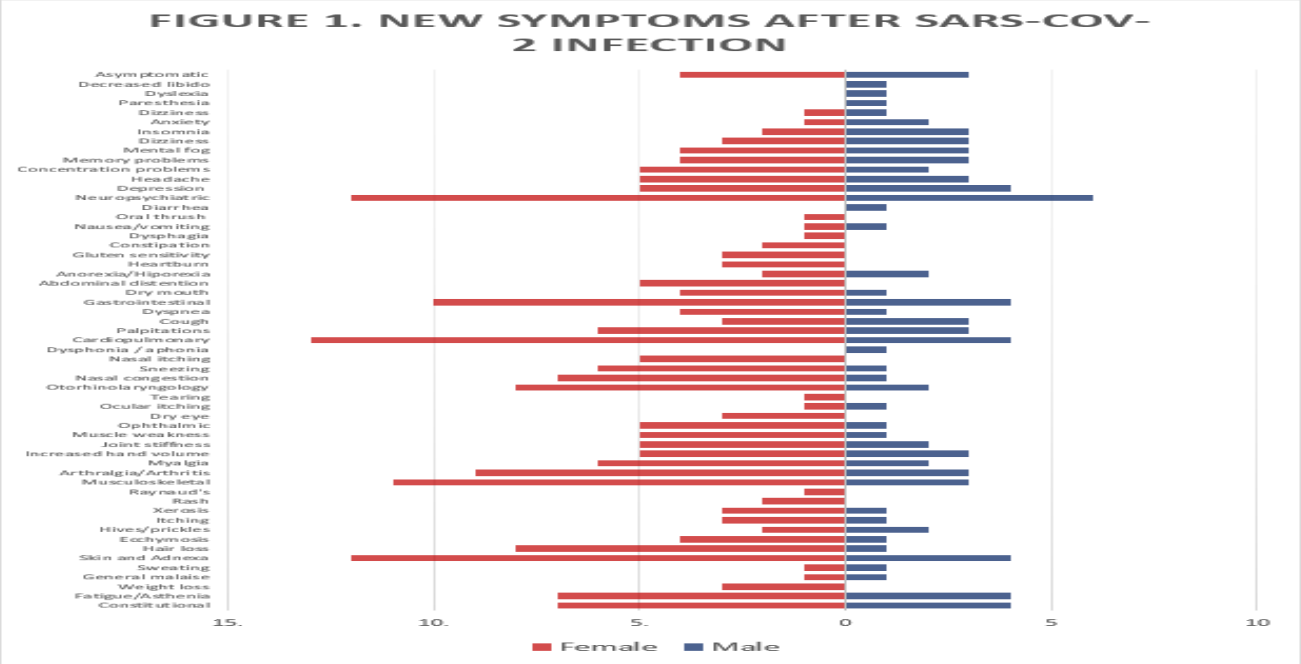
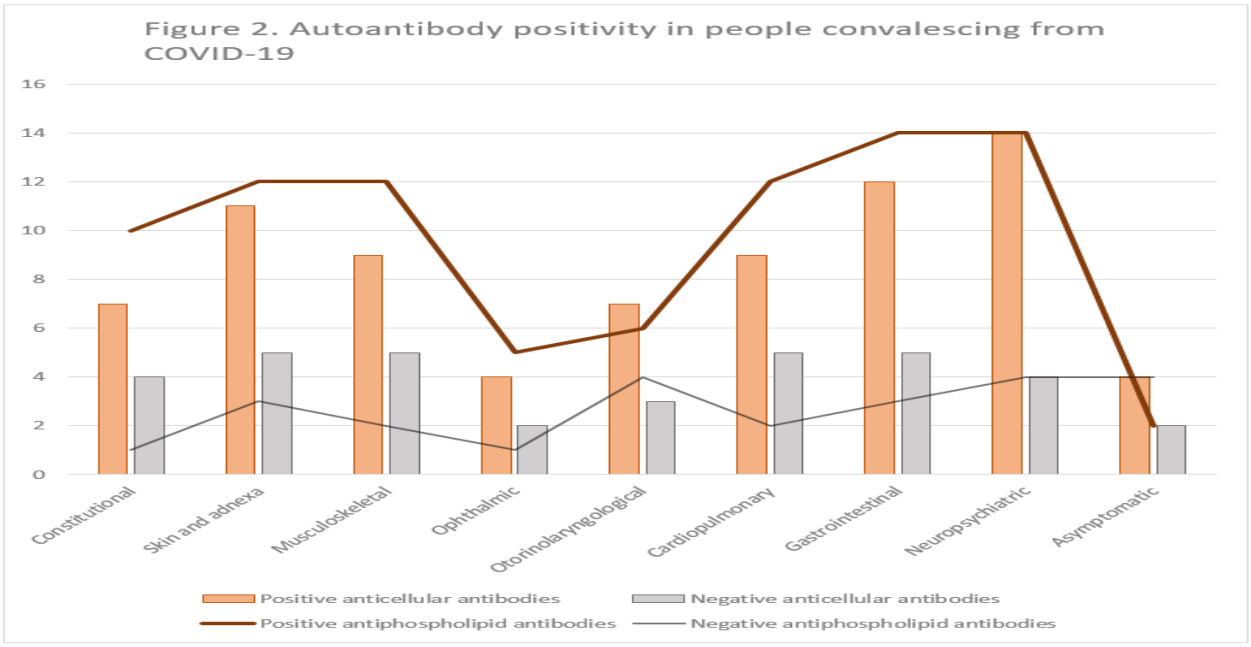


Image 2:



Conclusion: COVID-19 has the capacity to generate autoantibodies post-infection, which may be associated with the appearance and/or persistence of symptomatology, with the probable subsequent appearance of new autoimmune diseases.

Disclosure of Interest: None Declared
Keywords: autoantibodies, COVID-19, Long COVID

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PANLAR 2024

Infections (including COVID-19)

PANLAR2024-1315

Spectrum Of Rheumatic Diseases In Patients With Hiv Infection: Case Series Analysis

Ricardo Vásquez- Colón[*1], Paola Gottschalk [2], Jossiell Then[3], Glenny Paulino[3], Carmen Tineo[4], Ismely Paulino[5], Rubén Calcaño [6]
[1]Reumatología, Centro de Obstetricia & Ginecología, Santo Domingo, [2]Reumatología, Clínica Unión Médica, [3]Reumatología, Hospital Metropolitano de Santiago, [4]Reumatología, Clínica Corominas , Santiago, [5]Reumatología, Clínica Alcántara & González, [6]Infectología, HGPS, Santo Domingo, Dominican Republic

Has this paper been previously presented at another conference?: No

Background/Objectives: Background

Rheumatic manifestations continue to be an important form of clinical expression in people living with the human immunodeficiency virus (HIV)[1]. The prevalence of these manifestations ranges from 3-9% in the post-HAART era[2] . Different rheumatic entities including inflammatory arthritis, connective tissue diseases have been described. Reports indicate that treatment with immunosuppressive drugs in the management of rheumatic disease in the HIV population could be a real clinical challenge.[3]

Objectives

Describe the spectrum of rheumatic diseases in patients with concomitant human immunodeficiency virus (HIV) infection.

Methods: Case series of patients with rheumatic diseases and HIV infection, as an expression of initial debut or subsequent presentation to the diagnosis of viral infection, evaluated in consultations at different Rheumatology care centers in the Dominican Republic. Demographic data, clinical characteristics, laboratories, antirheumatic medication and HAART used were analyzed. Data analysis was performed in Epi-Info 7.2.0.1. Written informed consent was required.
Results: 10 patients with rheumatic diseases and concomitant infection associated with HIV were documented. The average age of the patients corresponded to 43.1 ± 14 (SD) years. There was a predominance in the female sex (66.6%). The most frequent rheumatic pathology corresponded to Dermatomyositis. Arthralgia/arthritis was the most frequent symptomatology. Comorbidities, rheumatic manifestations and therapeutic are described in Table 1. The evolution time of HIV infection was 8.7 ± 8.2 years. Two cases of co-infection with viral hepatitis (B and C) were documented. In the laboratories, ANA positivity, anemia, ESR and elevated CRP corresponded to the most common laboratory abnormalities. The average CD4+ count at the time of the first evaluation by rheumatologists corresponded to CD4+ 308 cells/mm3 and average viral load of 108 copies/ml.
Image 1:

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Table 1: Demographics characteristics, clinical expression, treatment and evolution of the cases

# case	Age (years), sex	Associated comorbidities	Rheumatic Disease	Rheumatic manifestations at presentation	Years since HIV diagnosis and evolution	Serological tests, others	CD4 count, viral load under evaluation*	Anti-rheumatic drug	HAART	Current clinical condition
Case 1	46 / ♀	Obesity	Dermatomyositis	Erythema in extremities, dysphonia, dysphagia, heliotrope, proximal muscle weakness	2015, (7 years)	High CPK elevated, positive ANA positive, and negative anti Jo1	CD4+ 308 cel/mm^3, Viral load 72 copies/ml	Methotrexate, GC, NSAID	Dolutegravir/Tenofovir/ Emtricitabine	Clinical flare February /2022
Case 2	63 / ♀	Hypertension, Diabetes Mellitus 2	Psoriatic arthritis	Erythema-scaly plaques on elbows, inter-gluteal region, thighs, fatigue, arthritis knees and ankles	1997, (25 years)	High CRP, anemia, RF negative	CD4+ 600 cel/mm^3, Viral load 40 copies/ml	Methotrexate, GC, NSAID	Tenofovir, Emtricitabine Dolutegravir	Recurrent clinical relapses in the last 6-12 months
Case 3	32 / ♂	None	Behçet	Red eye, reduced visual acuity, hypopyon, oral and genital ulcers	2016, (6 years)	High ESR and CRP / positive HLA-B51	CD4+ 330 cel/mm^3, Viral load no detected	Methotrexate, Colchicine, GC	Atazanavir/ Tenofovir/ Lamivudine	Loss of follow-up in 2021
Case 4	29 / ♀	None	Cutaneous Vasculitis	Nodules, purpura in lower extremities, arthralgia, pruritus	2013, (9 years)	Positive ANA, High VSG, Negative MPO and PR3, negative cryoglobulin antibodies	CD4+ 223 cel/mm^3, Viral load 171,000 copies/ml	Methotrexate, Colchicine, GC, NSAID	Tenofovir, Emtricitabine, Efavirenz	Recurrent clinical relapses in the last 6-12 months
Case 5	65 / ♂	Dyslipidemia	Gout	Arthritis in carpus, knees, ankles, podagra	1990, (22 years)	Elevated uric acid, anemia, lipidemia	CD4+ 106 cel/mm^3 Viral load < 20 copies/ml	Colchicine, NSAID	Tenofovir, Emtricitabine, Efavirenz	Clinical flare September 2022
Case 6	54 / ♀	Hepatitis B	Rheumatic arthritis	Bilateral carpal arthritis, metacarpophalangeal, proximal interphalangeal and shoulders	2021, (1 year)	RF positive, anti CCP positive, CRP and ESR elevated	CD4+ 304 cel/mm^3 Viral load < 50 copies/ml	Methotrexate, GC, NSAID	Bictegravir/ Tenofovir/ Emtricitabine/	Clinical flare March /2022
Caso 7	45 / ♀	Diabetes Mellitus 2	Dermatomyositis	Proximal muscle weakness, heliotrope, Gottron papules	2015, (7 years)	High CPK, LDH, CRP and ESR positives ANA and anti Jo1, anemia	CD4+ 188 cel/mm^3, Viral load 34 copies/ml	Mycophenolate mofetil, GC, HCQ	Lopinavir/ Ritonavir, *Lamivudine/Zidovudine*	Loss of follow-up in 2019
Case 8	43 / ♀	Chronic kidney disease	SLE	Malar rash, fatigue, edema	2018, (4 years)	ANA, dsDNA and anti Sm positives, Low C3 y C4, proteinuria 23 gr/dl, anemia, azotemia, LN IV	CD4+ 308 cel/mm^3 Viral load 52,400 copies/ml	Mycophenolate mofetil, GC, HCQ, Hemodialysis	Abacavir, Lamivudine, Dolutegravir	Clinical remission since 2020
Case 9	23 / ♂	None	Reactive arthritis	Bilateral carpal arthritis, red eye, epiphora	2021, (1 year)	High ESR, HLA-B27 negative, RF negative	CD4+ 143 cel/mm^3 Viral load 23 copies/ml	NSAID, steroids	Dolutegravir, Emtricitabine, Tenofovir	Clinical remission since 2022
Case 10	31 / ♂	Hepatitis C	Antiphospholipid syndrome	Left lower limb venous thrombosis, mesenteric thrombosis, cerebral thrombosis	2021, 1 year)	Positive anti-phosphatidyl Serine antibodies, dRVVT and lupus anticoagulant, thrombocytopenia, and hepatitis C RNA +	CD4+ 575 cel/mm^3 Viral load 250 copies/ml	Warfarin	Dolutegravir, Lamivudine, Tenofovir	Clinical remission since 2022

♂: male; ♀: female; ANA: Anti-nucleolar antibodies; NSAIDs; nonsteroidal anti-inflammatory, dsDNA: Anti-double-stranded DNA antibodies; Sm: anti Smith; CPK: Creatinin Phosphato Kinasa, CD4+: CD4+ lymphocytes, GC: glucocorticoids, SLE: Systemic lupus erythematosus; HAART: Highly active antiretroviral therapy. ESR: erythrocyte sedimentation rate; CRP: C-reactive protein.

Conclusion: The clinical spectrum of rheumatic diseases in patients with HIV infection was very varied and had a multisystem pattern of involvement, with a slight predominance of connective tissue diseases (myositis, SLE, vasculitis, APS) over inflammatory joint pathologies. A patient with APS presented autoimmune disease as a debut at the time of diagnosis of the viral infection. Most rheumatic entities occurred in patients with CD4+ T lymphocyte levels ≥250 cells/mm3, low viral load levels and treatment with HAART. The use of DMARDs was well tolerated by patients.

Reference 1: Vega L, Espinoza L. Human immunodeficiency virus infection (HIV) associated rheumatic manifestations in the pre- and post-HAART eras. Clinical Rheumatology (2020) 39:2515–2522.

Reference 2: Patel N, Espinoza L. HIV Infection and Rheumatic Diseases: The Changing Spectrum of Clinical Enigma. Rheum Dis Clin North Am 2009 Feb;35(1):139-61

Disclosure of Interest: None Declared

Keywords: rheumatic diseases, HIV/AIDS, DILS

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PANLAR 2024

Infections (including COVID-19)

PANLAR2024-1481

Incidence Of Covid-19 In Patients With Rheumatoid Arthritis Treated With Biologic, Targeted Synthetic And Conventional Disease-Modifying Antirheumatic Drugs, In A Center In The Magallanes Region Of Chile

ZOSIMO MARAVI TORREALVA[*1], BELLANIDES MANSILLA ARAVENA[1]
[1]REUMATOLOGIA, HOSPITAL CLINICO MAGALLANES, PUNTA ARENAS, Chile

Has this paper been previously presented at another conference?: No

Background/Objectives: Rheumatoid arthritis (RA) is a systemic, chronic, autoimmune inflammatory disease. In Chile, it is unknown whether targeted biological or synthetic disease-modifying antirheumatic drugs (DMARDs) give patients with RA a greater or lesser risk of COVID-19 and associated complications in terms of hospitalization, admission to a critical patient unit and mortality. The objective is to compare the risk of COVID-19 and its complications according to the therapeutic regimen.

Methods: We carried out a retrospective cohort study in an outpatient clinical population to study the incidence of COVID-19 and its complications, in a regional referral hospital in Chile with patients with RA.

Two groups of patients were established: those who were exposed to biologic (b) DMARD or targeted synthetic (ts) DMARD, and those who were not exposed to either treatment.

A binomial regression model was used to establish an association model based on exposure variables while controlling for covariates and assessing the potential for confounding and interaction of known variables (sex, age, educational level, type of residence, comorbidities, duration of illness, seropositivity, use of glucocorticoids, and vaccination status). Risks were estimated using risk ratios (RR) and their corresponding confidence intervals. All statistical analysis was performed using STATA 16.1 software.

Results: Using a binomial logistic regression model to control for known confounding variables, a higher incidence of COVID-19 was observed (RR 1.58 with 95% CI 1.39 - 1.81 and $p < 0.01$), a higher incidence of hospitalization due to COVID-19 (RR 6.55 with 95% CI 1.0 - 42.7 and $p = 0.04$), although without difference in incidence of UPC requirement (RR 1.24 with $p = 0.95$) or mortality due to COVID19 (RR 2.03 with 95% CI 0.19 - 21.5 and $p = 0.55$), in the group exposed to bDMARD or tsDMARD compared to the group not exposed to this type of therapy.

Conclusion: In conclusion, our study findings illustrate that patients with RA who are undergoing treatment with bDMARD or tsDMARD have a higher risk of developing COVID-19 and requiring hospitalization for COVID-19 compared to RA patients who are not undergoing this type of therapy. This is the first Chilean study to evaluate the incidence of COVID-19

in patients with RA, and we hope it is the beginning of a line of research that will generate useful evidence for general clinical practice.

Disclosure of Interest: None Declared

Keywords: COVID-19, DMARDs, rheumatoid arthritis

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PANLAR 2024

Infections (including COVID-19)

PANLAR2024-1267

Autoimmune Diseases And Covid19: Experience From A Colombian Hospital (Hospital Universitario Nacional De Colombia [Hunc])

Jorge Lechuga*[1], Andrea Cabra [1], Jairo Morantes[1], Gerardo Quintana[1]
[1]Cundinamarca, Universidad Nacional de Colombia , Bogota, Colombia

Has this paper been previously presented at another conference?: Yes

Background/Objectives: COVID19 has immune phenomena that worth knowledge about its behavior in autoimmune diseases (AD). By December 2022, Colombia had 6.323.357 COVID19 cases, 0.7% suffering AD.(1)

Methods: Descriptive-retrospective study based on COVID19 DATABASE from HUNC (1.160 in-patients, April 2020 to February 2021). Statistical description was carried out with measures of frequency and association in Epi-info 7.2.

Results: History of AD was in 3,1% COVID19 in-patients (femininity ratio=1,5:1, average age<60 years). Rheumatoid arthritis (RA) was the most prevalent (52,7%). At admission, 25% were using steroids, and 22,2% methotrexate. Considering hydroxychloroquine use for COVID19, there was similar percentage of use between patients with AD (11,1%) and no AD (11,9%). 30,5% of AD-patients required intensive care unit (ICU), 33,3% had respiratory failure (RF), with a lower risk of this last in patients with AD (Table 1). 8,3% of AD-patients had shock and 2,78% thrombosis (pulmonary thrombosis OR=0,7 [95%CI=0,09-5,2] p=0,41). Proportional mortality ratio in patients with AD was 3,75%. Linear-regression showed a coefficient of 0,024 (p=0,69) for association between AD history and Death; -0,064 (p=0,43) with Admission to ICU; and -0,060 (p=0,47) with RF, suggesting a lower probability of the last 2 in patients with AD.

Table 1:

Table 1. Odds-ratio (OR) of severe intrahospitalary outcomes in COVID19 in-patients with AD.

Outcome	OR
Intensive Care Unit Admission	0.74 (95% CI: 0.36-1.53, p=0.22)
Respiratory Failure	0.77 (95% CI: 0.38-1.55, p=0.24)

Conclusion: AD´s prevalence in COVID19 in-patients was lower than Spain (2,6%)(2). RA was the most frequent AD. Despite prednisone doses >10 mg/day and anti-TNF are described as risk factor for hospitalization, steroid´s doses could not be obtained. None used anti-TNF. There was a tendency for AD to be related with lower risk of RF and ICU, without significant differences.

Reference 1: Reporte situación COVID19 Colombia No. 291-08 de diciembre 2022. Disponible en: https://www.paho.org/es/documentos/reporte-situacion-covid-19-colombia-no-291-08-diciembre-2022. Citado: 13/11/23.

Reference 2: Ayala-Rubio MM, Rubio-Rivas M, et al. Autoimmune diseases and covid-19 as risk factors for poor outcomes: data on 13,940 hospitalized patients from the Spanish Nationwide Semi-COVID-19 registry. J Clin Med 2021; 10: 1844.

Disclosure of Interest: None Declared

Keywords: AUTOIMMUNE DISEASES, COVID-19, SARS-CoV-2 infection

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PANLAR 2024

Infections (including COVID-19)

PANLAR2024-1137

Positioning Of Coronavirus Infection In Patients Admitted With Inflammatory Rheumatic Diseases.

Jose Ramon Lamua Riazuelo[*1], Angela Herranz[1], Vicente Aldasoro Caceres[2], María Laino Pineiro[2]
[1]Rheumatology, Hospital Universitario del Henares, Madrid, [2]Rheumatology, Hospital Universitario de Navarra, Pamplona, Spain

Has this paper been previously presented at another conference?: No

Background/Objectives: To analyse the frequency of coronavirus infection in patients with inflammatory rheumatic diseases requiring hospital admission

Methods: Retrospective descriptive observational study of admissions of patients with inflammatory rheumatic diseases between January 2021 and August 2023 at the Hospital Universitario del Henares

Results: Between January 2021 and August 2023 there were 254 non-scheduled hospital admissions of patients with inflammatory rheumatic diseases.

Infectious causes account for 46.1%,of the admissions, being respiratory (67.5%), digestive (13.7%) and urinary (12%) the most frequent.

32 COVID-19 cases were confirmed, accounting for 12.6% of the total admissions. 19 were females (59.4%) versus 13 males (40.6%)

3 patients (9.4%) required intensive care unit support and there was 1(3.1%) exitus

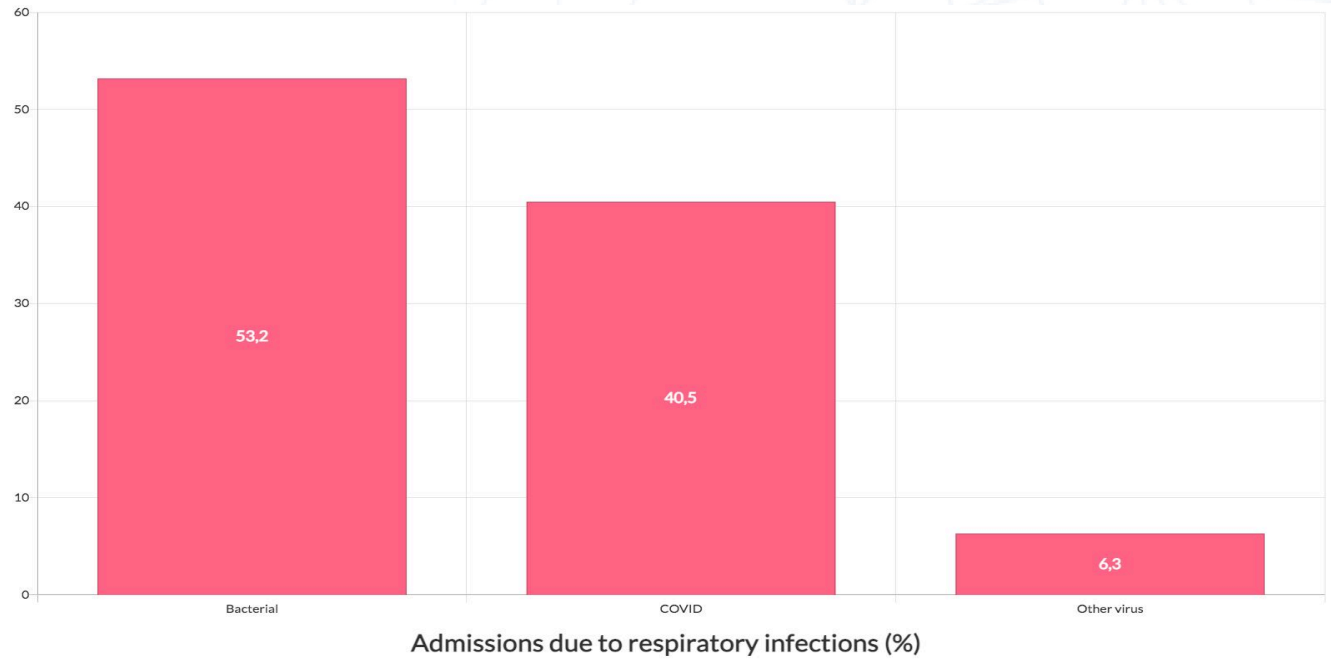
Coronavirus/COVID infection accounts for 40.5% of respiratory infections and 27.3% of overall admissions due to infectious causes, being more frequent in patients with Rheumatoid arthritis, psoriatic arthritis and ankylosing spondylitis.

As an example, respiratory infection of bacterial origin, which is the most frequent cause of hospital admission in patients with inflammatory rheumatic diseases, accounts for 53.2% of admissions for infectious respiratory reasons. Image 1

Analysing the concomitant biologic or synthetic-directed DMARDs received by the patients, only 8 patients received them (25%) (2 Adalimumab, 2 Tocilizumab, 2 Baricitinib, 1 Abatacept and 1 Infliximab), finding no significant relationship between these treatments and the frequency of admission due to coronavirus infection.

No admissions were recorded in patients on active treatment with Rituximab.

Image 1:



Conclusion: Coronavirus infection is a very frequent viral infection in hospital admissions of patients with inflammatory rheumatic diseases. We found no association between biologic or synthetic-directed DMARDs and the frequency of admission due to coronavirus infection.

Disclosure of Interest: None Declared

Keywords: Coronavirus, Hospital admission, Rheumatic inflammatory diseases

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Infections (including COVID-19)

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Pre-Exposure Prophylaxis With Monoclonal Antibodies Against Covid-19 Is A Safe Strategy In Patients With Immune-Mediated Rheumatic Diseases: A Brazilian Experience

Maria Fernanda Zacarin[*1], Carolina Wonhnrath Menuzzo[1], Débora Pessoa De Souza[1], Régis Suwa Marques[1], Rodrigo Da Rocha Jorge[1], Vitor de Castro Grotti[1], Thiago Junqueira Trevisan [1], Lilian Tiemi Hirata [1], Marília Paula Souza dos Santos[1], Juliana Zonzini Gaino Borghi[1], Michel Alexandre Yazbek[1], Ana Paula Toledo Del Rio[1], Lilian Tereza Lavras Costallat[1], Zoraida Sachetto[1], Manoel Barros Bertolo[1], Alisson Pugliesi[1]
[1]Universidade Estadual de Campinas, Campinas, Brazil

Has this paper been previously presented at another conference?: No

Background/Objectives: Infection with the SarsCoV2 virus is associated with greater morbidity and mortality in patients with immune-mediated rheumatic diseases (IMRDs). Because of this, they are seen as patients who could benefit from pre-exposure preventive therapies. Although Tixagevimabe/cilgavimabe is no longer available, a series of other monoclonal antibodies with the same purpose are in the development. But, like this antibody, they do not have adequate representativeness of patients with IMRDs in their trials, so real-life evidence remains the only way to know the behavior of these drugs in this specific population.

Methods: This was a retrospective, single-center study based on interviews and a review of the medical records of patients with IMRD who underwent pre-exposure prophylaxis with Tixagevimab/cilgavimab. In a descriptive manner, a series of characteristics of these patients were assessed and four main objectives were evaluated in a period of 6 months after application: the adverse events, characterized as serious in case of anaphylaxis or other life-threatening situation; the presence of reactivation of disease and the number of confirmed cases of COVID-19 infection and the number of deaths.

Results: Between December, 12 and 20, 2022, 82 patients with IMRDs received the medication Tixagevimab/cilgavimab at a dose of 300+300mg, whose characteristics are summarized in table 1. No post-application serious adverse events were found and three patients were considered to have disease activity (at 90, 120 and 180 days after application). 3 deaths were documented, none attributed to COVID. As for side effects, three had mild events and none had serious ones. Of the 3 patients known to have had COVID infection, none had a severe form of the disease.

Table 1:

Characteristics	Number of patients
Gender	

Female	59
Male	23
Average age (years)	51,92
Diseases	
Rheumatoid arthritis	25
Systemic sclerosis	17
Associated ANCA vasculitis	14
Systemic lupus erythematosus	14
Others	12
Drugs used	
Rituximab (RTX)	51
Immunobiologics (Non-RTX)	9
Conventional synthetics	66
Dose of vaccines	

≤ Three	49
Four	27
Five	30

Table 1: The baseline characteristics

Conclusion: In our sample of IMRD patients undergoing pre-COVID prophylaxis with monoclonal antibodies, the incidence of adverse events was low and not severe. Patients who had episodes of flare of the underlying disease did so away from the application. Although the lack of comparators makes it impossible to assess effectiveness against SARS COV2 infection, our data indicate safety in this specific population.

Disclosure of Interest: None Declared

Keywords: COVID-19, Immune-mediated Rheumatic Diseases, Monoclonal Antibodies

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PANLAR 2024

Infections (including COVID-19)

PANLAR2024-1212

Real-World Single-Center Survey On Adverse Effects And Disease Flare Of Autoimmune Inflammatory Rheumatic Diseases (Aiird) And Covid-19 Vaccines

BLANCA E. BICA[*1], Julia Thé[1], Thaís Silva[1]
[1]Internal medicine, Universidade Federal do Rio de Janeiro, Rio de Janeiro, Brazil

Has this paper been previously presented at another conference?: No

Background/Objectives: COVID-19 vaccines have had great importance in reducing SARS-COV-2 infection and severe cases. Patients with AIIRD have been strongly advised to be vaccinated because they are more vulnerable to SARS-COV-2 infection. However, very little is known about the effect of vaccines on the activity of rheumatic diseases because patients with AIIRD were excluded from clinical trials, leading to limited data on the safety of COVID-19 vaccines.

Methods: We conducted a small real-world single-center survey to evaluate the safety profiles and disease flare in patients with AIIRD who received any dose of COVID-19 vaccines in a University Hospital from January 2021 to September 2023. Eligible patients answered a predefined 30-question-based questionnaire during the medical consultation. Not vaccinated AIID patients were not considered eligible.

Results: In total 150 patients with AIIRD who received any COVID-19 vaccine participated in this study. The epidemiological data and rheumatological diagnoses of the patients are described in Table 1. Hydroxychloroquine and methotrexate were the most prescribed medications (27,3% and 26% respectively). 56 patients have had Covid, 35 are already vaccinated and 21 are not yet vaccinated. A flare of existing AIIRD due to COVID-19 infection was reported by 13 participants (23,2%) and the requirement of treatment escalation was reported by 10 (17,8%) patients. Among all participants, 52/150 (34,7%) experienced adverse events (AEs) after vaccination, most AEs were mild to moderate and self-limiting. Local AEs, such as pain, redness or swelling at the injection site, and fever were reported in most of the participants. The median time from vaccination shot to onset of AEs was around 2-3 days. 14 patients (9,3%) self-reported severe AEs, with reactivation of the disease (characterized by worsening arthritis, new rash, alopecia, oral ulcers, worsening psoriasis, venous thrombosis, and paresthesia). In 2 of them, the flare lasted 2 and 6 months, respectively, and they required hospitalization.

Image 1:

Table 1: Patients' basic characteristics

Mean or median in years (range)	43,5 (12-75)	Osteoarthritis	2%
Females n (%)	121 (81%)	Takayasu's arteritis	1.3%
Males n (%)	29 (19%)	Still's disease	1.3%
Diagnosis n (%)		Marfan Syndrome	0.7%
SLE	32.7%	Uveitis	0.7%
JIA	12.7%	Rheumatic fever	0.7%
RA	10.7%	Polycondritis	0.7%
SpA	6%	Necrotizing myopathy	0.7%
Dermatomyositis	4%	Fibrodysplasia ossificans progressive	0.7%
Localized scleroderma	3.3%	IgG4-RD	0.7%
Sjogren's syndrome	2.7%	Undifferentiated connective tissue disease (UCTD)	0.7%
Behçet's disease	2%	Chronic recurrent multifocal osteomyelitis (CRMO)	0.7%
Antiphospholipid antibody syndrome (APS)	2%	Autoimmune lymphoproliferative syndrome (ALPS)	0.7%
Polyarteritis nodosa	2%	Systemic sclerosis (SSc)	0.7%
Vasculitis (other)	2%	Overlapping diseases	6%

JIA – juvenile idiopathic arthritis, SLE – systemic lupus erythematosus, RA- Rheumatoid arthritis, SpA- spondiloarthritis

Conclusion: Our data call for important needs for early warning of flare and close monitoring after vaccination. The incidence of AEs and disease flares was comparable among all Covid-19 vaccines. Our data suggest the possibility of activation of rheumatic diseases after COVID-19 in some patients.

Disclosure of Interest: None Declared

Keywords: COVID-19, disease flare, vaccines

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PANLAR 2024

Miscellaneous

PANLAR2024-1257

Immune-Mediated Adverse Events By Checkpoint Inhibitors In Patients With Cancer. Retrospective Cohort Study In A University Hospital.

Luis Palomino*[1], Enrique Soriano[1], Marina Scolnik[1], Nicolas Alvarado[1], Elisabet Deltin[1], Valeria Scaglioni[1]
[1]buenos aires, hospital italiano de buenos aires, CABA, Argentina

Has this paper been previously presented at another conference?: Yes

Background/Objectives: The introduction of "checkpoints inhibitors" is one of the greatest advances in the field of oncology. These therapies can cause so-called immune-mediated adverse events, which are related to overactivation of the immune system and cause a new spectrum of clinical manifestations known as irAEs (immune-related adverse events)

Objectives

1- To describe the immune-mediated adverse events in a cohort of patients with cancer, treated with immunotherapy, the type of involvement and the severity

2- To identify probable predictive factors for the development of irAEs

Methods: Observational and retrospective study. The electronic medical records of all patients over 18 years of age with a cancer diagnosis who were admitted to the Oncology infusion area from January 1, 2015 to December 31, 2021. Demographic data, Charlson comorbidity index were recorded. The history of autoimmune disease, the type of adverse event that occurred, the severity, the treatment initiated and the need to discontinue immunotherapy.

Results: A total 396 patients were included, with a mean age of 63.2 years (SD 12.5) and a median follow-up of 4 years. See Table 1.The incidence of immune-mediated events was 37.1/100 patient years. The most common irAEs were thyroiditis (28.4%), arthritis (13.8%), and cutaneous vasculitis (12.8%). In total there were 35 patients with rheumatological events. Patients who received conventional chemotherapy prior to or concomitantly with immunotherapy had a significantly lower frequency of irAEs (34.9% vs 54%, p 0.001). Also, those who presented immune-mediated events had less progression of oncological disease [45 (44.1%) versus 176 (66.7%), p<0.001].

In the multivariate logistic regression analysis, male sex (OR 0.55, p 0.01) and the use of concomitant chemotherapy (OR 0.55, p 0.02), were protective factors, while having a previous autoimmune disease (OR 4.13, p 0.01) and receiving Ipilimumab alone (OR 11.22, p 0.01) or in combination with Nivolumab (OR 2.6, p <0.001) were associated with a higher probability of developing irAEs. In the Kaplan - Meier curve, the probability of survival free of progression of the oncological disease was greater among patients who presented irAEs (see figure 1).

Table 1:

Image 1:

Figure 1. Progression-free survival

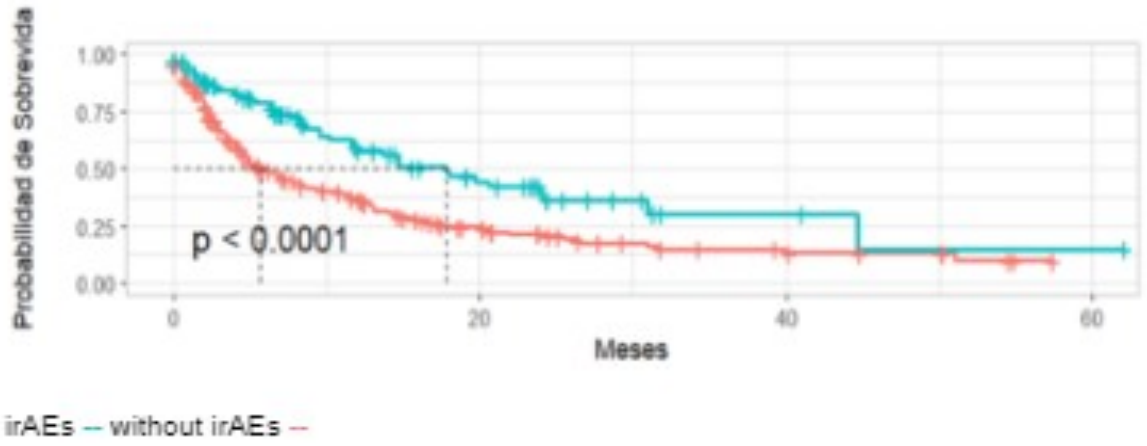

Image 2:

Table 1. Baseline clinical demographic variables of the patients.

Characteristics	Without irAEs n=287	With irAEs n=109	*p*
Male Sex, n (%)	178 (62.0)	54 (49.5)	**0.033**
Age at Oncological diagnosis, mean (SD)	62.7 (12.6)	64.49 (12.3)	0.214
Follow-up time in months, median (IQR)	47.7 (20.8, 19.6)	53 (26.1, 88.7)	0.873
Smoking No Yes	 163 (56.8) 124 (43.2)	 71 (65.1) 38(34.9)	0.073
Arterial Hypertension, n (%)	125 (43.6)	49 (45.0)	0.891
Dyslipidemia, n (%)	77 (27.0)	16 (14.7)	**0.014**
DM, n (%)	39 (13.6)	12 (11.0)	0.605
Cardiovascular Disease, n (%)	27 (9.4)	9 (8.3)	0.873
COPD, n (%)	20 (7.0)	11 (10.1)	0.410
Hypothyroidism, n (%)	31 (10.8)	20 (18.3)	0.069
Charlson Score, median (SD)	8.62 (2.85)	8.06 (2.93)	0.083
Previous autoimmune disease, n (%)	6 (2.1)	7 (6.4)	0.065
Immunotherapy + TKI, n (%)	35 (12.2)	10 (9.2)	0.504
Inmunoterapia + Chemotherapy, n (%)	157 (54.7)	38 (34.9)	**0.001**
Type of tumor, n (%) Lung Kidney Melanoma urothelial Others	 135 (47.0) 41 (14.3) 93 (32.4) 9 (3.1) 8 (2.8)	 49 (45.0) 21 (19.3) 23 (21.1) 18 (16.5) 1 (0.9)	**0.028**
Type of immunotherapy, n (%) Nivolumab + Ipilimumab Nivolumab Ipilimumab Pembrolizumab Others	 125 (43.6) 52 (18.1) 9 (3.1) 93 (32.4) 8 (2.8)	 58 (53.2) 9 (8.3) 18 (16.5) 23 (21.1) 1 (0.9)	**<0.001**
Oncological disease progression, n (%)	176 (66.7)	45 (44.1)	**<0.001**

Conclusion: In the multivariate analysis, male sex and the use of chemotherapy associated with immunotherapy were protective factors, while having a previous autoimmune disease and receiving Ipilimumab alone or combined with Nivolumab was associated with a greater probability of developing irAES.

Disclosure of Interest: None Declared

Keywords: cancer, checkpoint inhibitors, Immune-mediated adverse events

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PANLAR 2024

Miscellaneous

PANLAR2024-1026

Characterization Of Patients With Autoimmune Interstitial Lung Disease Receiving Antifibrotic Treatment. Real Life Data.

Florencia Vivero*[1], Emilio Buscchiazzo[1], Juan Ignacio Enghelmayer[1], Gaser Adrian[1], Nicolas Lloves Schenone[1], Ana Lucia Barbaglia[1], Natalia Nigra[1], Belen Virasoro[1], Natalia Cucchiaro[1], Sandra Navarro[1], Maria Julia Papagno[1], Maria Florencia Gordillo[1], Noelia Bersano[1], Alejandro Benitez[1], Maria Jose Lopez[1], Maria Luz Martin[1], Sandra Fabiana Montoya[1], Paula Gonzalez[1], Jorge Tellez Noriega[1], Tatiana Barbich[1], Marina Oliver[1], Claudia Pena[1], Nitsche Alejandro[1], Gonzalo Pacheco[1], Jose Luis Velasco Zamora[1], Eugenia Perticone[1], Guillermo Pons Estel[1]
[1]Sociedad Argentina de Reumatologia, EPIMAR Registry, Buenos Aires, Argentina

Has this paper been previously presented at another conference?: Yes

Background/Objectives: Anti-fibrotic drugs (AF) delay the progression of pulmonary functional decline in interstitial lung disease (ILD) with progressive pulmonary fibrosis (PPF).

Nintedanib has recently been approved for ILD with PPF, including autoimmune etiologies.

Although its effect and impact has been demonstrated in several trials, there is little evidence about its use in real life.

Objectives: to describe the baseline characteristics of patients when nintedanib is prescribed in the EPIMAR cohort

Methods: EPIMAR II is a real-life registry of patients with autoimmune ILD (AI-ILD), prospective, observational and multicenter from Argentina.

Adults patients with AI-ILD of 5 years of evolution were included, defined by findings in high-resolution computed tomography (HRCT).

They were classified into 3 subgroups: ILD associated with connective tissue disease (CTD-ILD); interstitial pneumonia with autoimmune features (IPAF) or antineutrophil cytoplasmic antibody-associated ILD (ANCA-ILD).

A descriptive analysis was performed, categorical variables were compared with Fisher's exact test and continuous variables with Wilcoxon test.

R statistical software was used and a significance level of 5% was used.

Results: Of 168 patients, 16 (10%) received nintedanib, 69% women, median age: 58 years .

At the moment of the prescription; 25% have a smoking history and 50% had subclinical disease. Mean delay time from symptom onset to diagnosis was 8.7 months.

Of the 16 patients, 14 had CTD, 1 IPAF and 1 ILD-ANCA+. Within CTD the frequency was: 11 (79%) Systemic sclerosis and 3 (21%) rheumatoid arthritis.

The most frequent serological data were: FAN 80%, RF 43%, anti-Scl70 38%, anti-centromere 23%, antiRo/SSa 23%, anti-CCP 15%.

Functional compromise was worse in patients treated with AF compared to patients without AF treatment with respect to

FVC % (63% vs 73%), % DLCO (48% vs 58%) and desaturation in the walking test (50% vs 23%).

All patients received concomitant immunosuppressants.

53% had ILD exacerbations in the previous year and 10% required hospitalizations.

Image 1:

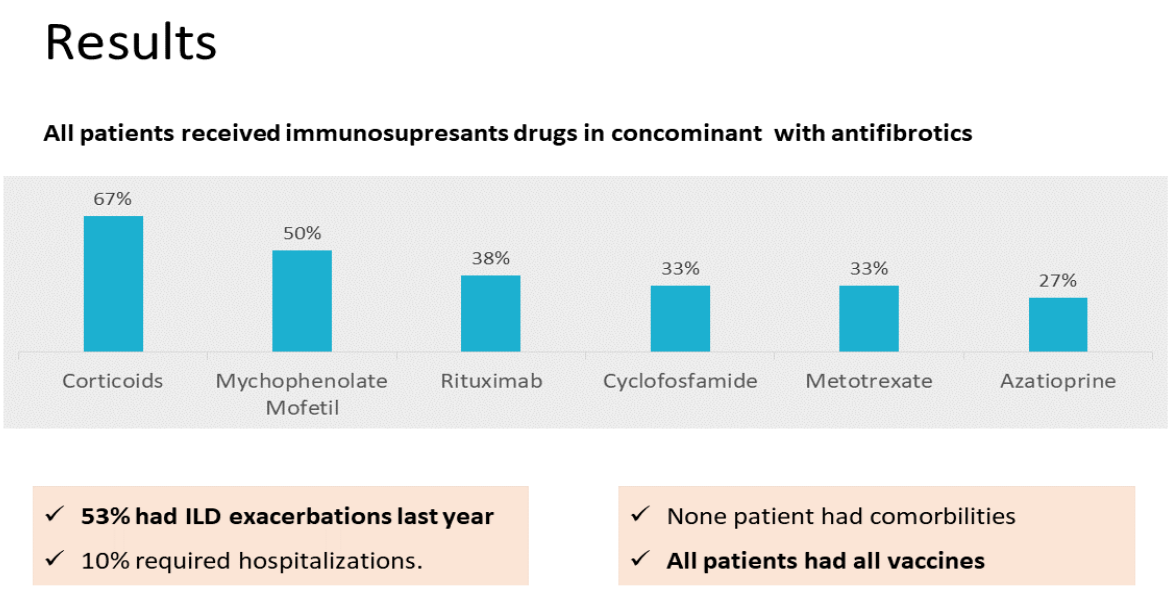
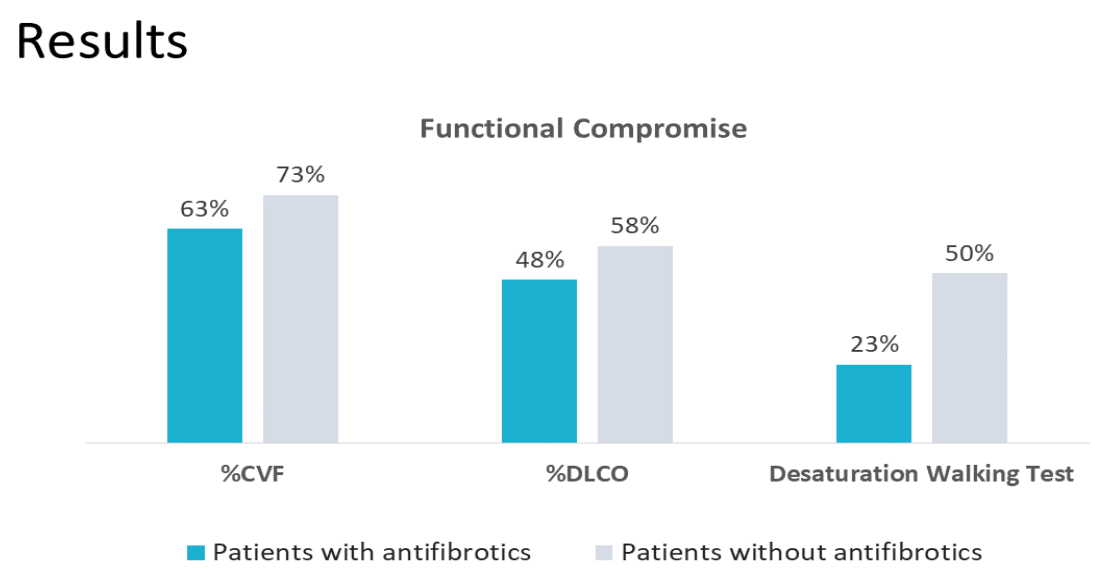


Image 2:



Conclusion: The baseline data of the patients with ILD-Ai who receive treatment with nintedanib correspond mainly to CTD (systemic sclerosis and rheumatoid arthritis) with worse functional compromise compared to patients without AF

treatment.

Half of the cases were diagnosed in asymptomatic periods and 53% had an exacerbation of ILD in the previous year.

Future studies may provide more information on the real-life prescription of antifibrotics in patients with AI-ILD.

Disclosure of Interest: None Declared

Keywords: interstitial lung disease, rheumatoid arthritis, sistemic sclerosis

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PANLAR 2024

Miscellaneous

PANLAR2024-1042

Safety Of Targeted Therapies In A Cohort Of Paraguayan Patients: Data From Biobadaguay

Paloma De Abreu Trigueros[*1], Sonia Cabrera Villalba[2], Lourdes Roman[3], Patricia Melgarejo[4], Vannia Valinotti[2], Angelica Amarilla[2], Alexis Pineda[5], Paola Pusineri[6], Mariela Zarza[2], Raquel Aranda[6], Clyde Parodi[2], Evelyn Leiva[6], Laura Martínez[6], Paola Jara[2], Zoilo Morel[7], Roger Rolon[2], Magali Zanotti[1], Cynthia Vega[8], Pedro Babak[9], Gabriela Ávila Pedretti[2, 10]
[1]Rheumatology, Sociedad Paraguaya de Reumatología , [2]Rheumatology, Hospital Central del Instituto de Previsión Social, Asuncion, [3]Rheumatology, Hospital de Villa Elisa, Villa Elisa, [4]Rheumatology, Hospital de Villarrica, Villarrica, [5]Rheumatology, Hospital Nacional de Itaugua, Itaugua, [6]Rheumatology, Hospital de Clinicas de la Universidad Nacional de Asuncion, [7]Pediatric Rheumatology, Hospital Central del Instituto de Previsión Social, Asuncion, [8]Rheumatology, Hospital Pediátrico Niños de Acosta Ñu, San Lorenzo, [9]Rheumatology, Hospital Regional de Encarnacion, Encarnacion, [10]on behalf of Biobadaguay group, Sociedad Paraguaya de Reumatología , Asuncion, Paraguay

Has this paper been previously presented at another conference?: No

Background/Objectives: BIOBADAGUAY is the Paraguayan/Uruguayan registry of adverse events (AE) in patients with inflammatory rheumatic conditions under Targeted Therapies (TT). The objetive of this study is to determine the frequency and severity of AE in patients under TT in Paraguayan patients in the BIOBADAGUAY registry.

Methods: Prospective, observational study to verify the efficacy, safety, and survival of the TT. The methodology applied is available at https://biobadaguay.ser.es. For the present study epidemiological and clinical variables, TT, type, and severity of AE were analyzed. The incidence rate (IR) was calculated as the total number of adverse events per 1000 patients/year and the incidence rate ratio (IRR) was analyzed using the Poisson regression model. (Significance value 0,05).

Results: 696 patients with TT were analyzed. 1047 AE were observed, 928 (88.6%) no severe, 110 (10.5%) severe and 9 (0.9%) mortals. Infection was the most frequent AE, 579 (55.3% of total AE), The IR global of AE was 323.8 (304.5-344.0), no serious 287.0 (268.8-306.1), severe 34.0 (27.0-41.0) and mortal 2.8 (1.3-5.2). The globla IR of infections was179.1 (164.8-194.3) and 19.5 (15.0-24.0) in severe and mortal infections. When IR was analyzed according to severity, the second and subsequent cycles of TT were significantly associated with a higher IR of global AE (IRR=1.9 [95% CI, 1.4-2.8] p=0,00001), no serious AE (IRR=1.9 [95% CI, 1.4-2.6] p=0.00001) and mortals (IRR=4.5 [95% CI 95%(1.2-16.8)] p=0.02) compared to the first cycle of TT. Treatment with anti-TNF was significantly associated with lower IR of global AE (IRR= 0.6 [95% CI, 0.5-0.8] p=0,0003), no serious (IRR=0.6 [95% CI, 0.5-0.9] p=0,003), serious (IRR=0.5 [95% CI, 0.3-0.8] p=0.001) and mortal AE (IRR= 0.1 [95% CI, 0.0-0.5] p=0.004) compared to non-anti-TNF. RA was associated with a higher IR of global AE (IRR=1.4 [95% CI,1.1-1.8] p=0.01), no serious (IRR=1.3 [95% CI,1.0-1.8] p=0.04) and serious/mortals (IRR=2.1 [95% CI,1.3-3,4] p=0.003) compared to others diagnoses. Psoriatic arthritis (PsA) was associated with lower IR of global AE, (IRR=0.6 [95% CI,0.3-1.0] p=0.007). Juvenile idiopathic arthritis (JIA) was associated with lower IR of serious/mortals AE (IRR=0.5 [95% CI,0.2-1.0] p=0.04).

Conclusion: AE were no serious in general and infections were the most frequent. RA presented a higher IRR of global AE, whereas PsA and JIA lower IRR of AE. Second and Subsequent cycles of TT presented a higher IRR of global an AE.

Disclosure of Interest: None Declared

Keywords: Adverse events, Safety, Targeted therapies

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PANLAR 2024

Miscellaneous

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Immunosuppressive Agents In Patients With Neurologic Manifestations Of Rheumatologic Diseases: A Panoramic Review.

Jairo Cajamarca-Baron[*1,2], Diana Guavita-Navarro[2], Esteban Bedoya-Loaiza[3], Adriana Rojas-Villarraga[1], Álvaro Vallejos Narváez[4], Juan Pablo Castañeda-González [1], Gabriel E Acelas-Gonzalez[1]
[1]Research Institute, Fundación Universitaria de Ciencias de la Salud – FUCS, [2]Rheumatology, Hospital de San José, [3]Rheumatology, [4]Clinical Pharmacology, Fundación Universitaria de Ciencias de la Salud – FUCS, Bogotá, Colombia

Has this paper been previously presented at another conference?: No

Background/Objectives: Neurological involvement is of great importance in various rheumatological diseases due to its impact on morbidity and mortality. Rapid diagnosis is essential to initiate timely treatment and control permanent neurological dysfunction or disease progression. The aim of this study is to describe the main characteristics (pharmacokinetics, pharmacodynamics, dosage, adverse events, monitoring) of the main immunosuppressants used in rheumatic diseases with nervous system involvement.

Methods: A panoramic review was performed. An extensive literature search was performed in various databases (PUBMED, Cochrane, BVS) and in the grey literature.

Results: Cyclophosphamide is an alkylating agent, indicated in neurological conditions caused by pathologies such as systemic lupus erythematosus (SLE), Sjögren's syndrome, sarcoidosis, Behcet, among others, being part of schemes such as NIH and CYCLOPS. Azathioprine, a purine analog, used at doses of 1 to 3 mg/kg/day in diseases such as neurolupus, neuroBehcet, neuromyelitis optica (NMO), among others, with indications similar to mycophenolate. Rituximab acts against the CD20 antigen of B cells, it is used at a dose of 375mg/m2 weekly for 4 weeks or 1 g intravenous day 1 and 14 in multiple neuro-rheumatologic compromises. It is very important to monitor these drugs, especially for hematologic toxicity, except for immunoglobulin, in which renal function and risk of thrombotic episodes are monitored (see Image 1).

Image 1:

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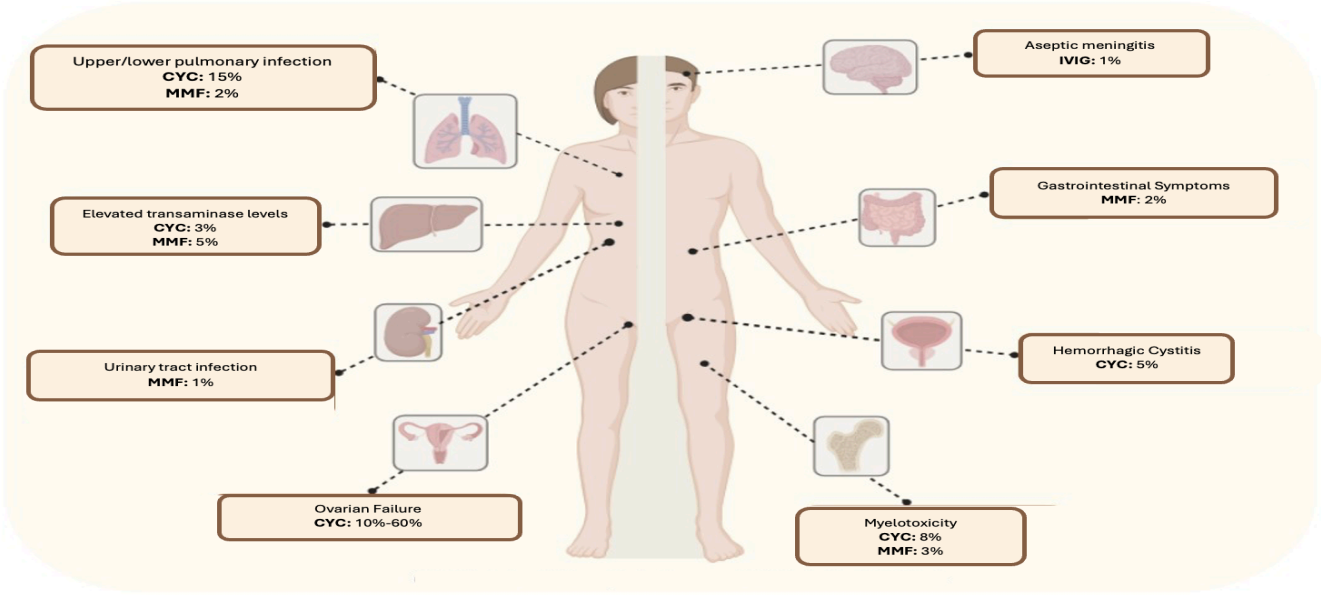

Image 1. Estimated percentages associated with adverse drug reactions related to pharmacotherapy in the management of neurological symptoms in patients with autoimmune diseases.
CYC: Cyclophosphamide - IVIG: Intravenous Immunoglobulin - MMF: Mycophenolate - RTX: Rituximab

Conclusion: Knowledge of the main therapies for the treatment of neurological complications of rheumatic pathologies, monitoring and prevention of associated adverse events is essential to optimize patient management.

Disclosure of Interest: None Declared

Keywords: immunosuppression therapy, Neurologic manifestations, rheumatic diseases

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PANLAR 2024

Miscellaneous

PANLAR2024-1382

About A Case Report: Preclinical Seronegative Rheumatoid Arthritis And Seronegative Sjögren's Syndrome Associated With Follicular Bronchiolitis As Initial Manifestation

Ivania Ramírez-Ferrer[1], María Fernanda Linares-Contreras[1], Eva Cardozo-Sandoval[1], María Fernanda Cubides-Acosta[1], Andrys Mayor-González[1], Gabriel-Santiago Rodriguez-Vargas[2], Pedro Santos-Moreno[*3]
[1]Rheumatology, [2]Research department, [3]Scientific direction, Biomab - Center for Rheumatoid Arthritis, Bogotá, Colombia

Has this paper been previously presented at another conference?: No

Background/Objectives: Sjögren's Syndrome (SS) and Rheumatoid Arthritis (RA) are systemic autoimmune diseases that occasionally have been related to pulmonary involvement as initial manifestation. Follicular bronchiolitis is a rare bronchiolar disorder. Presents case of a 61-year-old female patient with persistent cough, headache and desaturation associated with follicular bronchiolitis suggesting related autoimmunity, without clinical symptoms or initial paraclinical findings telling associated rheumatic pathology.

Methods: 61-year-old female, refers exposure to fabrics in childhood and gastroesophageal reflux disease for 5 years. Refers 3 years of recurrent dry cough and headache that later was associated with desaturation. She was referred to rheumatology consultation due to tomographic findings of follicular bronchiolitis suggesting autoimmunity.

Results: She referred eventual xeroderma, xerophthalmia without xerostomia, no parotid involvement, no inflammatory joint symptoms. On physical examination, only bilateral basal fine crackles. Autoimmune laboratories were negative. In the high-resolution thorax tomography: centrolobulillary nodules in gemmation tree, middle lobe atelectasis. Pulmonary wedge biopsy: follicular bronchiolitis, silicoanthracosis, focal chronic pleuritis. Fibrobronchoscopy: middle lobe atelectasis. Lavage microbiology: neutrophiles 80% macrophages 18%, negative infectious profile. Pulmonary function: see spirometry in image 1. DLCO 5.08 (88 %). 6-minute walk: 553 mts, 95% of the expected dyspnea BORG 3/10 saturation onset 89% with exercise 80% desaturation. MRI of hands: pannus formation in different articular recesses, central and peripheral erosions in the carpal bones in the left hand. Based on a lung biopsy that suggested studying immunity. Schirmer's test was performed with a positive report. Salivary gland biopsy was taken showing chronic sialadenitis of Chisholm and Mason III classification confirming diagnosis of Sjögren. A second MRI of the hands showed narrowing of joint spaces and bone erosions in carpus, and active inflammatory pannus confirming diagnosis of RA.

Image 1:

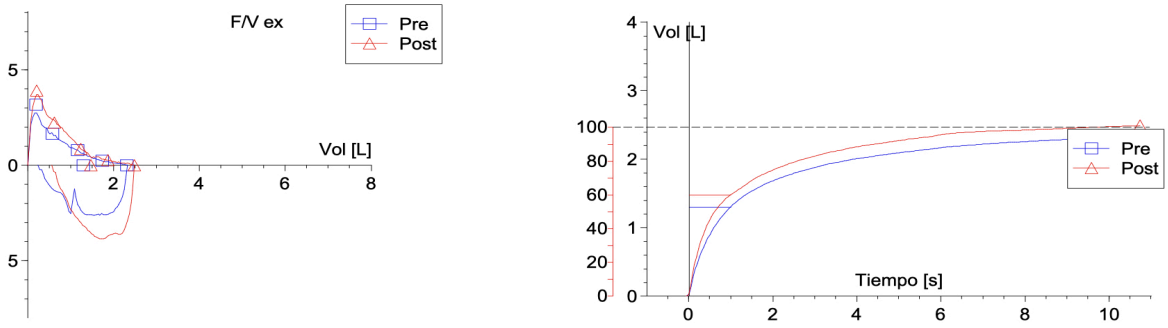

Image 1. Baseline spirometry with moderate obstructive alteration. No significant response with inhaled bronchodilator

Conclusion: In summary, the presented case of seronegative RA and SS starting with limited via area involvement, underscores the importance of comprehensive patient evaluations to assertive diagnosis and prevent disease progression. Further research is crucial for understanding pre-clinical stages.

Disclosure of Interest: I. Ramírez-Ferrer: None Declared, M. F. Linares-Contreras: None Declared, E. Cardozo-Sandoval: None Declared, M. F. Cubides-Acosta: None Declared, A. Mayor-González: None Declared, G.-S. Rodriguez-Vargas: None Declared, P. Santos-Moreno Grant / Research support with: Abbvie, Abbott, Biopas-UCB, Bristol, Janssen, Pfizer, Roche, Sanofi, Speakers Bureau with: Abbvie, Abbott, Biopas-UCB, Bristol, Janssen, Pfizer, Roche, Sanofi

Keywords: Case report, rheumatoid arthritis, Sjögren syndrome

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Miscellaneous

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Safety Of Targeted Therapies In Immune Mediated Inflammatory Diseases: Combined Data From Four Countries Of Latin America

Paloma de Abreu Trigueros*[1], Deshire Alpizar- Rodríguez[2], Vijaya Rivera Terán[2], Guillermo Pons-Estel[3], María J Haye Salinas[3], María Agustina Alfaro[3], Veronica Saurit[3], Erika Catay[3], Gustavo Medina[3], Ángel Castillo Ortíz[2], Fedra Irazoque Palazuelos[2], Omar Eloy Muñoz Monroy[2], Sandra Carrillo Vazquez[2], Angélica Peña Ayala[2], Sonia Cabrera[1], Gabriela Ávila[1], Lourdes Roman[1], Alexis Pineda[1], Clyde Parodi[1], Laura Martín[1], Darwin Cordovilla[4], Macarena Soto[4], Cristina Brunengo[4], Belem Acevedo[4], Gonazalo Barteshagi[4], Carolina Diaz[4], Carolina A Isnardi[3]
[1]On behalf of Biobadaguay Registry, Paraguayan Society of Rheumatology, Asuncion, Paraguay, [2]On behalf of the Biobadamex Registry, Mexican College of Rheumatology, Mexico DF, Mexico, [3]On behalf of Biobadasar Registry, Argentine Society of Rheumatology, CABA, Argentina, [4]On behalf of Biobadaguay Registry, Uruguayan Society of Rheumatology, Montevideo, Uruguay

Has this paper been previously presented at another conference?: No

Background/Objectives: Biologic and targeted synthetic disease-modifying antirheumatic drugs (ts/bDMARDs) play a pivotal role in the treatment of Immune-mediated inflammatory diseases (IMID). Additionally, in the last few years, biosimilars and generic targeted synthetic (ts) DMARDs have been introduced.The aim of this study is to

determine the frequency and severity of adverse event (AE) of patients under ts/bDMARDs in patients with IMID in three BIOBADA Registries in four Latin American countries.

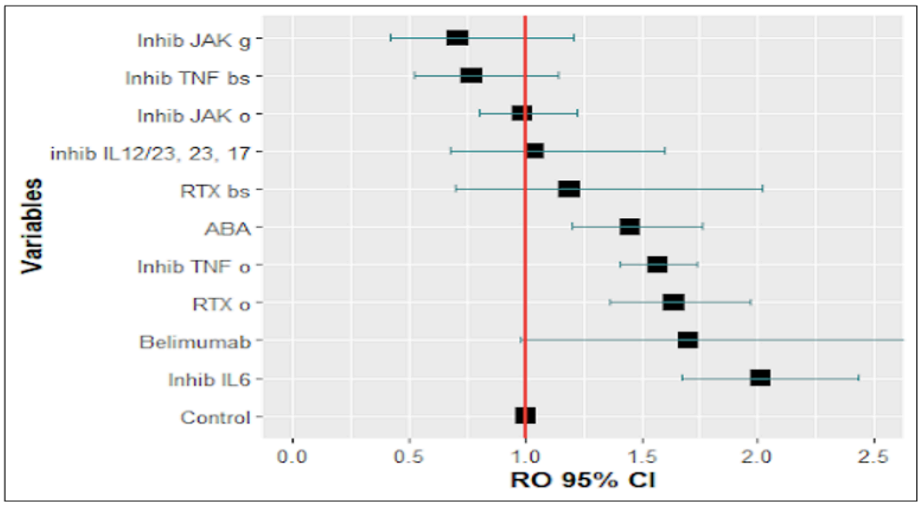
Methods: Data from four BIOBADA Registries from Latin America were collected, including Argentina, Mexico, Paraguay, and Uruguay (the last two countries are included at the same registry). For this analysis, those patients with IMID, who had started at least one biological or small molecule drug until October 2023 were included.

Results: A total of 8951 patients were included, 89% were women, the mean age at treatment initiation was 48.7 ± 8.4 years. The most common diagnosis was rheumatoid arthritis with 73% followed by psoriatic arthritis with 7.5%. 12993 treatment cycles were administered, of which 8888 (68.4%) corresponded to ts/bDMARDs and 4105 (31.6%) to controls. Of the ts/bDMARDs the most frequent were the original TNF inhibitors (anti-TNFo) with 59.7%, the original Rituximab (RTXo) with 8.7%, IL-6 inhibitor with 8.2 and the original JAKs inhibitors with 7.6%. A total of 8106 AEs were reported of which 908 (11.2%) were severe and 84 (1.0%) were mortal. the 28.1% of the total number of treatment cycles had at least 1 AE. Infections were the most frequently observed AE with 41.6% (1446), followed by skin disorders 8.5% (296), benign and malignant neoplasms 3.9% (137) and blood disorders 3.8% (131) among the most frequent. In the multivariate analysis, cycles with IL-6 inhibitors were significantly associated with an increased risk of developing EA (OR= 2.0 IC [95%, 1.7-2.4] p<0.001), as well as with anti-TNFo (OR= 1.6 I [C 95%, 1.4-1.7] p<0.001) and RTXo (OR= 1.6 [IC 95%, 1.4-2.0] p<0.001), figure1. Also having a longer time of disease evolution at the beginning of the treatment cycle (OR= 1.0

IC 95 [%, 1.01-1.02] p<0.001), having chronic obstructive pulmonary disease (OR= 1.6 I [C 95%, 1.2-2.1] p<0.001), hypertension (OR= 1.3 IC [95%, 1.2-1.4] p<0.001) were shown to have the same effect.

Image 1:

Figure 1: Association to develop at least one adverse event per treatment cycle



OR = Odds Ratio, CI = Confidence Interval

Conclusion: We describe the real-life safety with targeted therapies in three BIOBADA Registries in four Latin American countries, being comparable to that found in other cohorts

Disclosure of Interest: None Declared

Keywords: Adverse events, Safety, Targeted therapies

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PANLAR 2024

Miscellaneous

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Model In Rheumatology For The Optimization Of Virtual Education

Maria Latorre[*1], José Salas[2], William Puche[3], Fabian Muñoz[2]
[1]Bogotá DC, Country Medical Center , Bogotá, [2]Atlantico, Investigación Médica Atlántico, Barranquilla, [3]Córdoba, Instituto De Reumatología y Rehabilitación, Monteria, Colombia

Has this paper been previously presented at another conference?: No

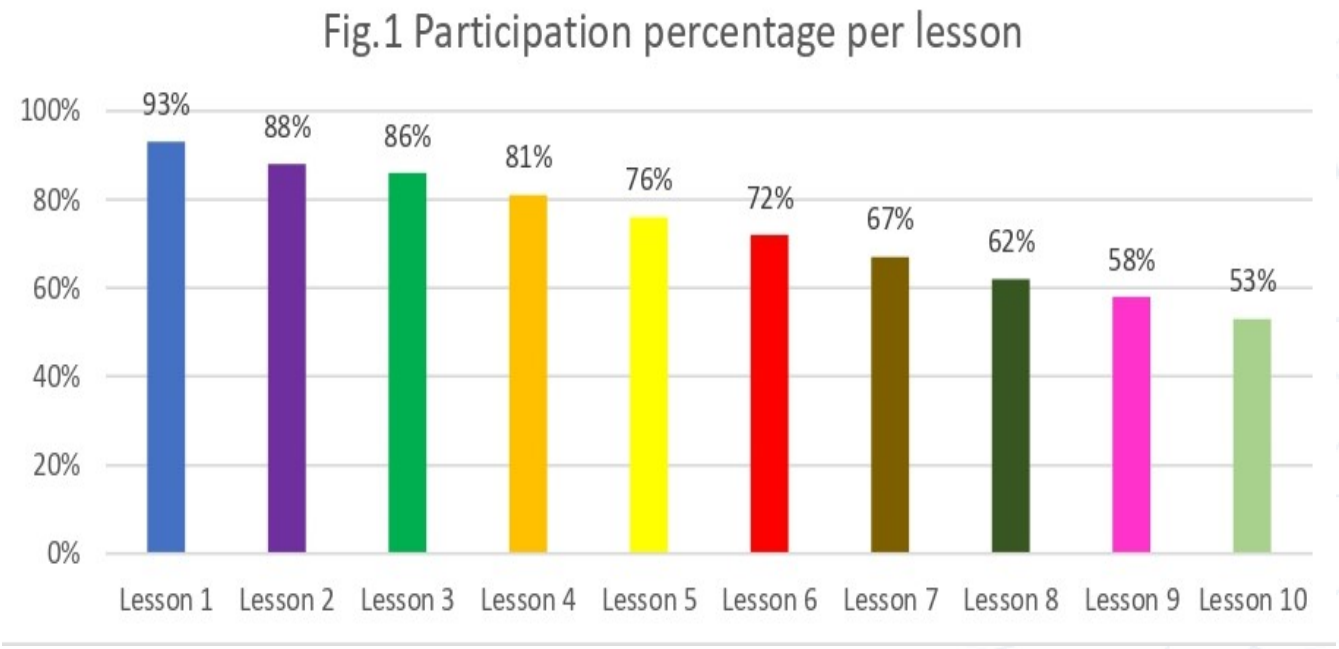
Background/Objectives: Updating the knowledge of non-rheumatologist physicians in Rheumatology is essential in daily clinical practice, aiming to improve early diagnosis and optimize patient referral to specialists. Below, we present the results of our experience with a virtual education model in Rheumatology, featuring asynchronous lectures and synchronous presentations with the analysis of clinical cases.

Objective: To improve professional skills in non-rheumatologist physicians in the early diagnosis of rheumatological diseases.

Methods: The call was made two months before the start of the course in April 2022, using social networks such as Facebook and Instagram, WhatsApp, phone calls, and email. It was published with the program that included 18 topics in Rheumatology, covering the approach to the patient with joint pain, autoimmunity, laboratory tests, radiology, and major diseases. Students had weekly access to a new class, with access available for 12 months. The presentations analyzed clinical cases illustrative of the consultation. The number of professionals who started the sessions, how many activities they performed, and how much time they spent on the platform was analyzed. An evaluation was carried out at the end of each session.

Results: In the Rheumatology course, 45 health professionals participated, spending an average of 4 hours per week on the platform. Seventy-eight percent (78%) completed all classes. The topics with the highest attendance, averaging seventy-three percent (73%), were those dealing with the generalities of the patient's approach, laboratory interpretation and radiology, Clinimetric, rheumatoid arthritis, and systemic lupus erythematosus (Fig1). The course attendance analysis reveals that the highest peaks were recorded on Thursdays from 6 pm to 10 pm, followed by Tuesdays. Sixty percent (60%) downloaded their certificate of completion of the course.

Image 1:



Conclusion: With this totally virtual methodology, featuring flexible schedules for asynchronous lessons, high participation was achieved, with 78% completing classes. In synchronous lessons, participation showed interest in this form of updating, with an analysis of clinical cases. This form of continuing education offers great advantages for updating health professionals, overcoming difficulties such as geographical or displacement barriers.

Disclosure of Interest: None Declared

Keywords: None

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Miscellaneous

PANLAR2024-1025

Associated Factors Of The Antiphospholipid Syndrome. ¿When Do We Need Antiphospholipid Antibodies?

Jaime Escobar[*1], Oscar Muñoz[1], Paula Ruiz Talero[1], Daniel Fernandez [1]
[1]Bogota, Pontificia universidad javeriana, Bogota, Colombia

Has this paper been previously presented at another conference?: No

Background/Objectives: In clinical practice, there is no specific recommendation on when to take samples in case of clinical suspicion of antiphospholipid syndrome (APS), only a list of factors that generate APS risk, without adequately quantifying the weight of each of these factors.

Methods: Analytical observational case-control study, nested in a retrospective cohort of patients with venous or arterial thrombosis in whom APS was clinically suspected. Patients with a confirmed diagnosis of APS according to the Sapporo criteria or triple positive initial result (cases) are compared with patients negative for APS (controls). The association between the diagnosis of APS and different clinical and paraclinical factors was evaluated.

Results: 68 patients were included (72% women, 41.2% with DVT and 29.4% with PE). In 18 SAF was confirmed. There were no significant differences in age in patients with and without confirmation of the diagnosis (44,0±17,9 vs 51,2±14,9, p:0,069). In the multivariate analysis, a significant and independent association was found between having APS and rheumatic disease (OR 12,1, p=0,02), PTT prolongation (OR 17.6, p=0,014), platelet count <150.000 (OR 18,6, p=0,008), and a history of previous thrombosis events (OR: 6,1 for each event, p=0,027).

Conclusion: In patients with arterial or venous thrombosis, there is a greater possibility of confirming APS in patients with a history of rheumatic disease, prolongation of the PTT to more than 5 seconds, thrombocytopenia, and previous events of thrombotic disease. In these patients it is advisable to search for APS, in order to prevent new events.

Disclosure of Interest: None Declared

Keywords: Antiphospholipid antibodies, Partial Thromboplastin Time, Thrombocytopenia

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Miscellaneous

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Description Of The Use Of Rituximab Off-Label - Experience Of A Center Specialized In Rheumatology

Manuel Wilberto Rivero-Morales[1], Pedro Rodriguez-Linares[*2], Gabriel-Santiago Rodriguez-Vargas[2], Fernando Rodriguez-Florido[2], Laura Villarreal[3], Nicolás Gutiérrez[3], Adriana Rojas-Villarraga[4], Ivania Ramírez-Ferrer[5], Eva Cardozo-Sandoval[5], María Fernanda Linares-Contreras[5], Andrys Mayor[5], María Fernanda Cubides-Acosta[5], Marta Juliana Mantilla-Ribero[5], Pedro Santos-Moreno[6]
[1]Pharmaceutical chemist, [2]Research department, [3]Medical direction, Biomab - Center for Rheumatoid Arthritis, [4]Research institute, Fundación universitaria de Ciencias de la Salud - FUCS, [5]Rheumatology, [6]Scientific direction, Biomab - Center for Rheumatoid Arthritis, Bogotá, Colombia

Has this paper been previously presented at another conference?: No

Background/Objectives: Rheumatic diseases are known as disorders that mainly affect the components of the musculoskeletal system: tendons, ligaments, bones, joints and muscles. The off-label use of medications may be justified in cases where a therapeutic option or alternative is required in some population groups. One of the medications with the greatest off-label use is Rituximab (RTX), which is described in the literature. In Latin America, the unauthorized uses of medications have little description in the literature, so this work aims to reveal the impact on the prescription trends of these medications in a rheumatology center. The aim of this study is to describe the off-label use of RTX (most frequent off-label uses) in a rheumatology center.

Methods: A cross-sectional study from January 2020 to December 2022; Prescriptions of the medication with off-label use were included in the evaluated period. Patients were grouped by age group. The number of patients with RTX prescription was established. Comparisons were made between the most frequent diagnoses and the gender of the patients.

Results: In the period 2020 to 2022, 94 records of patients with RTX off-label prescriptions were found. 58 (61,7%) of patients are female. The majority age range was 50-61 years (Image 1). 34 patients (36,2%) were Sistemic Lupus Erythematosus (SLE), 26 (27,7%) Wegener's Granulomatosis, 14 (14,9%) with systemic scleroderma, 7 (7,5%) with Sjogren syndrome, 6 (6,4%) with inflammatory myopathy, 4 (4,3%) with dermatopolymyositis (Image 2).

Image 1:

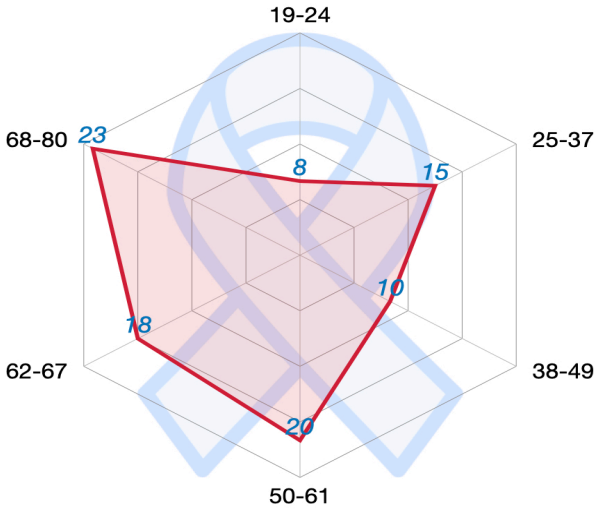

Image 1. Age-range related to RTX prescription

Image 2:

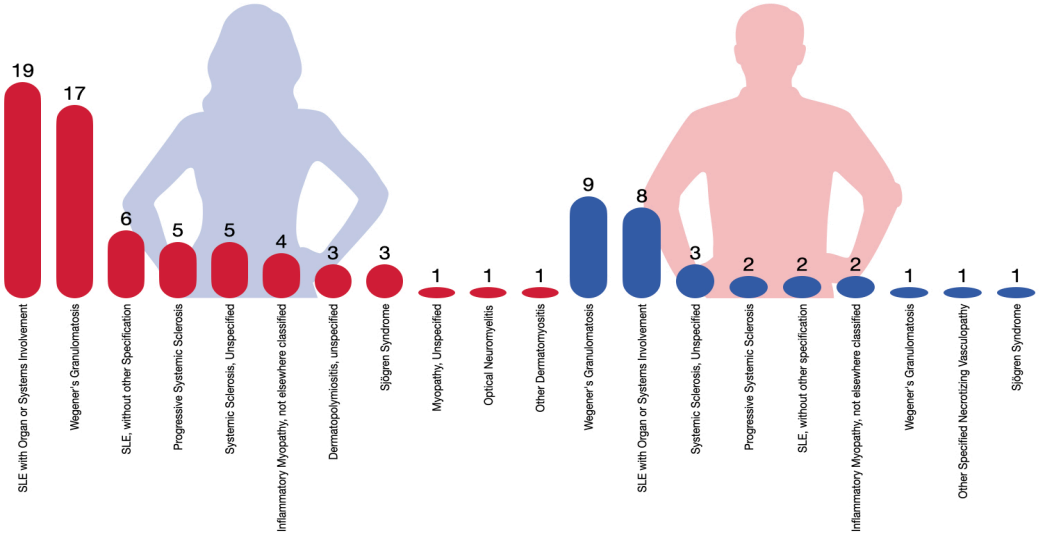

Image 2. Comparison between gender and off-label indications related to RTX

Conclusion: A higher frequency was found in prescribing RTX in the SLE indication as off-label. The increased off-label prescription of RTX is due to high disease activity in the reported cases. The highest percentage of patients prescribed off-label RTX was female. Additionally, the results demonstrate a safe use for RTX, supported by the treatment and control of the disease.

Disclosure of Interest: None Declared

Keywords: Biologics, Prescriptions, Treatment Outcome

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Miscellaneous

PANLAR2024-1277

Efectiveness Of Rituximab In Igg4-Related Disease. A Multicentre Study And Literature Review

Fernando López[1], Javier Loricera[1], Rafael Melero[2], Eva Galíndez-Agirregoikoa[3], Ricardo Blanco[*1]
[1]Rheumatology, Hospital Universitario Marqués de Valdecilla, Santander, [2]Rheumatology, Complexo Hospitalario Universitario de Vigo, Vigo, [3]Rheumatology, Hospital de Basurto, Bilbao, Spain

Has this paper been previously presented at another conference?: Yes

Background/Objectives: IgG4-related disease (IgG4-RD) is a systemic fibroinflammatory disease often associated with elevated serum IgG4 levels. Corticosteroids are the cornerstone of treatment, but relapses and side-effects are frequent, requiring DMARDs. The aim of this study is to assess the effectiveness of RTX in IgG4-RD refractory to conventional treatment.

Methods: Multicentre observational study of IgG4-RD patients treated with RTX. For literature review, a search of PubMed, Embase and the Cochrane library was conducted

Results: We include 9 patients (5 women/4 men) (mean age±SD; 55.8±12.6 years) with refractory IgG4-RD, treated with RTX **(Table).** Affected organs were: aorta(n=5), lymph nodes(n=3), lung/pleura(n=2), retroperitoneum(n=2), lacrimal glands(n=1), salivary glands(n=1), orbit(n=1), subglottis(n=1), kidney n=1), pericardium(n=1), biliary duct(n=1) and mesenterium(n=1). All patients received oral corticosteroids, (mean±SD 33.9±14.1 mg/d). Two patients also received corticosteroid boluses. Six patients received cDMARDs. cDMARDs received were methotrexate (MTX) (n=4), azathioprine (n=1), and hydroxychloroquine (n=1). RTX schedule was 1gx2 (n=8), and 375 mg/m2 (n=1). After a median [IQR] follow-up of 30 [28-51] months, complete and partial clinical improvement was observed in 6 and 2 patients respectively. We found 3 series in the literature review showing RTX effectiveness **(Figure).** Most frequently used RTX regimen was 1gx2.

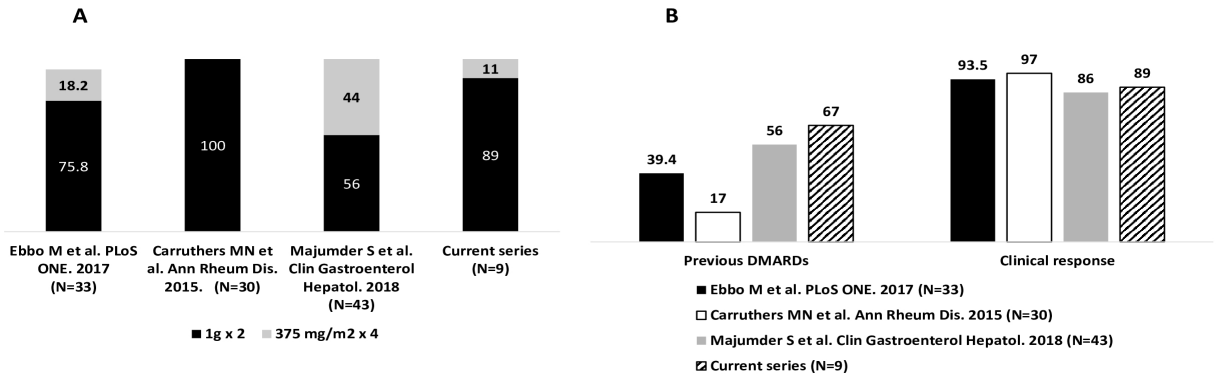
Table 1:

Case	Age/Sex	Organ involvement	Serum IgG4 (mg/dL)/ Plasmablasts (cel/mL)	Biopsy	Diagnosis	Previous treatment	RTX regimen	Number of RTX cycles	Flollow-up (months)	Outcome
1	55/F	Aorta, Lacrimal	210/ND	Negative	Umehara: probable	GCs, MTX	1gx2	3	59	CI

		glands, orbit			Okazaki					
2	31/F	Salivary glandslymph, nodes, subglotis	48/ND	Positive	Umehara: possible Okazaki	GCs	1gx2	5	70	CI, breast cancer
3	55/M	Lung/pleura, kidney, retroperitoneum, lymph nodes	5.58/2309.07	Negative	Symptoms +imaging findings+↑ PB	GCs, azathioprine	375 mg/m2	1	6	Exitus (AMI)
4	76/F	Lung/pleura, pericardium	90/954	Positive	Umehara: posible Okazaki	GCs,MTX	1gx2	3	30	PI
5	57/F	Aorta	125/1218	Not performed	Symptoms +imaging findings+↑ PB	GCs,HCQ	1gx2	4	30	PI
6	54/F	Aorta, Biliary duct	18.5/831	Not performed	Symptoms +imaging findings+↑ PB	GCs,MTX	1gx2	4	28	CI
7	46/M	Aorta	84.7/760.6	Not performed	Symptoms +imaging	GCs	1gx2	4	44	CI

					findings+↑ PB					
8	67/M	Aorta	11.6/ND	Positive	Umehara: posible Okazaki	GCs	1gx2	6	51	CI
9	61/M	Retroperitoneum, lymph nodes, mesenterium	ND/ND	Positive	Umehara: posible Okazaki	GCs MTX	1gx2	2	12	CI

Image 1:



Conclusion: RTX seems to be an effective and safe therapy in corticosteroid-refractory IgG4-RD

Disclosure of Interest: None Declared

Keywords: None

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Miscellaneous

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A Self-Care Tool Based On Patients With Rheumatoid Arthritis And Systemic Lupus Erythematosus.

Sofía Camacho Hernández[1], Catherin Tovar-Sánchez[2], Andrés Eduardo Nieto[1], Omar Ramirez-Perez[1], Luz-Stella Rodríguez[*2]

[1]Departamento de Diseño., [2]Instituto de Genética Humana. Facultad de Medicina, Pontificia Universidad Javeriana, Bogotá, Colombia

Has this paper been previously presented at another conference?: No

Background/Objectives: Rheumatoid arthritis (RA) and systemic lupus erythematosus (SLE) are two chronic autoimmune diseases that can be generated by multiple genetic and environmental factors and lead to systemic complications and progressive damage, causing a strong impact on people's functionality. We generate a mobile app that provides reliable, timely, and pertinent information to the patients who have these two diseases and their families to support them in controlling their disease.

Methods: The development of app was based on a user-centered design method in which healthcare professionals and patients participated from the conceptualization phase to the evaluation phases of design proposals with their different prototypes and iterations. The physical, mental, and social well-being parameters from WHO were used.

Results: The app create a self-report by patients about their activities of daily living and the consumption or contribution they make to their well-being. The proposal includes scales that assess the patient's daily physical, emotional and social state. Finally, evaluations of three iterations and their prototypes with users are presented.

Conclusion: The impact of this study on the quality of life for patients with arthritis or lupus is to offer better self-management of their fatigue and help them with the app to maintain complete physical, emotional, and social well-being.

Disclosure of Interest: None Declared

Keywords: Arthritis, Lupus, self-care

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Miscellaneous

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Psychiatric Disorders In Smoking Patients With Rheumatic Diseases

Daniela Alejandra Salcedo-Soto[*1], Emmanuel Campos-Tinajero[1], Diana Elsa Flores-Alvarado [1], Jesus Alberto Cardenas-de la Garza [1], Dionicio Angel Galarza-Delgado [1]
[1]Reumatología, Hospital Universitario "Doctor José Eleuterio González", Monterrey, Mexico

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Background/Objectives: The negative impact of smoking on the clinical course of rheumatologic diseases and their response to treatment is well-established. Evidence suggests that patients who smoke heavily and depend on tobacco experience symptoms of anxiety and depression. Such patients have the same motivation to quit smoking as the general population. The study aims to determine the prevalence of psychiatric disorders among individuals with rheumatic diseases and tobacco dependence.

Methods: A cross-sectional study was conducted between June and September 2023, at a University Hospital including all patients ≥18 years old who had a rheumatologic disease and agreed to participate.

Patients were surveyed for smoking habits, and non-smokers were evaluated for ex-smoker or passive status. Smoking patients took the Farguestrom test for dependence and were referred to psychiatry if positive.

Results: Of the 583 patients evaluated, 26 individuals (4.6%) were smokers, and 544 (93.31%) were non-smokers. Of the non-smokers, 12 were ex-smokers (2.05%), and 33 were passive smokers (5.6%).

When screened for dependence, 18 of the active smokers showed no dependence, 6 had mild dependence, and 2 had moderate dependence.

The 8 patients with mild-moderate dependence were offered an intervention by the psychiatry department, but only 4 patients attended their consultation. All patients who did attend were female and their ages ranged from 38 to 45 years. The most frequent diagnosis among these patients was RA.

Table 1: Characteristics of patients during psychiatry evaluation

Diagnosis	Gender	Age	Assessment	Pharmacological treatment

FM	F	38	Borderline personality Suicidal attempt Moderate depressive episode Anxiety disorder	Bupropion as an adjuvant for smoking cessation
RA	F	45	RA exacerbates anxious symptoms Intermediate insomnia, excessive anticipation, thought rumination	Mindfulness Clonazepam 0.5 mg QD
RA	F	45	Anxious depressive disorder Adaptive disorders Disorders of interpersonal relationship dynamics	Duloxetine 30 mg BID
RA	F	40	Adaptive anxiety disorder Grief (divorce)	Duloxetine 30 mg QD

Conclusion: The prevalence of smoking was lower than that reported in the rest of the population. However, we found a high prevalence of passive smoking, most of them were exposed to tobacco smoke by their partner. All smoking patients who attended for psychiatric evaluation presented anxiety-related symptoms and received medication.

More studies are needed on medication in psychiatry and its possible beneficial effects on tobacco dependence in patients with rheumatic diseases.

Disclosure of Interest: None Declared

Keywords: Anxiety, Depression, smoking

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Navigating Through Biological Panorama: Registry Of Rheumatoid Arthritis Biologic Drug Utilization In A Colombian Rheumatology Center

Pedro Rodriguez-Linares[*1], Manuel Wilberto Rivero Morales[1], Gabriel-Santiago Rodriguez-Vargas[2], Fernando Rodriguez-Florido[2], Laura Villarreal[3], Nicolás Gutiérrez[3], Adriana Rojas-Villarraga[4], Pedro Santos-Moreno[5]
[1]Pharmaceutical Chemist, [2]Research department, [3]Medical direction, Biomab - Center for Rheumatoid Arthritis, [4]Research institute, Fundación Universitaria de Ciencias de la Salud - FUCS, [5]Scientific direction, Biomab - Center for Rheumatoid Arthritis, Bogotá, Colombia

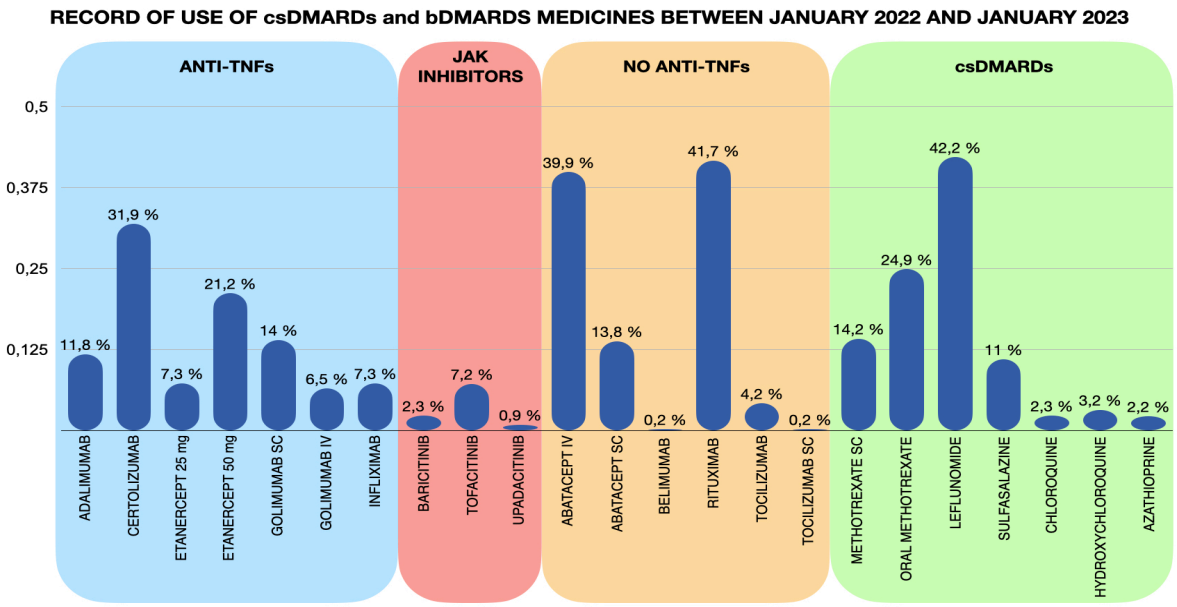
Has this paper been previously presented at another conference?: No

Background/Objectives: Rheumatoid Arthritis (RA) is an autoimmune, chronic and systemic disease that requires strict medication monitoring by the pharmaceutical service. Usually, the RA treatment is based on using conventional disease-modifying antirheumatic drugs (csDMARDs), and biologic drugs (bDMARDs). However, it is necessary to generate registries on the use of biological therapies taking into account their high cost. Study´s aim is to describe the bDMARDs registry prescriptions in a developing country (Colombia) through a pharmacovigilance program in a specialized RA center.

Methods: A descriptive, retrospective study was conducted. Review of health records of adult RA patients was carried out. Sociodemographic characteristics, and the use of bDMARDs drugs (frequency, proportions, etc.) during the period from January 2022 to January 2023 were evaluated. Frequencies were used as a measure of central tendency to describe the study population.

Results: A total of 5,609 RA health records were reviewed, 1,285 (22.9%) patients have been prescribed bDMARDs, 83.79% were female patients. The disease mean evolution time was 16.8 ± 11.1. The median age range were between 45 and 74 years. 65% of the patients were positive for rheumatoid factor (RF) and 60% of the patients for anti-citrulline antibodies (anti-CCP). Among anti-TNFs biologic drugs, the highest percentage of prescription were related to Certolizumab (17.3%) and Etanercept (15.4%). Among those not anti-TNFs the percentage were for Abatacept (19.1%) and Rituximab (14.8%). For JAK inhibitors it was observed a percentage of prescription for the period evaluated of 10.4%. Regarding prescribed csDMARDs associated to biologicals, the most frequent were Leflunomide (47.7%) and Methotrexate (44.1%) (Figure). Regarding disease activity 82.5% of patients got low disease activity/remission.

Image 1:



Conclusion: This study shows that about 20% of patients is using bDMARDs in RA with a low disease activity/remission outcome about 80%. Meanwhile, in European Union and USA, between every third to a half of RA patients is using biologicals with a low disease activity/remission outcome about 50%. Among the most prescribed biologic drugs were Abatacept, Certolizumab, Etanercept, and Rituximab. In a comprehensive multidisciplinary RA program based on a strict T2T strategy, it is possible to optimize the use of biological drugs in RA patients with excellent clinical results.

Disclosure of Interest: P. Rodriguez-Linares: None Declared, M. W. Rivero Morales: None Declared, G.-S. Rodriguez-Vargas: None Declared, F. Rodriguez-Florido: None Declared, L. Villarreal: None Declared, N. Gutiérrez: None Declared, A. Rojas-Villarraga: None Declared, P. Santos-Moreno Grant / Research support with: Abbvie, Abbott, Biopas- UCB, Bristol, Janssen, Pfizer, Roche, Sanofi, Speakers Bureau with: Abbvie, Abbott, Biopas- UCB, Bristol, Janssen, Pfizer, Roche, Sanofi

Keywords: Big data, Drug, rheumatoid arthritis

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Miscellaneous

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Usefulness Of Geriatric Assessment In Rheumatology.

Vision Of Rheumageriatrics In The Care Of Elderly Patients

Sonia Sandy Sapag Durán[*2], Ana Maria Sapag Duran[1], Sandra Patricia Echazú Román[3], Cristian Carlos Añez Martinez[1], Tatiana Rosario Maida Vargas[4], Joseline Neisa Quiroz Almaraz [1], Felipe Ernesto Melgar Cuellar[5]
[1]Hospital Japones, [2]Centro de Especialidades Reumatología, [3]Clinica Foianini, [4]Instituto Boliviano de Reumatología, [5]Universidad Católica Boliviana, Santa Cruz, Bolivia, Plurinational State Of

Has this paper been previously presented at another conference?: No

Background/Objectives: The geriatric assessment (CGA) aims to design an individualized treatment plan for older adults, taking into account the components of intrinsic capacity that are necessary for independence and quality of life. Incorporating geriatric assessment into the usual evaluation in rheumatology allows treatment to be individualized and iatrogenic to be avoided. OBJECTIVES. To evaluate the usefulness of geriatric assessment in older adults with rheumatic diseases.

Methods: Descriptive, cross-sectional study. Patients (≥ 60 years old) who attended a rheumatology clinic were included. Charlson index, BMI, MNA test. Beck Anxiety Test, Yesavage Depression Test. Minimental Test (Probable Cognitive Impairment = CI ≤ 24) or MOCA Test (DC≤25). Functional Assessment: Barthel Index (BI), Lawton Index (LI), SPPB. SARC – F. Probable sarcopenia = SARC-F ≥4 + Low muscle strength by dynamometry: men≤27 kg, women ≤16 kg. Frailty: BI ≥ 90 + SPPB < 10. Prefragility: BI ≥ 90 + SPPB > 10 + FRAIL 1-2.

Results: 53 patients were included, 84.9% of whom were female. Age 67 years ± 5.59. RA: 45.2%, OA knees: 43.3%, OA hands: 30.1%, Diabetes mellitus: 28.3%, hypertension: 62.2%. Multimorbidity: 50.94%. BIOMEDICAL, COGNITIVE AFFECTIVE ASSESSMENT: Charlson index: 3 (2 - 7). 100% of patients had a geriatric syndrome, Median 6 (1-12). Geriatric syndromes: polypharmacy (66%), vision deficit (66%), insomnia (64%), constipation (54,7%), falls (52,8%), sarcopenia (52,8%), fragility (50,9%), cognitive impairment (47%), depression (47%), anxiety (39,6%), urinary incontinence (35,8%), hearing deficit (35,8%). NUTRITIONAL: BMI : 28.3 (18 – 43). Normal BMI: 33.9%, underweight: 11.32%, overweight: 30.19% and obesity: 24.53%. Risk of malnutrition: 22.64%. FUNCTIONAL ASSESSMENT: BI < 90: 33.96%, LI with some degree of dependence on instrumental activities: 58.5%. Frailty: 50.9%. Prefragility: 9.4%. Only 5.66% were robust older adults. 26 patients (49%) had 1 or more falls in the past year (1 to 10 falls). Fall-related drugs were present in 24.53% of those who had falls. 17 patients (32% were undergoing physiotherapy) but none had a motor rehabilitation and/or multicomponent exercise plan. Only 10 patients (18.8%) (aerobic exercise) performed physical exercise.

Conclusion: The use of GA makes it possible to identify older adult patients with geriatric syndromes and significant functional impairment, allowing a holistic vision that guarantees comprehensive care and adequate treatment according to the patient's functional status.

Disclosure of Interest: None Declared

Keywords: geriatric assessment, rheumageriatrics

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Comparison Of Body Composition In Rheumatic Disease Patients With Good And Poor/Moderate Oral Health.

Angel Kevin Garza-Elizondo*[1], Francisco Javier Torres-Quintanilla[1], Pablo Gamez-Siller[1], Jesus Alberto Cardenas-de la Garza[1], Janett Carmen Luzmila Riega-Torres[1], Dionicio Angel Galarza-Delgado[1]
[1]Rheumatology, Hospital Universitario "Dr. José Eleuterio González", Monterrey, Mexico

Has this paper been previously presented at another conference?: No

Background/Objectives: Oral diseases and alterations in body composition are associated with the disease activity of rheumatologic diseases (RD). An association between obesity and oral diseases in the general population has been observed. The aim is to determine the differences in body composition between patients with rheumatic diseases who maintain good oral health and those with poor/moderate oral status.

Methods: A cross-sectional, descriptive, and comparative study was conducted in an outpatient Rheumatology clinic. Oral health was assessed using the General Oral Health Assessment Index. A bioimpedance analysis was performed with the InnerScanTM TANITA. Student's t-test and Mann-Whitney U test were used to compare quantitative variables. A p-value <0.05 was considered for statistically significant differences.

Results: A total of 108 patients were included: 72 (66%) in the group with good oral health self-perception and 36 (33%) with poor/moderate oral self-perception. Figure 1 shows the prevalence of rheumatic diseases in the patients studied. There was no statistically significant difference in the comparisons between the groups. The results of the corporal composition comparison are in Table 1.

Table 1: Comparison of body composition between patients with good and poor/moderate self-perceived oral health.

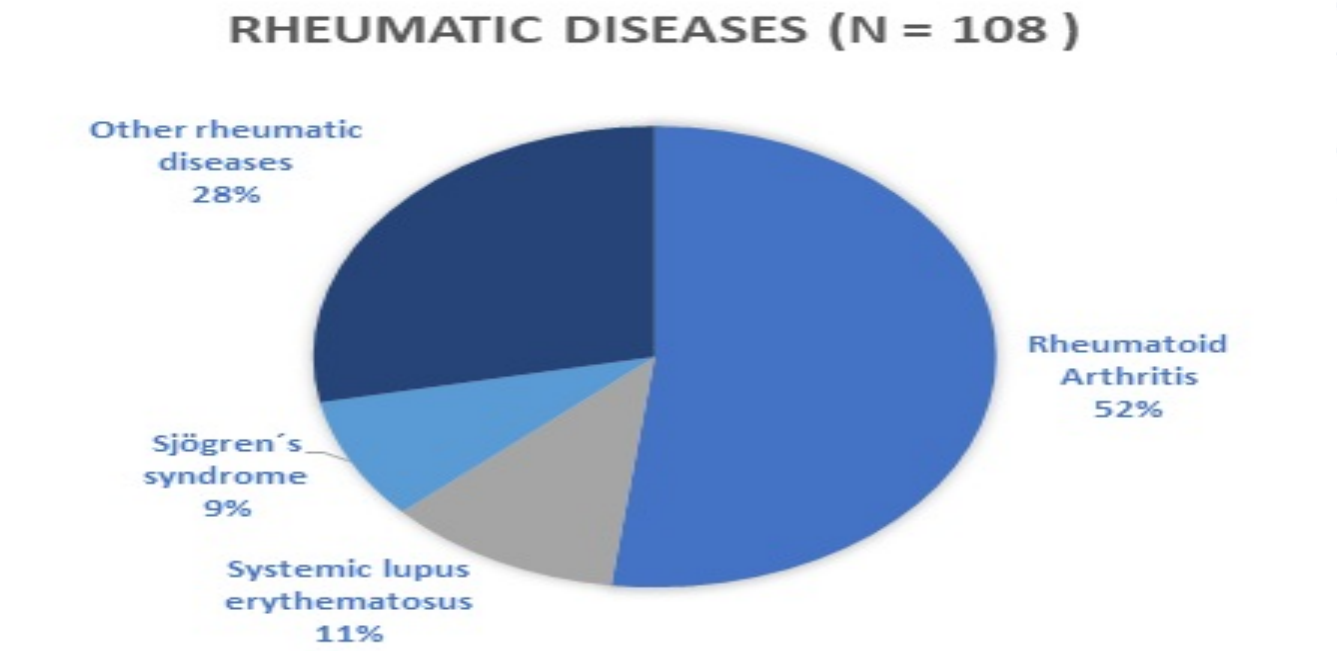
	Good oral health self-perception n = 72	Poor/moderate oral self-perception n = 36	p-value
Sociodemographic			
Female, n (%)	66 (91.6)	34 (94.4)	
Male, n (%)	6 (8.3)	2 (5.5)	

Age, mean (SD)	45.88 (15.43)	50.81 (13.04)	0.10
Body composition median (IQR)			
Weight,	67.50 (20.85)	67.20 (30.20)	0.87
Height	1.56 (0.7)	1.54 (0.10)	0.27
Fat %	36.6 (8.95)	37.10 (14.20)	0.68
Fat Kg	23.42 (13.08)	25.59 (21.59)	0.87
Visceral fat	8.11 (4.25)	8.94 (4.89)	0.37
Water %	44.10 (6.30)	43.10 (9.10)	0.63
Muscle mass %	60.24 (9.52)	60.66 (16.82)	0.99
Muscle mass Kg	41.2 (9.05)	40.4 (8.4)	0.77
Bone mass	2.2 (0.45)	2.2 (0.4)	0.98
BMI*	28.88 (7.07)	29.46 (7.68)	0.69
Waist*	89.9 (14.37)	92.28 (20.73)	0.54

Hip	105 (16)	103.5 (21)	0.97
W/H ratio	0.84 (0.09)	0.87 (.13)	0.18

IQR: interquartile range, SD: standard deviation, *: normal distribution (mean and SD), Kg: kilograms, Kcal: kilocalories, BMI: body mass index, W/H ratio: waist/hip ratio.

Image 1:



Conclusion: Body composition in patients with RD does not affect oral health. No statistically significant differences were found when comparing each component of body composition as assessed by bioimpedance between the group with good vs. poor/moderate oral health self-perception.

Disclosure of Interest: None Declared

Keywords: nutrition, oral health, rheumatic diseases

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Assessment Of The Perception And Satisfaction Level In A Pharmacist Led Comprehensive Medication Management Service In Patients With Rheumatic Disorders In Puerto Rico: Telemedicine Versus Face-To-Face Encounters.

Ileana Rodríguez Nazario[*1], Luis M. Vilá[2], Kyle Melin[1]
[1]Pharmacy, [2]Medicine, University of Puerto Rico, San Juan, Puerto Rico

Has this paper been previously presented at another conference?: No

Background/Objectives: Comprehensive medication management (CMM) services are provided by pharmacists to help patients to promote medication adherence, reduce polypharmacy, contribute to disease control, and prevent adverse drug events. Providing CMM services through telemedicine (TM) can help to identify medication-related problems in a more convenient manner. However, patients' perception and satisfaction of CMM services through TM versus face-face (FTF) encounters are lacking. Hence, we aimed to compare these services in a group of patients with rheumatic diseases from Puerto Rico.

Methods: Adult patients (≥ 21 years) with rheumatic diseases evaluated at a university-based practice in Puerto Rico were enrolled. Participants received CMM services through both TM and FTF encounters. After each encounter, participants completed a structured questionnaire regarding the perception and satisfaction of services provided. CMM services through both modalities were compared using bivariate analysis.

Results: In total, 296 participants were included. The mean (standard deviation, SD) age was 50.4 (12.5) years and 91% were female. The three most common rheumatic conditions were fibromyalgia (35.5%), systemic lupus erythematosus (33.1%), and rheumatoid arthritis (31.8%). The mean (SD) number of medications per patient was 10.2 (4.7). In general, the perception and satisfaction of CMM services was very high for each component. No differences were found between TM and FTF encounters (Table 1).

Image 1:

Table 1: Perception and satisfaction of CMM services in patients with rheumatic diseases through TM and FTF encounters*.

Component	Question	TM Mean (SD)	FTF Mean (SD)	p-value
Perception	Pharmacist's care is unique	1.4 (0.9)	1.4 (0.9)	0.410
	Better knowledge of medications	1.3 (0.9)	1.3 (0.8)	0.250
	Trust relationship with the pharmacist	1.5 (1.0)	1.4 (1.0)	0.490
Satisfaction	Medication management care	1.2 (0.7)	1.2 (0.7)	0.727
	Patient can ask questions	1.2 (0.7)	1.1 (0.6)	0.144
	Recommend the service to others	1.2 (0.7)	1.1 (0.6)	0.403

*Structured questionnaire using a Likert scale from strongly agree (value of 1) to strongly disagree (value of 5).
CMM: Comprehensive medication management; TM: Telemedicine; FTF: Face-to-face

Conclusion: In this group of Hispanic patients with rheumatic diseases, the overall perception and satisfaction of CMM services was very high. No differences were found between TM and FTF modalities. This study suggests that TM is a reasonable alternative for patients who are not available or willing to receive these services in person.

Disclosure of Interest: None Declared

Keywords: patient perception and satisfaction in rheumatic disorder, pharmacist-led comprehensive medication management, telemedicine vs. face-to-face

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Miscellaneous

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Rituximab In Inflammatory Myopathy: Real Life Expirience

Alejandra Felipe Andrino[*1], Nilmo Chavez[1], Estuardo Anzueto[1], Silvia Rivera[1], Gilbert Martínez[1], Valeria Rodriguez[1], Diana Paez[1], Luis Gomez[1]
[1]Rheumatology, Guatemalan Social Security Institute , Guatemala, Guatemala

Has this paper been previously presented at another conference?: No

Background/Objectives: Idiopathic inflammatory myopathies are a heterogeneous group of diseases that are self-mediated by the immune system. Usually, patients respond to steroids and conventional immunosuppression, however, a group of patients may be refractory to this treatment. In these cases, therapy with anti-CD20 chimeric monoclonal antibodies has been used. The aim of this study is to describe the response to Rituximab (RTX) in refractory myopathies in a rheumatology outpatient clinic.

Methods: Retrospective observational study, which included patients diagnosed with inflammatory myopathy according to Bohan and Peter's criteria, from December 2008 to October 2023 in the rheumatological disease clinic. Describes demographics, clinical features, and indications for the use of RTX.

Results: A total of 18 patients (Figure 1) diagnosed with inflammatory myopathy, 14 patients with DM (77.8%), 2 patients with PM (11.1%), and 2 patients with overlapping syndrome (11.1%) were included. The most frequent characteristics were: 55.6% women with a mean age of 44 years and a mean duration of the disease of 7.3 years. All patients used prednisone at doses that have been decreasing to the current mean dose of 10 mg; all patients initiated immunosuppression with methotrexate; and 1 patient (5.56%) had monthly use of immunoglobulins. RTX was started at 2.93 years of diagnosis at a dose of 1 g IV (days 0 and 14) with an interval every 6 months; the indications were: 6 patients (33.3%) due to DMARD failure, 10 patients (55.5%) with flare-ups, 1 patient (5.6%) with calcinosis and 1 patient (5.6%) with pulmonary involvement. Patients had a sustained decrease in CK levels (Figure 1). Side effects were headache and nausea, no serious adverse effects were reported.

Image 1:

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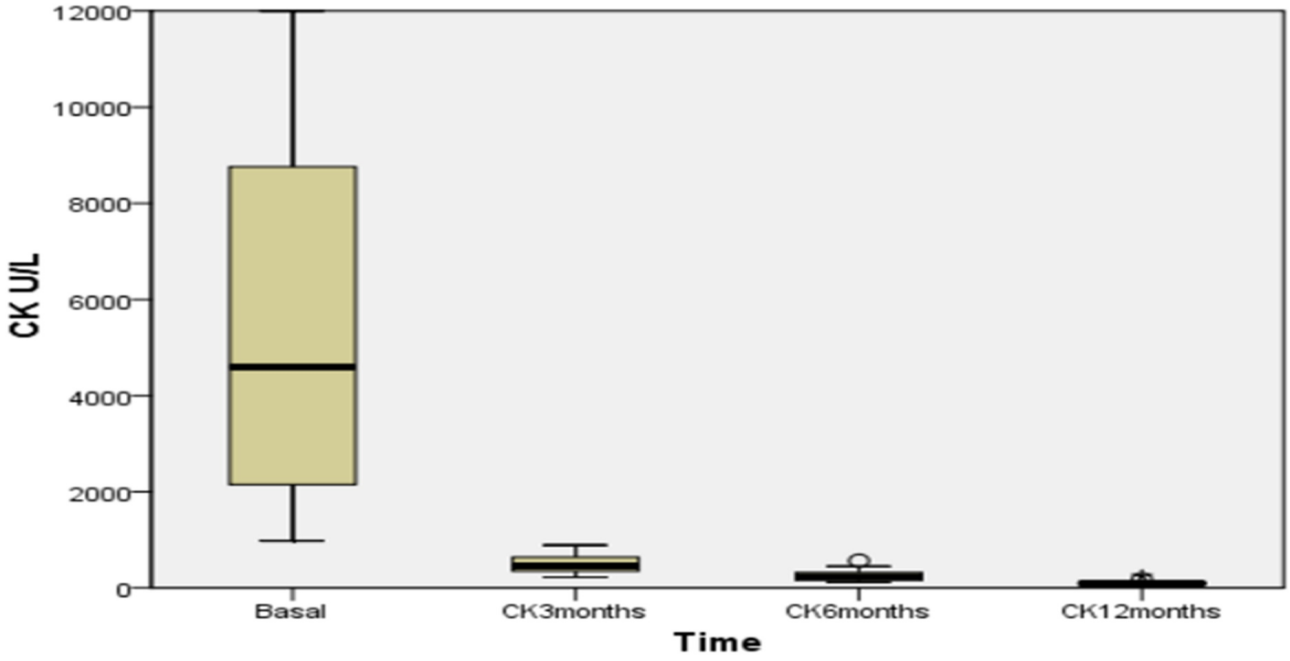
Patient characteristics		Mean or %
Background variables		
Gender	Female	10 (55.6%)
	Male	8 (44.4%)
Edge (years)		44
Diagnosis	Dermatomyositis	14 (77.8%)
	Polymyositis	2 (11.1%)
	Overlap	2 (11.1%)
Duration of the disease (years)		7.3
Clinical variables		
Decreased strength		18 (100%)
Skin		18 (100%)
Calcinosis		1 (5.6%)
ILD		1 (5.6%)
HAQ		2.2
Treatment		
MTX		18 (100%)
AZA		16 (88.9%)
HCQ		18 (100%)
PDN		18 (100%)
CYC		1 (5.56%)
MMF		1 (5.56%)
Immunoglobulins		1 (5.56%)
Indicatio for RTX		
cDMARDs fails		6 (33.3%)
Reactivation		10 (55.5%)
Calcinosis		1 (5.6%)
ILD		1 (5.6%)
Side Effects		
Headache		4 (22.22%)
Nausea		2 (11.11%)

Image 2:



Conclusion: This case series shows that RTX is a therapeutic option in patients with refractory disease. Maintain long-term remission in our population.

Disclosure of Interest: None Declared

Keywords: Inflammatory Myopathy, Rituximab, refractory

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Miscellaneous

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Body Composition After Nutritional Orientation In Overweight And Obese Patients With Rheumatic Diseases

Francisco Javier Torres-Quintanilla[*1], Angel Kevin Garza-Elizondo[1], Janett Carmen Luzmila Riega-Torres[1], Karla Salinas-Zamora[2], Patricia Ancer-Rodriguez[2], Jesus Alberto Cardenas-De-La-Garza[3], Dionicio Angel Galarza-Delgado[1]
[1]Rheumatology, [2]Nutrition, [3]Dermatology, Hospital Universitario "Dr. Jose Eleuterio Gonzalez", UANL, Monterrey, Mexico

Has this paper been previously presented at another conference?: No

Background/Objectives: Nutritional orientation should be considered a basic adjuvant to treatment of rheumatic diseases due to its potential positive effects on comorbidities. It can also have a positive impact in disease activity and prevention. The purpose of this study is to determine the body composition of overweight and obese patients with rheumatic disease before and after nutritional orientation.

Methods: Retrospective, observational, comparative, cohort, single-centre study. Patients with a BMI ≥25, with diagnosis of a rheumatologic disease, with 3 nutritional consultations were included. Demographics and disease diagnosis were collected from medical records. Bioelectrical impedance analysis was routinely performed with InnerScan TANITA BC-533 monitor in each nutritional consultation. Data from the first and last nutritional assessments were compared. Pregnant women were excluded. Kolmogorov-Smirnov test was used to determine variable distribution. Student's t-test or Wilcoxon test were used accordingly for comparisons. A p-value ≤0.05 was considered significant.

Results: A total of 44 patients were included. Women represented 93% of the cohort. Mean age was 50.2 ± 11.2 years. Prevalence of diseases is shown in figure 1. Body composition before and after nutritional orientation is shown in table 2. There was no significant difference before and after nutritional orientation in BMI, weight, total fat or total muscle mass (Table 1).

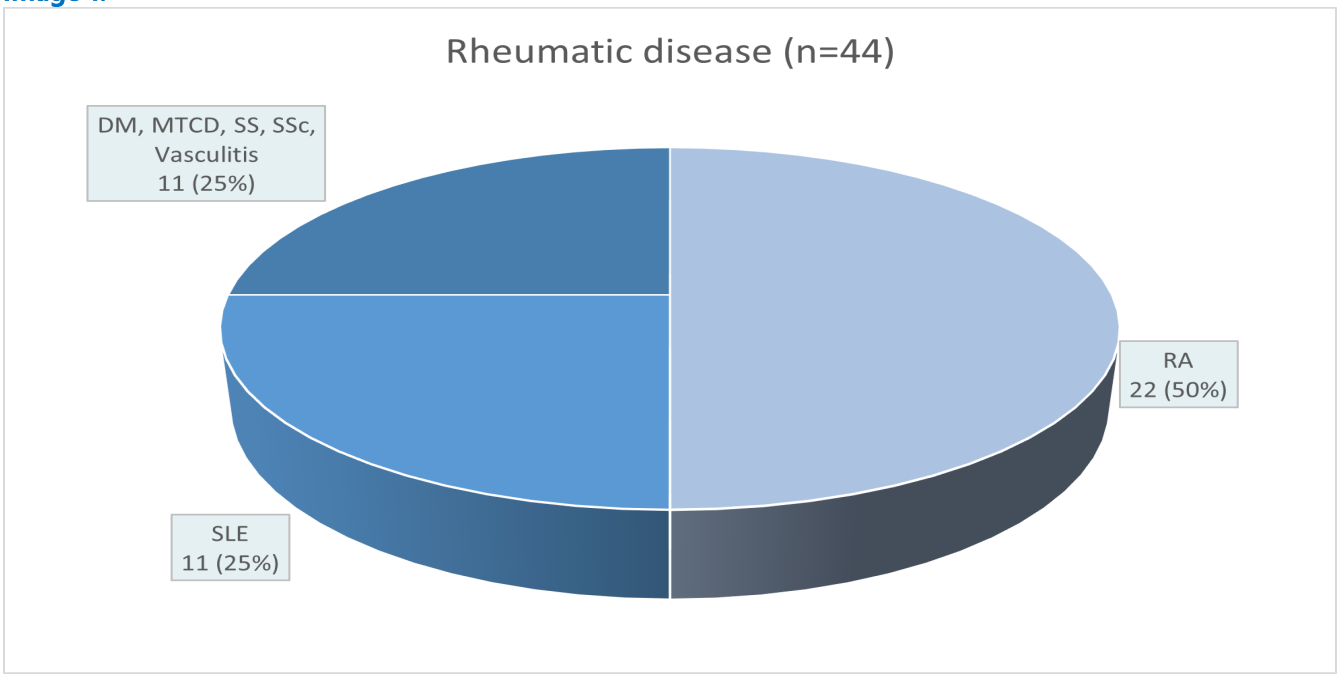
Table 1:

Characteristic	Pre-nutritional orientation	Post-nutritional orientation	*p*-value
BMI, Kg/m², mean (SD)	31.5 (5.1)	30.9 (5.9)	NS
Weight, Kg, median (p25 - p75)	74.3 (64.7 - 87.0)	71.8 (62.3 - 89.6)	NS
Fat %, mean (SD)	39.5 (6.7)	39.3 (6.5)	NS

Total fat, Kg, mean (SD)	31.1 (10.4)	30.7 (11.3)	NS
Water %, mean (SD)	42.6 (4.4)	42.9 (4.0)	NS
Visceral fat %, median (p25 - p75)	9 (8 - 12)	9 (7 - 12)	NS
Muscle %, median (p25 - p75)	56.4 (52.5 - 61.2)	57.1 (51.7 - 62.5)	NS
Total muscle, Kg, median (p25 - p75)	42.8 (38.9 - 46.3)	42 (38.6 - 45.8)	NS

SD, Standard deviation; p25, percentile 25; p75, percentile 75.

Image 1:



Conclusion: After 3 nutritional assessment consultations, there was no difference in body composition in overweight and obese patients with rheumatologic diseases. A longer nutritional follow-up may be needed to achieve a significant difference in BMI, weight and fat reduction, and muscle mass increase.

Disclosure of Interest: None Declared

Keywords: nutrition, obesity, rheumatic diseases

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Development Of Rheumatic Diseases In Patients With Early Arthritis

Jacinto Morales*[1], Anastasia Secco[1], vanesa Bejarano [1], Constanza Arguissain[1]
[1] Rheumatology Service, Hospital Bernardino Rivadavia, Buenos Aires , Argentina

Has this paper been previously presented at another conference?: No

Background/Objectives: Numerous connective tissue diseases present arthritis as an initial manifestation, and knowing the patterns of progression to other autoimmune diseases is relevant to implement early diagnosis and treatment strategies. The objective of our study describes the percentage of patients who developed an autoimmune rheumatic disease after debuting with joint manifestations of equal or less than 2 years of evolution

Methods: Descriptive and retrospective study.

A review of medical records was carried out (September 2019 – 2022) from a public rheumatology center.

Information on early arthritis, clinical characteristics, extra-articular manifestations and autoimmune disease was collected in patients who consulted for at least one inflamed joint of up to 2 years' duration. and the forms of presentation and clinical characteristics of arthritis were compared between the different autoimmune rheumatological diseases developed.

Results: 115 patients were included, of which 92% were women (106) and 8% were men (9), mostly of Argentine nationality (74.5%), with a mean age of 48 (±13 years).

The patients evaluated showed predominantly polyarticular arthritis in 70% of cases and, to a lesser extent, oligoarticular arthritis in 28%. The majority experienced insidious onset (85%), additive presentation (96%), symmetrical distribution (73%), and peripheral localization (90%). The most prominent clinical sign was the presence of systemic manifestations (57%), the most common being sicca (37%), alopecia (17%) and xerodermia (11%). Other symptoms were observed below 6%.

In relation to connective tissue diseases, rheumatoid arthritis was prominent in 64% of patients, followed by systemic lupus erythematosus (13%) and others unspecified (10%).

Conclusion: In our study we observed that early arthritis in autoimmune rheumatic diseases manifests mostly as polyarticular, with distinctive clinical characteristics. Rheumatoid arthritis was the most frequently observed underlining the importance of an early diagnostic approach.

Disclosure of Interest: None Declared

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Keywords: Autoimmune Rheumatic Diseases, Early Arthritis, polyarticular arthritis

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Usability And Acceptability Of A Reusable Autoinjector Device And Its Associated App In Rheumatology Patients

Gustavo Citera[*1], Hideto Kameda[2], Dario Ponce de Leon[3], Mark Latymer[4], David Gruben[5], Rieke Alten[6]
[1]Instituto de Rehabilitación Psicofísica, Buenos Aires, Argentina, [2]Toho University (Ohashi Medical Center), Tokyo, Japan, [3]Pfizer Inc., Lima, Peru, [4]Pfizer Inc., Sandwich, United Kingdom, [5]Pfizer Inc., Groton, United States, [6]Schlosspark-Klinik University Medicine, Berlin, Germany

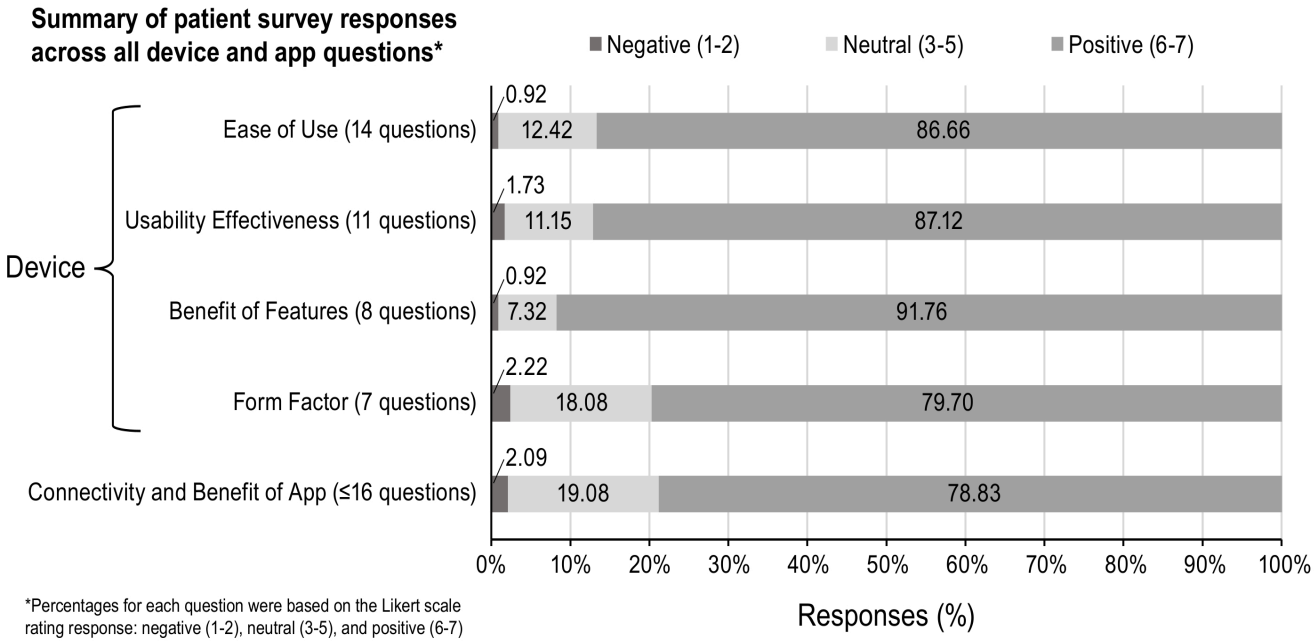
Has this paper been previously presented at another conference?: Yes

Background/Objectives: Smartclic®/ClicWise® is a reusable autoinjector with a dose-dispensing cartridge for subcutaneous self-administration of biotherapeutics. It can connect to the optional SmartClic (ClicNote in Japan) mobile app to aid in tracking injections and other treatment or symptom data. This global study assessed patient opinion data on ease of use and usability of the SmartClic/ClicWise injector and app.

Methods: After completing a patient profiling questionnaire, patients (≥18 years) with rheumatoid arthritis (RA), psoriatic arthritis (PsA) or juvenile idiopathic arthritis (JIA) and prescribed an injectable biologic received training and performed simulated injections. Patients completed a device evaluation questionnaire with the following categories (number of questions): ‘ease of use’ (14), ‘usability effectiveness’ (11), ‘benefit of device features’ (8) and ‘form factor’ (7), and also received a storyboard presentation summarizing key features of the app, which they could test on an Android/iOS device, before completing ≤ 16 questions on connectivity and the app. Responses to device/ app questions were recorded as Likert scale ratings: 1 (extremely negative) to 7 (extremely positive). Estimates of patient training time for the device were recorded. The percentage of negative (rating 1-2), neutral (3-5) and positive (6-7) responses for each category were recorded.

Results: 264 patients (mean age [range], 50 [18-85] years) with RA (71%], PsA (24%) or JIA (5%) participated. Most patients (90%) were right-handed and 76% were female. While 73% of patients always self-inject, 19% were mostly assisted with their injections or never self-inject. Most patients performed injection simulations with the dominant hand (77%) and chose the abdomen (54%), thigh (36%) or both (10%) as the injection site. Patients were “extremely comfortable” (58%) or “slightly comfortable” (35%) with digital equipment. Mean device evaluation scores (% positive responses) were: device ease of use 6.4 (87%), usability effectiveness 6.4 (87%), benefit of device features 6.6 (92%), form factor 6.2 (80%) and connectivity and app 6.2 (79%). Mean time (range) estimate for training a patient to effectively use the device and cartridge was 9.6 minutes (0-30 minutes).

Image 1:



Conclusion: Patients with RA, PsA or JIA, and experienced at receiving biologics, responded positively to the reusable autoinjector device and app. These features will contribute to a better experience of self-injection.

Disclosure of Interest: G. Citera Consultant with: AbbVie, Amgen, BMS, Boehringer, Janssen, Lilly, Pfizer, Raffo, Sandoz; Grant/research support from: Boehringer, Janssen, Pfizer, H. Kameda Grant / Research support with: AbbVie, Asahi-Kasei, Boehringer Ingelheim, Chugai, Eisai, Mitsubishi-Tanabe, Pfizer and Taisho., Speakers Bureau with: AbbVie, Asahi-Kasei, Bristol-Myers Squibb, Chugai, Eisai, Janssen, Lilly, Mitsubishi-Tanabe, Novartis and Pfizer; Consultant of: AbbVie, Bristol-Myers Squibb, Janssen, Lilly, Novartis, Sanofi and UCB, D. Ponce de Leon Shareholder with: Pfizer, Employee with: Pfizer, M. Latymer Shareholder with: Pfizer, Employee with: Pfizer, D. Gruben Shareholder with: Pfizer, Employee with: Pfizer, R. Alten Grant / Research support with: AbbVie, Bristol-Myers Squibb, Galapagos, Gilead, Janssen, Lilly and Pfizer, Consultant with: AbbVie, Bristol-Myers Squibb, Gilead, Lilly, Novartis, Pfizer and UCB

Keywords: Patient perspective, Self-injection, Self-management

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Miscellaneous

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Bioimpedance In Patients With Rheumatic Diseases

Luis Gómez[*1], Nilmo Chávez[1], Estuardo Anzueto[1], Silvia Rivera[1], Gilbert Martínez[1], Valeria Rodríguez[1], Diana Páez[1], Alejandra Felipe[1]
[1]Reumatologia, Instituto Guatemalteco de Seguridad Social, Guatemala, Guatemala

Has this paper been previously presented at another conference?: No

Background/Objectives: Introduction: rheumatic diseases are chronic entities, which cause pain, weakness and impact on lifestyle; BMI is useful in weight monitoring, however assessing body composition identifies conditions such as sarcopenia, Kim and. Et al. describe the latter as a risk factor for cardiovascular diseases and decrease in quality of life, thus the question arises: what is the body composition of patients with rheumatic diseases we are treating?

Objective: to perform a bioimpedance measurement of patients attending a referral center for the treatment of rheumatic diseases of the Guatemalan Institute of Social Security of Guatemala, focusing on measurement of muscle mass (MM), physical rating (RF), muscle quality, metabolic age and BMI.

Methods: Materials and Methods: Prospective, randomized study, conducted in November 2023, included 25 patients with: Rheumatoid arthritis (RA), systemic lupus erythematosus (SLE), Sjögren's syndrome (SS), systemic sclerosis (SSc), ankylosing spondylitis (AS), antiphospholipid syndrome (APS), vasculitis; attending a referral center for the treatment of rheumatic diseases, using the monitor: InnerscanPro/model rd-901PRO.

Results: Results: 100% were female, with average data: BMI 27; 48% were found overweight and 26% obese, among groups patients with RA presented 80% overweight or obese, SLE with 40%, and the rest with 100% of patients with abnormal BMI data, the highest percentage of BMI 20-25 was found in SLE with 40% and only 9% presented BMI<20 including one patient with SLE and one with SSc, metabolic age was 55. 6 years on average, 8.8 years higher than chronological age, also with RF: 52% obese (high fat percentage/low MM), of them one occult obese (apparent normal with high fat percentage/low MM), 13% were thin (low fat percentage and MM), muscle mass quality was low with 57% and only 4% high (table 1).

Image 1:

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TABLE No. 1 RESULTS FROM BIOIMPEDANCE IN PATIENTS WITH RHEUMATIC DISESS

VARIABLE	MEAN	RA	SLE	SS	VASCULITIS	APS	SSc	AS
GENDER								
F	25	12	5	2	2	2	1	1
AGE (x̄)	46.8 Years	53.5 Years	36.8 Years	36 Years	65 Years	34 Years	47 Years	42 Years
BMI (x̄)	**27**	**27.9**	**25.6**	**32.1**	**32.6**	**29**	**16.8**	**29.4**
<18.5 (Low)	9 %	***	20%	***	***	***	100	***
18.5-24.9 (Normal)	17%	20 %	40%	***	***	***	***	***
25-30 (Overweight)	48%	60 %	20%	50%	50%	50%	***	100%
>30 (Obesity)	26%	20 %	20 %	50%	50%	50%	***	***
Physical Rating								
Low	13%	***	40%	***	***	***	100%	***
Standard	22%	20 %	40%	***	50	***	***	***
Solid	13%	10 %	20%	***	50	***	***	***
Obese	48%	60 %	***	100%	***	100%	***	100%
Hidden obese	4%	10 %	***	***	***	***	***	***
METABOLIC AGE (x̄)	55.6 Years	60.9 Years	37.4 Years	63 Years	68.5 Years	66 Years	19 Years	70 Years
Difference between chronological age vs Metabolic Age								
<5 Years	30%	20 %	60%	***	50%	***	100%	***
<0-5 Years	9%	20 %	***	***	***	***	***	***
No difference	***	***	***	***	***	***	***	***
>0-5 Years	9%	10 %	20%	***	***	***	***	***
>5 Years	52%	50 %	20%	100%	50%	100%	***	100%
Muscle Quality								
Low	57%	60 %	40%	50%	0	100%	100%	100%
Average	39%	40 %	40%	50%	100%	0	0	0
High	4%	0	20%	0	0	0	0	0

Rheumatoid arthritis (RA), systemic lupus erythematosus (SLE), Sjögren's syndrome (SS), systemic sclerosis (SSc), ankylosing spondylitis (AS), antiphospholipid syndrome (APS)

Conclusion: Conclusions: Patients with rheumatic diseases present a metabolic age higher than the chronological age, in 65% of the cases physical qualification was found with a tendency to decrease muscle mass and muscle fibers were of low quality in 57%, being these factors can affect mobility and development of daily life; this shows us that multidisciplinary management is a point to consider in our patients in which we can improve the quality of body composition and muscle mass and thus have an impact on improving the quality of life.

Disclosure of Interest: None Declared

Keywords: bioimpedance, physical rating, rheumatic diseases

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Miscellaneous

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Influence Of Motherhood In Academic And Research Activities Among Female Rheumatologists In Latin America

Iris J. Colunga-Pedraza[*1], Adriana Beltran-Ostos[2,3,4], Deshire Alpizar-Rodriguez[5], Ana M. Arredondo-González[6,7], Graciela V. Betancur[8,9], Sanshenka Bonilla-Tovar[10], Andrea Bran-Ordóñez[11,12], Talia Díaz-Prieto[13], Paola E. Gottschalk-Gomez[14,15], Jossiell E. Then-Báez[15,16], Daniela B. Tovar-Bastidas[10], Alicia Yupe-Flores[17], Eva M. Zolano[18], Maria F. Elizondo-Benitez[1], Andrea L. Guajardo-Aldaco[1]

[1]Rheumatology Department, Hospital Universitario "Dr José Eleuterio González", Universidad Autónoma de Nuevo León, Monterrey, Mexico, [2]Cellular and Molecular Immunology Group/INMUBO, [3]Vicerrectoría de investigaciones, Universidad El Bosque, [4]Riesgo de Fractura, Cayre, Bogotá, Colombia, [5]Research Unit, Colegio Mexicano de Reumatología, Mexico City, Mexico, [6]Rheumatology Department, Sociedad de Cirugía de Bogotá - Hospital de San José Centro, [7]Rheumatology Department, Fundación Universitaria de Ciencias de la Salud, Bogotá, Colombia, [8]Autoimmunity and Immunology Department, Hospital El Cruce Néstor Kirchner, [9]Instituto CER, Buenos Aires, Argentina, [10]Centro de Reumatología Reumamedic, Lima, Peru, [11]Internal Medicine and Rheumatology Department, Hospital Esperanza, [12]Internal Medicine and Rheumatology Department, Hospital El Pilar, Guatemala City, Guatemala, [13]Pediatrics Department, Hospital San José, Tecnológico de Monterrey, Escuela de Medicina y Ciencias de la Salud, Monterrey, Mexico, [14]Clínica Unión Médica, [15]Hospital Regional Universitario Presidente Estrella Ureña, [16]Hospital Metropolitano de Santiago, Santiago, Dominican Republic, [17]Rheumatology Department, Hospital Multimédica, Guatemala City, Guatemala, [18]Rheumatology Department, Consultorio de Especialidades del Instituto Salvadoreño del Seguro Social, San Salvador, El Salvador

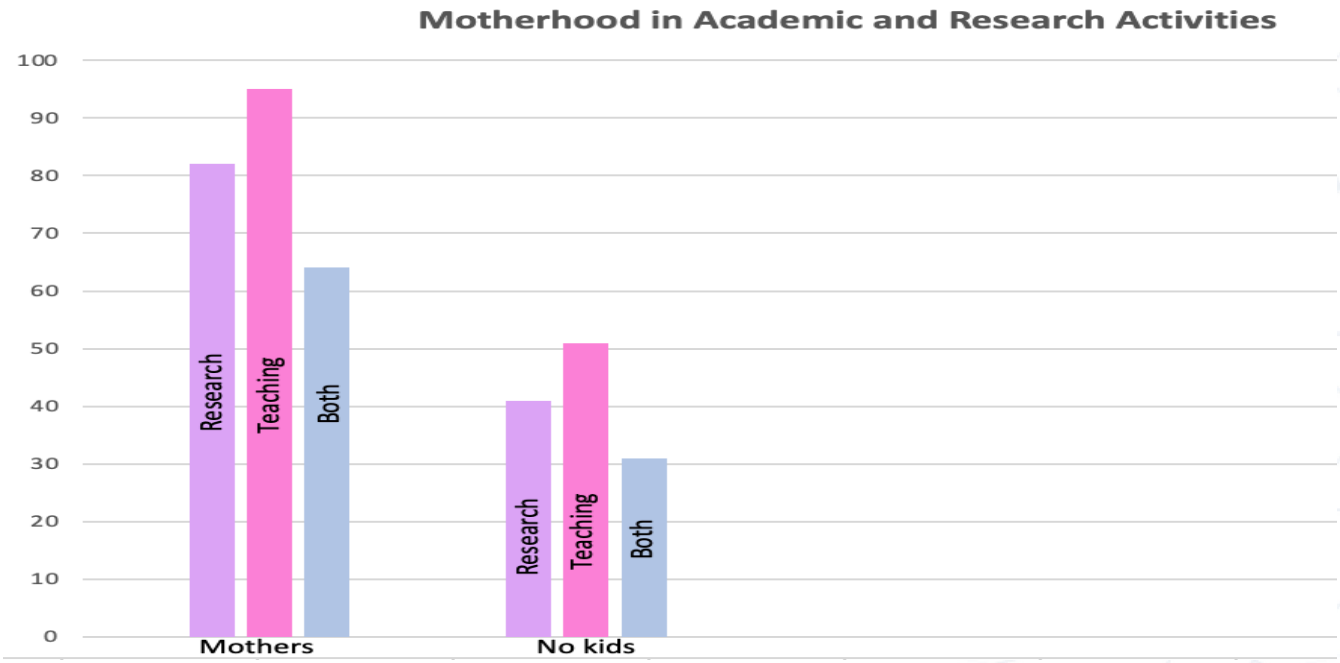
Has this paper been previously presented at another conference?: No

Background/Objectives: This mixed-methods survey study aimed to evaluate the influence of motherhood by female rheumatologists in Latin America in academic and research activities. The goal was to identify the proportion of women rheumatologists with and without children in academic and research practice.

Methods: A cross-sectional study was conducted with a mixed-methods design using an online survey among PANLAR member countries. Closed and open-ended questions were utilized for the quantitative and qualitative phases, respectively. The survey was completed by 246 participants (239 rheumatologists and 9 rheumatology trainees) from 17 PANLAR countries. Descriptive and analytical methods were employed for the quantitative approach, and a phenomenological method was applied for the qualitative aspect. The research adhered to the Declaration of Helsinki and the 'International Ethical Guidelines for Health-Related Research Involving Human Subjects,' developed by the Council for International Organizations of Medical Sciences (CIOMS) in collaboration with the World Health Organization (WHO).

Results: A total of 246 female rheumatologists took part in the study. Among them, 125 were actively contributing to research, while 147 dedicated themselves to teaching roles. Notably, 94 female rheumatologists excelled in both research and teaching capacities. Of the surveyed participants, 155 were mothers. Among these mothers, 82 (52%) were actively involved in research, and 95 (61%) were committed to teaching responsibilities. Remarkably, 64 (41%) mothers demonstrated exceptional versatility by engaging in both research and teaching. On the other hand, 89 surveyed women did not have children. Within this subgroup, 46% were actively contributing to research, 57% were immersed in teaching roles, and 34% showcased a dual commitment by participating in both research and teaching (Table 1).

Image 1:



Conclusion: Despite the qualitative description that being a mother is considered a limitation for development in teaching and research, quantitatively, we found a higher percentage of mothers who are also involved in teaching and research in our survey.

Disclosure of Interest: None Declared

Keywords: educational, Epidemiology, gender inequality

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PANLAR 2024

Miscellaneous

PANLAR2024-1329

Title: Shared Decision Making In Rheumatic Diseases: A Pan American Patients View

Emilia Beatriz Arrighi[*1], Natalia Vazquez[2], Ana Paula León Aguila[3], Carlo V Caballero-Uribe[4], Dora Pereira [5], Antonio Cachafeiro Vilar[6], Carlos Enrique Toro Gutiérrez[7], María Cristina Jordán[8], Priscila Torres[9], Gina Sicilia Ochoa G,[10], Dalila Suárez[11], Enma Pinzón[12]
[1]Fundadora y Directora General Universidad del Paciente y la Familia, Barcelona, Spain, [2]Equipo de Investigación Universidad del Paciente y la Familia , Buenos Aires, Argentina, [3]Directora Adjunta Universidad del Paciente y la Familia , Madrid, Spain, [4]Profesor Asociado de Medicina de la Universidad del Norte, Barranquilla, Colombia, [5]Instituto Raquis,, La Plata , Argentina, [6]Director Medico de Pacífica Salud, Hospital Punta Pacífica, Ciudad de Panamá, Panama, [7]Medicina Interna & Reumatología , Centro de Referencia en Osteoporosis & Reumatología, Valle del Cauca, Colombia, [8]Asesora de la Federación Artritis Alianza Federal., La Plata , Argentina, [9]Presidenta Red Panamericana de asociaciones de pacientes reumáticos, Sao Paulo , Brazil, [10]Directora Fundación LICAR, Barranquilla, Colombia, [11]Presidente Fundación de Artritis Reumatoide de Panamá (FUNARP), [12]Líder de pacientes Funarp., Ciudad de Panamá, Panama

Has this paper been previously presented at another conference?: No

Background/Objectives: The implementation of Shared Decision Making (SDM) is internationally recognized as a clinical priority, enhancing the quality of care for individuals with rheumatic diseases. Despite existing guidelines, regional data on the status of SDM is crucial for targeted improvement recommendations. The Pan-American Rheumatic Diseases Manifesto highlights the need for SDM and active patient involvement.

Objectives

Promoted by the “Grupo Juntos” of PANLAR, this study aims to understand the perspective of rheumatic disease patients in the Pan-American region regarding SDM.

Methods:

An observational, non-experimental, descriptive-correlational, cross-sectional study was conducted. The sample comprised 1116 patients aged 18 and above with a diagnosis of rheumatic disease, mainly from Argentina (20.3%), Chile (10.7%), and Brazil (16.2%). Data collection occurred virtually through a self-administered Google Forms survey. Campaigns were conducted in February and March 2023 through PANLAR professionals and ASOPAN patient organizations via various channels.

Results: Participants were asked about the approximate duration of their rheumatologist consultation (less than 10 minutes; 10-15 minutes; 15-30 minutes; over 30 minutes). Significant differences in SDM levels were found based on consultation time, with longer consultations associated with higher SDM perception (p=0.000, ANOVA, Bonferroni post

hoc). Age groups also showed significant differences in SDM levels (p=0.000), with higher agreement levels in those over 50 years old. Significant differences were observed based on the years of living with the disease (p=0.004), with higher agreement levels in those with more than 10 years of disease experience. Education levels exhibited significant differences (p=0.015), indicating higher SDM agreement in patients with lower education levels.

Conclusion: Patients exhibit moderate agreement levels with the SDM process in rheumatologist consultations. Lower agreement levels were noted regarding treatment decisions. Longer consultation times, older age, longer disease duration, and lower education levels correlate with higher SDM agreement. Understanding these factors can inform targeted interventions to enhance SDM in rheumatologic care.

Disclosure of Interest: E. B. Arrighi: None Declared, N. Vazquez: None Declared, A. P. León Aguila: None Declared, C. V. Caballero-Uribe Speakers Bureau with: He is editor of Global Rheumatology Journal, D. Pereira : None Declared, A. Cachafeiro Vilar: None Declared, C. E. Toro Gutiérrez: None Declared, M. C. Jordán: None Declared, P. Torres: None Declared, G. S. Ochoa G,: None Declared, D. Suárez: None Declared, E. Pinzón: None Declared

Keywords: None

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Miscellaneous

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Dysphagia In Inflammatory Idiopathic Myopathies, Prevalence And Associated Factors

Emilio Buschiazzo[1], Mariana Mabel Aciar[*1], Maria Elena Crespo Espíndola[1], Ivana Romina Rojas Tessel[1], Natalia Lili Cucchiaro[2], Daniela Alonso Lopez[3], Cinthya Retamozo[4], Ana Lia Gervilla[5], Daniel Botone[2], Ana Carolina Ralle[1], Juan Manuel Luna Murillo[1], Maria Laura Toso[1], Leila Belbruno[1], Veronica Lesser[1], Ricardo Vicente Juarez[1]
[1]Hospital Sr del Milagro, [2]Hospital Público Materno Infantil, [3]Consultorio Privado, Salta, [4]Consultorio Privado, San Ramon de la Nueva Oran, [5]Hospital San Roque, San Salvador de Jujuy, Argentina

Has this paper been previously presented at another conference?: Yes

Background/Objectives: Inflammatory Idiopathic Myopathies (IIM) includes a group of autoimmune diseases characterized by weakness and muscle inflammation, being dermatomyositis the most prevalent. Dysphagia is a frequent symptom and is included in current classification criteria. This symptom can be related to worst muscle compromise, lower quality of life and higher morbimortality. The aim of this study was to evaluate the prevalence, clinical and antibody characteristics in a single centre registry.

Methods: An observational descriptive analysis was performed of patients with IMM diagnosis included in the registry between october 2021 and July 2023. The patients were compared taking into account the presence or absence of clinical dysphagia. Descriptive statistics were performed and $p < 0.05$ value was considered significant.

Results: Twenty-three patients were included, 15 (65.2%) female, 20 (87%) mestizo etnia, median age 43 (IQR 31) years, 3 (13%) cigarette smoking, 1 (4.3%) with environmental exposure, 16 (69.6%) had dermatomyositis. Regarding the clinical manifestations, 4 (17.3%) had arthritis, 3 (12%) ILD, 11 (47.8%) heliotrope rash, 11 (47.8%) V sign, 15 (65.2%) shawl sign, 13 (56.5%) Gottron's papules, 3 (34.8%) Mechanic hands. Dysphagia was present in 12 (52.2%) patients, and dermatomyositis was associated with its presence ($p = 0.016$), and, numerically, the presence of V sign ($p= 0.059$).

Conclusion: The prevalence of dysphagia in this sample was 52.2%, and was associated with dermatomyositis diagnosis. The low sample number is a outstanding issue in this analysis.

Disclosure of Interest: None Declared

Keywords: dysphagia, myopathies

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Miscellaneous

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Persistence Unveiled: The Impact Of 7 Years Of Anti-Tnf Therapy On Disease Activity In Rheumatoid Arthritis Patients

Pedro Santos-Moreno*[1], Gabriel-Santiago Rodriguez-Vargas[2], Pedro Alexander Rodriguez-Linares[2], Manuel Wilberto Rivero Morales[3], Fernando Rodriguez-Florido[2], Susan Martinez[4], Linda Ibatá[4], Laura Villarreal[5], Nicolás Gutiérrez[5], Adriana Rojas-Villarraga[6]
[1]Scientific direction, [2]Research Department, [3]Pharmaceutical Chemist, [4]Epidemiology, [5]Assistential direction, Biomab - Center for Rheumatoid Arthritis, [6]Research institute, Fundación Universitaria de Ciencias de la Salud - FUCS, Bogotá, Colombia

Has this paper been previously presented at another conference?: No

Background/Objectives: Rheumatoid arthritis (RA) is a persistent inflammatory condition that impacts synovial joints, and systemic implications. This disease requires a strict control evaluating disease activity, and management is under conventional (csDMARDs) and biological (bDMARDs) treatment. Therefore, the measurement of the treatment persistence is essential to assess the effectiveness of therapy in real-life. Study´s aim was to assess the treatment persistence of three anti-TNF drugs on disease activity in patients with RA.

Methods: A longitudinal, observational, retrospective cohort study in RA patients. Databases from 2010 to 2018 were analyzed between January to May 2023. Frequencies and proportions in baseline characteristics were calculated in each treatment group and in overall population. For the follow-up of the disease activity, the value of the earliest DAS28 available was reviewed and the annual data was collected. Chi-square test and Fisher's exact test were used for statistical analyses of categorical variables. For the analysis of persistence on treatment, Kaplan Meier method was used.

Results: 183 RA patients included (80% women, median age 60 years), who received adalimumab (n=56), etanercept (n=64), and infliximab (n=63) during the 7-year study period. At the first year of treatment, 67% to 87% of the cohorts achieved disease activity control and disease response to treatment. At the third year, 95% to 98% of subjects on anti-TNFs continued with the medication. In year 5, the proportion of patients on medication was maintained in 80%-90%, but at 7 years decreased to 42-54%. Median treatment persistence for the all groups was 88 months (95%CI 87.3 to 88.7), 87 months (95%CI 86.2 to 87.8) and 89 months (95%CI 88.4 to 89.6) for adalimumab, etanercept and infliximab, respectively (Image 1). In the analysis of effectiveness, a reduction in disease activity measured by DAS28, was evidenced in all cohorts with biological treatment, particularly in the first 2 years of therapy and maintained over time for up to 7 years (Image 2).

Image 1:

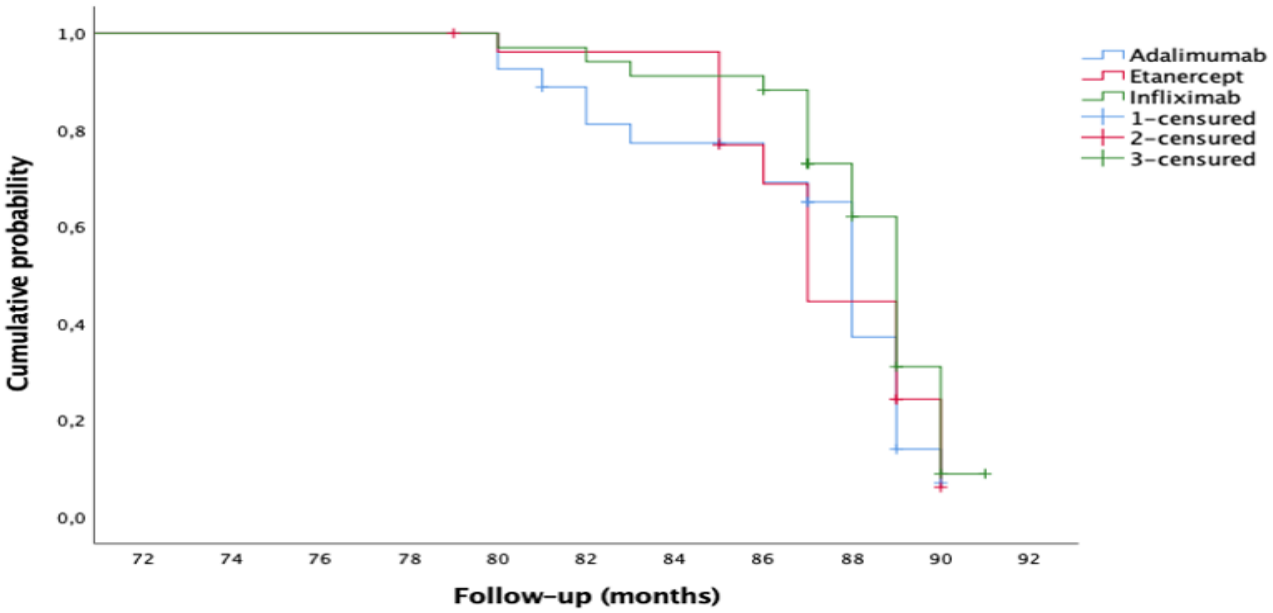
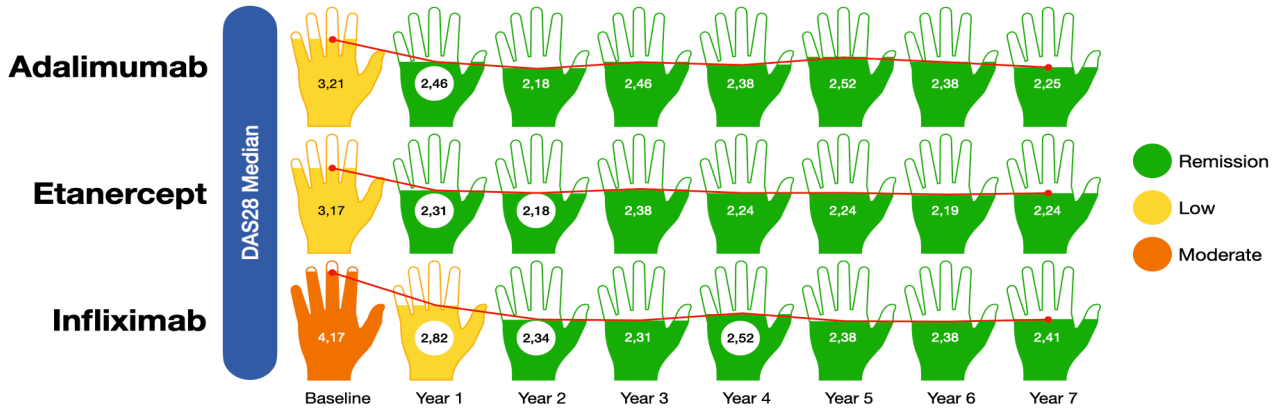


Image 2:



The numbers in circle correspond to statistically significant differences (p<0.01) with respect to the baseline level.

Conclusion: Anti-TNF effectiveness and persistence was similar among 3 molecules evaluated and maintained very well until years 5 - 7. These findings shows that under strict follow-up in RA patients treatment persistence with anti-TNFs could be maintained long time.

Disclosure of Interest: P. Santos-Moreno Grant / Research support with: Abbvie, Abbott, Biopas-UCB, Bristol, Janssen, Pfizer, Roche, Sanofi, Speakers Bureau with: Abbvie, Abbott, Biopas-UCB, Bristol, Janssen, Pfizer, Roche, Sanofi, G.-S. Rodriguez-Vargas: None Declared, P. A. Rodriguez-Linares: None Declared, M. W. Rivero Morales: None Declared, F. Rodriguez-Florido: None Declared, S. Martinez: None Declared, L. Ibatá: None Declared, L. Villarreal: None Declared, N. Gutiérrez: None Declared, A. Rojas-Villarraga: None Declared

Keywords: biologics, rheumatoid arthritis, Treatment Outcome

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Miscellaneous

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Hearing Loss In Rheumatic Disease, A Rare Manifestation?

Hazel Morales[*1,2], Argentina C Paredes Soto [1,2], Nancy J Orozco Fuentes[1,2], Yaribeth Detrinidad Castro[1,2], Edgar R Arreola Zavala[1,2], Marlene D Cárcamo Estrada[1,2], Maynor A Herrera-Méndez[1]
[1]Rheumatology Unit , Roosevelt Hospital , [2]Faculty of Medical Sciences, University of San Carlos of Guatemala, Guatemala, Guatemala

Has this paper been previously presented at another conference?: No

Background/Objectives: Rheumatic diseases have the potential to affect middle and inner ear functions due to inflammation, reduced vascularity and ototoxic medications use to treat the condition itself. Incidence reported in hearing loss rheumatic disease varies between 45 to 70%. The aim of this study is to identify hypoacusis in patients with rheumatic disease.

Methods: This is a prospective case series of patients with rheumatic diseases in a tertiary Institution in Guatemala, from january 2023 to December 2023. Clinical characteristics were described in addition to audiometry results performed to patients who reported symptoms like tinnitus or hearing loss during their follow up. Previus central nervous system infections such as meningitis or encefalitis were excluded. Descriptive statistic were used to present the results.

Results: A total of 8 patients developed hearing impairment (Table1). The median age was 53.5 years (SD17), 100% were female. The median hearing loss developed was 5.5±3.5 month. At presentation, 62.5% exhibited tinnitus while only 25% had vertigo. The autoimmune diseases reported included: Rheumatoid Arthitis (RA) (n=2), Sjögren's Syndrome (n=2), ANCA-associated vasculitis (n=2), Vogt-Koyanagi-Harada (n=1), Systemic Lupus Erythematosus (SLE) (n=1). The predominant affection was sensorineural hearing loss (100%), 6 were bilateral (75%) and 2 unilateral (25%). All of them had at least one dose of COVID19 vaccine at the time of the study (100%). With respect to treatment, all were prescribed glucocorticoids, methotrexate was the most common immunosupresant (50%) followed by cyclophosphamide (37.5%) and azathioprine(12.5%).

Table 1:

Clinical Characteristics of patients with hypoacusis	
Variables	n (%)
Number of patients	8
Age, Yr	53.5 (SD17)
Gender, Female	8(100)
Onset, Hearing Loss	5.5±3.5 months
Associated symptoms	

Tinnitus	5(62.5)
Vertigo	2(25)
Rheumatic Disease	
Rheumatoid Arthritis	2 (25)
Sjögren's Syndrome	2(25)
ANCA-associated vasculitis	2(25)
Systemic Lupus Erythematosus	1(12.5)
Vogt-Koyanagi-Harada	1(12.5)
Audiometry Results	
bilateral sensorineural hearing loss	6(75)
unilateral sensorineural hearing loss	2(25)
COVID19 vaccine doses	
1 dose	3(37.5)
>1 dose	5(62.5)
Immunosupresive Treatment	
Glucocorticoids	8(100)
Methotrexate	4(50)
Cyclophosphamide	3(37.5)

azathioprine	1(12.5)

Conclusion: Our data suggest that sensorineural hypoacusis is a problem to be taken into account among patients with rheumatic disease.

Reference 1: Mancini Patrizia, Atturo Francesca, et al. Hearing Loss in Autoimmune Disorders: Prevalence and Therapeutic Options. Autoimmun Rev. 2018 ;17(7): 644-652. DOI10.1016/j.autrev.2018.01.014.

Disclosure of Interest: None Declared

Keywords: autoimmune disease, hearing loss, sensorineural hearing loss

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Miscellaneous

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What Is The Truth? - Comparison Of Reactions And Adverse Events Between Jak Inhibitors And Anti-Tnfs - Real Life Experience

Pedro Rodriguez-Linares[*1], Manuel Wilberto Rivero Morales[1], Fernando Rodríguez-Florido[2], Laura Villarreal[3], Nicolás Gutiérrez[3], Gabriel-Santiago Rodriguez-Vargas[2], Adriana Rojas-Villarraga[4], Pedro Santos-Moreno[5]
[1]Pharmaceutical chemist, [2]Research department, [3]Administrative direction, Biomab - Center for Rheumatoid Arthritis, [4]Research institute, Fundación Universitaria de Ciencias de la Salud - FUCS, [5]Scientific direction, Biomab - Center for Rheumatoid Arthritis, Bogotá, Colombia

Has this paper been previously presented at another conference?: No

Background/Objectives: In Rheumatoid Arthritis (RA), the use of bDMARD (biological) medications is considered among the treatment options as part of the control of disease activity. In recent years there have been reports about the increased risk of adverse events, especially cardiovascular and thrombotic events, with JAK inhibitors. The aim of this study is to make a comparison of the drug adverse reactions (DAR) and drug adverse events (DAE) between JAK inhibitors and anti-TNFs in a Colombian RA population.

Methods: A retrospective observational study. Pharmacovigilance (PV) data were extracted including all DAE and DAR reports from October 2021 to October 2023. Prescriptions for the two groups of medications (anti-TNFs vs iJAKs) were included. The number of DAE and DAR reports was established. Causality was assessed using the WHO algorithm.

Results: From October 2021 to October 2023, 79 reports of DAE and DAR with anti-TNF's and JAK inhibitors were found. 95% of the reports registered by the PV program were classified as mild causality. There are 6 times more patients prescribed with anti-TNF than with iJAKs. Regarding iJAKs, 61% were using Tofacitinib, 29% Baricitinib, and 10% Upadacitinib. With Tofacitinib were found 4 DAEs (5.1%) and 5 DARs (6.3%). With Baricitinib were found 5 DAEs (6.3%) and 1 DAR (1.3%). For Upadacitinib were found 1 DAEs and 1 DAR. No major cardiovascular adverse events or thrombotic events were reported in patients using iJAKs. Regarding anti-TNFs, 25.3% were using Certolizumab, 26.6% Etanercept, 18.3% Adalimumab, and 29.8% another anti-TNFs. With anti-TNFs were found 62 reports of DARs/DAEs (78.5%). Certolizumab (33%) and Etanercept (20%) were the biologicals with the highest frequency of reports with DAEs and DARs. (Fig. 1). The most reported events were skin allergic reactions. One patient reported a major cardiovascular event during treatment with Infliximab.

Image 1:

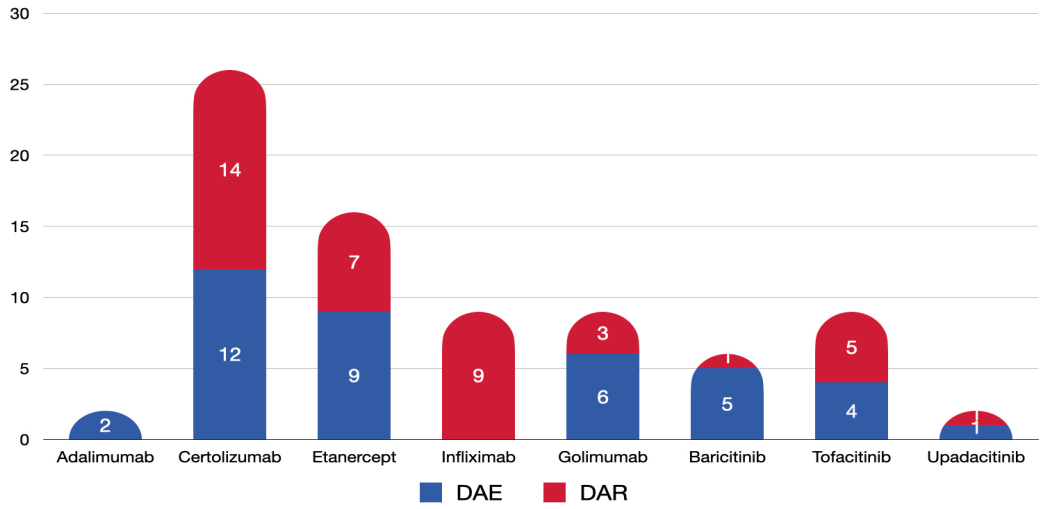

Image 1. Comparative reports by pharmacovigilance program between Oct 2021-Oct 2023 for two biological groups

Conclusion: There are proportionally fewer adverse events and adverse reactions with JAK inhibitors than with anti-TNFs. No major cardiovascular events or thrombotic events were found in a great population of patients using iJAKs. Larger studies are required in the Latin American population to confirm these results. Proportionally, the biological drug that presented the best safety profile was Adalimumab. It is necessary to establish active surveillance in the pharmacovigilance programs for cases presented especially with the use of iJAKs.

Disclosure of Interest: P. Rodriguez-Linares: None Declared, M. W. Rivero Morales: None Declared, F. Rodríguez-Florido: None Declared, L. Villarreal: None Declared, N. Gutiérrez: None Declared, G.-S. Rodriguez-Vargas: None Declared, A. Rojas-Villarraga: None Declared, P. Santos-Moreno Grant / Research support with: Abbvie, Abbott, Biopas-UCB, Bristol, Janssen, Pfizer, Roche, Sanofi, Speakers Bureau with: Abbvie, Abbott, Biopas-UCB, Bristol, Janssen, Pfizer, Roche, Sanofi

Keywords: Adverse events, Biologics, Real world data

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Unusual Glomerulopathies In Rheumatology

Argentina Paredes*[1], Nancy Orozco[1], Ricardo Arreola[1], Marlene Cárcamo[1], Yaribeth de Trinidad[1], Hazel Morales[1], Maynor A. Herrera-Méndez[1]
[1]Rheumatology, Roosevelt Hospital, Guatemala, Guatemala

Has this paper been previously presented at another conference?: No

Background/Objectives: Renal manifestations in rheumatic diseases are considered one of the most important due to the increase in morbidity and mortality associated with them, ranging from glomerular involvement to isolated urinary anomalies. The frequency is variable, being more common in systemic lupus erythematosus (SLE), in up to 50% of cases, and not exceeding 5% in other rheumatic diseases. (1) The present study aims to identify glomerular damage in rheumatic diseases other than SLE.

Methods: Descriptive, retrospective case series study in a tertiary center in Guatemala. Serologic and urinary markers are described and identified in addition to histologic findings of glomerular damage.

Results: A total of 18 patients were included (Table) with a female predominance of 72% and mean age 35.8 years (SD 16.6). At presentation, 4 patients had nephrotic-range proteinuria (22%), 12 had elevated creatinine (66%), 13 patients (72.2%) had erythrocytes in the urine and the most common glomerulopathy was crescentic glomerulonephritis in 6 patients (33.3%). In 2 patients (1 with scleroderma and 1 with APS) the characteristic finding of renal disease was identified in histology: onion-skin pattern (Figure 1. B) and data of thrombotic microangiopathy (Figure 1. A). Regarding treatment, all were prescribed glucocorticoids, cyclophosphamide was the most used immunosuppressant (38.9%) as induction therapy and azathioprine (38.9%) as maintenance therapy.

Table 1:

TABLA. GENERALS CHARACTERISTICS	
	n=18 (%)
Sex	13 (72%)
Mean age (SD)	35.8 (16.6)

Diagnosis	
Vasculitis	8 (44)
Microscopic polyangiitis	6
Granulomatosis with polyangiitis	2
Mixed connective tissue disease	3 (17)
Inflammatory myopathy	2 (11)
Scleroderma	2 (11)
Uveitis	1 (6)
Glomerulonephritis C3 defieciency	1 (6)
Antiphospholipid antibody syndrome	1 (6)
Biomarkers	
Creatinine mg/dL (SD)	3.9 (3.4)
Protein in 24-hour urine, mg (SD)	2323 (1427)
Erythrocytes >5 x field	13 (72)
Glomerulopathy	6 (33)
Crescentic glomerulonephritis	5 (28)
Membranoproliferative glomerulonephritis	4 (22)
Global and segmental glomeruloesclerosis	3 (17)

Membranous	
Treatment	
Glucocorticoids	18 (100)
Methylprednisolone	3 (17)
Prednisone	18 (100)
Mycophenolate mofetil	2 (11)
Cyclophosphamide	7 (39)
Azathioprine	7 (39)
Tacrolimus	
Response	
Remission	2 (11)
No response	7 (38)
Abandonment	5 (27)
Replacement therapy	3 (17)

Image 1:

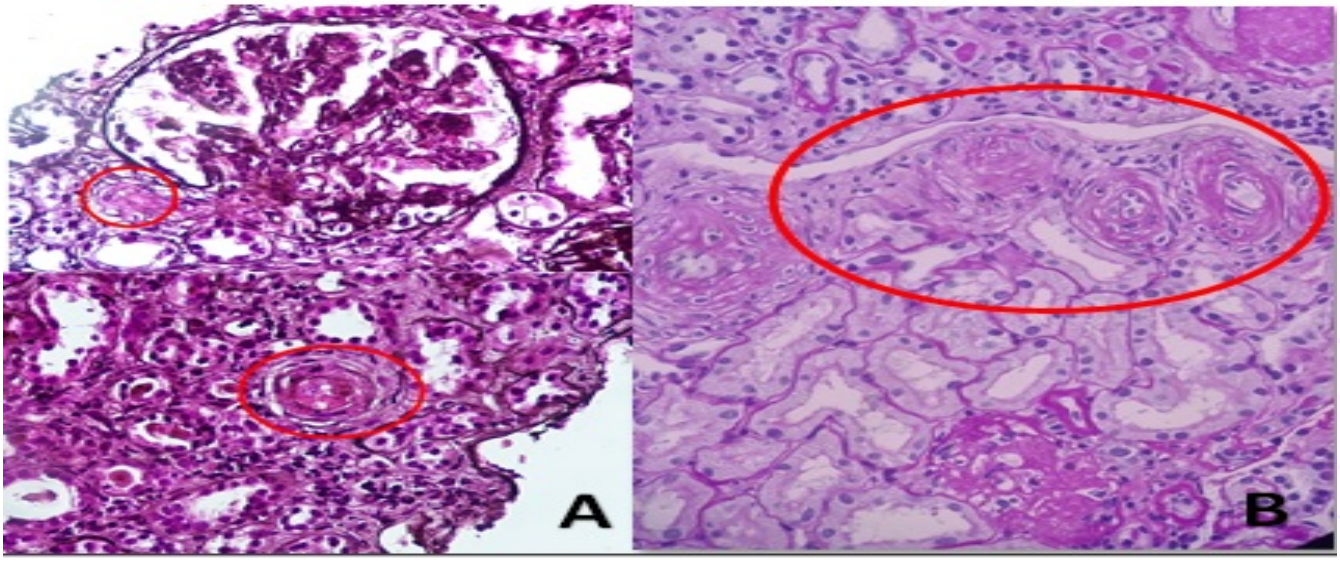

FIGURE 1: A. Fibrin thrombi in arterioles **B.** Thickened blood vessels with hyalinization of the intimal, onion-skin pattern

Conclusion: In this series of cases, glomerular manifestations occur in a variable group of rheumatic diseases.

Reference 1: Kronbichler A, Mayer G. Renal involvement in autoimmune connective tissue diseases. BMC Med [Internet]. 2013 Dec 4;11(1):95. Available from: http://bmcmedicine.biomedcentral.com/articles/10.1186/1741-7015-11-95.

Disclosure of Interest: None Declared

Keywords: disease rheumatic, glomeruolpathies, kidney

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Elucidating Therapeutic Challenges: A Comprehensive Insight Into The 'Difficult-To-Treat' Phenomenon In A Colombian Cohort Of Rheumatoid Arthritis Patients

Gabriel-Santiago Rodriguez-Vargas*[1], Nicolás Gutiérrez[2], Laura Villarreal[2], Fernando Rodríguez-Florido[1], Pedro Rodriguez-Linares[1], Adriana Rojas-Villarraga[3], Pedro Santos-Moreno[4]
[1]Research department, [2]Administrative direction, Biomab - Center for Rheumatoid Arthitis, [3]Research institute, Fundación Universitaria de Ciencias de la Salud - FUCS, [4]Scientific direction, Biomab - Center for Rheumatoid Arthitis, Bogotá, Colombia

Has this paper been previously presented at another conference?: No

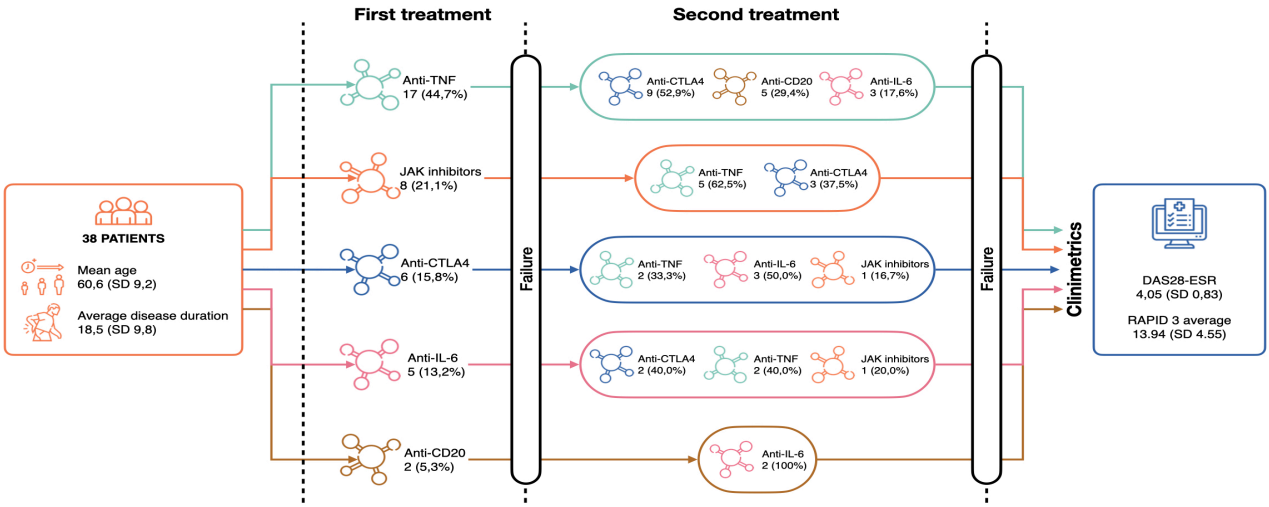
Background/Objectives: Rheumatoid arthritis (RA) stands as a chronic, systemic, autoimmune ailment necessitating intricate, interdisciplinary management. In specific cases, interventions may be succinct, particularly when patients align with the clinical definition of "difficult-to-treat" (D2T) as delineated by the European Alliance of Associations for Rheumatology (EULAR) in 2021. The primary objective of this study is to characterize a Colombian patient cohort that satisfies the 2021 EULAR criteria for D2T.

Methods: A retrospective, observational study was conducted in RA adult patients. Data were recorded from databases. Patients' disease activity (DAS28, RAPID3 and PAS) and functional capacity (MDHAQ) were analyzed. Disease management was described. Measures of central tendency (MCT) and dispersion were used after assessing normality with Kolmogorov-Smirnov test (KST) to describe numerical variables. Categorical variables are described through percentages.

Results: 38 patients were included. The mean age was 60.68 years, standard deviation (SD) 9.2. Disease duration was 18.5 years (SD 9.8). Seropositivity for rheumatoid factor was 76.3% (29) and 78.9% (30) for anti-cyclic citrullinated. Additionally, 5 patients had polyautoimmunity 4 having Sjögren's syndrome. Median CRP 6 interquartile range 5.7. The mean ESR 30.5 (SD 21.14). Patients' disease activity with DAS28-ESR was 4.05 (SD 0.83), MDHAQ 0.57 (SD 0.58), RAPID3 13.94 (SD 4.55), and PAS was 3.69 (SD 1.91).

Initial biologics included anti-TNF (44.7%, 17/38), JAK inhibitors (21%, 8/38), anti-CTLA4 (15.7%, 6/38), anti-IL-6 (13.1%, 5/38), and anti-CD20 (5.2%, 2/38). Among those initially on anti-TNF, 52.9% switched to anti-CTLA4, 29% to anti-CD20, and 17.6% to anti-IL-6. For JAK inhibitors, 62.5% switched to anti-TNF and 37.5% to anti-CTLA-4. Regarding anti-CTLA4, 33.3% switched to anti-TNF, 50% to anti-IL-6, and 16.7% to JAK inhibitors. Among those initially on anti-IL-6, 40% switched to anti-CTLA4, 40% to anti-TNF, and 20% to JAK inhibitors. Two patients on anti-CD20 switched to anti-IL6. Combination therapy included methotrexate 31.5%, other csDMARDs 81.5%, and glucocorticoids 86.8% (Image 1).

Image 1:



Conclusion: Characterizing a D2T population in Latin America is imperative for shaping studies that assess patients facing therapeutic challenges across multiple lines of treatment. This, in turn, facilitates the formulation of pioneering strategies aimed at alleviating the substantial impact of the disease.

Disclosure of Interest: G.-S. Rodriguez-Vargas: None Declared, N. Gutiérrez: None Declared, L. Villarreal: None Declared, F. Rodríguez-Florido: None Declared, P. Rodriguez-Linares: None Declared, A. Rojas-Villarraga: None Declared, P. Santos-Moreno Grant / Research support with: Abbvie, Abbott, Biopas-UCB, Bristol, Janssen, Pfizer, Roche, Sanofi, Speakers Bureau with: Abbvie, Abbott, Biopas-UCB, Bristol, Janssen, Pfizer, Roche, Sanofi

Keywords: rheumatoid arthritis, therapy, treatment

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Optimization Of Biological Therapies In A Rheumatology Service In Bogota - Colombia

Jairo Cajamarca-Barón[1], Maria Isabel Narvaez-Reyes[1], German Eduardo Puerta Sarmiento[1], Alex Cardona[1], Diego Javier Martinez[1], Hector Hernan Cubides[1], Oscar Orlando Ruiz Santacruz[1], Samuel Carmona[1], Marlon Porras[1], Diana Carolina Fernández-Ávila DC[1], Jesus Antonio Quevedo Rubiano[1], Jhon Fredy Buitrago Bohorquez[1], Henry Fabian Cárdenas Sánchez[1], Luis Orlando Roa[* 1]
[1]Rheumatology, Centros Medicos Colsanitas, Bogota, Colombia

Has this paper been previously presented at another conference?: No

Background/Objectives: Biologic therapy optimization programs are based on both international and national recommendations and have proven to be cost-effective strategies in the management of rheumatoid arthritis and spondyloarthritis.

To describe the characteristics of patients with rheumatoid arthritis and spondyloarthritis in optimization belonging to the programs of the Rheumatologic center of the city of bogota between June 2019 and June 2022; additionally, to evaluate the economic impact.

Methods: A descriptive cross-sectional study, patients with rheumatoid arthritis (RA) and spondyloarthritis (spondyloarthritis) were included, spondyloarthritis (ankylosing spondylitis (SpA), non-radiographic SpA) who met the criteria for initiating optimization based on the criteria for initiation of optimization based on the recommendations of the Colombian Association of Rheumatology.

Results: A total of 502 patients were included; mean age: 59.7 years (standard deviation (SD): 13.1), 430 women (85.7%), regarding diagnosis, 93% (467) of the patients had RA and 7% (35) had spondyloarthrosis. The mean duration of the disease was 18.3 years (SD: 10.5), 77.3% had seropositivity for rheumatoid factor (RF) and 74.3% for anti-citrullinated antibodies (anti-CCP) and 1.4 % for HLAb27.

Regarding therapies, first-line optimization was 75.9% and second-line optimization was 14.5%. The biologics with the highest prevalence of failure to optimize were Tocilizumab 62.2% and baricitinib 50% (see Table 1). With respect to costs of annual impact (savings) of 861,118 USD (see Table 2).

Table 1: Table 1. Therapeutic failure due to biologic therapy.

Biologic	Patients with Failure Optimizationz	Active users optimization	% Failure
Tocilizumab	28	17	62,2%
Baricitinib	1	1	50,0%
Adalimumab	17	23	42,5%
Etanercept	38	60	38,8%
Abatacept	17	34	33,3%
Golimumab	9	21	30,0%
Tofacitinib	6	14	30,0%
Cetolizumab	15	38	28,3%
Infliximab	1	3	25,0%
Rituximab	15	97	13,6%
Secukinumab	-	2	0,0%
Upadacitinib	-	1	0,0%
Grand total	**147**	**311**	**32,2%**

Table 2. Annual Cost Impact 2022 to 2023

Diagnosis	# Patients	Annual cost impact (USD)
Rheumatoid arthritis	278	$ 804.678
Spondyloarthritis	31	$ 56.440
Grand total	**311**	**$861.118**

Conclusion: The implementation of optimization strategies makes it possible to maintain up to 71% of therapeutic goals with cost savings of 59,353 USD.

Disclosure of Interest: None Declared

Keywords: Biological therapy, Rheumatic diseases

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Characterization Of Baseline Data In Patients With Diffuse Interstitial Lung Diseases With Autoimmune Mechanism From Epimar-Ii Registry

Emilio Buschiazzo*[1], Gonzalo Pacheco[1], Florencia Vivero[1], Juan Enghelmayer[1], Nicolás Lloves Schenone[1], Ana Lucía Barbaglia Navarro[1], Natalia Nigra[1], Jorge Tellez Noriega[1], Cristian Alejandro Benitez[1], Adrian Gaser[1], Diana Lancellotti[1], Marcela Usandivaras[1], Natalia Cucchiaro[1], Jose Luis Velazco Zamora[1], Antonella Gamarra[1], Marina Oliver[1], Maria Florencia Gordillo[1], Sandra Fabiana Montoya[1], Sandra Navarro[1], Maria Luz Martin[1], Noelia Bersano[1], Claudia Pena[1], Paula Gonzalo[1], Alejandro Nitsche[1], Federico Campins[1], Maria Julia Papagno[1], Maria Jose Lopez[1], Luciana Molinari[1], Eugenia Perticone[1]
[1]REGISTRO EPIMAR, Buenos Aires, Argentina

Has this paper been previously presented at another conference?: Yes

Background/Objectives: Interstitial lung diseases with autoimmune mechanism (AI-ILD), includes those associated to Connective Tissue Diseases (CTDs), Interstitial Pneumonia with autoimmune features (IPAF), and those associated with anti-neutrophil cytoplasmatic antibodies (ANCA).

The aim of this study was to describe baseline characteristics included in prospective EPIMAR-II registry.

Methods: Patients with AI-ILD older than 16 years of age, with its ILD diagnosis < 5years, and with current followup were included, in a cohort design registry.

Data from completed baseline data is included in this analysis. Thorax HR-CT scans were evaluated by an experienced radiologist, who was blinded to patients data. Patients with rheumatoid arthritis (RA) diagnosis were compared with the rest of the patients. Descriptive statistics were performed, $p < 0.05$ values were considered significant.

Results: From the 241 active patients included in the registry, 168 (69.7%) were analyzed. Female (138, 82.1%) was predominant genre, with a mean age of 60.9 years old (SD +/-13), caucasian etnia 73 (51.4%), health insurance 92 (59.8%), actual or past smoking 62 (40.3%). AI-ILD diagnosis were: AI-ILD 142 (85.5%), IPAF 18 (10.8%), ANCA-ILD 6 (3.6%), subclinical ILD 53 (33.5%). Rheumatologic diagnosis were: systemic sclerosis 54 (32.1%), rheumatoid arthritis 51 (30.3%), primary Sjögren´s syndrome 24 (14.2%) and inflammatory idiopathic myopathies 15 (8.9%).

Diagnosis delay was 10.9 months (SD +/-17.8). HR-CT patterns anaylisis were available in 62/168, 36.9%, with NSIP (66.1%), UIP (12.9%) y OP-NSIP (9.7%). Spirometry showed absolute FVC value of 2.23 lt (+/-0.8) and relative of 71.4% (+/- 20).

Most frequent treatments were glucocorticoids 98 (71%), Mycophenolate 60 (43.5%), Metothrexate 57 (41.9%), Cyclophosphamide 28 (20%), rituximab 25 (17.9%), abatacept 6 (4.4%), TNFinhibitors 5 (3.6%) and Tofacitinib 5 (3.6%). Anti fibrotic treatments were used in 19 patients (11.3%), 16 nintedanib y 3 pirfenidone. When comparing RA vs non-RA patients, smoking and COPD diagnosis per more frequent in the former, as the use of immunosupresant therapies (Table 1).

Image 1:

TABLE 1 – RA vs non-RA patients

Variable	RA (n = 51)	non-RA (n = 117)	p value
Age (years)	63.1	59.9	0.23
Female sex (%)	74.5	85.5	0.005
Smoking status (actual or past) (%)	60	32.1	0.006
Diagnosis delay (months)	16.9	8.7	0.9
COPD (%)	15.9	4.4	0.01
ANA (%)	40.5	81.1	<0.001
Rheumatoid Factor (%)	89.1	22.3	<0.001
ACPA (%)	83.3	3.9	<0.001
FVC (liters)	2.32	2.1	0.3
FVC (%)	75.9	69.7	0.1
UIP pattern (%)	16.7	12	0.1
NSIP pattern (%)	58.3	68	0.5
OP-NSIP/OP pattern (%)	25	16	0.3
Glucocorticoids (%)	85.4	64.9	0.01
Methotrexate (%)	85.4	23.2	<0.001
Leflunomide (%)	35.9	1.1	<0.001
Azathioprine (%)	2.6	20.6	0.01
Mycophenolate (%)	7.7	57.6	<0.001
IV Cyclophosphamide (%)	10	24	0.06
TNFalpha inhibitors (%)	9.8	1	0.01
Abatacept (%)	12.8	1	0.002
Rituximab (%)	31.7	12.1	0.006
Tofacitinib (%)	12.5	0	<0.001
Nintedanib (%)	7.3	13.3	0.39

Conclusion: In this baseline data, female, systemic sclerosis and rheumatoid arthritis were more frequent. Subclinical disease was found in 30% of the patients, being NSIP the most prevalente HR-CT pattern. Immunospresant use and smoking / COPD history were more frequent in RA patients.

Disclosure of Interest: None Declared

Keywords: autoimmune interstitial lung diseases, ILD, IPAF

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Variant Lesch-Nyhan Disease In An Adolescent Female. Case Report.

Salvador Sermeño[*1,2], Kathya Castellòn[1,2], Romeo Guevara[1,2]
[1]San Salvador, Hospital Nacional Zacamil, [2]San Salvador, Universidad Evangelica de El Salvador, San Salvador, El Salvador

Has this paper been previously presented at another conference?: No

Background/Objectives: Hyperuricemia is the result of the alteration of two processes: overproduction and underexcretion. The first includes about 10% of cases, in general they have a genetic origin, as it happens with Lesch-Nyhan disease the classic phenotype and its variants the moderate phenotype nominated HPRT-related neurological dysfunction and the mild phenotype, hyperuricemia related to HPRT deficiency and PRPP synthetase hyperactivity syndrome.We present a case of a female patient with elevated uric acid and chronic kidney damage.

Methods: case report

Results: Female patient, 34 years old. She was first seen in November 1997, at the age of six years, with a two-year history of inflammatory oligoarticular syndrome accompanied by fatigue. With the diagnosis of juvenile idiopathic arthritis, she was treated with methotrexate 5 mg/week, folic acid 5 mg/week.

During 2001-2003, she had irregular visits. In March 2004, at age 13, she was evaluated with a history of a new flare-up of arthritis, and physical examination revealed tophi on the ears and elbows. On re-interviewing the mother, she provided the history that the patient was the product of a premature birth, that she crawled and said her first words at one year of age, walked at three years of age, and studied until third grade. From the age of two, every two or three months, she suffered crises of generalized joint pain, muscle stiffness, lasting three to five days, which disappeared around the age of 10. During the episodes, she was dependent for her mobility, feeding, dressing, accompanied by mood changes, biting her lips, fingers and toes.

March 2004: The serum uric acid (SU) was 10.5 mg/dl, Cr 2.2 mg/dl, Hb 9.9 g/dL with normal volumes. The Rx PA of hands and feet: soft tissue increase and punch injuries.

Diagnosed with ELN with stage 4 chronic kidney disease, normocytic normochromic anemia and started therapy with allopurinol 150 mg/day and prednisone 5 mg/day.

In March 2022, she reported intolerance to allopurinol.

In August 2023, the hemoglobin concentration was 10.1 gr/dl, SU: 7.5 mg/dl, total protein: 7.27 g/dl, albumin: 3.6 mg/dl, Cr: 2.9 mg/dl, glomerular filtration rate: 24.1 ml/min/1.73m².

Treatment. Due to intolerance to allopurinol, was started on febuxostat 40 mg/day and prednisone 5 mg/day.

Image 1:

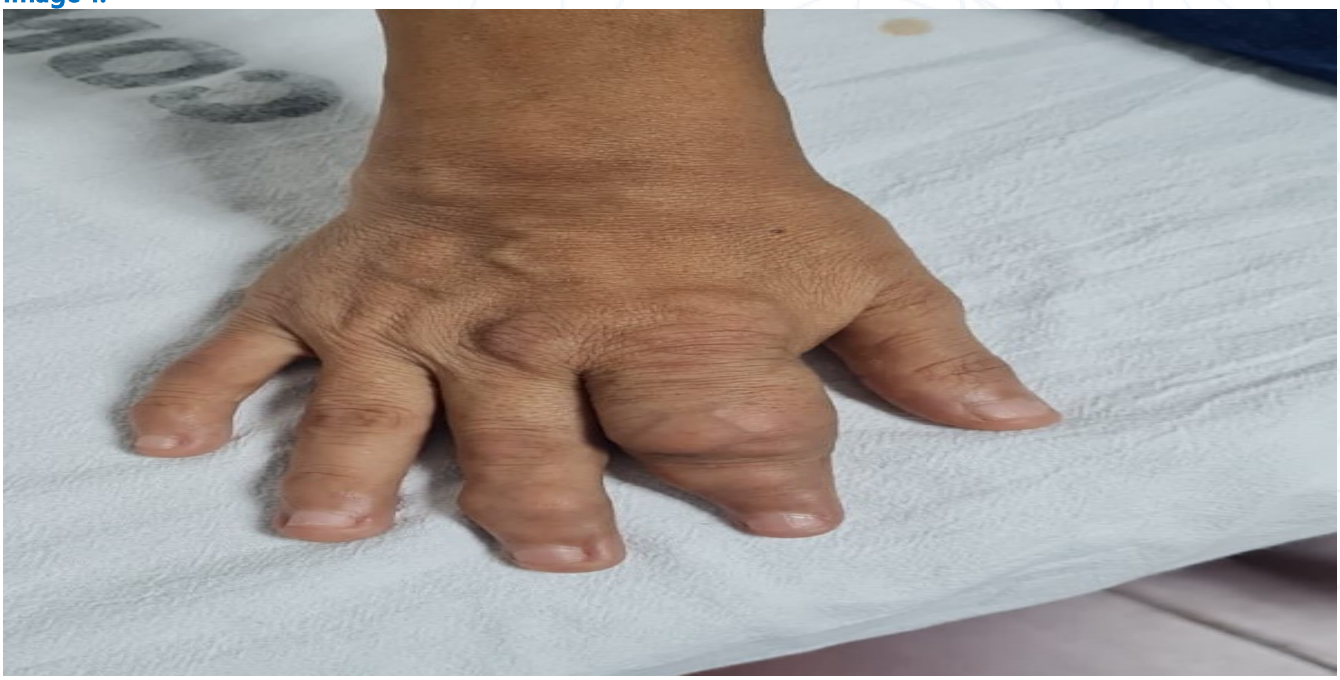
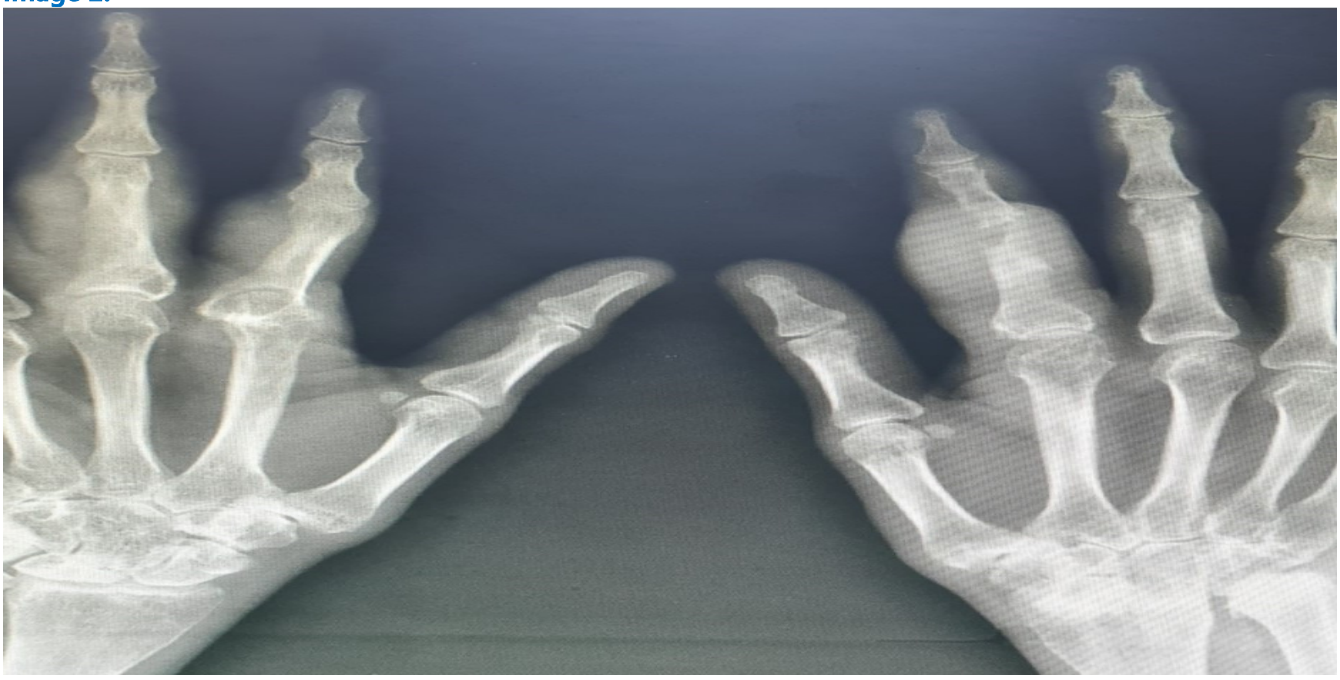


Image 2:



Conclusion: Hyperuricemia associated with HPRT deficiency, probable variant of Lesch-Nhyan disease

Reference 1: 1. Jinnah HA, Ceballos-Picot I, Torres RJ, Visser JE, Schretlen DJ, Verdu A, et al. Attenuated variants of Lesch-Nyhan disease. Brain [Internet]. 2010;133(Pt 3):671–89. Available from: http://dx.doi.org/10.1093/brain/awq013

Reference 2: 1. Fu R, Chen C-J, Jinnah HA. Genotypic and phenotypic spectrum in attenuated variants of Lesch-Nyhan disease. Mol Genet Metab [Internet]. 2014;112(4):280–5. Available from: http://dx.doi.org/10.1016/j.ymgme.2014.05.012

Disclosure of Interest: None Declared

Keywords: Gout, Lesch-nyhan Disease

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Comorbidities And Their Relationship With Self-Perceived Oral Health In Patients With Rheumatic Disease

Angel Kevin Garza-Elizondo*[1], Francisco Javier Torres-Quintanilla[1], Pablo Gamez-Siller[1], Jesus Alberto Cardenas-de la Garza[1], Janett Carmen Luzmila Riega-Torres[1], Dionicio Angel Galarza-Delgado[1]
[1]Rheumatology, Hospital Universitario "Dr. José Eleuterio González", Monterrey, Mexico

Has this paper been previously presented at another conference?: No

Background/Objectives: Oral diseases, especially periodontitis and tooth loss, are very common in patients with rheumatic diseases (RD). Oral health is also often influenced by other comorbidities diabetes mellitus, cardiovascular disease, and neurodegenerative diseases. The objective is to compare self-perceived oral health and its domains in patients with RD with and without comorbidities.

Methods: A cross-sectional, descriptive, and comparative study was carried out in an outpatient Rheumatology clinic. Patients with a previous diagnosis of RD were included and were administered the Geriatric/General Oral Health Assessment Index Spanish Version (GOHAI-SP) survey. Patients were divided into 2 groups, patients without comorbidities and groups with comorbidities. Student's t-test, Mann-Whitney U test, and Chi-square were used to compare variables. A p-value <0.05 was considered for statistically significant differences.

Results: 490 patients were included; 307 (62.6%) without comorbidities and 183 (37.3%) with comorbidities. The majority were women, 279 (90.87%) and 175 (95.62%) in each group respectively. Rheumatoid arthritis (57.17%) was seen in half of the patients, followed by systemic lupus erythematosus (12.3%) and Sjögren's syndrome (9.42%). A statistically significant difference was found in the GOHAI-SP domains of functionality and psychosocial, getting a p-value of 0.001 and 0.036 respectively. The results of the GOHAI-SP scores can be found in Table 1.

Table 1: Comparison of oral self-perception in patients with rheumatic disease: without comorbidity vs with comorbidity.

	Without Comorbidities n=307	With Comorbidities n=183	p-value
Sociodemographic			
Female, n (%)	279 (90.87)	175 (95.62)	

Male, n (%)	28 (9.12)	8 (4.37)	
Age, median (IQR)	48 (20)	56 (17)	<0.001
GOHAI Classification			
Good, n (%)	221 (71.98)	112 (61.20)	
Moderate, n (%)	51 (16.61)	32 (17.48)	0.009
Poor, n (%)	35 (11.40)	39 (21.31)	
GOHAI-SP domains			
Functionality, median (IQR)	20 (4)	17 (5)	0.001
Psychosocial, median (IQR)	24 (4)	23 (5)	0.036
Pain and discomfort, median (IQR)	8 (3)	8 (3)	0.73

n: sample number, %: percentage, IQR: interquartile range, GOHAI-SP: Geriatric/General Oral Health Assessment Index Spanish version.

Conclusion: Self-perceived oral health is significantly related to the presence of comorbidities in patients with RD. Patients with RD without comorbidities presented better self-perception of functionality and psychosocial well-being of oral health compared to patients with comorbidities.

Disclosure of Interest: None Declared

Keywords: Comorbidities, oral health, rheumatic diseases

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Miscellaneous

PANLAR2024-1436

Myositis Ossificans/Heterotopic Ossification As A Complication Of Covid-19 Infection: A Scoping Review Of The Literature

Angela Maria Sanchez Amaya[1], Jairo Cajamarca-Baron[*2], Maria Isabel Narvaez Reyes[3]
[1]General Practitioner, Universidad del Bosque, [2]Research Institute,, Fundacion universitaria de ciencias de la salud-FUCS, [3]Rheumatology, Centros medicos Colsanitas, Bogotá, Colombia

Has this paper been previously presented at another conference?: No

Background/Objectives: Heterotopic ossification (OH)/myositis ossificans is defined as the formation of extra skeletal bone in muscles and soft tissues such as skeletal muscle, fascia, tendon, ligament, among others. The most common major causes of OH are trauma, surgery, local or systemic injury (including infectious), and less commonly genetic causes.

Methods: We conducted a scoping review to describe cases of heterotopic osteitis secondary to SARS-CoV-2 reported worldwide. An extensive literature search was performed in various databases (PUBMED, Cochrane, VHL) and grey literature.

Results: A 49-year hospitalized in ICU for 37 days due to SARS-CoV-2 infection presented during his stay with bilateral shoulder and left elbow pain with limitation of the range of motion of the 4 joints, which progressed to complete limitation of all ranges of motion, with evidence of myositis ossificans in the anterior and lateral aspect of the deltoid, suprascapularis, reatment with vitamin D 4000 IU/day, rehabilitation with clinical improvement.

We included 4 articles the main characteristics of the patients were people over 35 years of age (100%), 66.6% males. The most common location of HOs was the shoulders, the majority of the involvement was symmetrical. (See Table 1)

Table 1:

Appointment	Heterotopic ossification	Laboratories
Meyer C, Haustrate MA, et al	Bilateral hip	Alkaline phosphatase 200
	Left hip with periarticular and intramuscular ossification	Alkaline phosphatase 126
	left hip muscles quadriceps femoris and iliopsoas	Alkaline phosphatase 105

	bilateral shoulders	Alkaline phosphatase 200 IU/L
M.L. Brance, L.R. Brun, et al, 2022	*shoulders *elbows *hip, * knees * ankles.	total alkaline phosphatase (111 IU/l), CPK (75 U/L),
Aziz A, Choudhari R, et al.	bilateral shoulders	Elevated AF 148 U/L,
	Right shoulder	No data
Grgurevic, L., Novak, R., et al.	submandibular area, exacerbation in the anterior part of the neck	No data
Case	Left elbow, both shoulders	creatinine, uric acid, transaminases without alterations, 574, RF positive,

Conclusion: OH is a rare pathology with little reported literature, manifesting mainly with musculoskeletal symptoms, with diagnostic images (radiography, tomography) being the main tools for the diagnostic approach. Treatment should focus on prevention of progression and management of symptoms. Traumatic and infectious etiologies, as in the case presented, should always be evaluated. Also, more studies are needed to better understand this pathology and the effectiveness of treatments.

Disclosure of Interest: None Declared

Keywords: myositis, Myositis ossificans, SARS-CoV-2 infection

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Miscellaneous

PANLAR2024-1155

Multisystem Thrombosis Secondary To Paraneoplastic Syndrome

Jossiell Then Báez[*1], Rommell Morel [2], Ruth Rosa Moronta[3], Nicole Alba[3], Arielka Mercado[3], Alba Soriano[3]
[1]Reumatología y Medicina Interna , [2]Medicina Interna y Terapia Intensiva , [3]Residente Medicina Interna , Hospital Metropolitano de Santiago (HOMS), Santiago , Dominican Republic

Has this paper been previously presented at another conference?: No

Background/Objectives: CASE REPORT

Paraneoplastic syndromes develop from the tumor secretion of hormones, growth factors, antibodies and cytokines that can cause multisystemic alterations with endocrine, hematological, cardiovascular, and neurological manifestations. These affect 10-15% of cancer patients and represent 27% of the cause of mortality in this group.

Methods: **Case Description:** A 41-year-old female patient, with a history of deep vein thrombosis, treated with rivaroxaban 20 mg and a history of miscarriage and sinus tachycardia. Refers that she was stable until 4 months ago, when she began non-productive cough, and progressive dyspnea. For this reason, she went to the cardiologist, In the echocardiogram, an intracavitary thrombus was observed in the right ventricle; while CT angiography revealed mediastinal lymphadenopathy, evidence of bilateral pulmonary thromboembolism, diffuse patchy infiltrate and pseudonodular lesion in the right parenchyma. Subsequently, her condition worsened with hypoxemia and respiratory distress. Anticoagulation at therapeutic doses, antibiotic therapy and steroid pulses were initiated under the presumptive diagnoses of Catastrophic Antiphospholipid Syndrome (APS) and Acute Respiratory Distress Syndrome. A panel is requested for APS, other immunological tests, and hematological profile, which were negative. Deep vein thrombosis is evident in all four extremities. Given a prothrombotic state of unclear etiology, it was decided to biopsy the lung lesion and the diagnosis of primary non-small cell carcinoma of the lung was subsequently confirmed.

Results: **Discussion:** primary hematological disorders and autoimmune diseases are more common as a cause of extensive or recurrent thromboses in women of childbearing age; however, there are other causes such as occult neoplasms that can clinically debut as a paraneoplastic syndrome. This entity encompasses many signs and symptoms, which can simulate a wide number of pathologies due to its multisystemic component. The neoplasms most associated with the development of these syndromes are: hematological, breast and lung cancer. Reason why this form of presentation must be considered, in order to make a diagnosis in time and consequently provide the patient with appropriate treatment.

Image 1:

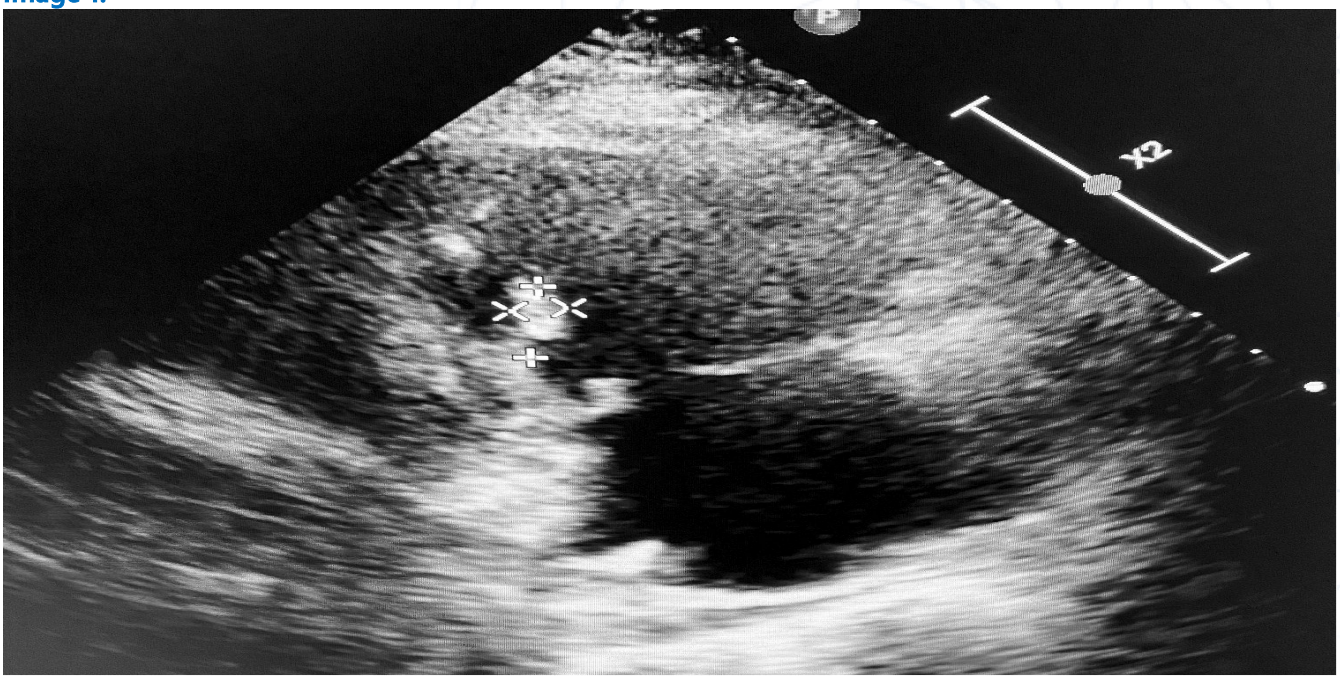
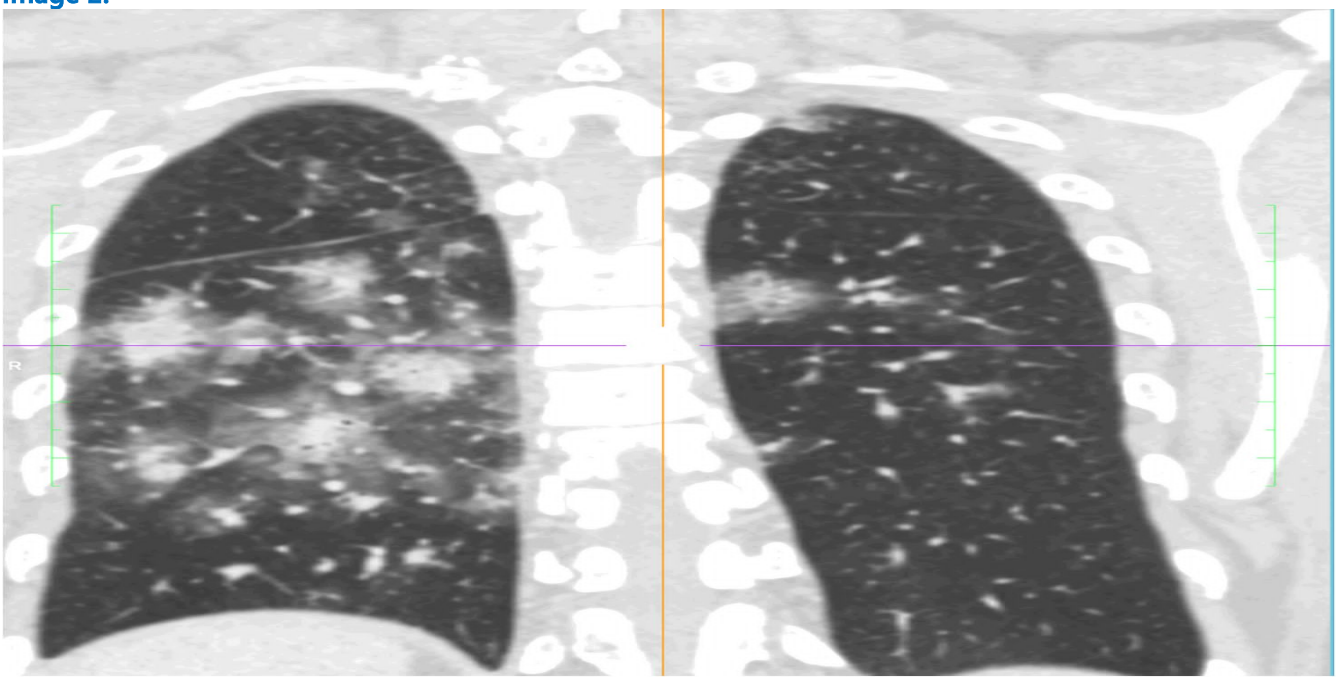


Image 2:



Conclusion: Recurrent thrombotic episodes could be considered an indication for the diagnosis of occult neoplasms.

Reference 1: Holbrechts Stephane et al. Autoimmune paraneoplastic syndromes associated to lung cancer: A systematic review of the literature: Part 2: Hematologic, cutaneous and vascular syndromes Lung Cancer. 2017 Apr:106:93-101

Reference 2: Núñez J, Tamariz A, Mellado R, Tostado R, Díaz E, Rodríguez F. Paraneoplastic syndromes with lung cancer. Acta Médica Grupo Ángeles 2021;19(3):346–53.

Disclosure of Interest: None Declared

Keywords: Intracavitary thrombus, Paraneoplastic Syndrome, Lung Cancer

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Miscellaneous

PANLAR2024-1227

Evaluation Of The Expert Patient Panlar Self-Management Program In Rheumatoid Arthritis. A Pilot Study In Argentina, Colombia And Panamá.

Emilia Beatriz Arrighi*[1], Ana Paula León Aguila[2], Carlo V Caballero-Uribe[3], Enrique R Soriano[4], María Carolina Cabrera Correal[5], Natalia Vazquez[6], Dora Pereira[7], Enrique Giraldo [8], Leandro Ferreyra Garrot[9], Ilsa Yosmar Moreno Del Cid[10], María Olga Leal[11], José A. Salas Siado,[12], Jorge Jesús Rodríguez Sotomayor[13], Andrés Fernández[14], Priscila Torres[15], Stella Maris Gómez[16], Sandra Vilches[17], María Cristina Jordán[18], Enma Pinzón[19], Gina Sicilia Ochoa G,[20], Dalila Suárez,[21]
[1]Directora General de la Universidad del Paciente y la Familia. , [2]Directora Adjunta Universidad del Paciente y la Familia , Barcelona, Spain, [3]Profesor Asociado de Medicina de la Universidad del Norte., Barranquilla, Colombia, [4]Presidente del comité de Educación y Ciencia, Liga Panamericana de Asociaciones de Reumatología (PANLAR), Buenos Aires, Argentina, [5]Equipo de investigación, Universidad del Paciente y la Familia., Bogota, Colombia, [6]Equipo de investigación, Universidad del Paciente y la Familia., Buenos Aires, [7]Instituto Raquis, La Plata , Argentina, [8]Ho, Clinic All,, Ciudad de Pánama, Panama, [9]Sección Reumatología. Servicio de Clínica Médica, Hospital Italiano de San Justo Agustín Rocca, Buenos Aires, Argentina, [10]Sociedad Panameña de Reumatología., Ciudad de Pánama, Panama, [11]Docente UNT, Tucúman, Tucuman, Argentina, [12]Director Científico Investigación Médica Atlántico, Barranquilla, Colombia, [13]Ministerio de Salud,, Docente Universitario, Ciudad de Pánama, Panama, [14]Médico Internista Universidad "El Bosque, Bogota, Colombia, [15]"Presidenta Red Panamericana de asociaciones de pacientes reumáticos", Sao Paulo, Brazil, [16]Asociación civil artritis en Argentina, Buenos Aires, [17]Fundacion Lupus Argentina, Córdoba , [18]Asesora de la Federación Artritis Alianza Federal, La Plata , Argentina, [19]Líder de pacientes Funarp., Ciudad de Pánama, Panama, [20]Directora Fundación LICAR.Directora UNILICAR, Bogota, Colombia, [21]Fundación de Artritis Reumatoide de Panamá, Ciudad de Pánama, Panama

Has this paper been previously presented at another conference?: No

Background/Objectives: **Background:** Education is a cornerstone of the comprehensive management of patients living with rheumatic and musculoskeletal diseases (RMSDs). It allows them to optimize their self-care for health maintenance.

The PANLAR Expert Patient (EP) program is applied to optimize self-care skills for physical activity, healthy eating, communication with professionals, therapeutic adherence and decision making.

Objectives: This is a pre-post pilot study aimed at assessing the effect of educational intervention on health outcomes.

Methods: The PE PANLAR program was delivered in Argentina, Colombia and Panama during 2022 to a sample of 80 patients and their caregivers. To assess the effect of the educational intervention, a self-administered questionnaire was administered before and after the intervention that included the QOLD5 for ESRD validated in Spanish and the adaptation of the INDEC questionnaire on healthy lifestyle habits. Means, standard deviations, percentages and Student's t-test for related samples were calculated

Results: Improvements were observed in eating habits, physical exercise, alcohol consumption and weight measurements. Patients perceived improvements in aspects of their quality of life (general health, mobility, activities of daily living, personal care, anxiety and depression). In addition, evolution in the physician-patient relationship and adherence to treatment.

Conclusion: The program generated positive changes in healthy lifestyle habits and disease management skills in a short period of time, so its use is recommended as part of standardized treatment for RMSDs.

Disclosure of Interest: E. B. Arrighi: None Declared, A. P. León Aguila: None Declared, C. V. Caballero-Uribe Speakers Bureau with: I am editor of the global rheumatology journal., E. R. Soriano: None Declared, M. C. Cabrera Correal: None Declared, N. Vazquez: None Declared, D. Pereira: None Declared, E. Giraldo : None Declared, L. Ferreyra Garrot: None Declared, I. Y. Moreno Del Cid: None Declared, M. O. Leal: None Declared, J. A. Salas Siado,: None Declared, J. J. Rodríguez Sotomayor: None Declared, A. Fernández: None Declared, P. Torres: None Declared, S. M. Gómez: None Declared, S. Vilches: None Declared, M. C. Jordán: None Declared, E. Pinzón: None Declared, G. S. Ochoa G,: None Declared, D. Suárez,: None Declared

Keywords: None

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Miscellaneous

PANLAR2024-1443

Distribution Of Anti-Cellular Antibodies In A Sample Population Of Venezuelan Patients Suspected Of An Autoimmune Disease

Ana M. Blasini[*1,2], Rebeca Hernandez[1], Yelitsa Salazar[1], Ivan L. Stekman[1,2], Martin A. Rodriguez[1,2]
[1]Laboratorio InmunoXXI, [2]Centro Nacional de Enfermedades Reumaticas, Caracas, Venezuela, Bolivarian Republic Of

Has this paper been previously presented at another conference?: No

Background/Objectives: The appearance of autoantibodies is a hallmark of systemic autoimmune rheumatic diseases (SARD). The initial workout of a patient suspected of SARD is testing for antinuclear antibodies (ANA). Guidelines by the American College of Rheumatology have previously established the indirect immunofluorescent assay (IIFA) in HEp-2 cells as the gold standard for ANA testing. More recently, a study by the International Consensus on ANA Patterns (ICAP) has concluded on the nomenclature of 28 IIFA patterns designated from AC-1 to AC-28. In the present study, we have examined the distribution of these patterns in a sample of 2,319 Venezuelan patients suspected of SARD or non-rheumatic autoimmune diseases.

Methods: Iindirect immunofluorescent assay (IIFA) in HEp-2 cells. A group of lab technicians were trained following guidelines by ICAP, and competence was validated by the UK NEQAS pilot for digital ANA (image-based)

Results: Sixty percent of patients (N=1411) showed an AC-0 pattern (negative for antinuclear antibody patterns), 39% (N=908) various antinuclear patterns, 50% of them distributed evenly within the AC-1 and AC-4 patterns (Table 1), 3.7% (N=87) a cytoplasmatic pattern and 0.1% (N=4) a mitotic pattern. Interestingly, a total of 65 AC-0 patients tested positive for a cytoplasmatic pattern, mainly AC-19 and AC-21, and 6 AC-0 patients for a mitotic pattern. In total 71 patients ANA-negative showed a positive anti-cellular reactivity.

Table 1:

ICAP pattern	AC-1	AC-2	AC-3	AC-4	AC-5	AC-6	AC-7	AC-8	AC-9	AC-10	AC-11	AC-13
N	235	175	40	226	77	11	2	82	35	18	4	3
%	26%	19%	4%	25%	8%	1%	0.2%	9%	4%	2%	0.4%	0.3%

AC-12 and AC-14 not shown (both, N =0)

Conclusion: The most common patterns of IIFA in Hep-2 cells demonstrated in a population of patients with suspected autoimmune diseases were AC-1 and AC-4, associated with common autoimmune diseases including systemic lupus erythematosus, Sjögren's syndrome, and scleroderma. Currently, ongoing work is being done to correlate these patterns with clinical diagnosis. Some patients without antinuclear antibody reactivity may present with anti-cellular or anti-mitotic autoantibodies, the clinical significance of which needs to be examined.

Disclosure of Interest: None Declared

Keywords: AC patterns of autoantibodies, Anti-cellular antibodies, Anti-nuclear antibodies

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Miscellaneous

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Werner Syndrome: A Differential Diagnosis For Systemic Sclerosis

Gabriella Sousa De Oliveira[*1], Ananda Serra Silva[1], Ana Carolina Emy Vicente Hidaka[1], Talita Yokoy de Souza[1], Luciano Junqueira Guimarães[1], Cleandro Pires de Albuquerque[1], Carolina Rocha Silva[1], Maria Raquel Da Costa Pinto[1], Raianni Rubia Pacheco da Silva[1], Leandro Crispim de Oliveira Lacerda[1], Andrea De Afonseca Dias E Silva[1], Alexandre Shigemi Vicente Hidaka[1], Lidiane Moreira Lima Rebouças[1], Francisco Aires Correa Lima[1], Cezar Kozak Simaan [1], Licia Maria Henrique da Mota[1]
[1]Rheumatology, University Hospital of Brasília , Brasília, Brazil

Has this paper been previously presented at another conference?: No

Background/Objectives: Werner Syndrome (WS) is a prototype of a segmental progeroid syndrome characterized by premature aging, bilateral cataracts, and cutaneous thickening resembling systemic sclerosis (SSc). It results from a mutation in the WRN gene on chromosome 8p12.

Methods: CASE REPORT A 55-year-old male, a rural worker, was referred for investigation of systemic sclerosis. He has had cutaneous thickening on the face, hands, and feet for the past 10 years, peripheral ulcers, whitening of hair before the age of 20, two cataract surgeries, hypothyroidism, hypogonadism, and urethral stenosis as evidenced by examinations. He exhibits short stature, gray hair, hoarseness, and a high-pitched voice, with a sclerodermiform face (narrowing of the nose, reduced folds, microstomia), sclerodactyly, proximal cutaneous thickening in the bilateral metacarpophalangeal joints, left perimaleolar ulcer, and infantilized genitalia. Laboratory tests reveal non-reactive ANA, Anti-Scl70, and Anti-RNP, normal C3 and C4, periungual capillaroscopy consistent with a sclerodermic pattern, normal bone densitometry, coarse calcifications of the bilateral Achilles tendon and left tibials. Currently, he is undergoing hormonal replacement and awaiting genetic testing.

Results: WS is a rare autosomal recessive condition with an equal distribution between sexes. Initial signs and symptoms appear before the second decade of life, with complete expression after the second or third decades of diagnosis. The International Registry of Werner Syndrome defines clinical findings as premature aging and/or hair loss, bilateral cataracts, SSc-like skin changes, ulcers, soft tissue calcification, and a high-pitched voice. Additional findings include type 2 diabetes mellitus, hypogonadism, osteoporosis, atherosclerosis, and neoplasms. Cutaneous manifestations resemble SSc, especially skin atrophy in sun-exposed areas, with the face often presenting an angular appearance, nasal thinning, perioral thickening, and protruding dentition (bird-like face). Ulcers are often challenging to treat, leading to an increased risk of infection. Subcutaneous calcifications, telangiectasias, and hyperkeratosis may be present in some cases. Despite the patient showing abnormalities in capillaroscopy, all other tests conducted to investigate systemic sclerosis returned negative results.

Image 1:

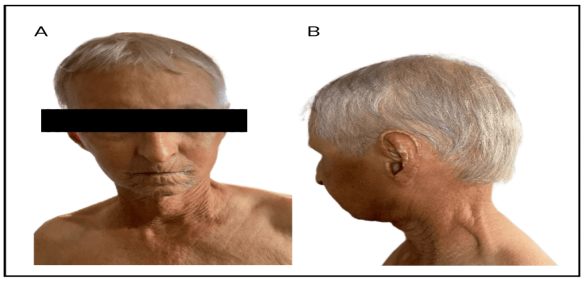

Image A and B: sclerodermiform face and gray hair

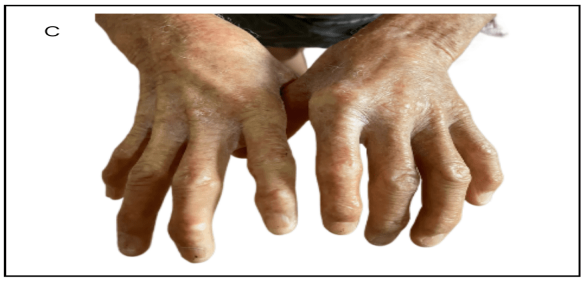

Image C: sclerodactyly

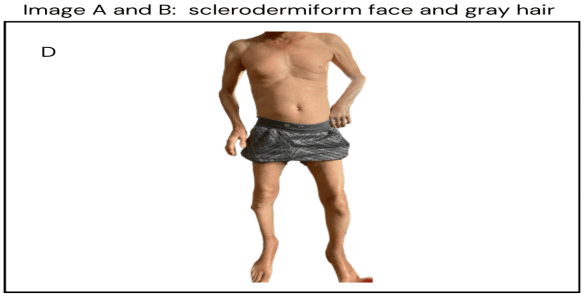

Image D: short stature and sarcopenia

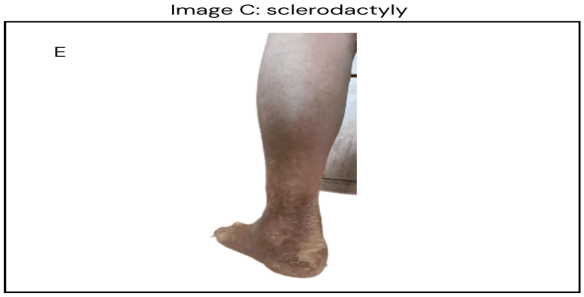

Image E: peripheral ulcer

Conclusion: Despite its rarity, knowledge of WS and its manifestations is essential, particularly to differentiate it from systemic sclerosis.

Disclosure of Interest: None Declared

Keywords: manifestations, systemic sclerosis, werner syndrome

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Miscellaneous

PANLAR2024-1282

Significance Of Non-Adherence In A Tertiary Hospital In Mexico: Pre And Post-Pandemic Impact

Daniela Alejandra Salcedo-Soto[*1], Ana Cecilia Bardan-Inchaustegui[1], Deyna Monserrat Lara-Mendez [1], Pablo Gamez-Siller[1], Diana Elsa Flores-Alvarado [1], Jesus Alberto Cardenas-de la Garza [1], Dionicio Angel Galarza-Delgado [1]
[1]Reumatología, Hospital Universitario "Doctor José Eleuterio González", Monterrey, Mexico

Has this paper been previously presented at another conference?: No

Background/Objectives: This study aims to assess reasons for non-adherence to disease-modifying drugs (DMARDs) and non-attendance in appointments and to identify underlying causes before and after the pandemic.

Methods: An observational cross-sectional study was conducted. We included patients ≥18 years old with a diagnosis of RD who attended both follow-up and initial assessments at a University Hospital during the period May to September 2023 and agreed to participate in the study. Those who missed their appointments were contacted to evaluate the reason for non-attendance.

A questionnaire evaluated DMARDs taken, adherence to them, and reasons for non-adherence. Adherence was categorized based on intake frequency: Good >75% of the time (>21 days), regular 50-74% (15-21 days), poor 25-49% (8-14 days), null <25% (7 days or less).

To compare adherence during the COVID-19 pandemic, we used a database covering rheumatology patients from 2021 to 2022.

Results: A total of 4,289 patients were scheduled for assessment and 2,078 (48.44%) did not attend. Of this group, 354 patients had a first appointment scheduled, and 1,724 had a follow-up. During this same period, 78 patients were hospitalized, 73% attended follow-up, 23% did not attend and 4% died. Economic factors were the main cause of non-attendance (70%), followed by transportation (14%), forgetting (9%), and personal reasons (2%).

Of the 161 patients evaluated for adherence to DMARDs, 135 (83.8%) considered adherence to be good. Hydroxychloroquine was used by 34% of the patients, followed by methotrexate with 29%, 16% with prednisone, 8% with leflunomide, 8% with mycophenolate mofetil, 3% with azathioprine, and 2% with sulfasalazine.

The non-adherence reasons during 2021 and 2023 are shown in table 1.

Table 1:

Table 1. Non-adherence factors during the pandemic in 2021 vs. post-pandemic 2023

COVID-19 pandemic 2021	N=52	Post-pandemic 2023	N= 161
Availability	48.1%	Economic	44%
Fear of getting sick from COVID-19	25%	Availability	28%
Indication from their rheumatologist	7.7%	Side effects	8%
Indication from another physician	5.8%	Forgetting	13%
Economic	3.8%	Unwillingness	6%
Other	9,6%	Family or friends referral	1%

Conclusion: Non-attendance and adherence to DMARDs depend on economic and social circumstances. Probably because the study was conducted in a developing country, it is worthwhile to rethink the cost/benefit ratio of the drugs prescribed at the assessment. New strategies are needed to recover patients who stopped attending our service.

Disclosure of Interest: None Declared

Keywords: adherence, non-attendace

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Miscellaneous

PANLAR2024-1095

Vexas Syndrome: A Case Report

Maria Camila Riascos-García[* 1], Carlos Enrique Toro-Gutiérrez[1, 2]
[1]Centro de Estudios de Reumatología y Dermatología, [2]Pontificia Universidad Javeriana de Cali, Cali, Colombia

Has this paper been previously presented at another conference?: No

Background/Objectives: VEXAS syndrome is an autoinflammatory disease described by Beck et al. in 2020[i], caused by missense mutations in *UBA-1* gene, which codify the E1 enzyme and activate ubiquitylation necessary in autophagia process. This mutation increases proinflammatory cytokines and result in a multisystemic inflammatory disorder. The acronym of VEXAS comes from key features of the syndrome: Vacuoles, E1 enzyme, X-linked, Autoinflammatory, Somatic. Initially deemed rare, escalating cases hint at potentially higher prevalence than earlier estimated.

Methods: Case report

Results: A 71-year-old French male, previously diagnosed with type 1 neurofibromatosis, manifested constitutional symptoms in February 2023, accompanied by pleuritis, dyspnea, and elevated C-reactive protein (CRP) levels. Systemic infection was ruled out. Shortly after, periorbital edema, muscle eye paralysis, ear chondritis, arthralgias, and persistently elevated CRP levels emerged. Subsequent investigation unveiled cytoplasmic vacuoles in myeloid precursor cells on bone marrow biopsy, alongside dysgranulopoiesis. PET/SCAN revealed heightened bone marrow activity sans malignancy. Male gender, age, chondritis, and vacuoles in the bone marrow raised suspicion of VEXAS syndrome.

Genetic testing in June 2023 in France confirmed a *UBA-1* mutation (NM_003334) in Exon 3 Type: p. Met41Thr, corroborating the diagnosis. Initiation of prednisone 50mg elicited rapid, comprehensive symptom alleviation. Current dosage is 5mg/day, and no additional medications have been necessary.

Conclusion: This case marks our center's maiden report on VEXAS syndrome and stands as the first documented instance worldwide -to our knowledge- in a patient with type 1 neurofibromatosis. Notably, chondritis in older males warrants consideration of VEXAS syndrome. Despite its historical rarity, the prevalence may surpass prior estimations.

Reference 1: Beck DB, Ferrada MA, Sikora KA, Ombrello AK, Collins JC, Pei W, et al. Somatic mutations in UBA1 and severe adult-onset autoinflammatory disease. N Engl J Med. 2020;383(27):2628–38.

Disclosure of Interest: None Declared

Keywords: Chondritis, UBA-1, VEXAS

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PANLAR2024-1266

Caracterization Of Clinical Presentation In Igg4-Related Disease. Experience From A Single Referral Hospital

Fernando López[1], Javier Loricera[1], Ricardo Blanco[*1]
[1]Rheumatology, Hospital Universitario Marqués de Valdecilla, Santander, Spain

Has this paper been previously presented at another conference?: Yes

Background/Objectives: The objectives are **a)** To evaluate the clinical characteristics of patients (pt) diagnosed with IgG4-RD in a single University hospital; **b)** To compare with other large series.

Methods: Study of pt from a referral hospital and literature review of pt with IgG4-RD. Diagnosis was made accordingly to**: a)** Okazaki; **b)** Umehara; **c)** ACR/EULAR 2020; and/or **d)** clinical, laboratory and imaging suggestive findings.

Results: 12 pt (8 females) (mean age; 62.4y) with IgG4-RD. The organs affected at diagnosis were: aorta (5), pleura/ lung (5), lymph nodes (4), salivary glands (2), retroperitoneum (2), pericardium (2), lacrimal glands (1), bile duct (1), kidney (1), orbit (1), subglottis (1), mesentery (1), maxillary sinuses (1). IgG4 values were increase in 17% pt. Blood plasmablasts were increased in 67% pt. In the literature review, 6 series of more than 100 pt each were selected. The main data from the different series are listed in **table**. The **figure** shows the most frequently affected organs in the different series.

Table 1:

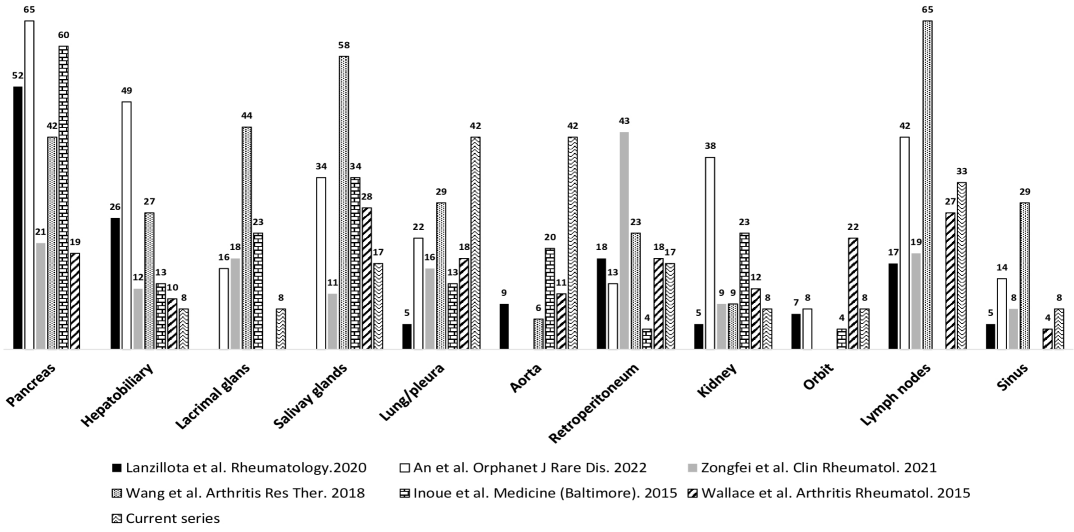
Reference	Cases	Sex Female (F)/ Male (M)	Age, median [IQR] or mean±SD	Diagnosis criteria	Number of organs affected	Level of serum IgG4 (mg/dL), median [IQR]
Lanzillotta.Rheumatology.2020	131	F(36), M(95)	62[53-70]	- Umehara:possible(46%),probable(2%),definitive(52%)	-1(26%) -More of 1 (74%)	224 [115-382]

An.Orphanet J Rare Dis.2022	127	F(35), M(92)	63[55-69]	-Umehara:possible(82.6%),probable(2.3%),definitive (11.8%)	-1(20%) -2-4(68%) -More of 5(9%)	980 [390-1520]
Zongfei.Clin Rheumatol.2021	102	F(25), M(77)	62[54.1-65.8]	-Okazaki(100%)	Median [IQR]: 2 [1-3]	399 [199-776]
Wang.Arthritis Res Ther.2018	215	F(67), M(148)	54[46-62]	-Umehara:possible (47.9%), probable (4.7%), definitive (47.4%)	-1-2(36%) -3-4(47%) -5 or more(17%)	896 [350-1860]
Inoue.Medicine (Baltimore).2015	235	F(189), M(46)	67	-Symptoms+laboratory+image/ Compatible histology (100%)	-1(41%) -2 or more(59%)	470 [ND]
Wallace.Arthritis Rheumatol.2015	125	F(49), M (76)	50.3±14.9	- Symptoms+laboratory+image/ Compatible histology (100%)	-1(38%) -2(24%)	ND

					-3 or more(38 %)	
Current series	12	F(8), M(4)	61[54.7-76]	-Okazaki: 50% -Umehara: possible (25%), probable (17%), definitive (8%) -ACR/EULAR 2020 (1%) -Symptoms+laboratory+image/ Compatible histology (50%)	-1(33%) -2(25%) -3 or more(42 %)	48 [21.9-107.5]

Abbreviations: ND: no data

Image 1:



Conclusion: IgG4-RD is a heterogeneous disease with involvement of virtually every organ, usually presenting with involvement of more than one organ. Serum IgG4 is not always elevated.

Disclosure of Interest: None Declared

Keywords: None

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Miscellaneous

PANLAR2024-1280

Evolution Of Patients With Progressive Fibrosing Interstitial Lung Disease Associated With Systemic Autoimmune Diseases

Demelza V. Yucra Bobarin[*1], Jonathan Rebak[1], Josefina Pascua[2], Mayra Samudio[3], Guillermina Rizzo[2], Alejandro Brigante[1], Diana Dubinsky[1], Silvia Quadrelli[2]
[1]RHEUMATOLOGY, [2]PNEUMONOLOGY, [3]RADIOLOGY, SANATORIO GUEMES, BUENOS AIRES, Argentina

Has this paper been previously presented at another conference?: No

Background/Objectives: Objective:

To describe the clinical characteristics and evolution of patients with progressive fibrosing ILD associated with ADs with indication for antifibrotic treatment. Evaluate FVC at the beginning of the indication for antifibrotic treatment and after 6 to 12 months.
Adverse events, presence of exacerbation, hospitalization, death

Methods: Cross-sectional descriptive study. Patients > 18 years of age with the presence of ILD associated with ADs evaluated from 10/2022 to 10/2023 with indication for antifibrotic treatment, during the first semester of the evaluation were included, after a multidisciplinary meeting.

Data were collected from electronic medical records. The variables were: demographics, diagnosis of ADs, antifibrotic treatment, inmunosuppressive treatment, respiratory functional, tomographic pattern.

Results: Of 101 patients discussed in the meeting, antifibrotic treatment was indicated for 14 (13.8%) with progressive fibrosing ILD associated with ADs.

50% men, mean age 65 years (SD 10.8), former smokers 6 (42%). RA 6 (43%), Diffuse SSc 5 (35%), Sjogren Syndrome 2 (14%), Others 1 (7%).
Tomographic pattern: UIP 7 (50%), NSIP 7 (50%)
Baseline: FVC 2.14 L (SD 0.82), FVC 63.3% (DS 18.3), DLCO 46.3% (SD 14.2)
Inmunosuppressive: 14. Meprednisone > 20 mg/day 3 (21%), mycophenolate 4 (28.6%), azathioprine 1 (7%), rituximab 5 (35.7%), methotrexate 3 (21%) , tocilizumab 2 (14%), abatacept 1 (7%). Antifibrotic: 6/14 (43%), nintedanib 5/6 (83%), pirfenidone 1.

Adverse event: 5/6 gastrointestinal.
Hospital admission 5/14 (35.7%), 2 exacerbation of ILD, 3 respiratory infection, none with antifibrotic. No deaths

Table 1:

	Antifibrotic + Inmunosuppressive	Inmunosuppressive	6-12 months	Antifibrotic + Inmunosuppressive	Inmunosuppressive
FVC L	1,73 (0,9-2,48)	2,45 (1.5 -4.4)		1,75 (0,76-2,78)	2,15 (1,49-3,4)
FVC %	57,3 (27-79)	67,8 (40-95)		54 (23-69)	59,6 (38-76)

TABLE 1

Average drop	Antifibrotic + Inmunosuppressive	Inmunosuppressive
FVC L (DS)	-0,015 (0,15)	0,28 (0,43)
FVC % (DS)	3,33 (4,6)	9,8 (3,4)

TABLE 2

Conclusion: Fibrosing ILD was mostly present in RA and diffuse SSc with tomographic pattern of UIP and NSIP. The group of patients with antifibrotic treatment maintained FVC. Greater exacerbation and hospitalization were observed in patients treated with immunosuppressant alone. the majority of adverse events were digestive and did not determine discontinuation.

Reference 1: Distler O, et al (2019) Nintedanib for systemic sclerosis-associated interstitial lung disease. N Engl J Med. 380:2518–2528

Reference 2: Wells AU, et al. Nintedanib in patients with progressive fibrosing interstitial lung diseases: subgroup analyses by interstitial lung disease diagnosis in the INBUILD trial: a randomised, double-blind, placebocontrolled, parallel-group trial. Lancet Respir Med. 2020;8:453–60

Disclosure of Interest: None Declared

Keywords: FIBROSING, INSTERTITIAL

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Miscellaneous

PANLAR2024-1098

Hajdu Cheney Syndrome. Report Of A Case

Salvador Sermeño[*1], Kathya Castellòn[1], Romeo Guevara[1]
[1]San Salvador, Hospital Nacional Zacamil, San Salvador, El Salvador

Has this paper been previously presented at another conference?: No

Background/Objectives: Introduction

Hajdu Cheney syndrome (HCS) is a rare autosomal dominant disease. It is identified in the ORPHA955 database on the ORPHANET. It belongs to the group of acroosteolytic syndromes affecting mainly connective tissue and the prevalence is estimated to be less than one in one million.

We present a case of a 22-year old woman suffering with HCS.

Methods: Description of clinical case

Results: A 22 year old woman, university student, product of a second pregnancy, at term, eutocic delivery. Psychomotor development was normal. She presented dentition problems since there was no loss of milk molars. From the age of 3, she began to have mild pain in the knees and hands, which occurred intermittently during physical activity, sometimes accompanied by edema, lasting 3 to 7 days, which disappeared without sequelae. The pain has persisted with the same characteristics and currently presents pain when walking long distances. She had no history of Raynaud's phenomenon. Menarche at the age of about 15 years.

Physical examination BP: 123/72 mm/Hg. Height: 1.54 m, weight: 44 kg, HR: 92x'. The cranium was normal, seborrheic dermatitis on scalp, large auricle, bushy eyebrows, large nose with prominent columella and normal nasal wings, thin lips, flat philtrum, small teeth, slight prognathism.

Upper extremities show sweaty hands, brachydactyly, acropaquia. Lower limbs have genu valgum, brachydactyly, bilateral hallux valgus. She has no sclerodactyly.

Diagnostic Assessment

Hb, WBC, ESR, serum calcium, phosphorus, serum proteins and creatinine normal. ANA and rheumatoid factor all negative. Anti-SCL-70 is also negative.

X-rays of hands and feet show acroosteolysis.

Image 1:

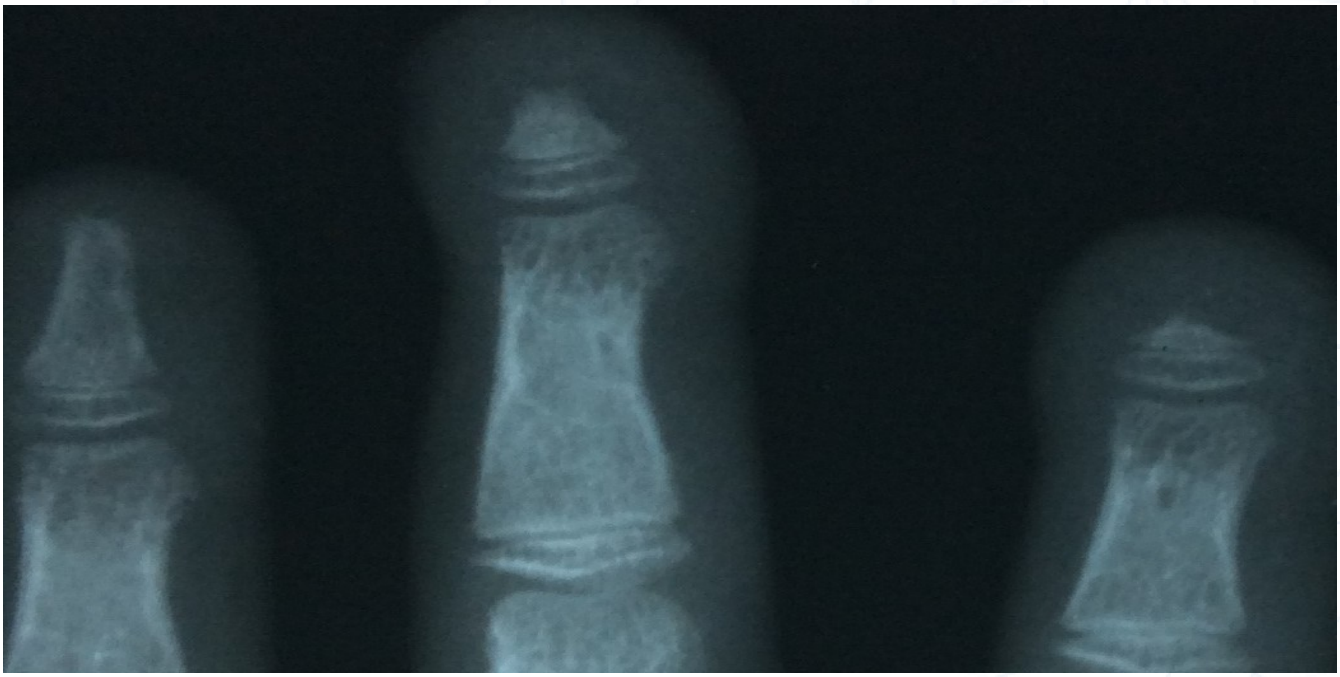
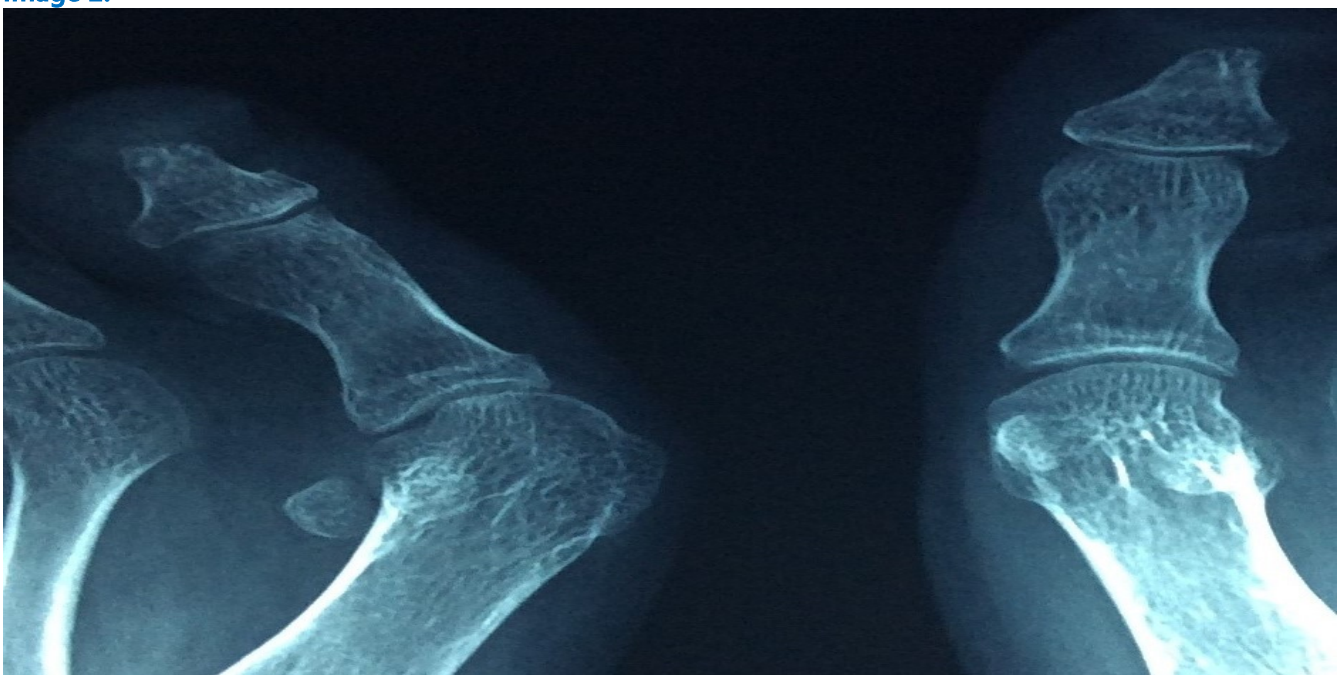


Image 2:



Conclusion: **The diagnosis is** Hajdu Cheney syndrome,

Differential diagnoses to be considered in a patient with acroosteolysis may include: psoriasis; traumatic thermal burns; neuropathy: diabetes and leprosy; connective tissue diseases: scleroderma, Raynaud's disease; and hyperparathyroidism.

Treatment: No definitive or effective pharmacological treatment is available

In conclusion, the diagnosis and management of patients with rare diseases, such as HCS, present many difficulties in the management

Reference 1: Cortés-Martín J. Hajdu-Cheney Syndrome: A Systematic Review of the Literature. Int J Environ Res Public Health. 2020 Aug 25;17(17):6174. doi: 10.3390/ijerph17176174

Disclosure of Interest: None Declared

Keywords: Hajdu Cheney syndrome

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PANLAR 2024

Miscellaneous

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Off-Label Use Of Mycophenolate Mofetil In A Center Specialized In Rheumatology. Real World Evidence

Manuel Wilberto Rivero Morales[1], Pedro Rodriguez-Linares[*1], Gabriel-Santiago Rodriguez-Vargas[2], Fernando Rodriguez-Florido[2], Laura Villarreal[3], Nicolás Gutiérrez[3], Adriana Rojas-Villarraga[4], Ivania Ramírez-Ferrer[5], Eva Cardozo-Sandoval[5], María Fernanda Linares-Contreras[5], Andrys Mayor-González[5], María Fernanda Cubides-Acosta[5], Marta Juliana Mantilla-Ribero[5], Pedro Santos-Moreno[6]
[1]Pharmaceutical chemist, [2]Research department, [3]Administrative direction, Biomab - Center for Rheumatoid Arthritis, [4]Research institute, Fundación Universitaria de Ciencias de la Salud - FUCS, [5]Rheumatology, [6]Scientific direction, Biomab - Center for Rheumatoid Arthritis, Bogotá, Colombia

Has this paper been previously presented at another conference?: No

Background/Objectives: The off-label use of medications is a highly debated activity today. Mycophenolate mofetil (MMF) is a medication used/approved to prevent organ transplant rejection and for Lupus Nephritis. Also is used as an off-label indication in the outpatient setting for the management of Systemic Lupus Erythematosus (SLE with/without systemic involvement) and other connective tissue diseases. We describe the use of MMF in a rheumatology center in Colombia.

The aim of this study was to describe the use of MMF outside the conditions of use approved by the colombian drug regulatory agency INVIMA (Instituto Nacional de Vigilancia de Medicamentos y Alimentos) in a rheumatology center. In Colombia there are 14 approved labels of MMF, and only 1 has approbation for Lupus Nephritis.

Methods: A cross-sectional study from January 2020 to December 2022; MMF prescriptions with off-label use were included in the evaluated period. Patients were grouped by age group; The number of patients prescribed with MMF off-label use was established. Comparisons were made between the gender of the patients and the most frequent diagnoses.

Results: In the period 2020 to 2022, records of patients with MMF off-label prescriptions were found (n=101). 81% of the patients were female. The majority age range was 25-37 years (Image 1). 88 (87,1%) patients presented diagnoses of SLE with systemic involvement and without systemic involvement; of which 7 (6,9%) had renal involvement. 13 (12,9%) cases had a prescription for diagnoses other than SLE with systemic involvement and without systemic involvement (Image 2).

Image 1:

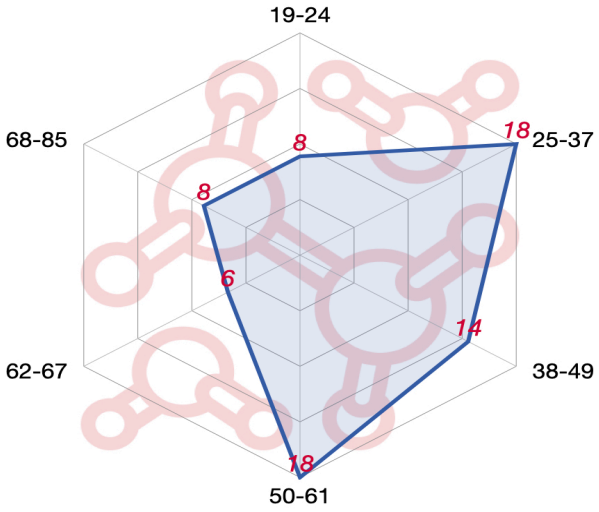
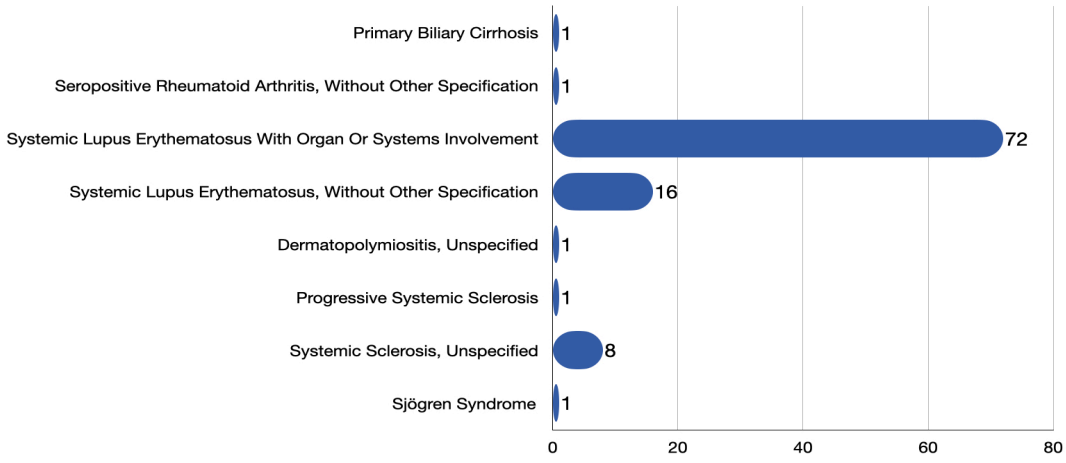


Image 1. Age-range related to MMF prescription

Image 2:



Conclusion: In the observed population, a higher frequency of prescription with MMF was found in the indication SLE with systemic involvement and without systemic involvement as off-label. The increased prescription of MMF is due to high disease activity in the reported cases. More information is needed to focusing on tendency of prescription.

Disclosure of Interest: None Declared

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Keywords: Biologics, Prescriptions, Treatment

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GLOBAL RHEUMATOLOGY BY PANLAR

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Miscellaneous

PANLAR2024-1404

Competencies And Challenges In Rheumatologists' Training: An Analysis Of Adherence To Eular Guidelines

Laura J. Sorrentino[*1], Maria Gimena Gomez[1], Alejandro Brigante[1]
[1]Reumatology, Sanatorio Güemes, CABA, Argentina

Has this paper been previously presented at another conference?: No

Background/Objectives: In 2023, the EULAR group published a series of points to consider in the training of rheumatologists. This study aims to expand its scope to understand the educational landscape in rheumatology in Argentina.

Methods: The study population consisted of rheumatologists selected through a sampling approach. For data collection, a structured questionnaire was designed using the Google Forms platform. The questionnaire construction adhered rigorously to the guidelines provided by the "EULAR Points to Consider: EULAR–UEMS standards for the training of European rheumatologists" guide. The questions aimed to assess participants' confidence in each competency upon completing their training.

Results: A total of 46 participants were included. The median age was 40 years, ranging from 31 to 79 years, with training spanning from 1976 to 2023. Regarding education, 71.7% received their training in public institutions. The majority of respondents (82.6%) were trained in the City of Buenos Aires, followed by the Province of Buenos Aires , Santa Fe, Mendoza and Córdoba. Overall, surveyed rheumatologists expressed a high level of confidence in their clinical skills and competencies upon completing their training. However, when specifically asked about metabolic bone diseases, 26% responded neutrally, and 7% did not feel competent. A similar pattern was observed in managing diseases based on age groups, with 26% being neutral, and 9% and 4% in disagreement and total disagreement with feeling competent. 10.9% were neutral, and 6.5% disagreed regarding their ability to manage diseases in the context of multimorbidity. 13% disagreed, and 26% were neutral about their ability to manage rheumatological pathologies during pregnancy and lactation. Regarding generalized pain syndromes, 80% felt competent, while 4% disagreed, and 15% were neutral. In aspects related to ethics and communication, most participants felt capable of establishing professional relationships based on mutual trust and respect (45.7%), as well as effectively communicating with patients and other healthcare professionals (39.1%).

Conclusion: The results reflect a group of rheumatologists who perceive themselves as competent in a wide range of clinical and ethical skills upon completing their training. However, it is important to note that, despite the high perception of competence, self-assessment may vary, and ongoing education may be beneficial to maintain and enhance these skills throughout their professional careers.

Disclosure of Interest: None Declared

Keywords: education

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Miscellaneous

PANLAR2024-1446

Uveitis Associated With Tattoo Pigment - A Case Report

Vanessa Ocampo[*1,2]
[1]Rheumatology Department, University of Toronto , [2]Ophthalmology Department, Kensington Vision and Research Centre, Toronto, Canada

Has this paper been previously presented at another conference?: No

Background/Objectives: Uveitis, characterized by intraocular inflammation, can have various etiologies, including infectious, autoimmune, and idiopathic causes. This case report explores a rare instance of uveitis linked to tattoo pigment deposition, shedding light on a potential, albeit infrequent, trigger for ocular inflammation. As rheumatologist we don't often encounter this pathology, but now that multidisciplinary clinics are available, we should be aware of the disease, suspected and treat it.

Methods: Case report

Results: A 39-year-old male presented with an intriguing case involving the elevation of black-colored areas within his tattoos, notably without associated itching or pain, accompanied by subsequent peeling. Following this, he developed photophobia and scleral erythema within 4-6 weeks, leading to an ophthalmologic diagnosis of panuveitis and bilateral optic nerve edema.

His medical history revealed the acquisition of extensive tattoos on his hands, arms (predominantly black and red ink), and an earlier tattoo on his upper back a decade ago. Extensive investigations ruled out infectious and autoimmune causes. Skin biopsy revealed perivascular granulomatous infiltrates associated with tattoo pigment, corroborating the suspicion of tattoo-related uveitis.

Despite initial treatment with topical steroids yielding minimal response, high-dose prednisone initially helped, notably reduced the raised tattoo areas significantly, yet attempts to taper resulted in multiple flare-ups. Referral to rheumatology led to the addition of methotrexate, followed by adalimumab at 40 mg weekly. This combination facilitated symptom improvement, allowing for a successful steroid taper.

Conclusion: This case emphasizes an intriguing link between uveitis and tattoo pigment, urging clinicians to consider unconventional triggers in uveitic patients. Recognition of tattoo-related uveitis necessitates thorough patient history-taking, particularly concerning recent tattoo procedures. It underscores the need for heightened awareness among patients and healthcare providers regarding potential ocular complications post-tattooing. Further research is essential to decipher the mechanisms behind this association and to establish optimal management strategies for such cases.

Reference 1: Durrani OM, Meads CA, Murray PI. Uveitis: A potentially blinding disease. *Ophthalmologica*. 2004;218(4):223-236. doi:10.1159/000078612

Reference 2: Chang JHM, Wakefield D. Uveitis: A global perspective. *Ocul Immunol Inflamm*. 2002;10(4):263-279. doi:10.1076/OCII.10.4.263.15592

Disclosure of Interest: None Declared

Keywords: panuveitis, tattoo, Uveitis

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Miscellaneous

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Hypophosphatemic Rickets. Report Of A Case

Salvador Sermeño[*1,2], Kathya Castellòn[1,2], Romeo Guevara[1,2]
[1]San Salvador, Hospital Nacional Zacamil, [2]San Salvador, Universidad Evangelica de El Salvador, San Salvador, El Salvador

Has this paper been previously presented at another conference?: No

Background/Objectives: Hypophosphatemic rickets (HR) is an inherited disease that is characterized by the loss of phosphates from the kidneys, causing retarded development, rickets, and osteomalacia.

This report presents a case study of an adult patient with the condition.

Methods: Clinical case presentation

Results: A 60-year-old female patient consulted a rheumatology service in November 2021, with a history of loss of primary teeth at the age of 8 years and permanent teeth at the age of 25 years due to infections. Two years before her consultation, she presented with pain of mild severity in her shoulders, elbows, hip joint, the knees and the ankles, increasing with exercise and improving during rest, associated with myalgia and general weakness.

One of her daughters is small of stature.

Normal vital signs, height: 1.14 m and weight: 33.2 kg. The forehead is broad, and the ears have a normal implantation. The short Neck.

Diagnostic evaluation.

Ca: 9.0 mg/dl and 9.5 mg/dl (VN: 8.5 to 10.2), Mg: 2.48 mg/dl. P: 1.7 mg/dl and 2.0 mg/dl (VN: 2.5-4.6). Ca in random urine: 9 mEq/L (equivalent to 18 mg/dl) and in urine: 16 mEq /l (32 mg/dl). Normal alkaline phosphatase. Parathyroid hormone was 123.30 pg/mL (15.0 to 65).

Chest X-ray PA: There was generalized Osteopenia. Looser milkman line in humerus.

AP and L X-ray of thighs showed Loose milkman lines. Conclusion: osteomalacia.

Diagnosis. X-linked hypophosphatemic rickets

Image 1:

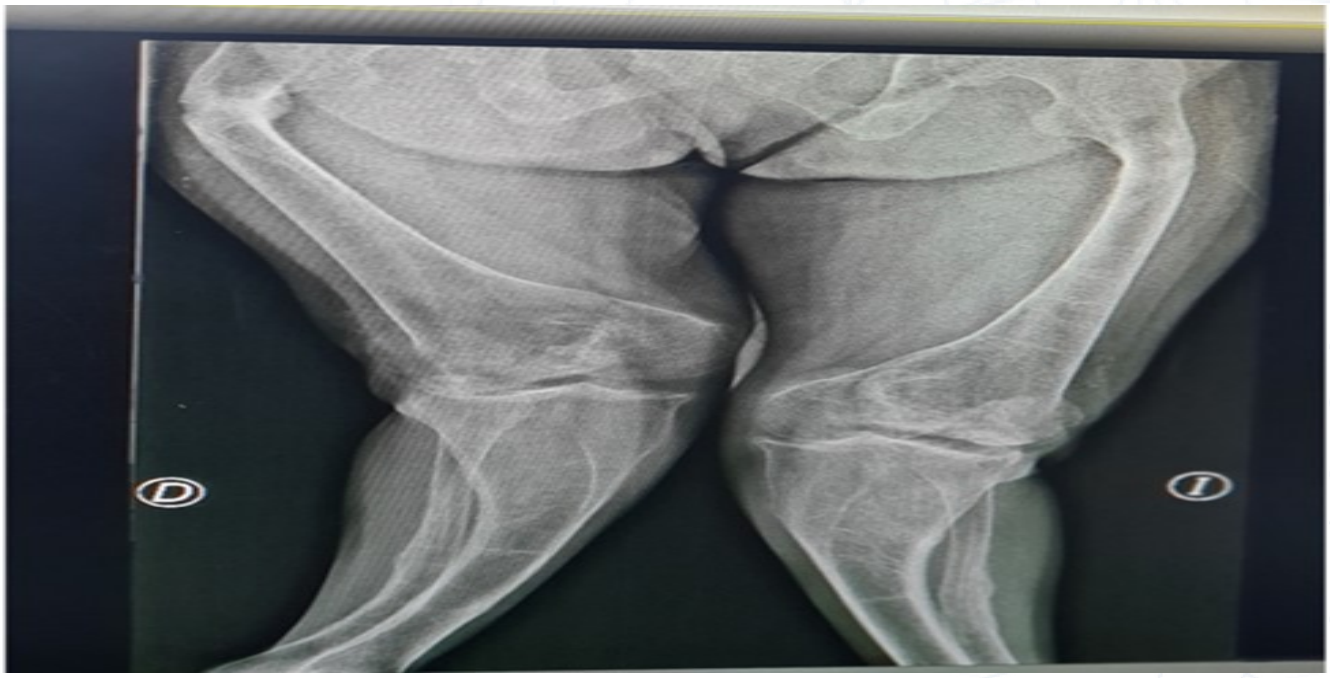
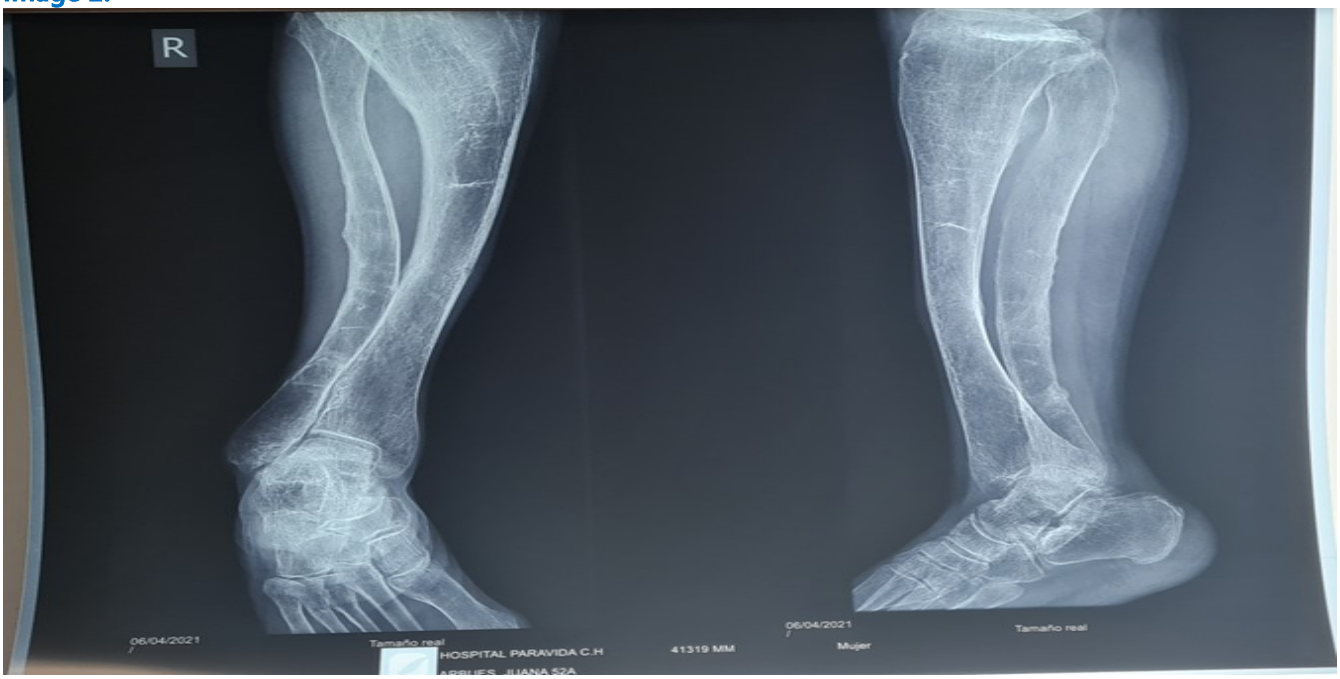


Image 2:



Conclusion: The diagnosis of HR in the patient can be supported by presenting signs and symptoms: small height, bowleegs, dental abscesses, joint stiffness, myalgias and muscle weakness, pseudofractures, ostearthritis and tendon calcifications.

In the next analysis, biochemical parameters showed a normal calcium serum concentration, decreased phosphorous concentration, an elevated parathyroid hormone concentration, and normal alkaline phosphatase concentrations. And finally, the radiological features showed bowed femurs and the Looser Millman lines.

X-linked hypophosphatemic rickets is the predominant diagnosis, accounting for 80% of cases of RH. It is caused by a PHEX gene.

Reference 1: Beck-Nielsen et al. Orphanet Journal of Rare Diseases (2019) 14:58

https://doi.org/10.1186/s13023-019-1014-8

Disclosure of Interest: None Declared

Keywords: Hypophosphatemic Rickets

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Innovative Strategies For New Challenges: Assessing The Effectiveness Of A Multidisciplinary Care Approach In Early Rheumatoid Arthritis Cases In Colombia

Pedro Santos-Moreno[*1], Nicolás Gutiérrez[2], Laura Villarreal[2], Fernando Rodríguez-Florido[3], Pedro Rodriguez-Linares[3], Gabriel-Santiago Rodriguez-Vargas[4], Ivania Ramírez-Ferrer[5], Eva Cardozo-Sandoval[5], Maria Fernanda Linares-Contreras[5], Andrys Mayor-González[5], María Fernanda Cubides-Acosta[5], Marta Juliana Mantilla-Ribero[5], Adriana Rojas-Villarraga[6]
[1]Scientific direction, [2]Administrative direction, [3]Research department, [4]Research institute, [5]Rheumatology, Biomab - Center for Rheumatoid Arthritis, [6]Research institute, Fundación Universitaria de Ciencias de la Salud - FUCS, Bogotá, Colombia

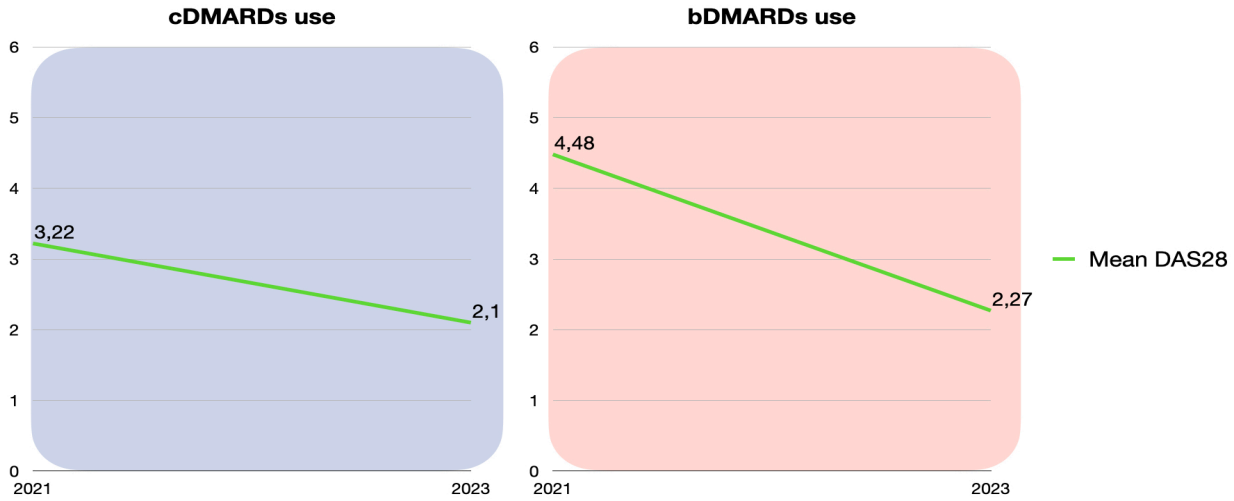
Has this paper been previously presented at another conference?: No

Background/Objectives: Rheumatoid arthritis (RA), a chronic autoimmune disease, demands a targeted approach through a multidisciplinary care model (MCM) involving specialties like Rheumatology, Rehabilitation, Nutrition, Psychology, and General Medicine. This study aims to analyze the MCM's impact on disease activity on incident patients that were under MCM model.

Methods: A retrospective observational study was started involving adult incident RA patients under MCM. Data were recorded since July 2021 to June 2023 from databases. The analysis focused on patients' disease activity, assessed through DAS28 and RAPID3, as well as functional capacity, using MDHAQ. To describe numerical variables, normality Kolmogorov-Smirnov test, was conducted. Numerical data are presented as median and interquartile range (IQR), and comparisons were made using the Mann-Whitney U test. Categorical variables are described as percentages and underwent with chi-square test.

Results: 637 patients were included. 85.2% (543/637) were on conventional therapy and 14.8% (94/637) were on biologic therapy. 76.6% (488/637) were women, with no differences between the two treatment groups. 30.8% (179/582) were seropositive for rheumatoid factor being more frequent in patients on biologics ($p<0.05$; 82% vs 66.9%). 72.3% were positive for anti-CCP with no differences between groups (p 0.169; 78.4% vs 68.7%). The age was 61 (18), being higher in the csDMARDs group ($p<0.05$; 62 IQR 17 vs 58 IQR 23). Final MDHAQ was 0.03 (0.29) with no difference between the two groups (p 0.771). The RAPID 3 was 6 (6) being higher in the biological group ($p <0.05$; 8.67 IQR 8. vs 6 IQR 5). There were significant differences between DAS28 baseline and Last visit DAS28 in the total group ($p<0.05$; 3.35 IQR 2.05 vs 2.1 IQR 0.75), in the biological group ($p<0.05$; 4.48 IQR 2.27 vs 2.17 IQR 0.87) and in the csDMARDs group ($p<0.05$; 3.22 IQR 1.97 vs 2.1 IQR 0.68). In turn, there were differences in the initial DAS28 when comparing the two groups, being higher in the biological group ($p<0.05$; 4.48 IQR 2.27 vs 3.22 IQR 1.97) and in the final DAS 28, being higher in the biological group ($p<0.05$ 2.17 IQR 0.87 vs 2.1 IQR 0.68).

Image 1:



Conclusion: The MCM for RA shows promise in improving disease activity. Yet, a more detailed understanding of influencing factors is crucial, emphasizing the need for further studies to enhance holistic management strategies.

Disclosure of Interest: None Declared

Keywords: Diagnosis, Multidisciplinary healthcare, rheumatoid arthritis

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Assessing Initial Effectiveness: A New Device Intervention In Rheumatoid Arthritis Patients Undergoing Etanercept Treatment At A Specialized Center

Fernando Rodriguez-Florido[*1], Gabriel-Santiago Rodriguez-Vargas[1], Pedro Rodriguez-Linares[1], Adriana Rojas-Villarraga[2], Pedro Santos-Moreno[3]
[1]Research department, Biomab - Center for Rheumatoid Arthritis, [2]Research institute, Fundación Universitaria de Ciencias de la Salud - FUCS, [3]Scientific direction, Biomab - Center for Rheumatoid Arthritis, Bogotá, Colombia

Has this paper been previously presented at another conference?: No

Background/Objectives: Etanercept is an anti-TNF that is used to treat rheumatoid arthritis (RA). In 2022, a new application device was launched designed to facilitate the method of drug application and improve the patient's experience. The aim of the study is to evaluate the impact on disease activity and functional capacity when switching from the previous application device to the new device (Image 1).

Methods: A retrospective, observational study was conducted in RA adults under Etanercept treatment. Data were captured from August 2022 to April 2023. Patients' disease activity (through DAS28) and functional capacity (through MDHAQ) was analyzed in three consultations prior-to the change to their new administration device and the three subsequent consultations, using the new device for drug administration. The average of the 3 consultations before, and the 3 consultations after the device change were calculated for the analysis. All patients received prior training on the handling of the smart device. Measures of central tendency (MCT) and dispersion were used after assessing normality with Kolmogorov-Smirnov test (KST) to describe data. $p<0.05$ was considered statistically significant.

Results: 81 patients were included. 88% were women and 12% men. The average age of patients was 61.7 years (standard deviation (SD 12.7) and the average time of disease evolution was 19.3 years (SD 10.9). 74% (60) were positive for rheumatoid factor and 77% (62) were positive for anti-CCP. Patients also received leflunomide 46% (37), methotrexate 32% (26), sulfasalazine 9% (7), glucocorticoids 2% (2), antimalarials 1% (1), and 10% (8) were in monotherapy. DAS28 and MDHAQ were analyzed by KST with evidence of non-normal distribution. MCT are described through median and interquartile range (IQR). DAS28 set before use of the new device was 2.25 (0.95). DAS28 set with the use of the new device was 2.20 (0.56). MDHAQ set with the previous device was 0.13 (0.45) and MDHAQ set with the use of the new device was 0.31 (0.48). Wilcoxon test was used to compare levels of DAS28 (p 0.13) and MDHAQ (p 0.19) between the previous device vs. new device, no statistically significant differences were found (Image 2).

Image 1:

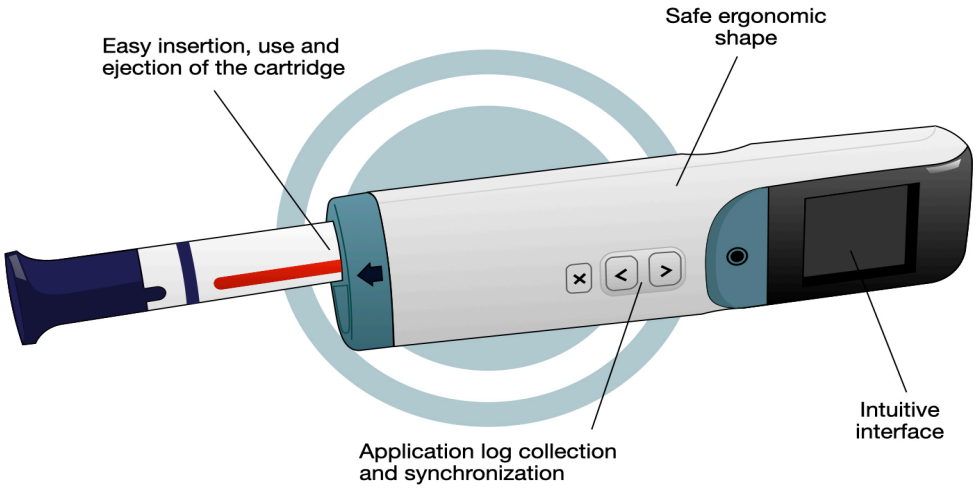

Figure1. Etanercept new device features

Image 2:

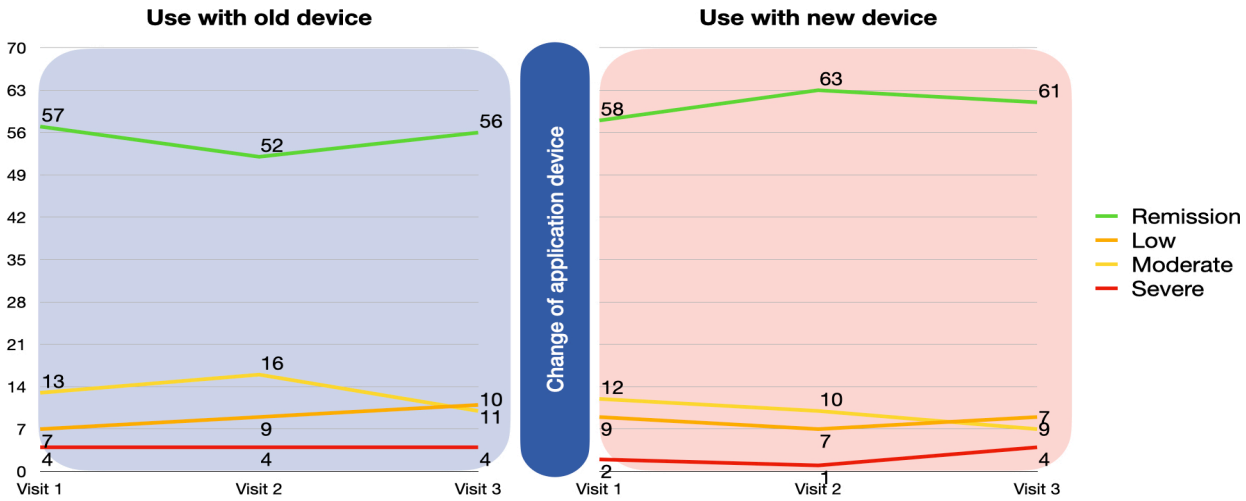

Image 2. DAS28 comparison between using the old and the new device

Conclusion: This study has shown that comparing the utilization of the old device to the new device resulted in the maintenance of disease activity levels and functional capacity among patients with RA improving the patient's experience.

Disclosure of Interest: F. Rodriguez-Florido Grant / Research support with: Pfizer, G.-S. Rodriguez-Vargas Grant / Research support with: Pfizer, P. Rodriguez-Linares Grant / Research support with: Pfizer, A. Rojas-Villarraga: None

Declared, P. Santos-Moreno Grant / Research support with: Abbvie, Abbott, Biopas-UCB, Bristol, Janssen, Pfizer, Roche, Sanofi,, Speakers Bureau with: Abbvie, Abbott, Biopas-UCB, Bristol, Janssen, Pfizer, Roche, Sanofi,

Keywords: biologics, rheumatoid arthritis, Technology

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Miscellaneous

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Fibrodysplasia Ossificans Progressiva. Case Report

Salvador Sermeño[*1,2], Kathya Castellòn[1,2], Romeo Guevara[1,2]
[1]San Salvador, Hospital Nacional Zacamil, [2]San Salvador, Universidad Evangelica de El Salvador, San Salvador, El Salvador

Has this paper been previously presented at another conference?: No

Background/Objectives: Introduction. Fibrodysplasia ossificans progressiva (FOP) is a rare hereditary disease, with most cases being sporadic. The clinically characteristic features of FOP are the progressive heterotopic ossification of muscle, tendons, and ligaments secondary to trauma. The ossification foci produce pain, joint ankylosis, and restriction of movement.

The prevalence is approximately one in two million with no sexual, racial, ethnic or geographic predisposition and no known risk factors.

Laboratory tests may be normal. Radiographic findings may include: osteochondromas of the proximal medial tibia, bony fusions of the posterior elements of the cervical spine, short and wide femoral neck, and malformations of the thumbs

Methods: Clinical case presentation
Results: Patient information.

The male patient, 16 years old, was first evaluated at the hospital in March 2023. He presented with the history that since the first months of age, when suffering trauma in different parts of the body, he presented pain and edema, followed by the appearance over time of tumors of stony consistency.

At about ten years of age, she noticed stiffness of the neck, limitation of shoulder, spine and lower limb movements.

After undergoing dental procedures, she presented a reduced mouth opening, which made it difficult for her to consume solid food.

On examination, he had normal vital signs. The patient is long-limbed and needs to lean on the wall to stand-up. Hypertelorism was noted, with mouth opening of two cm. Chest: Limited expansion without adventitious murmurs. ROT is normal.

He had palpable stones in the shoulders, neck, back, abdomen, thighs and legs. He also has bilateral hallux valgus.

Diagnostic evaluation

The spine was examined through PA and lateral X-rays, demonstrated calcifications of the posterior longitudinal ligament and heterotopic calcifications.

The pelvis was assessed through an X-ray PA, exhibiting heterotopic calcifications

Image 1:

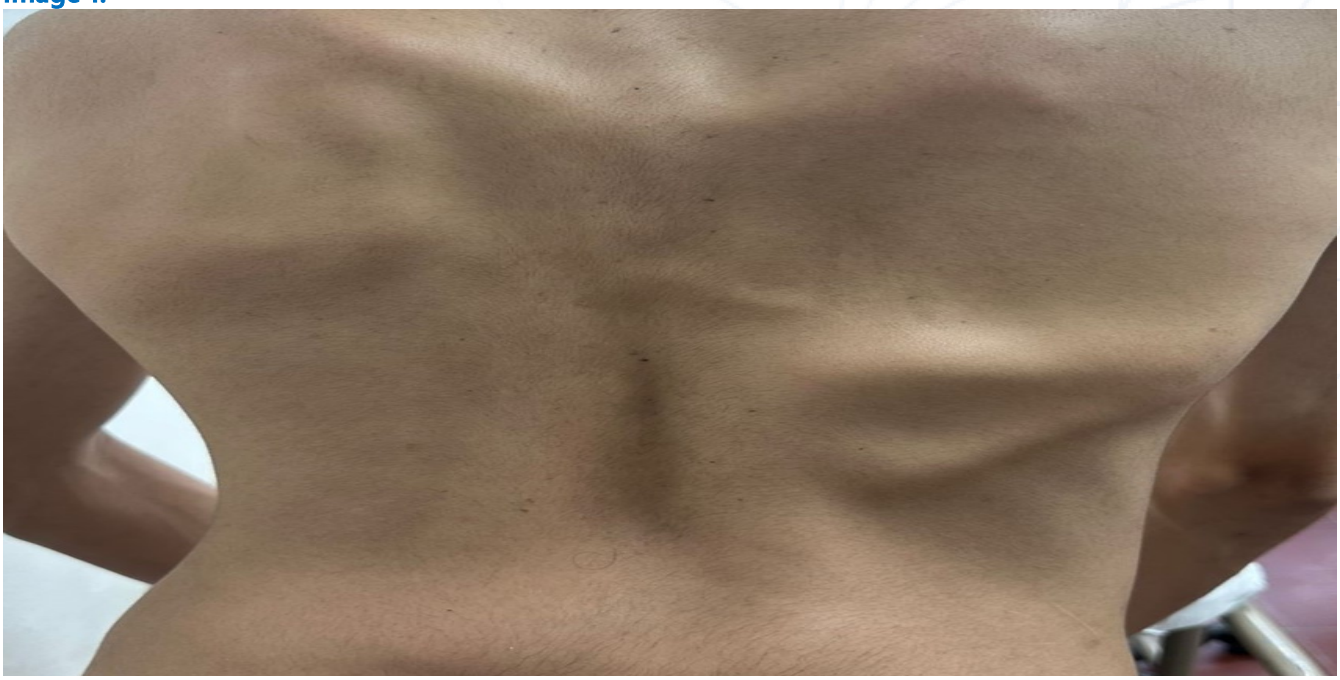
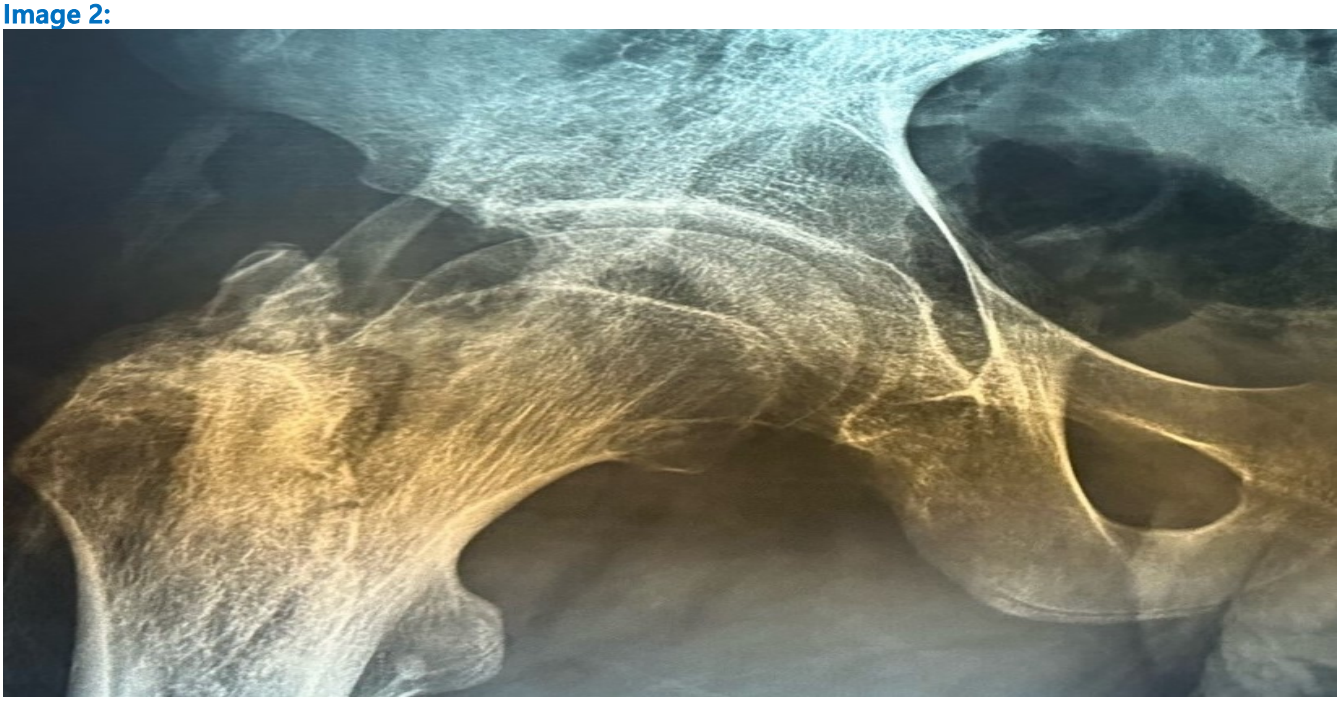


Image 2:



Conclusion: In conclusion, the patient suffers from FOP, which currently has a great impact on the quality of life.

The case shows that, as with other minority or orphan diseases, the lack of knowledge on the part of the medical profession results in physical and psychologic harm to the patient and her family

Reference 1: Pignolo RJ, et al. Fibrodysplasia ossificans progressiva: clinical and genetic aspects. Orphanet J Rare Dis. 2011 Dec 1;6:80. doi: 10.1186/1750-1172-6-80.

Disclosure of Interest: None Declared

Keywords: None

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Miscellaneous

PANLAR2024-1342

Inflammatory Myopathy Preceded By Interstitial Lung Disease In The Context Of Pulmonary Tuberculosis: A Clinical Case

Ricardo Rodriguez Camargo*[1], Jose Salas Siado[2], Juan Pretelt Gazabón[1], Carmen Ariza Tamara[3], Andres Yoli Garrido[3]
[1]Internal Medicine, Universidad Libre, [2]Reumatology, Investigación Médica Atlántico (IMA), [3]Internal Medicine, Universidad Metropolitana, Barranquilla, Colombia

Has this paper been previously presented at another conference?: No

Background/Objectives: Highlight the importance of considering autoimmune myopathies as differential diagnosis in patients presenting interstitial lung disease

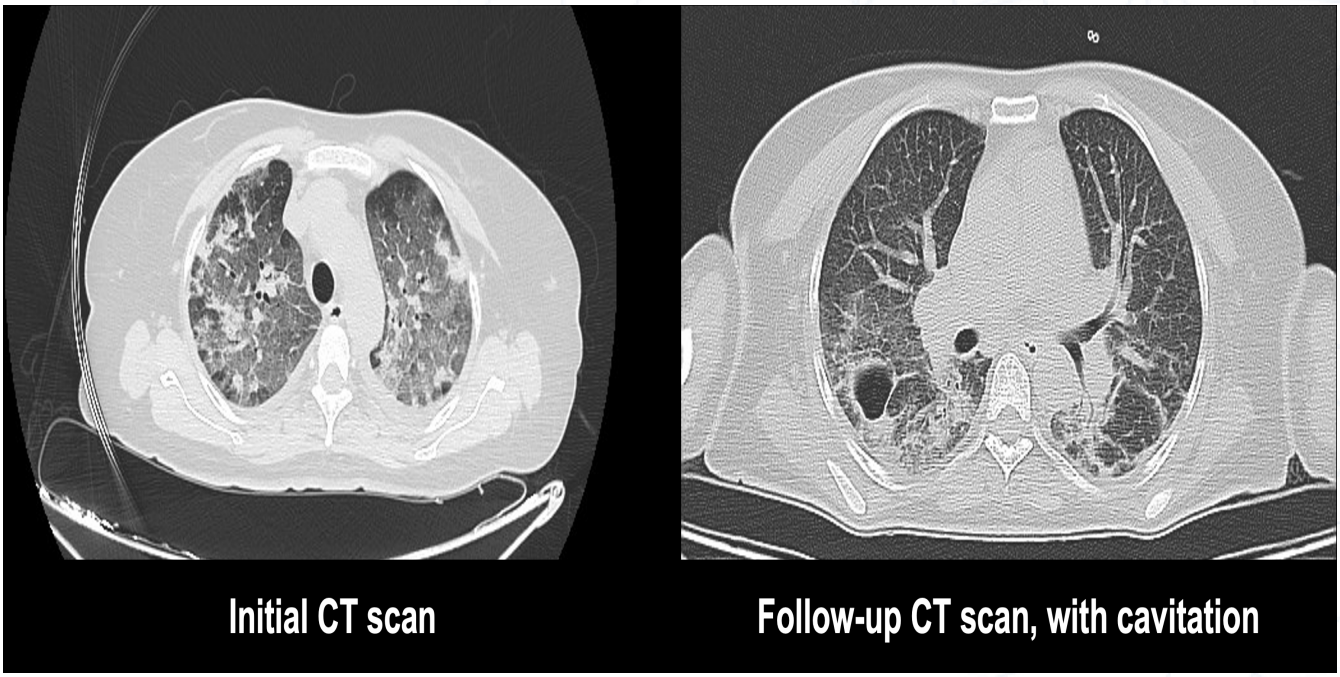
Methods: Descriptive article. Data taken from the patient's medical history

Results: A 58-year-old patient who presented, in November 2022, a clinical picture of asthenia, adynamia, and progressive dyspnea, with findings of ground glass opacities on pulmonary CT scan. The patient required mechanical ventilation due to sepsis, secondary to pulmonary infection, which was managed with antimicrobials and corticosteroids. Later on Mycobacterium tuberculosis was detected in fibrobronchoscopy, therefore treatment for pulmonary tuberculosis was initiated.

In March 2023, the patient developed proximal muscle weakness, difficulty for walking, arthralgia, fever, and dyspnea, with elevated CPK levels reaching 5892 units, with positive ANA, and a new pulmonary CT scan showing cavitation and ground glass opacities. The diagnosis of polymyositis was made, and treatment with Azathioprine and corticosteroids led to symptom remission.

In November 2023, the patient experienced another crisis with elevated CPK and, this time, echocardiographic changes suggestive of pulmonary hypertension, which was later confirmed by arteriography as mild precapillary pulmonary hypertension. Treatment with modulating agents was restarted, achieving clinical remission.

Image 1:



Conclusion: Lung involvement as the primary manifestation of autoimmune diseases is neither common nor expected based on the natural course of these conditions. However, the presented case demonstrates an unusual variant, possibly related to an infectious trigger, in which the initial presentation was a pulmonary disorder.

Disclosure of Interest: None Declared

Keywords: Idiopathic inflammatory myopathy, interstitial lung disease, Pulmonary Tuberculosis

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PANLAR 2024

Miscellaneous

PANLAR2024-1097

Cleidocranial Dysostosis. Report Of Two Cases

Salvador Sermeño[*1], Kathya Castellòn[1], Romeo Guevara[1]
[1]San Salvador, Hospital Nacional Zacamil, San Salvador, El Salvador

Has this paper been previously presented at another conference?: No

Background/Objectives: Introduction. Cleidocranial dysplasia is a rare bone dysplasia with an autosomal dominant inheritance pattern characterized by short stature, wide fontanels, midfacial hypoplasia, absence or hypoplasia of clavicles, and oro-dental changes. It is caused by mutations in the RUNX2 gene located on 6p21.1.

The estimated incidence of this condition has been documented to be as high as one in one million live births. Penetrance is complete and clinical expression can vary within and between families in individuals with the same genotype. Diagnosis is based on clinical and radiologic findings.

This study presents two patients, a mother and her child. Both patients had cleidocranial dysplasia.

Methods: Description of clinical cases

Results: Case No. 1.

Female patient aged 50 years. She consulted for presenting generalized osteomyalgia.

Woman 50 years old, asymptomatic. Physical examination. BP: 120/70 mmHg. Weight: 52 kg, height: 1.38 mt.

Phenotype, short stature, brachycephaly, mild hypertelorism. The abnormal implantation of the supernumerary teeth has resulted in a chaotic and crowded alignment, malocclusion, and the need for removable dentures in both jaws. The shape of the nose is typical of negroid ancestry. The shoulders accompanied by the absence of clavicles, causing them to meet in front of the thorax. .

Case No. 2.

A 14-year-old male, who consulted at age 10 years, for presenting with supernumerary teeth. Weight: 56 kg, height: 1.40 mt. Physical examination findings were similar to those described in the previous case.

Image 1:

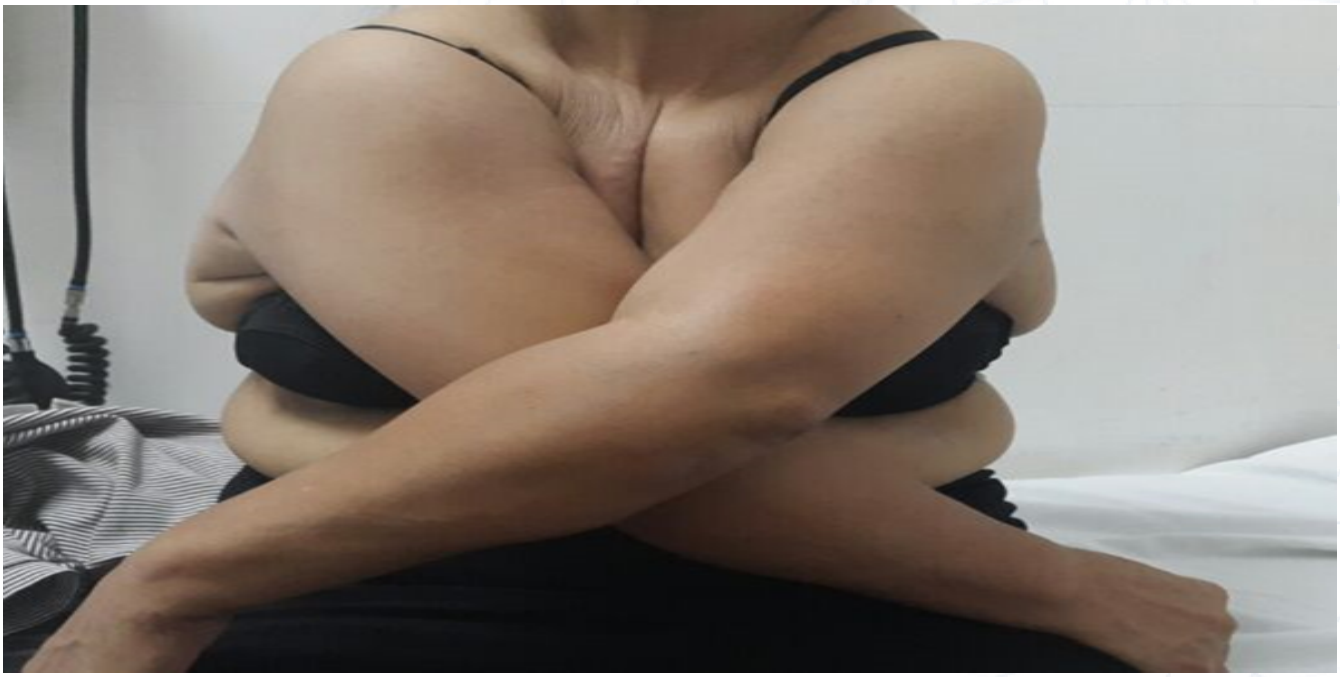

Image 2:

Conclusion: Differential diagnoses to be considered in a patient with acroosteolysis may include: psoriasis; traumatic thermal burns; neuropathy: diabetes and leprosy; connective tissue diseases: scleroderma, Raynaud's disease; and hyperparathyroidism.

Treatment: No definitive or effective pharmacological treatment is available

In conclusion, the diagnosis and management of patients with rare diseases, such as HCS, present many difficulties in the management

Reference 1: Cano-Pérez E, Gómez-Alegría C, Herrera FP, Gómez-Camargo D, Malambo-García D. Demographic, clinical, and radiological characteristics of cleidocranial dysplasia: A systematic review of cases reported in south America. Ann Med Surg (Lond). 2022 Apr 10;77:103611. doi: 10.1016/j.amsu.2022.103611

Disclosure of Interest: None Declared

Keywords: Cleidocranial dysplasia

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Miscellaneous

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Methotrexate: An Unexpected Ally Against Synovial Chondromatosis

Hebert Aldo Salazar Layme[1, 2], Margot Mercedes Oscanoa Lagos[* 1, 2], Ana Marisela Asmat Anhuaman[1, 2]
[1]La Libertad, Hospital Regional Docente de Trujillo, [2]La Libertad, Universidad Nacional de Trujillo, Trujillo, Peru

Has this paper been previously presented at another conference?: No

Background/Objectives: To demonstrate the benefits of using Methotrexate for managing synovial chondromatosis in patients who do not wish to undergo surgical intervention and those with recurrence of the condition despite surgical treatment.

Methods: This is the case of a 29-year-old patient who presented with mechanical knee pain, an increase in swelling, and worsening over time. She underwent arthrocentesis, intra-articular corticosteroid injection, physical therapy, and two surgical interventions (arthroscopy, open surgery with synovectomy) on the right knee. (Fig 1: Right Knee before first surgical intervention, it shows suprapatellar hyperdensities), (Fig 2: Right Knee after second surgical intervention). The free bodies obtained during the surgeries were studied in pathology, and the result was synovial chondromatosis.

As no improvement was observed, the patient went to the Rheumatology service, where Methotrexate was prescribed, and she experienced a remarkable improvement in symptoms and function of the affected joint.

Results: Knee ultrasound: calcifications in the suprapatellar bursa suggestive of organized hematoma or dense fluid with free dense bone fragments, and the Right Knee MRI: severe synovitis without associated bone erosions.

Blood auxiliary exams were inconclusive.

The pathology report confirmed synovial chondromatosis.

As no improvement was observed after two surgical interventions, the patient went to the Rheumatology service, where Methotrexate was prescribed, and she experienced a remarkable improvement in symptoms and function of the affected joint.

Image 1:

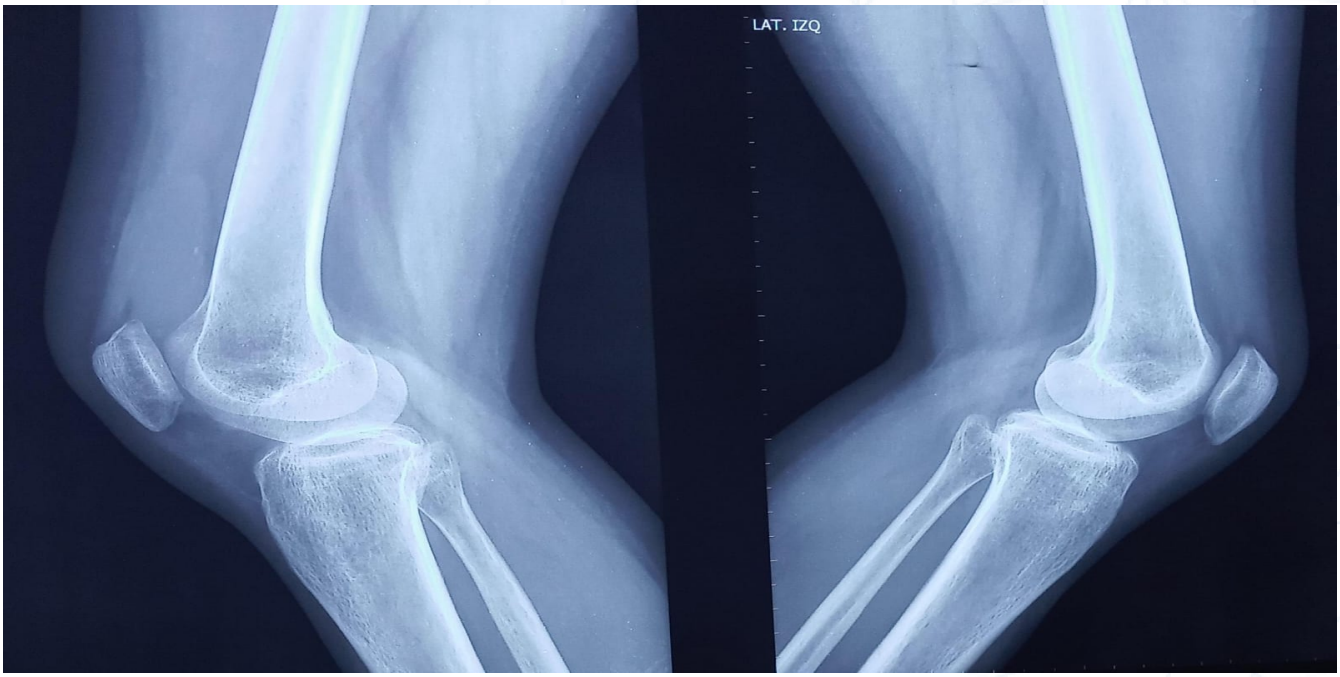
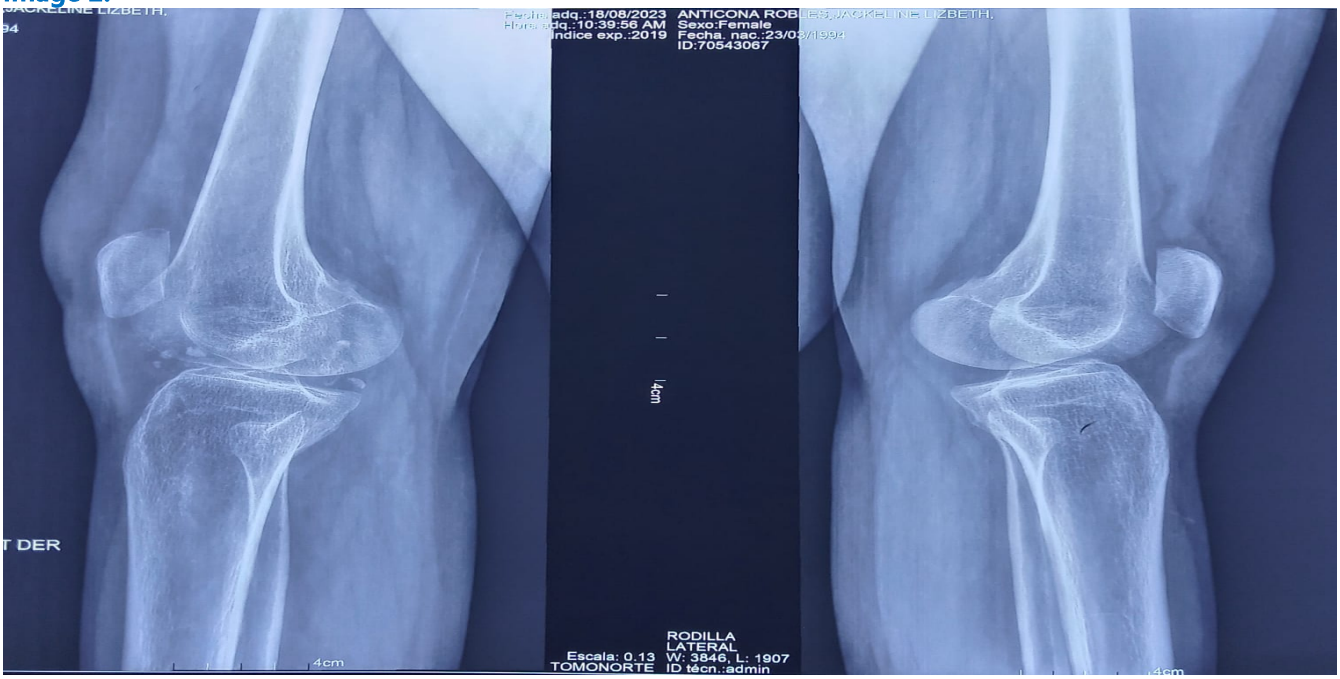


Image 2:



Conclusion: Methotrexate is a therapeutic option for managing synovial chondromatosis, as it has an antiproliferative effect on fibroblasts, which would result in the resolution of this condition.

Disclosure of Interest: None Declared

Keywords: knee, metotrexato, synovial chondromatosis

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Miscellaneous

PANLAR2024-1316

Capillaroscopy As A Diagnostic Tool In Mixed Connective Tissue Disease (Mctd): Case Report

Valeria Granados Duque[*1], Luis Fernando Medina[1,2]
[1]Internal Medicine, [2]Rheumatology, University of Valle, Cali, Colombia

Has this paper been previously presented at another conference?: No

Background/Objectives: Nailfold capillaroscopy is an easy, safe and non-invasive technique for the qualitative and quantitative evaluation of the microcirculation of the distal capillary row, it is widely used in the diagnosis of rheumatic diseases (1). To carry it out, different devices can be used, since it is an in vivo imaging investigation that consists of an expanded vision of the structural aspects of microcirculation (2). Its importance lies in the fact that it allows, together with the identification of autoantibodies, the discrimination between primary and secondary Raynaud's phenomenon, the latter related to an underlying connective tissue disease.

Methods: We carried out an observational, descriptive and retrospective study of the qualitative and quantitative alterations at the capillary level found in the capillaroscopy of three patients evaluated in the rheumatology service of a medical center in Cali, Colombia between the year 2021-2023.

Results: Three patients (3 women) with a mean age of 42 years were included in the study, 2 patients were absent of metabolic diseases, and all denied active smoking. The diagnosis was clinical and serological. However, the findings in the capillaroscopies were not the classic ones evident in mixed connective tissue disease, such as elongated capillaries, which may correspond to a pattern in favor of this pathology.

Conclusion: Nailfold capillaroscopy is a useful strategy that should be considered as an early detection tool for the identification of microangiopathy in patients diagnosed with Mixed Connective Tissue Disease.

Reference 1: Ocampo-Garza SS, Villarreal-Alarcon MA, Villarreal-Trevino AV, Ocampo-Candiani J. Capillaroscopy: A Valuable Diagnostic Tool. Actas Dermosifiliogr (Engl Ed). 2019;110(5):347-52.

Reference 2: Juanola X, Sirvent E, Reina D. Capilaroscopia en las unidades de reumatología. Usos y aplicaciones. Rev esp reumatol(Ed impr). 2004:514-20.

Disclosure of Interest: None Declared

Keywords: Capillaroscopy, Diagnostic test, Mixed Connective Tissue Disease

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Miscellaneous

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Report Of Two Patients With A Clinical Diagnosis Of Hypomyopathic Dm And Skin Ulcers

Salvador Sermeño[*1], Kathya Castellòn[1], Romeo Guevara[1]
[1]San Salvador, Hospital Nacional Zacamil, San Salvador, El Salvador

Has this paper been previously presented at another conference?: No

Background/Objectives: Introduction. Dermatomyositis (DM) is a heterogeneous group of autoimmune diseases that can cause skin involvement as well as extracutaneous manifestations such as muscle, joint, or lung lesions.

In this report, two cases of dermatomyositis and skin ulcers are presented.

Methods: Description of clinical cases

Results: Clinical case No. 1

Is a 24-year-old female patient. She had undergone splenectomy at the age of 10 years for hereditary spherocytosis. The patient presented with a history of progressive muscle weakness and fatigue in the proximal regions, as well as lesions on the face, neck, back, elbows, MCF, IFP, and knees over the past seven months. She also experienced a weight loss of 40 pounds.

Physical examination revealed bilateral basal subcrepitant rales on auscultation. The patient had cutaneous manifestations such as diffuse alopecia and erythema on the forehead, in the periorbital region, and on the chin. Ulcers were observed on the back, elbows, FMC, and knees, accompanied by papules and Gottron's sign. MMT8 was found to be 64/80.

The ANA was negative and the CK level was 102.8 UI/L (normal < 140).

Spirometry showed a restrictive pattern. Nonspecific interstitial pneumonia on TACAR

Diagnosis: Hypomyopathic dermatomyositis due to probable DMA5 antibody

The treatment includes prednisone 50 mg/day and hydroxychloroquine 400 mg/day.

Follow-up Appointments were scheduled, but the patient did not attend, so her current status is unknown.

Case No. 2:

A female patient aged 65 years. She presented with a six-month history of progressive, symmetric, proximal muscle weakness and erythema on her face, shoulders, elbows, hands, and knees. She reported a one-month history of fatigue, loss of appetite, weakness, difficulty swallowing, and weight loss.

A physical examination revealed the same cutaneous manifestations as described in the previous case were present. MMT8 score was 35 out of 40.

Diagnostic workup revealed CPK level of 153 mg/dl, AST level of 439 IU/L, ALT of 129 IU/L.

Severe hepatic steatosis was detected by abdominal ultrasound, Spirometry and TACAR were normal.

Diagnosis: Hypomyopathic dermatomyositis due to probable DMA5 antibody.

The treatment plan includes administering PDN 50 mg/day, azathioprine 100 mg/day.

Image 1:

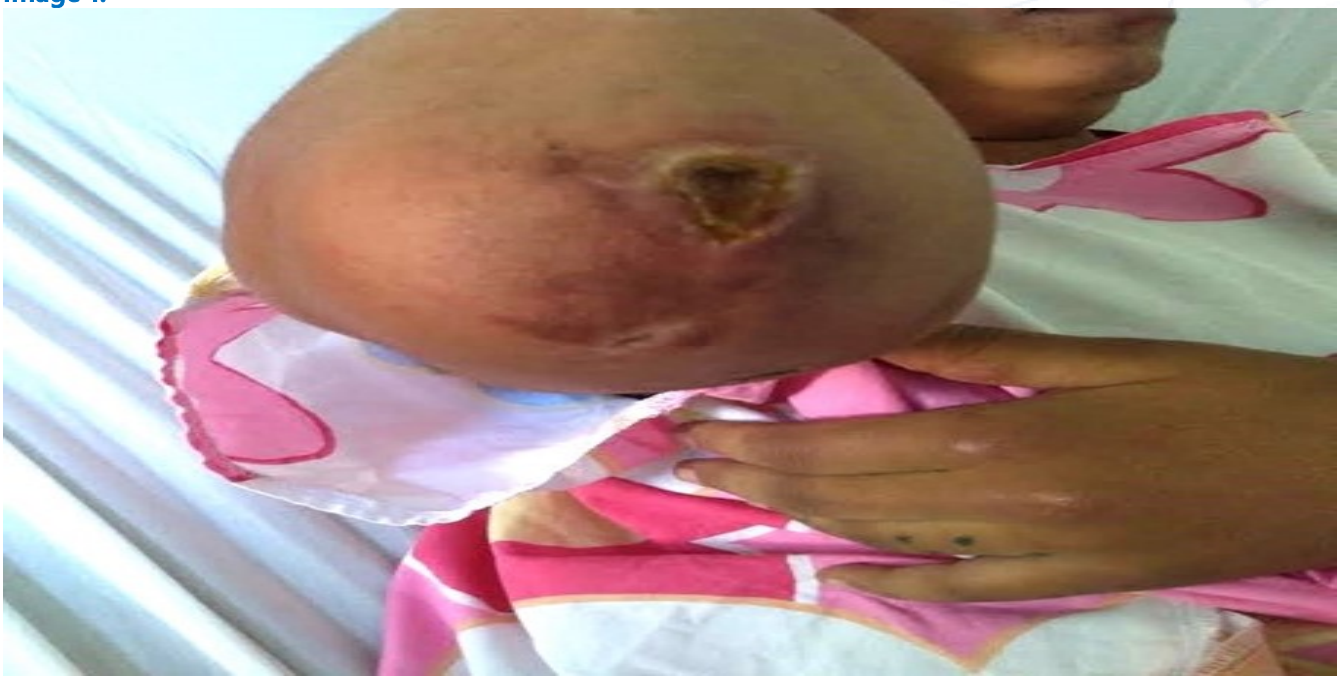
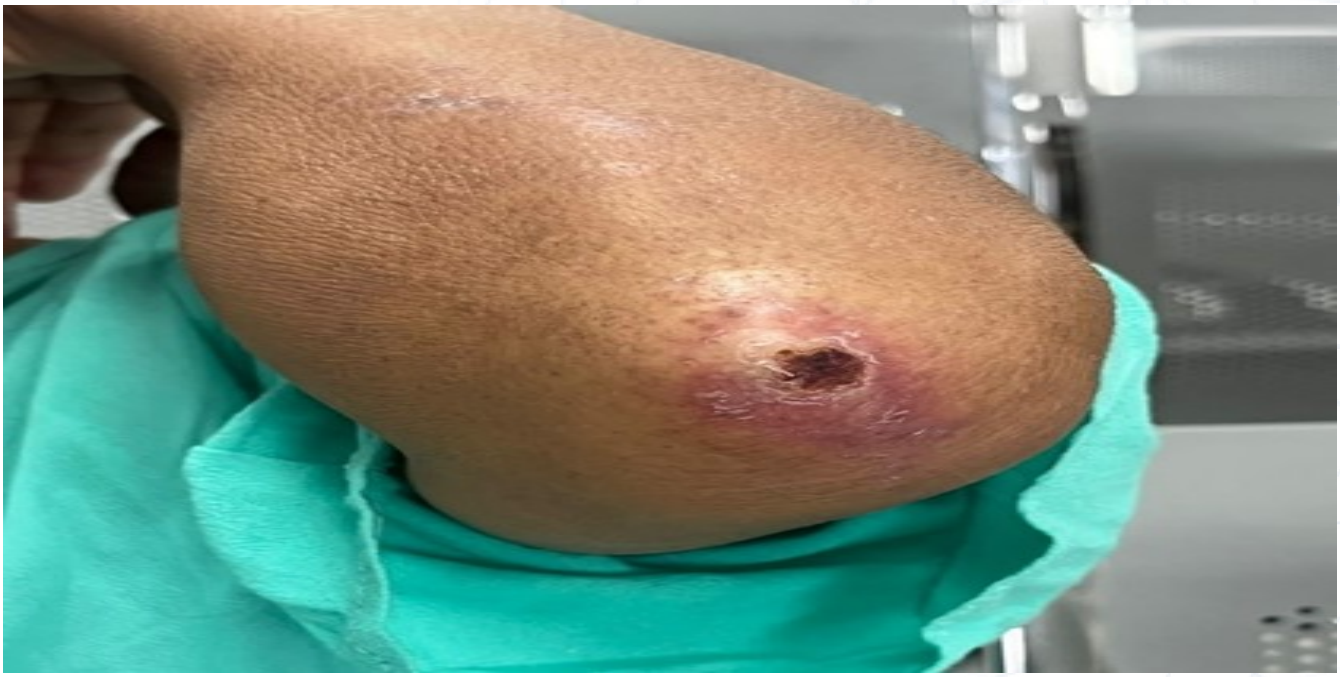


Image 2:



Conclusion: Both patients had progressive muscle weakness and cutaneous manifestations of dermatomyositis with normal creatine phosphokinase levels. Fulfill DMA5 criteria for dermatomyositis

Reference 1: Mariampillai K. Development of a New Classification System for Idiopathic Inflammatory Myopathies Based on Clinical Manifestations and Myositis-Specific Autoantibodies. JAMA Neurol. 2018 Dec 1;75(12):1528-1537

Disclosure of Interest: None Declared

Keywords: dermatomyositis

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PANLAR 2024

Miscellaneous

PANLAR2024-1085

Opera-Glass Hand. Case Reported.

Salvador Sermeño[*1], Romeo Guevara[1], Kathya Castellòn[1]
[1]San Salvador, Hospital Nacional Zacamil, San Salvador, El Salvador

Has this paper been previously presented at another conference?: No

Background/Objectives: To present the case of a patient with mutilating arthritis

Methods: Presentation of a clinical case

Results: A 62-year-old female patient with a history of arterial hypertension and dyslipidemia since June 2022. She was first evaluated in rheumatology in March 2023 with a history of polyarticular inflammatory symptoms accompanied by a febrile process at the age of 16 years. She was hospitalized for several months and discharged with a diagnosis of arthritis. She was irregular in her follow-up appointments and self-medicated with prednisone in doses between 5 and 10 mg VO per day. She was never evaluated by a rheumatologist.

Physical examination. Hands with ulnar deviation, redundant skin with shiny accordion-like fold, hyperlaxed metacarpo-phalangeal and proximal interphalangeal joints, and shortened fingers that could be lengthened by a traction phenomenon. The nails were normal.

Laboratory Hemoglobin, Leukocyte counts, and general urinalysis were normal. Rheumatoid Factor 40 IU/L

Radiographs demonstrated Osteolysis in proximal as well as the distal segment of the Humerus, ulna and radius, carpal and metacarpal bones, proximal and distal phalanges, some of which were pencil and cup shaped.

Image 1:

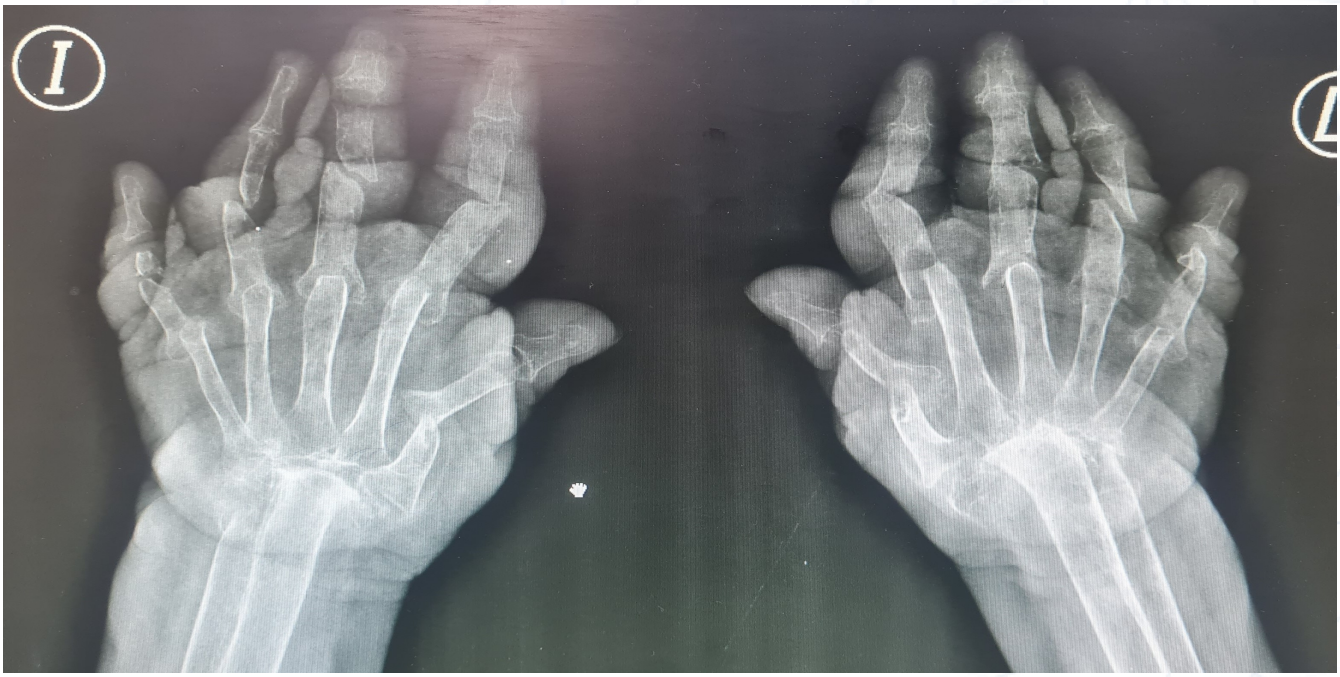

Image 2:

Conclusion: Conclusion.

This case presented is a mutilating Arthritis which is secondary to adult-onset rheumatoid arhritis due of the symmetric joint involvement, significant osteopenia, presence of erosions, absence of bone proliferation, pulmonary involvement and presence of rheumatoid factor

Reference 1: Żelnio E, et al. Hand and Wrist Involvement in Seropositive Rheumatoid Arthritis, Seronegative Rheumatoid Arthritis, and Psoriatic Arthritis-The Value of Classic Radiography. J Clin Med. 2023 Mar 30;12(7):2622. doi: 10.3390/jcm12072622

Disclosure of Interest: None Declared

Keywords: Mutilating arthritis, osteolysis

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PANLAR 2024

Miscellaneous

PANLAR2024-1106

Pyoderma Gangrenosum Associated With Rheumatoid Arthritis. Case Report

Salvador Sermeño[*1,2], Kathya Castellòn[1,2], Romeo Guevara[1,2]
[1]San Salvador, Hospital Nacional Zacamil, [2]San Salvador, Universidad Evangelica de El Salvador, San Salvador, El Salvador

Has this paper been previously presented at another conference?: No

Background/Objectives: Pyoderma gangrenosum (PG) is a rare neutrophilic dermatosis that presents as an inflammatory and ulcerative skin disorder. PG is neither an infectious nor a gangrenous disease.

The estimated incidence is 3 to 10 cases per million people per year and affects any age.

The frequency of the association of PG with rheumatic diseases, is variable, the most frequent pathology reported is rheumatoid arthritis (RA), but there are reported cases of systemic lupus erythematosus, Takayasu's arteritis and granulomatosis with polyangiitis

Methods: Clinical case presentation

Results: Female patient, 27 years old, under control with the diagnosis of RA since 2015.

She was evaluated by rheumatology with history painful nodules in the distal third lateral of the right and left leg, which rapidly evolved into an erythematous macule, then hemorrhagic blisters which ruptured spontaneously, producing painful necrotic ulcers.

On physical examination. In lower limbs, at the level of the distal third of both legs, two ulcers with necrotic bottom and violaceous undermined edges were observed, one in the right leg of 15x8 cm in its greater limits and another one in the left leg of 10x8 cm.

Imaging studies and examinations were reported abnormal, hemoglobin value at 11. 3 gr%, erythrocyte sedimentation rate 30 mm/h and rheumatoid factor 1/320 IU/L.

Biopsy report. Microscopic examination, in the absence of identified infectious process, the findings may be compatible with PG.

The patient also had RA as an associated disease, diagnosis made according to the American College of Rheumatology classification criteria for RA.

Diagnosis. Pyoderma gangrenosum associated with rheumatoid arthritis

Therapeutic intervention.

Prednisone 50 mg VO/d and methotrexate 12.5 mg oral one day a week, folic acid 5 mg oral one day a week and calcium carbonate 650 mg twice a day.

The clinical evolution of the patient has been satisfactory. Ulcer healing was achieved after 8 months of treatment

Image 1:

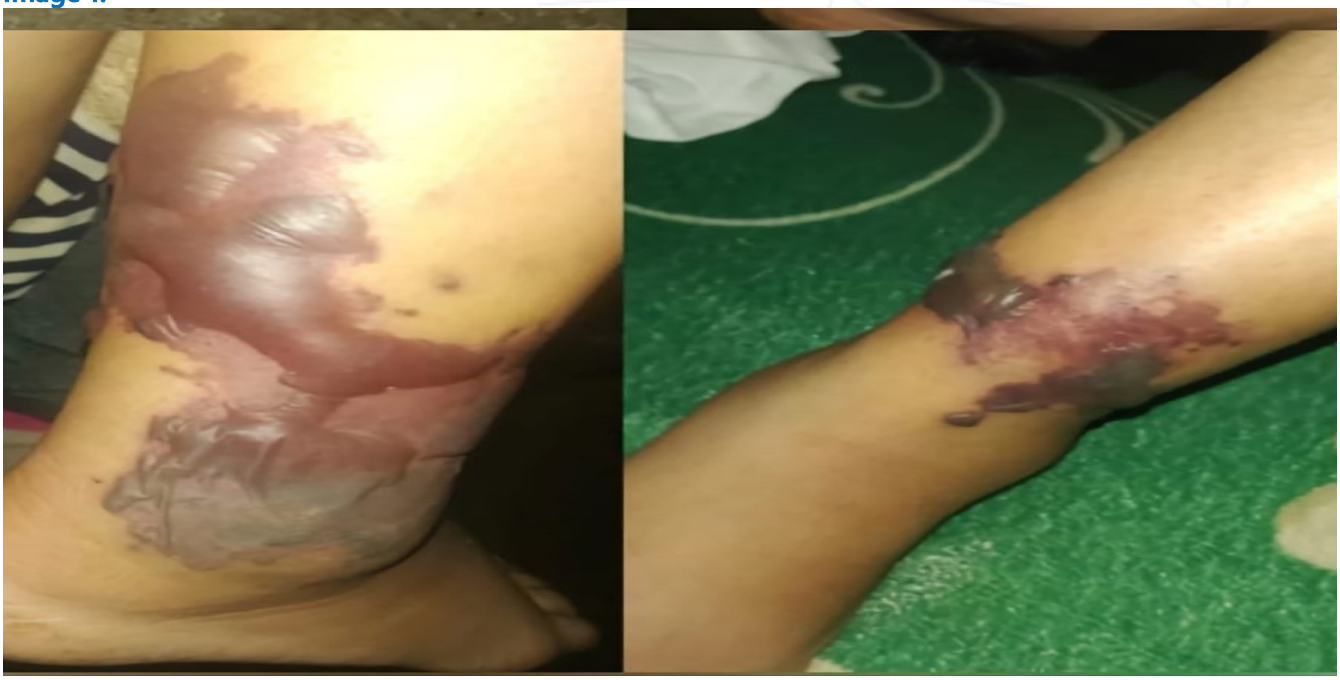
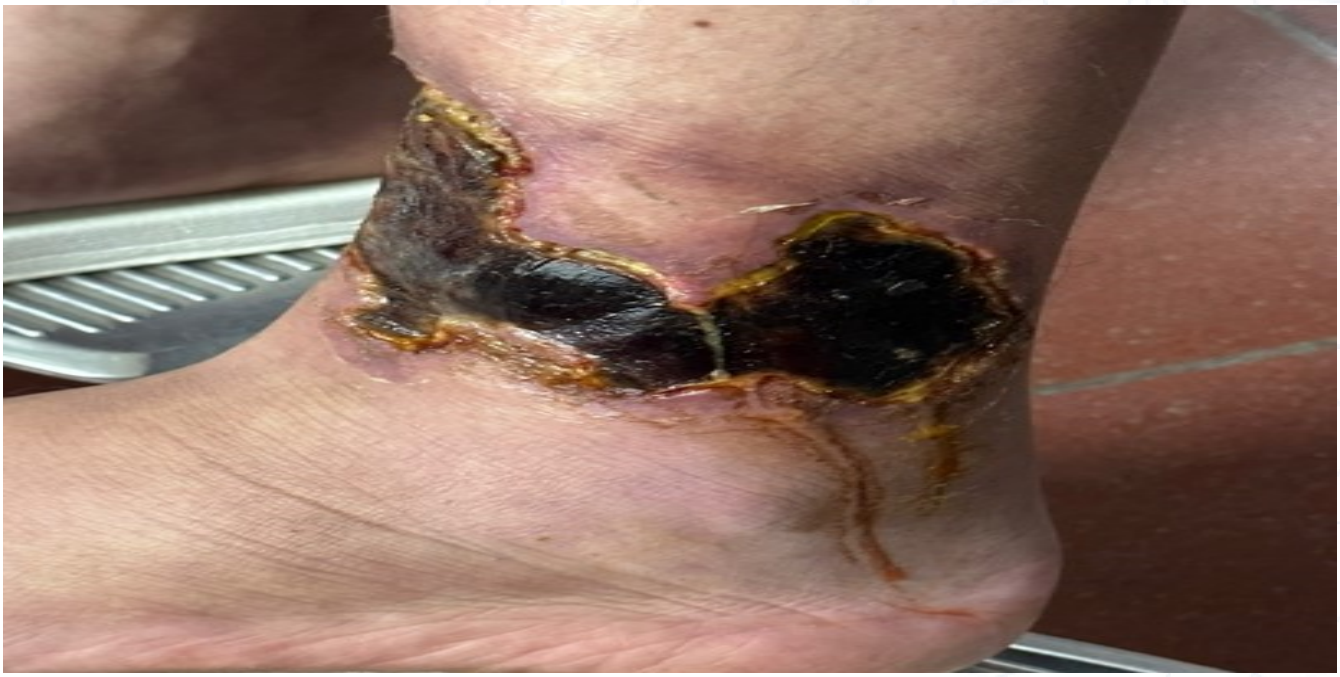


Image 2:



Conclusion: In conclusion, PG is a systemic disease characterized by necrotic ulcers that are difficult to diagnose and treat. It is important for the physician to be aware of this pathology in those patients with difficult to control skin ulcers.

Reference 1: 1. Wollina U. Pyoderma gangrenosum--a review. Orphanet J Rare Dis. 2007 Apr 15;2:19. doi: 10.1186/1750-1172-2-19.

Disclosure of Interest: None Declared

Keywords: Pyoderma gangrenosum

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PANLAR 2024

Osteoarthritis

PANLAR2024-1346

Validation Of The Short Version Of The Western Ontario And Mcmaster Universities Osteoarthritis Index (Womac) For Knee Osteoarthritis In Brazilian Individuals.

Daniella Dias De Oliveira[*1], José Djalma Arrais Junior[1], José Edson França da Silva Junior[2], Cid André Fidelis de Paula Gomes[1]
[1]Ciências da Reabilitação, Universidade Nove de Julho, [2]Ciências da Reabilitação, Uninersidade Nove de Julho, São Paulo, Brazil

Has this paper been previously presented at another conference?: No

Background/Objectives: **Introduction**: Knee osteoarthritis (OA) is a progressive joint disease characterized by cartilage degradation, associated with various factors like genetics, hormones, aging, mechanics, and metabolism. Presently, no cross-culturally adapted assessment tool in Brazilian Portuguese specifically addresses the functional experience related to OA. This study aims to validate the short version of WOMAC for Brazilian Portuguese, assessing its reproducibility, construct validity, and internal consistency among individuals with knee OA.

Methods: **Methods:** A questionnaire validation study following the COSMIN (*Consensus-based Standards or the Selection of Health Measurement Instruments),* the following instruments were used for evaluation: NRPS (*Numeric Rating Scale*), IKDC (*International Knee Documentation Committee*), SF-36 (Short *Form Health Survey*) and the original version of WOMAC. The study occurred in integrated health outpatient clinics in São Paulo – Brazil. The cross-cultural adaptation process of WOMAC for Brazilian Portuguese included stages like translation, synthesis, back-translation, pre-final version testing, and final version definition.

Results: **Results:** 103 individuals diagnosed with knee OA were included for validity analyses, with a subsample of 53 individuals used for test-retest reliability. Structural validity revealed adequate reliability and internal consistency was assessed using intraclass correlation coefficient (ICC) ≥0.76, Error of measurement (EPM) ≤1.85, and the minimum detectable change (MDC) ≥ 5.1, and Cronbach's alpha ≥0.84) (Table 1). Confirmed showed a correlation magnitude greater than 0.50 with the IKDC, DF-36 domains, and NRPS. Regarding criterion validity, it was observed that the pain and physical function domains of the short version of WOMAC presented values for the correlation magnitude (>0,70) between that of the original version of WOMAC.

Table 1: Table 1. Reliability and intermittent consistency of the domains of the SV-WOMAC.

Variable	Domains and values
	Mean (standard deviation)

SV-WOMAC knee	Pain	Physical Function
Test	7,90 (2,21)	14,73 (3,41)
Retest	7,33 (1,95)	13,35 (4,16)
ICC (95% CI)	0,85	0,76
EPM, score	0,81	1,85
EPM (%)	10,58	13,21
MDC, score	2,23	5,14
MDC (%)	29,32	36,61
Cronbach's alpha	0,849	0,996

SV-WOMAC= short version of the Western Ontario and McMaster Universities Arthritis Index.

Conclusion: **Conclusions:** The SV-WOMAC version demonstrates adequate measurement properties in analyzing pain and physical function among Brazilian individuals with knee OA.

Disclosure of Interest: None Declared

Keywords: Questionnaire, Measurement properties, Osteoarthritis

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Osteoarthritis

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Elastography In Patients With Knee Osteoarthritis

Oscar Sedano[*1], Jessica Sedano[2,3], Mercy Panduro[4], Margarita Ugaz[1]
[1]REUMATOLOGIA, ECOSERMEDIC, [2]MEDICINA, HOSPITAL MARINO MOLINA , [3]ECOGRAFIA, ECOSERMEDIC, LIMA, [4]ECOGRAFIA, ECOSERMEDIC, IQUITOS, Peru

Has this paper been previously presented at another conference?: No

Background/Objectives: Knee osteoarthritis (KOA) is the most common chronic bone joint disease. KOA has become the fourth most disabling disease in the world, and the main clinical treatment is prevention. At present, the clinical diagnosis of knee osteoarthritis with deformation is mainly made by X-ray and two-dimensional ultrasound, and the preventive treatment effect is not good. Shear wave elastography (SWE) has been widely used in clinical practice for its advantages of noninvasive, simple, rapid, and high accuracy in soft tissue hardness.

Objetive: To evaluate distal femoral cartilage by shear wave elastography in patients with symptomatic knee osteoarthritis.

Methods: eighty patients with bilateral knee osteoarthritis (study group) and 20 volunteers with the same demographic characteristics but without symptomatic knee pain (control group) were included in the study. A total of 200 knee joints of 100 individuals were evaluated. At the medial, intercondylar, and lateral condylar levels distal femoral cartilage thickness was measured by B-mode ultrasonography and stiffness was measured by shear wave elastography.

Results: The medial, intercondylar, and lateral cartilage thickness measurements were similar between the two groups and no statistically significant difference was observed ($p = 0.721$, $p = 0.756$, and $p = 0.565$, respectively). The shear wave velocity values in the medial and intercondylar cartilage were significantly higher in the study group (4.07 m/s DE 0.50 vs 1.50 m/s DE 0.10, $p < 0.001$). Shear wave velocity values measured from lateral cartilage were higher in the study group and the difference between the groups had a borderline statistical significance ($p = 0.056$).
Image 1:

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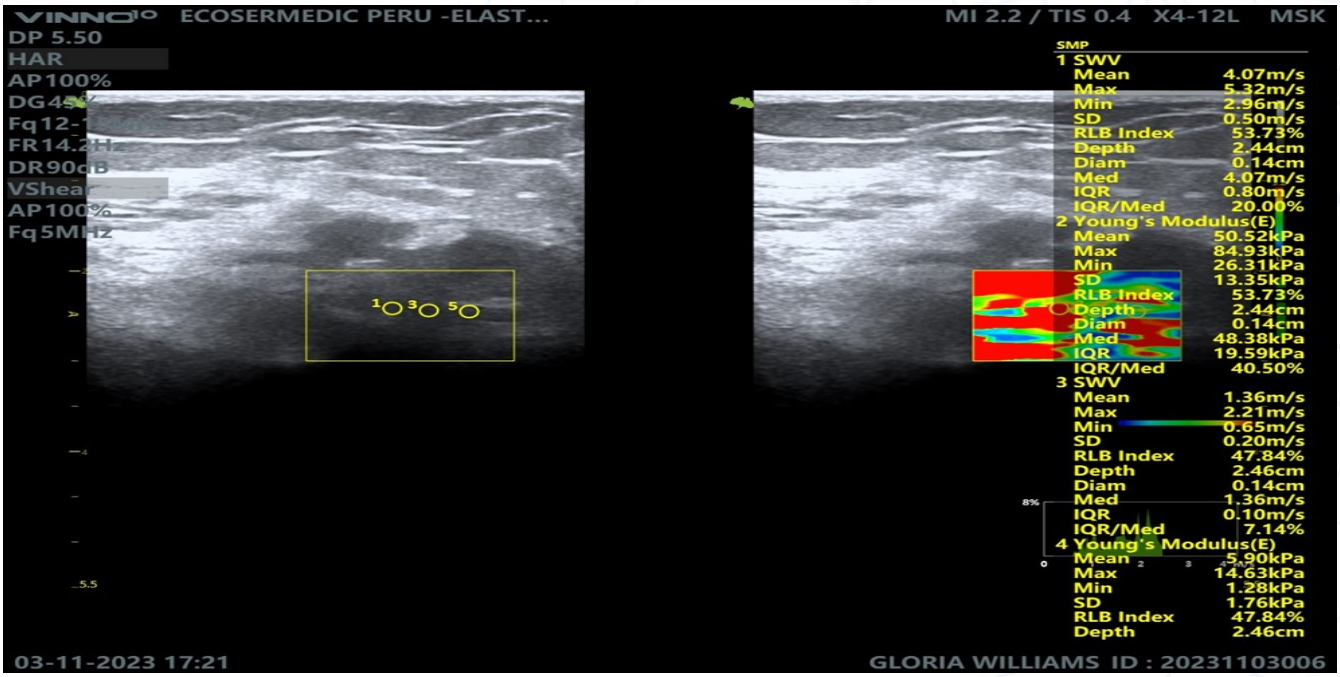
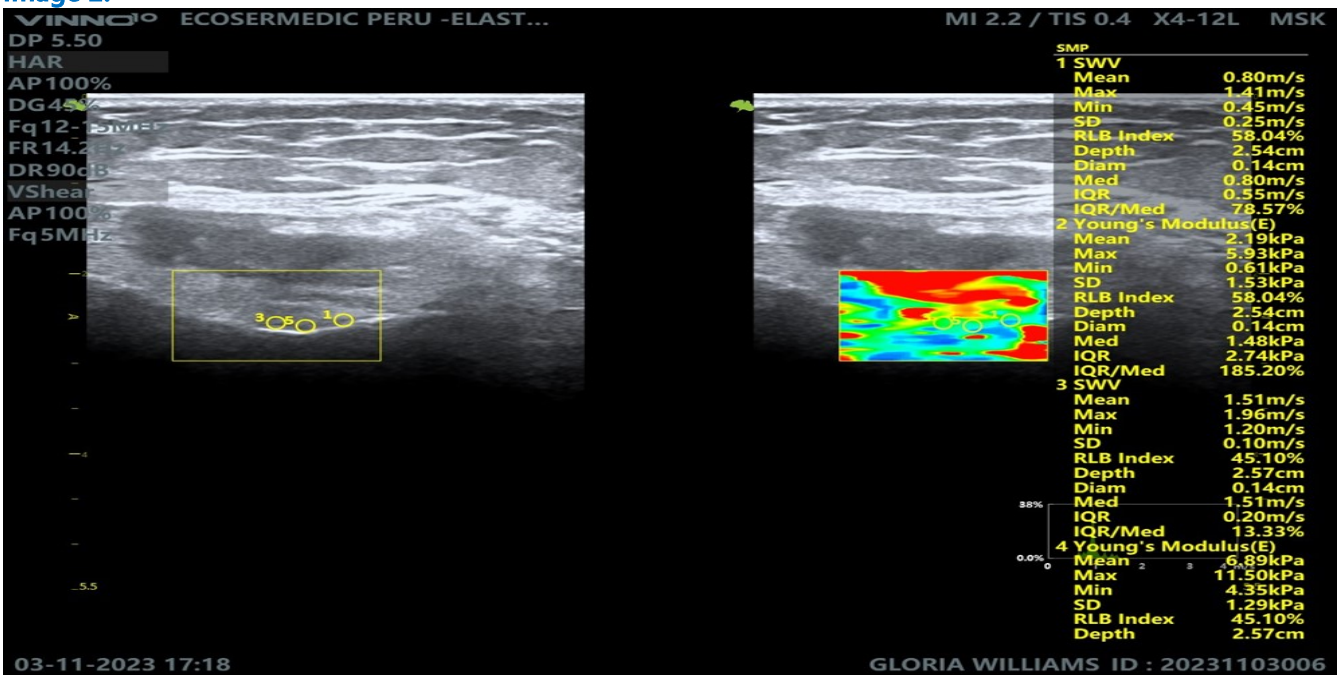


Image 2:



Conclusion: **Shear wave elastography seems to be a reliable, non-invasive, and acceptable method for the assessment of pathologic cartilage.** This is the first work in Latin America on elastography in osteoarthritis

Disclosure of Interest: None Declared

Keywords: elastography, sarcopenia, Osteoarthritis

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Osteoarthritis

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There Is No Significant Association Between Adherence To A Home Exercise Program And Functional Clinical Variables Related To Knee Osteoarthritis

Inaê Silva Santos[*1], Cid André Fidelis de Paula Gomes[1]
[1]Ciências da Reabilitação, Universidade Nove de Julho, São Paulo, Brazil

Has this paper been previously presented at another conference?: Yes

Background/Objectives: We aimed to analyze the association between adherence to a home exercise program and clinical variables, such as central sensitization, pain intensity, and functionality in individuals with knee osteoarthritis (KOA).

Methods: A cross-sectional study following the Strengthening the Reporting of Observational Studies in Epidemiology (STROBE Statement). Was approved by the ethics committee nº 47658721.9.0000.5511. Eligibility criteria are presented in Figure 1. The home exercise program included isometric quadriceps contraction exercises, straight leg raises in supine and prone positions, passive knee flexion and extension, resisted knee flexion and extension, and displacement of the center of gravity (left to right, front to back). To evaluate the variables, we used the Exercise Adherence Rating Scale (EARS), the numerical rating scale (NRPS), the International Knee Documentation Committee (IKDC), the Central Sensitization Inventory (CSI), and the 30 sec sit and stand test (30SSST). Pearson's (r) and determination (R^2) correlation coefficients were calculated to determine the strength of associations between variables defined by 0 = no correlation, 0 ≥ 0.20 = weak correlation, 0.20 ≥ 0.50 = moderate correlation, 0.50 ≥ 0.80 = strong correlation, and 0.80 ≥ 1.00 = perfect correlation.

Results: The final sample consisted of 57 individuals (Figure 1). The results of correlations between adherence behavior (Table 1) and correlations between reasons for adherence (Table 2) showed no significant association between adherence to a home exercise program and clinical variables related to KOA.

Table 1: **Table 1** – Correlation between EARS and clinical variables of individuals with KOA

	EARS		
Variables	**R**	**R^2**	***p***
CSI	-0,005	< 0,0001	0,971

NRPS – R	-0,091	0,0082	0,502
NRPS – M	0,106	0,0112	0,431
IKDC	0,144	0,0207	0,286
30SSST	-0,114	0,0129	0,398

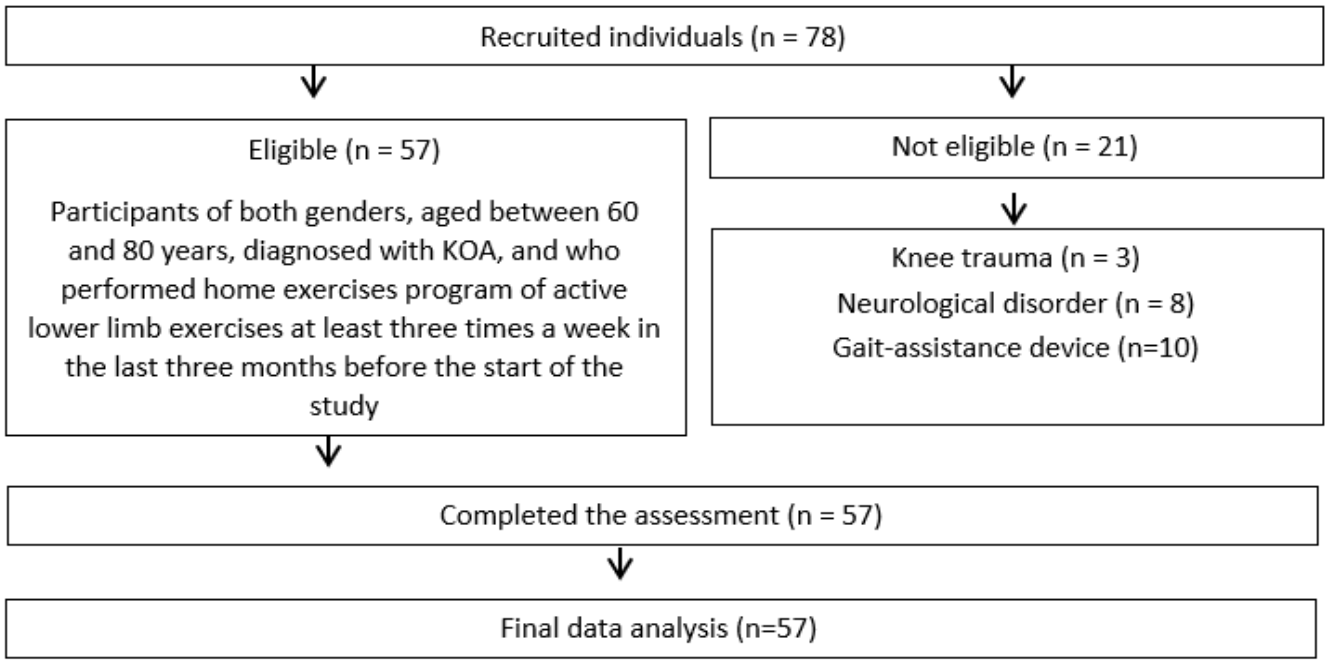
NRPS-R: numerical rating pain scale in rest; NRPS-M: numerical rating pain scale post movement.

Table 2 – Correlation between EARS-RA and clinical variables of individuals with KOA

	EARS-RA		
Variables	**R**	**R^2**	***p***
CSI	0,110	0,0121	0,415
NRPS – R	0,031	0,0009	0,816
NRPS – M	0,067	0,0044	0,619
IKDC	0,136	0,0184	0,313
30SSST	0,116	0,0134	0,389

EARS-RA: Exercise Adherence Rating Scale - reasons for adherence.

Image 1:



Conclusion: No significant association was identified between adherence to a home exercise program and clinical variables, such as central sensitization, pain intensity, and functionality in individuals with KOA.

Disclosure of Interest: None Declared

Keywords: exercise, knee osteoarthritis, pain measurement

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Osteoarthritis

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Physical Activity In A Cohort Of Patients With Osteoarthritis Of The Knee And/Or Hip

Sofia Cherey[*1], Javier Flores Trejo[1], Joan Manuel Dapeña[1], Juan Manuel Bande[1], Maria Alejandra Medina [1], Diana Silvia Klajn[1], José Ángel Caracciolo[1,1], Sandra Petruzzelli[2], Alejandra Celenza[2], María Paula Kohan[3], María Julia Sosa[3,4], Silvia Beatriz Papasidero[1]
[1]Hospital E. Tornú, [2]Hospital Donación Francisco Santojanni, [3]Hospital Dr. Raúl F. Larcade, [4]Sanatorio La Trinidad Mitre, Ciudad Autonoma de Buenos Aires, Argentina

Has this paper been previously presented at another conference?: Yes

Background/Objectives: Background

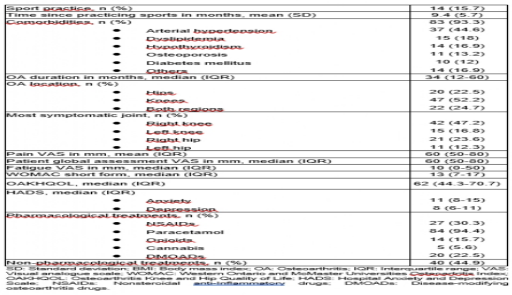
Osteoarthritis (OA) is a chronic joint disease that causes pain, stiffness and loss of function, mainly in weight-bearing joints such as knees and hips. As a result, it can limit physical activity in patients who suffer from it. The Physical Activity Questionnaire for the Elderly (IPAQ-E) is a tool that assesses physical activity in individuals ≥ 65 years old. It consists of 7 questions that establish the time, frequency and intensity of physical activities in the last 7 days. It allows to calculate energy expenditure in metabolic equivalents (MET).

Objectives: To describe physical activity using the IPAQ-E questionnaire in a cohort of patients with knee and/or hip OA and to evaluate its association with patients' characteristics.

Methods: Observational, cross-sectional, descriptive and analytical study. Consecutive patients ≥ 65 years old with a diagnosis of OA of the knees (ACR'86) and/or hips (ACR'90) were included. Joint pathologies other than OA, collagenopathies, fibromyalgia and difficulty with reading compression were excluded. Sociodemographic data, disease characteristics and clinimetrics were registered. In addition, sports practice was recorded. All participants completed the IPAQ-E. Statistical analysis: Descriptive statistics. The results of the IPAQ-E were compared with patients' characteristics using Student's T test, ANOVA, Mann Whitney, Kruskal Walis, Chi2 or Spearman. p≤ 0.05 was considered significant.

Results: Eighty-nine patients were included, 82% were women, with a mean age of 71.1 years (SD 8.2). The median disease duration was 34 months (IQR 12-60). Approximately 16% practiced sports. Knee OA was more common than hip OA (52.2% vs 22.5%). Patients' characteristics and clinimetrics are shown in Table 1. According to IPAQ-E results (Table 2), physical activity was low to moderate, mainly walking with a median time of 30 minutes per day (IQR 10-60). Median sedentary time was 3 hours (IQR 1-5). Opioid use was associated with less physical activity (400.5 total MET/week [IQR 99-551] vs. 1320 total MET/week [IQR 462-2772], p=0.01), less MET of walking/week (148.5 [IQR 0-264] vs. 594 [IQR 148-1368], p=0.01) and with low physical activity (85.7% vs. 34.7%, p=0.002).

Image 1:



Sport practice, n (%)	14 (15.7)
Time since practicing sports in months, mean (SD)	9.4 (5.7)
Comorbidities, n (%)	83 (93.3)
• Arterial hypertension	37 (44.6)
• Dyslipidemia	15 (18)
• Hypothyroidism	14 (16.9)
• Osteoporosis	11 (13.2)
• Diabetes mellitus	10 (12)
• Others	14 (16.9)
OA duration in months, median (IQR)	34 (12-60)
OA location, n (%)	
• Hips	20 (22.5)
• Knees	47 (52.2)
• Both regions	22 (24.7)
Most symptomatic joint, n (%)	
• Right knee	42 (47.2)
• Left knee	15 (16.8)
• Right hip	21 (23.6)
• Left hip	11 (12.3)
Pain VAS in mm, mean (IQR)	60 (50-80)
Patient global assessment VAS in mm, median (IQR)	60 (50-80)
Fatigue VAS in mm, median (IQR)	10 (0-50)
WOMAC short form, median (IQR)	13 (7-17)
OAKHQOL, median (IQR)	62 (44.3-70.7)
HADS, median (IQR)	
• Anxiety	11 (8-15)
• Depression	8 (6-11)
Pharmacological treatments, n (%)	
• NSAIDs	27 (30.3)
• Paracetamol	84 (94.4)
• Opioids	14 (15.7)
• Cannabis	5 (5.6)
• DMOADs	20 (22.5)
Non-pharmacological treatments, n (%)	40 (44.9)

Visual analog scale; WOMAC: Western Ontario and McMaster Universities Osteoarthritis Index; OAKHQOL: Osteoarthritis Knee and Hip Quality of Life; HADS: Hospital Anxiety and Depression Scale; NSAIDs: Nonsteroidal anti-inflammatory drugs; DMOADs: Disease-modifying osteoarthritis drugs.

Image 2:

Table 2. MET time and IPAQ-E categories

	Median (IQR)
Total days of physical activity in the last week	7 (3-7)
Total time of physical activity (minutes/week)	75 (30-135)
• MET minutes/week of intense activity	0 (0-400)
• MET minutes/week of moderate activity	0 (0-480)
• MET minutes/week of walking	330 (99-1320)
Total MET minutes/week	1093 (330-2310)
Categories, n (%)	
• Low physical activity	38 (42.7)
• Moderate physical activity	34 (38.2)
• High physical activity	17 (19.1)

MET: Metabolic equivalents; IPAQ-E: Physical Activity Questionnaire for the Elderly; IQR: Interquartile range.

Conclusion: In this cohort of patients with knee and/or hip OA, according to IPAQ-E, most of them had low to moderate physical activity. Opioid use was associated with less physical activity.

Disclosure of Interest: None Declared

Keywords: None

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Osteoarthritis

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The Diagnostic Role Of Bone Scintigraphy In Osteoarthritis Of The Hands: Significance Of Gamma Scintigraphy Uptake Patterns"

Sergio Serrano[1], Indira Diaz[*1], Saaibi A[1]
[1]Santander, Universidad Autonoma de Bucaramanga, Bucaramanga, Colombia

Has this paper been previously presented at another conference?: No

Background/Objectives: Hand osteoarthritis (OA), though less frequent than knee and hip OA, significantly impacts older adults, especially women, with prevalences of 26% and 13% for women and men, respectively, between 71 and 100 years. The diagnosis of OA is based on clinical symptoms sign and X-rays changes. Despite EULAR and ACR recommendations, bone scintigraphy with ^{99m}Tc-MDP emerges as a valuable option to assess OA, particularly in doubtful cases post-physical examinations and X-rays. This study aims to analyze the reliability of criteria, discriminative capacity, and uptake index in patients undergoing scintigraphy with suspected hand osteoarthritis, referencing the clinical diagnosis based on ACR 1990 classification criteria (1).

Methods: A long-term prospective study. The analysis involves a detailed univariate characterization of patients in clinical and sociodemographic terms, followed by bivariate analysis with chi-square tests to compare scintigraphy findings with clinical data. The validity of criteria was assessed against the clinical diagnosis of osteoarthritis, calculating sensitivity and specificity.

Results: Out of 221 patients, 192 met the criteria, predominantly women (65.63%) with an average age of 61.7 ± 10.73 years, belonging to the mestizo race. Associations between uptake and joint index with OA diagnosis revealed higher odds ratios in the distal phalanx of the third finger (OR 1.02, 95% CI 1.01 – 1.03, $p < 0.05$), the distal phalanges (OR 1.01, 95% CI 1.00 – 1.02, $p < 0.05$), and proximal of the second finger (OR 1.01, 95% CI 1.00 – 1.01, $p < 0.05$). The distal phalanx of the second finger showed a significant association (OR 2.25, 95% CI 1.27 - 3.98, $p = 0.005$), as did the distal phalanx of the third finger (OR 3.71, 95% CI 1.83 - 7.51, $p = 0.000$). No significant associations were identified in other evaluated joints.

Conclusion: Since hands are affected in inflammatory pathologies, patients with high uptake indices are suggested to be referred to rheumatology, thus enhancing specialized and precise medical care.

Reference 1: Zhang Y, Niu J, Kelly-Hayes M, Chaisson CE, Aliabadi P, Felson DT. Prevalence of symptomatic hand osteoarthritis and its impact on functional status among the elderly: The framingham study. Am J Epidemiol. 2002 Dec 1;156(11):1021–7.

Disclosure of Interest: None Declared

Keywords: Osteoarthritis

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Osteoarthritis

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Clinical Significance Of Il-17A And Il-20 As Potential Prognostic Biomarkers In Synovial Tissue Of Patients With Early Knee Osteoarthritis

Angela Patricia Rojas[1], Federico Rondón Herrera[1], Maria Alejandra Roa[*1]
[1]Cundinamarca, Universidad Nacional de Colombia, Bogotá, Colombia

Has this paper been previously presented at another conference?: Yes

Background/Objectives: Primary osteoarthritis (OA) is a chronic cartilage destructive disease, caused by genetic risk factors, obesity, overweight, aging, with high incidence in the population (1). Is considered late diagnosis when there is pain, evident joint damage and radiological changes, physical limitation, and no clinical and serological biomarkers to establish a diagnosis in early stages. There is evidence of the inflammatory component of the synovium as a pathophysiological mechanism triggering joint involvement, especially of the cartilage. Therefore, it is suggested that identifying the inflammatory component of the synovium by determining interleukin-17 (IL-17A) and interleukin-20 (IL-20) in isolated fibroblast-like synoviocytes (FLS) and mesenchymal cells (MSC) in culture would help to understand the associated biological and pathophysiological processes, and could be early biomarkers of the disease (2). Our aim was to seek diagnostic/prognostic biomarkers in primary stablished cultures from knee synovial biopsy for the isolation of FLS and MSCs to evaluate IL-17A and IL-20 expression level and cellular distribution.

Methods: The study included patients older than 18 years old selected by a rheumatologist. Synovial membrane samples were collected by biopsy using the Parker-Pearson needle, from 10 patients diagnosed with early knee OA by American College of Rheumatology (ACR) Criteria with minimal involvement grade 2 on Kellgren and Lawrence scale, from which FLS and MSC were isolated until confluence was reached and stimulated with TNF-alpha for 24h. The expression level and cellular distribution of IL-17A and IL-20 were qualitatively evaluated by Immunofluorescence and confocal microscopy. The following antibodies were used: CD90 (Thy-1) Monoclonal Antibody (eBio5E10) FITC, IL-20 Monoclonal Antibody (OTI2B8) (invitrogen), and IL-17A Monoclonal Antibody (eBio64DEC17).

Results: IL-17A (image 1) and IL-20 (image 2) expression was evidenced in FLS and MSC in response to TNF-alpha compared to control cells without stimulus. Both molecules were only observed in cytoplasm. Moreover, the fibroblast marker CD90 (Thy-1) was also evaluated for the characterization of the cell populations. Data not shown.

Image 1:

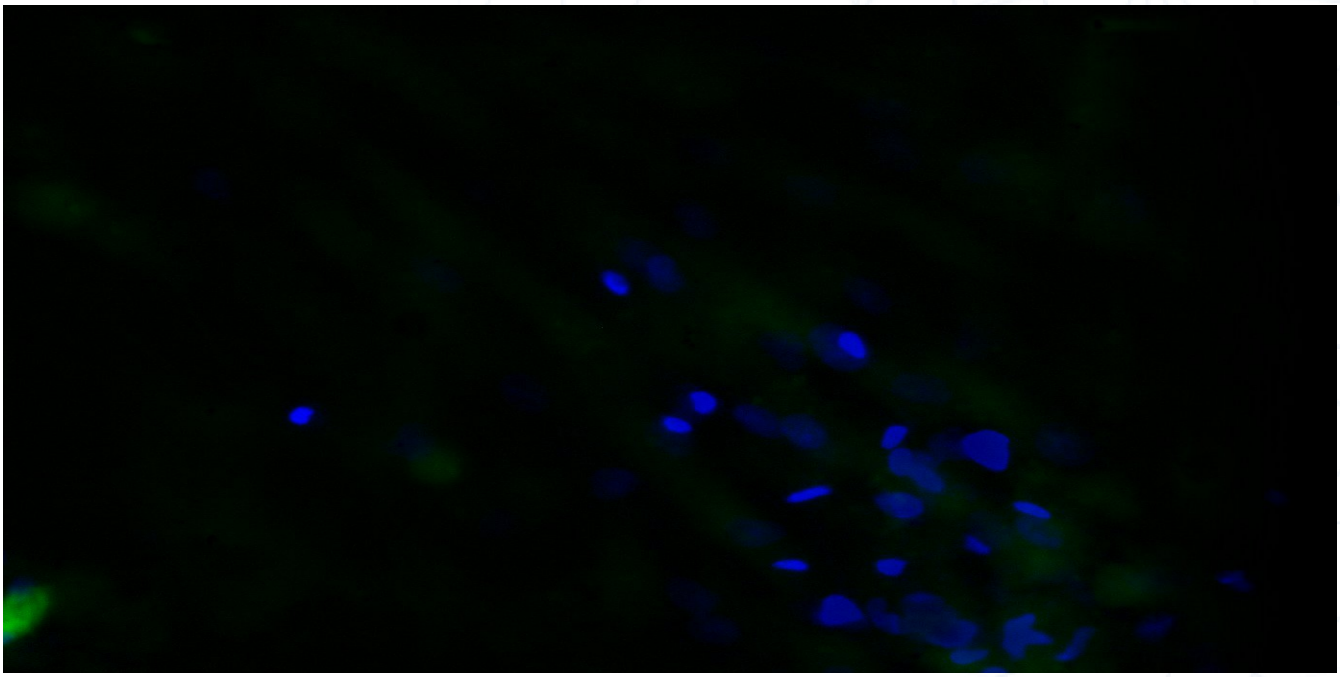
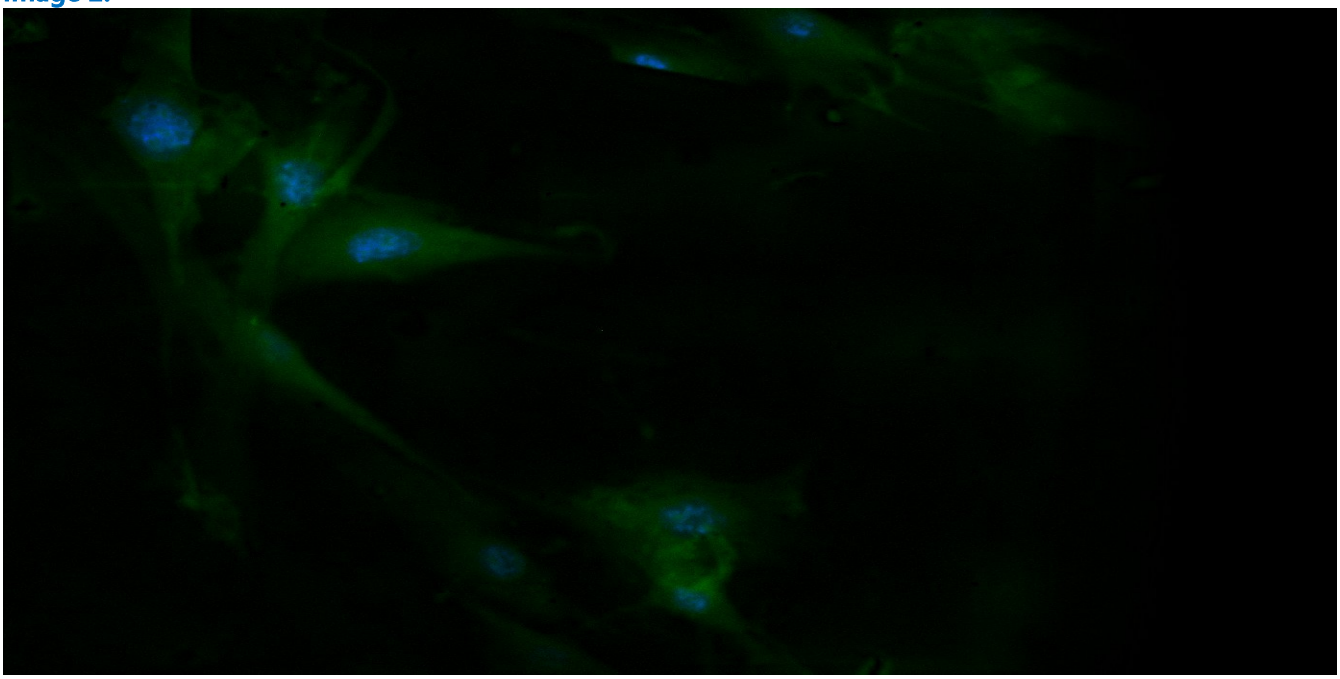


Image 2:



Conclusion: The detection of IL-17A and IL-20 in synovial membrane of patients with early knee OA is an evidence of an inflammatory process and could be a proposed as new diagnostic biomarkers of prognostic aid. Further studies with a larger number of samples would be necessary to establish its usefulness.

Reference 1: Di Nicola V. Degenerative osteoarthritis a reversible chronic disease. Regen Ther. 2020 Aug 15;15:149-160. doi: 10.1016/j.reth.2020.07.007.

Reference 2: Cytokines as biochemical markers for knee osteoarthritis. World J Orthop 2015; 6(1): 95-105.

Disclosure of Interest: None Declared

Keywords: IL-17A, biomarkers, sinovial membrane, IL-20

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Osteoporosis

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Assessing The Utility Of A Sarcopenia Screening Tool In Predicting Fracture Risk Among Rheumatoid Arthritis Patients With Intermediate/High Risk Profiles

Ana Cecilia Bardán Incháustegui[1], Ana Gabriela Rodriguez Flores[1], Anahí Carrazco Chapa[1], Galilea Rodriguez Orozco[1], Gilberto Javier Cervantes Charles[1], Ana Patricia Sanchez Fonseca[1], Cassandra Michele Skinner Taylor[*1], Roberto Negrete Lopez[1], Jesús Alberto Cárdenas de la Garza [1], Dionicio Ángel Galarza Delgado [1]
[1]Reumatologia, Hospital Universitario, Monterrey, Mexico

Has this paper been previously presented at another conference?: No

Background/Objectives: Screening for sarcopenia in people at risk of osteoporosis is important, as they are significantly correlated. Rheumatoid arthritis (RA) patients are at a higher risk of both conditions, with sarcopenia prevalence ranging from 17.1% to 60%. This study aims to investigate the link between increased fracture risk and sarcopenia in RA patients, particularly those with an intermediate to high-risk profile.

Methods: A prospective cross-sectional study was carried out in our rheumatology clinic in patients with RA who had a high or intermediate risk of fracture determined by FRAX. Sarcopenia risk was evaluated using the SARC-F screening tool, where a score ≥4 indicates a high risk of sarcopenia. Data was analyzed using Kolmogorov-Smirnov test and SPSS v.25. Statistically significant correlation was considered for $p<0.05$.

Results: A total of 32 patients with RA were included, 30 (93.8%) were women and 2 (4.3%) were men with a mean age of 65 ± 9.81. The clinical characteristics are shown in **Table 1.** The mean SARC-F score was 4.16 ± 2.73. Of the patients evaluated, 18 (56.3%) were identified with a high risk of sarcopenia. FRAX assessment showed that 17 (53.1%) patients had an intermediate fracture risk, while 15 (46.9%) had a high risk. We found a positive correlation between the risk of fracture by SARC-F and the risk of major osteoporotic fracture ($p=0.03$, $r=0.377$). There was no significant difference between SARC-F fracture risk and hip fracture risk ($p=0.072$, $r=0.322$). No statistically significant difference was found between SARC-F and spine T-score ($p=0.486$, $r=0.128$) or femoral neck T-score ($p=0.290$, $r=0.193$).

Table 1: Table 1. Clinical characteristics.

	n= 32
Visual acuity problem, n (%)	11 (34.4)
History of previous fracture, n (%)	6 (18.8)

Prednisone use, n (%)	22 (87.5)
BMI, n (%)	
Normal	15 (46.9)
Overweight	11 (34.4)
Obesity	6 (18.8)
T score	
Columna, mean (SD)	-1.656 ± 1.386
Cadera, mean (SD)	-1.309 ± 1.273

Conclusion: Our study shows that higher SARC-F scores are linked to an increased risk of osteoporotic fractures. Combining SARC-F with traditional assessments like FRAX can help identify high-risk patients, leading to better preventive interventions and early management. RA patients should undergo routine sarcopenia screening, especially if they are at higher risk of fractures, to prevent osteoporosis-related fractures.

Disclosure of Interest: None Declared

Keywords: Rheumatoid arthritis, Risk fracture, Sarcopenia

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Osteoporosis

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Comparing Sarc-F Versus Dexa For Sarcopenia Assessment In Patients Diagnosed With Rheumatoid Arthritis And Intermediate/ High Fracture Risk

Ana Gabriela Rodriguez-Flores[1], Ana Cecilia Bardán-Inchaustegui[1], Daniela Alejandra Salcedo-Soto[1], Anahi Carrazco-Chapa[1], Galilea Rodriguez-Orozco[1], Javier Cervantes-Charles[1], Ana Patricia Sanchez-Fonseca[1], Cassandra Michele Skinner-Taylor*[1], Roberto Negrete-Lopez[1], Jesús Alberto Cardenas-de la Garza[1], Dionicio Ángel Galarza-Delgado[1]
[1]Reumatologia, Hospital Universitario, Monterrey, Mexico

Has this paper been previously presented at another conference?: No

Background/Objectives: The SARC-F questionnaire is a screening tool that is recommended by the European Working Group on Sarcopenia in Older People 2 (EWGSOP2) for detecting sarcopenia in the clinical setting. In a study involving patients with systemic sclerosis, the accuracy of the SARC-F questionnaire was compared with dual-energy X-ray absorptiometry (DEXA) as a screening tool for sarcopenia. The study reported that SARC-F was able to accurately identify severe cases of sarcopenia, although it only identified sarcopenia in 40% of patients.

Methods: Our rheumatology clinic conducted a study on patients diagnosed with rheumatoid arthritis (RA). The SARC-F screening tool and a DEXA scan were used to diagnose sarcopenia based on muscle mass percentage. Sarcopenia was identified in patients with a muscle mass percentage of ≤7.0 kg/m2 in men and ≤5.5 kg/m2 in women. A score of ≥4 on the SARC-F tool was also considered a high risk of sarcopenia. Kolmogorov-Smirnov and Spearman test were performed. A $p<0.05$ was considered statistically significant. Statistical analysis was performed with SPSS v.25.

Results: A total of 32 patients diagnosed with RA were included in the study, 30 (93.8%) were women and 2 (4.3%) were men. The mean age of patients was 65 ± 9.81. Table 1 shows the clinical and sociodemographic characteristics. Among all patients, 12 (37.5%) were found to have sarcopenia with a mean muscle mass percentage of 5.92 ± 1.01. Risk of sarcopenia with SARC-F was identified in 18 (56.3%), with a mean of 4.16 ± 2.73. A cross-tabulation was performed to compare the risk of sarcopenia by SARC-F and the diagnosis of sarcopenia by DEXA. There was no statistically significant difference between the two methods, suggesting that both methods are equally efficient in measuring sarcopenia. The percentages and p-value obtained from the chi-square test are shown in Table 2.

Table 1: Table 2.

			p-value

	Patients with Risk of Sarcopenia with SARC-F (%)	Patients without Risk of Sarcopenia with SARC-F (%)			
	Patients with Sarcopenia with DEXA (%)	9 (75)	p= 0.147		
	Patients without Sarcopenia with DEXA (%)	11 (55)			

Conclusion: Both methods demonstrated comparable effectiveness in identifying sarcopenia based on lean muscle mass percentage. These findings underscore the potential utility of the SARC-F questionnaire as a non-invasive and accessible screening tool for sarcopenia in clinical settings, particularly when considering the limitations or resource constraints associated with more advanced imaging techniques like DEXA.

Disclosure of Interest: None Declared

Keywords: Arthritis, Rheumatoid, fracture risk, Sarcopenia

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Pediatric Rheumatology

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Antiphospholipid Syndrome In Children And Adolescents With Systemic Lupus Erythematosus. Clinical Evolution And Relevance Of Antiphospholipid Antibodies

Marcela Alvarez*[1], Laura Guerini[1], Silvia Meiorin[1], Graciela Espada[1]
[1]Ricardo Gutierrez Children's hospital, Buenos Aires, Argentina

Has this paper been previously presented at another conference?: Yes

Background/Objectives: Antiphospholipid antibodies (aPL) are present in 30 to 40% of jSLE patients however, not all associated with APL syndrome development.

Objectives: **1-** To analyze the prevalence, clinical characteristics and profile of aPL in jSLE – APS patients. **2-** To evaluate clinical phenotypes and evolution of jSLE -aPL positive pts

Methods: Retrospective observational study. Patients < 18 years of age with SLE were included (ACR'97). Period 1990-2023. Demographic, clinical, laboratory, immunological, and therapeutic variables were analyzed. Organ damage by SLICC'96. aPL+ was considered when anticardiolipin (ACL) and/or β_2GPI and/or lupus anticoagulant (LA) is positive in at least 2 determinations separated by 12 weeks (Sidney 2006). Thrombotic (arterial/venous and fetal loss) and non-thrombotic (livedo reticularis, neurological disease and autoimmune cytopenias) manifestations associated with APS were analyzed.

Statistical analysis: Descriptive. Chi² –T test. SPSS 15.0

Results: 268 pts with jSLE were included, 223 (83%) female, age at diagnosis of SLE median 13.4 ys (IQR 10.9-14.8), follow-up time median 3.9 ys (IQR 2-6.2). 99 pts (37%) with jSLE presented positive aPL but only 22 patients (8%) of the cohort developed secondary APS: arterial thrombosis (stroke and peripheral vascular) 11 pts (50%); venous thrombosis 8 pts (36%) and fetal loss 3 pts (14%). aPL profile: ACL 77%, B2GPI 54% and AL 50%. They were treated with aspirin, anticoagulation, and immunosuppression. Thrombosis recurrence was observed in 27% (6 pts). When the entire jSLE cohort was compared regarding the presence or not of aPL, we found that those with aPL (+) also associated “non-thrombotic manifestations”: livedo reticularis (21 vs. 3.6 % p.0001) and neurological (28 vs.15 % p.02) (more frequent cognitive alterations). During disease evolution, they presented more flares (70 vs 52 % p.003), organ damage (43 vs 30 % p.02) and accumulated higher doses of steroids (21 ± 17. g. vs 15.3 ± 12.3g. p.01). There were no differences in mortality rate between both groups.

Conclusion: In our cohort, the prevalence of secondary APS in jSLE was 8%, characterized by the development of arterial and venous thrombosis mainly, with 27% of recurrence. Clinical phenotypes of jSLE and aPL (+) pts, were characterized

by the presence of livedo reticularis and CNS involvement, and disease course associated with flares, more organ damage and more use of steroids at the last visit.

Disclosure of Interest: None Declared

Keywords: Antiphospholipid antibodies, Antiphospholipid syndrome, systemic lupus erythematosus

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Classification Criteria For Juvenile Idiopathic Arthritis According To The International Pediatric Rheumatology Trials Organization In A Colombian Cohort

Maria Del Pilar Gomez[*1], Valentina López Véron[1]
[1]Valle, Universidad Libre de Cali, Cali, Colombia

Has this paper been previously presented at another conference?: No

Background/Objectives: Juvenile idiopathic arthritis encompasses all forms of chronic arthritis of unknown origin. The current International League of Rheumatism (ILAR) classification with 7 subtypes are mutually exclusive, defined by clinical and laboratory features. The International Pediatric Rheumatology Trials Organization (PRINTO) proposes classification criteria where age is extended to 18 years, the number of joints is not included, psoriasis is not a discriminating factor, systemic arthritis also includes patients with autoinflammatory phenotype and there is an absence of exclusion criteria. Our study describes the applicability of the criteria proposed by PRINTO in a population previously classified under the ILAR criteria.

Methods: Observational, descriptive, retrospective, cross-sectional, retrospective study of patients who met the classification criteria for JIA by ILAR and PRINTO, in a pediatric rheumatology practice in Cali Colombia from January 2012 to January 2022. With a single collection format in Excel and descriptive statistics were applied.

Results: N= 118 patients, age at diagnosis 8.3 ± 4.4 years, predominantly female 84%, ILAR and PRINTO classification criteria. See Table 1. According to ILAR, the subtype Oligoarticular JIA predominated (28.8%) followed by Systemic JIA (23.7%), and according to PRINTO for this same population, Other JIA predominated (27.1%) followed by early onset ANA positive JIA (22.9%), when eliminating the count of involved joints, a large part of the population was in the category Other JIA. Rheumatoid factor positive JIA (RF+ JIA), enthesis/spondylitis related arthritis (ERA) and JIAs are categories that remained similar in both classifications. In Graph 1. Early Onset ANA-positive arthritis, Psoriatic arthritis (Psoriatic arthritis) and JIA cannot be compared as they are not comparable in both categories.

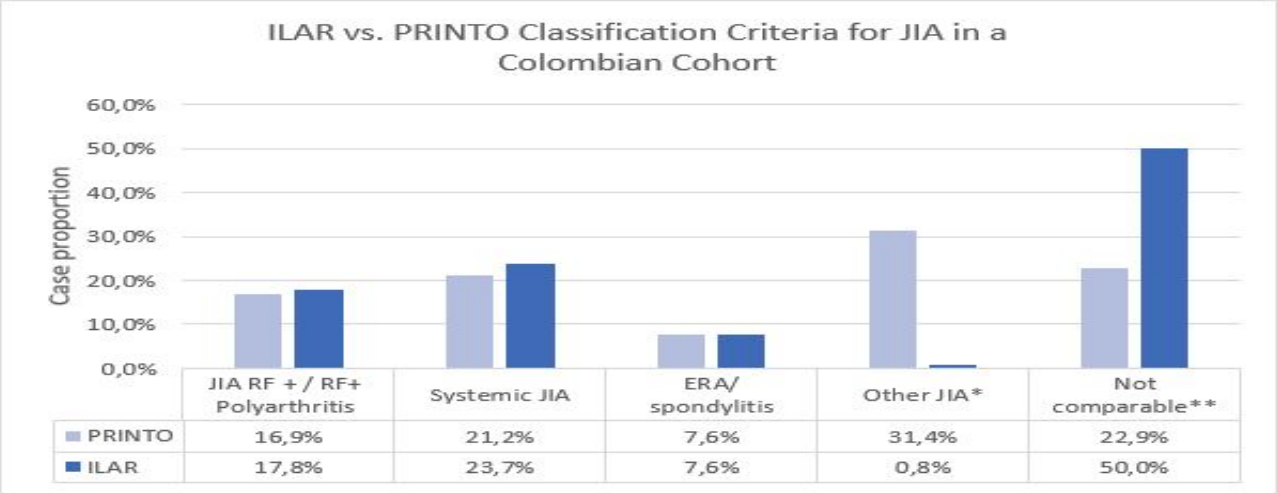
Image 1:

Table 1.

CLASSIFICATION CRITERIA FOR AIJ IN A COLOMBIAN COHORT							
ILAR Classification Criteria				PRINTO Classification Criteria			
Subtype JIA	Number of Patients	Prevalence	Average age at diagnosis (years)	Subtype JIA	Number of Patients	Prevalence	Average age at diagnosis (years)
Oligoarthritis	34	28,80%	5	Other JIA	32	27,10%	9
Systemic JIA	28	23,70%	8	Early onset ANA positive	27	22,90%	3,5
RF negative polyarthritis	22	18,60%	11	Systemic JIA	25	21,20%	8
RF positive Polyarthritis	21	17,80%	10	RF positive JIA	20	16,90%	12
ERA	9	7,60%	12	ERA/ Spondylitis	9	7,60%	12
Psoriatic Arthritis	3	2,50%	5	Unclassified	5	4,20%	4,5
Undifferentiated	1	0,80%	11	Total	118	100,00%	8,1
Total	118	100,00%	8,1				

Image 2:

Graph 1.



* **Other categories**: Other JIA + Unclassified arthritis (PRINTO) versus Undifferentiated arthritis (ILAR).

** **Not Compared**: Early-onset ANA+ arthritis (PRINTO) and Ps JIA, Ps JIA (ILAR).

Conclusion: Comparable categories such as JIA with RF +, ERA and JIAs did not show major changes and were more homogeneous when classified by PRINTO. The early onset age and presence of positive ANA are a category exclusive to the pediatric age group. The predominance of the category Other JIA is very broad and heterogeneous and requires further characterization.

Reference 1: Martini A, Ravelli A, Avcin T, Beresford MW, Burgos-Vargas R, Cuttica R, et al. Toward new classification criteria for juvenile idiopathic arthritis: First steps, pediatric rheumatology international trials organization international consensus. J Rheumatol. 2019;46(2):190–7.

Reference 2: Petty RE, Southwood TR, Manners P, Baum J, Glass DN, Goldenberg J, He X, Maldonado-Cocco J, Orozco-Alcala J, Prieur AM, Suarez-Almazor ME WP. International League of Associations for Rheumatology classification of juvenile idiopathic arthritis: second revision, Edmonton, 2001. J Reumatol. 2001;31(2):390–2.

Disclosure of Interest: None Declared

Keywords: JIA Classification Criteria, Juvenile Idiopathic Arthritis

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Prevalence Of Kawasaki Disease In Colombia: An Approach From The National Health Registry Data

Lorena Martín-Marín[*1,2], Daniel G Fernández-Ávila[1,2], Greis P Espitia-Caro[1,2]
[1]Cundinamarca, Hospital Universitario San Ignacio, [2]Cundinamarca, Pontificia Universidad Javeriana, Bogotá, Colombia

Has this paper been previously presented at another conference?: No

Background/Objectives: Kawasaki disease (KD) is the second most common vasculitis in pediatrics. There are no previous epidemiological studies in Colombia describing KD prevalence, prompting this demographic description.

Objective: This study aimed for prevalence calculation and epidemiologic analysis of KD in Colombian patients, ages 0–19, from 2015 to 2019.

Methods: This descriptive, cross-sectional study searched the Colombian Ministry of Health database for code of the International Classification of Diseases, 10th revision (ICD-10) associated with KD to estimate the disease prevalence for the total population and for specific age groups at national and regional levels. Calculations used intercensal estimates of population based on the projections of the national statistics administrative department (DANE) from the most recent census. This paper presents a sociodemographic analysis of patients with KD.

Results: The study identified in Colombia, from 2015 to 2019, 1,005 cases with KD as the principal diagnosis. Calculated prevalence of KD was 7 cases per 100,000 population, with highest frequency in ages 0 -4, with a prevalence of 14/100,000 children under 5 years of age (Table 1)

Image 1:

Patients receiving healthcare due to KD from 2015 to 2019 by age group.

Age group	2015	2016	2017	2018	2019	Total patients	Prevalence (x100.000 population)
0 to 4	90	81	95	112	152	530	14
5 to 9	63	43	59	72	80	317	11
10 to 14	20	16	28	26	43	133	3
15 to 19	3	4	3	5	10	25	1
Total	**176**	**144**	**185**	**215**	**285**	**1.005**	**7**

Total patients represent the number of persons who received healthcare at some moment in the 5-year study period. Calculation of prevalence used as denominator the average population of the period per 100,000 population. (KD: Kawasaki disease).

Image 2:

Table 2. Patients with KD from 2015 to 2019 by sex and age group.

Age group	Male		Female		Female:Male ratio	Males cases (%)
	Males with KD	KD prevalence (x 100.000 population)	Females with KD	KD prevalence (× 100.000 population)		
0 to 4	313	16	217	12	1,4 : 1,0	59 %
5 to 9	191	19	128	7	2,8 : 1,0	60 %
10 to14	87	4	46	2	1,8 : 1,0	65 %
15 to 19	20	1	5	0,2	3,9 : 1,0	80 %
Total	611	9	396	5	1,7 : 1,0	61 %

Conclusion: Estimated prevalence of KD in Colombia is similar to reported in countries of non-Asian descent, with a male:female ratio 1.7:1. Children under 5 years of age are the most affected and the male:female ratio is 1.4:1 in this group (Table 2), consistent with reports in the literatura.

Reference 1: McCrindle BW, Rowley AH, Newburger JW, Burns JC, Bolger AF, Gewitz M, et al. Diagnosis, treatment, and long-term management of Kawasaki disease: A scientific statement for health professionals from the American Heart Association. Vol. 135, Circulation. 2017. 927–999 p.

Reference 2: Nakamura Y. Kawasaki disease: epidemiology and the lessons from it. International Journal of Rheumatic Diseases. 2018;21(1):16–9.

Disclosure of Interest: None Declared

Keywords: Kawasaki disease; Colombia; Epidemiology; Prevalence; Pediatrics.

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Pediatric Rheumatology

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Single Nucleotide Variants In Janus Kinasa Pathways And Risk Of Suffering Rheumatic Disease, What Has Been Reported ?

Leosirlay Rojas-Gómez[*1, 2], Juliette De Avila[3], Sandra Janneth Perdomo[4], Consuelo Romero-Sanchez[3, 5, 6]
[1]Faculty of Medicine, Pediatric Rheumatology Program., [2]Cellular and Molecular Immunology Group (InmuBo), Universidad El Bosque, Bogota, [3]Cellular and Molecular Immunology Group (InmuBo), Universidad El Bosque, Bogotá, [4]Grupo de inmunología celular y molecular -InmuBo-, Universidad El Bosque, Bogota, [5]School of Medicine, Rheumatology program, [6]School of Medicine, Clinical Immunology Group, Universidad Militar Nueva Granada, Bogotá, Colombia

Has this paper been previously presented at another conference?: No

Background/Objectives: Janus Kinase (JAK) are non-receptor tyrosine protein kinases whose family is composed of 4 members: JAK 1, 2, 3 and TYK2; These molecules are expressed in all cells of the body with some special characteristics depending on each member and their inhibition has been used as a therapeutic target in different rheumatic pathologies in children and adults with acceptable results, so single nucleotide variants (SNP) in the genes that encode them may be related to susceptibility to the onset of rheumatic disease, more severe presentation or therapeutic failure with JAK inhibitors (iJAK).

Objective: Review existing literature about the identification of SNPs in the JAK/STAT pathways and susceptibility to rheumatic disease, more severe presentation or therapeutic failure to iJAK .

Methods: A search of scientific literature is carried out on reports of patients with rheumatological pathologies in which SNPs of JAK pathways will be studied in the PUBMED, EMBASE and SCOPUS databases.

Results: Two clinical studies were found where the association of SNPs in JAK/STAT pathways and rheumatic disease was evaluated. The first study published in 2016 evaluated the association between SNPs of JAK/STAT pathway genes and acute anterior uveitis (AAU) with or without ankylosing spondylitis (AS) in the Chinese population. 11 SNPs of genes JAK1, JAK2, STAT1, IRF1 and NOS2 in 443 AAU patients with AS, 486 AAU patients without AS, and 714 healthy controls with no significant differences in genotype or allele frequencies of SNPs between AAU patients with or without AS and healthy controls. The second case-control study published in 2023 evaluated the relationship between SNPs of genes related to JAK-STAT pathways and susceptibility to AS, 15 SNPs of genes related to the JAK/STAT pathways were

evaluated from 660 patients with AD and 646 healthy controls, finding that certain SNPs in different STAT1 genes behaved depending on the affected gene as a protective factor or risk factor for the development of AD, in addition, SNPs of the JAK1 gene were correlated with the severity of the disease and SNPs in genes of JAK2 may be related to greater disability.

Conclusion: The studies that to date evaluate the SNPs in genes related to JAK/STAT pathways in rheumatic diseases show an association between them, the clinical presentation and severity in adult patients with AD, however, the evidence is little to establish a recommendation about of the importance of these in other rheumatic entities

Disclosure of Interest: None Declared

Keywords: SINGLE NUCLEOTIDE VARIANTS , JANUS KINASA

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Three Cases Of Successfully Treated Refractory Diffuse Alveolar Hemorrhage With Recombinant Activated Factor Vii In Pediatric Rheumatic Diseases

Ruth Eraso*[1], Johanna Hernandez[1], Monica Velasquez[2], Daniela Orozco[1], Amalia Coy[1], Olga Morales[1]
[1]Medicine, Universidad de Antioquia, [2]Pediatrics, Hospital San Vicente Fundacion, Medellin, Colombia

Has this paper been previously presented at another conference?: No

Background/Objectives: Diffuse alveolar hemorrhage (DAH) is a complication that can occur in patients with rheumatic diseases such as systemic lupus erythematosus (SLE) and systemic vasculitis. In children, despite its low frequency, treatment can be particularly challenging, with high mortality rates. The use of intrapulmonary recombinant activated factor VII (rFVIIa) has been previously reported as a therapeutic measure in refractory DAH. The objective of this study is to describe the experience with this medication in three pediatric patients with rheumatic diseases and DAH from two referral centers in a city in Colombia.

Methods: Case series. Retrospective review of clinical records between June 2013 and November 2023.

Results: There were three patients; two of them were female, aged between 9 and 13 years. One had a diagnosis of ANCA-associated vasculitis, and two had SLE, one of whom had overlapping antiphospholipid syndrome. In all three cases, the diagnosis of DAH was suspected based on clinical manifestations and confirmed through bronchoalveolar lavage. DAH occurred in all three patients during the onset of the disease. All received high-dose methylprednisolone, cyclophosphamide, and plasma exchange, among other measures. rFVIIa at a dose of 50 mcg/kg was used endobronchially in two patients and nebulized in one of them; two cases required two doses, while one patient required a single dose. All three patients showed improvement, as evidenced by a decrease in ventilatory parameters and the need for red blood cell transfusions. No complications associated with the use of the medication were reported. Although clinical trials are lacking, in the last years increasing series have reported successfully used rFVIIa in DAH (an “off-label” hemostatic agent) as a final effort to stop bleeding. Its effect in DAH is mediated through tissue factor-dependent and -independent mechanisms. Given the separation between alveolar and systemic compartments of the lung and the presence of specific receptor for rFVII in the alveolar compartment, the intrapulmonary route is preferred, with less doses required and less risk of a thromboembolic complications.

Conclusion: In these patients, the use of intrapulmonary rFVIIa proved to be an effective and safe measure for treating DAH. However, its use in these cases was compassionate and within the context of multiple pharmacological interventions. Further studies are needed to assess its utility and safety in patients with DAH in the context of pediatric rheumatic diseases.

Disclosure of Interest: None Declared

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Keywords: Diffuse alveolar hemorrhage, Recombinant activated factor VII, Rheumatic diseases

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Prevalence Of Brain-Gut Axis Disorders And Their Effect On Quality Of Life In Children With Rheumatic Disease In A Tertiary Hospital In Cali, Colombia

Diana Carolina Castilla[*1], Carlos Alberto Velasco[1], Camilo Andrés Vargas Rincón[1]
[1]Pediatrics Department, Universidad del Valle, Cali, Colombia

Has this paper been previously presented at another conference?: No

Background/Objectives: The prevalence of rheumatic diseases in children is 5-7% and 21% for disorders of Gut-Brain Interaction (DGBI). Prior studies report an increase of gastrointestinal involvement in patients with rheumatic diseases leading to lower quality of life. There are limited studies in this population, thus the aim of this study was to describe the prevalence of DGBIs in children between 4 and 18 years of age with rheumatic diseases in a tertiary level hospital in Cali, Colombia. This is the first study carried out in this type of population, making use of the Rome IV Criteria and evaluating their quality of life with the KIDSCREEN tool.

Methods: This is a prospective descriptive observational study. Included patients of both sexes, aged between 4 and 18 years, who attended the pediatric rheumatology outpatient clinic of a tertiary level hospital in Cali, Colombia between May and November 2023 and had a diagnosis of a rheumatic disease. Children were excluded if they had a previous diagnosis of a gastrointestinal disease other than DGBIs, had undergone gastrointestinal surgical procedures or had a diagnosis of inflammatory bowel disease. We currently have data from 58 patients to whom the Rome IV questionnaires (QPGS-IV) were applied and the KIDSCREEN tool was used in children aged between 8 and 18 years to measure the quality of life.

Results: 58 children were included (Table 1). According to the QPGS-IV, at least one DGBI was present in 39.7% of the children. The predominant types of DGBIs were functional dyspepsia and constipation at 17.2% each. A lower KIDSCREEN score was found in children with DGBIs compared to those without DGBIs, which was a statistically significant finding in the studied group, mainly in children with SLE (Table 2).

Table 1:

Characteristics		n=58	%
Age		13.4+/-3.7 5-18 years	
Age group	School age child	18	31
	Adolescent	40	69
Sex	Female	41	70.7
	Male	17	29.3

Category	Autoinmmune	49	84.4
	Autoinflammatory	6	10.3
	Other	4	6.8

Table 2. KIDSCREEN score

	DGBIs	No DGBIs	p
Rheumatic disease	45.0+/-9.1	56.6+/-16.1	0.0043
Autoinmmune	45.2+/-9.5	58.3+/-16.2	0.0054
Autoinflammatory	49.2+/-8.2	42.2+/-8.4	0.3879
Other	41.5+/-16.3	48.7+/-6.1	0.6177
SLE	61.3+/-15.3	45.8+/-6.6	0.0209
JIA	57.1+/-17.8	45.1+/-2.5	0.3892

Conclusion: The prevalence of DGBIs is almost twice as high in children with rheumatic diseases as in those without these diseases. Moreover, it was statistically significant that patients with rheumatic diseases, mainly those with SLE, have a worse quality of life when their underlying disease is associated with DGBIs.

Disclosure of Interest: None Declared

Keywords: Brain-Gut Axis, Quality of Life, Rheumatic Diseases

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Baricitinib In Refractory Blau Syndrome: A Pediatric Case Report

Sandra Rodríguez Aguayo[*1], Norma Citlally Lara Molina[2], Karen Alba Hernández[1], Marely Ovando Castillo[1], Enrique Faugier Fuentes[1]
[1]Rheumatology, [2]Ophthalmology, Hospital Infantil de Mexico Federico Gomez, Mexico City, Mexico

Has this paper been previously presented at another conference?: No

Background/Objectives: Blau syndrome (BS) is an autoinflammatory disorder characterized by non-caseating granulomatous dermatitis, arthritis, and uveitis. We present a pediatric case of refractory BS treated with baricitinib (BARI). Our aim was to describe the clinical and immunological outcomes.

Methods: We evaluated the effects of BARI on clinical outcomes, **blood cell counts**, and acute phase reactants in a child with BS.

Results: Our 11-year-old female was initially diagnosed with peritoneal tuberculosis at the age of 4 years and received Dotbal (52 weeks). During follow-up, she developed several episodes of bilateral anterior uveitis, ocular hypertension, and cataracts, requiring topical corticosteroids, cycloplegics, and surgery (capsulotomy and vitrectomy of the left eye). She was referred to rheumatology at the age of 8 years where dermatitis, polyarthritis, and uveitis were documented. Skin biopsy showed non-caseating granulomas. BS was suspected and we asked for the specific gene test. Methotrexate (MTX) 15mg/SC/week and oral prednisolone 1.5 mg/kg/day were started without response, so biologic therapy was required for refractory uveitis: adalimumab (Oct-2020) and infliximab (Sept-2021). Genetic laboratory testing revealed a mutation in the NOD2 gene c.1678 C>T, p. Arg560Cys (Feb-2022). This mutation was not found in her parents; therefore, she was diagnosed with Early Onset Sarcoidosis (EOS)/Sporadic BS. Abatacept was required in March 2023. Seven months later, she developed relapses with ocular, cutaneous, and articular manifestations. We started BARI, and since then, the cutaneous (Image 1), ocular, and joint manifestations have remained stable, allowing steroid sparing. A decrease in acute phase reactants from the baseline was observed (Image 2). The patient did not experience any adverse events.

Image 1:

Skin rash before (a and b) and after (c) treatment with baricitinib.

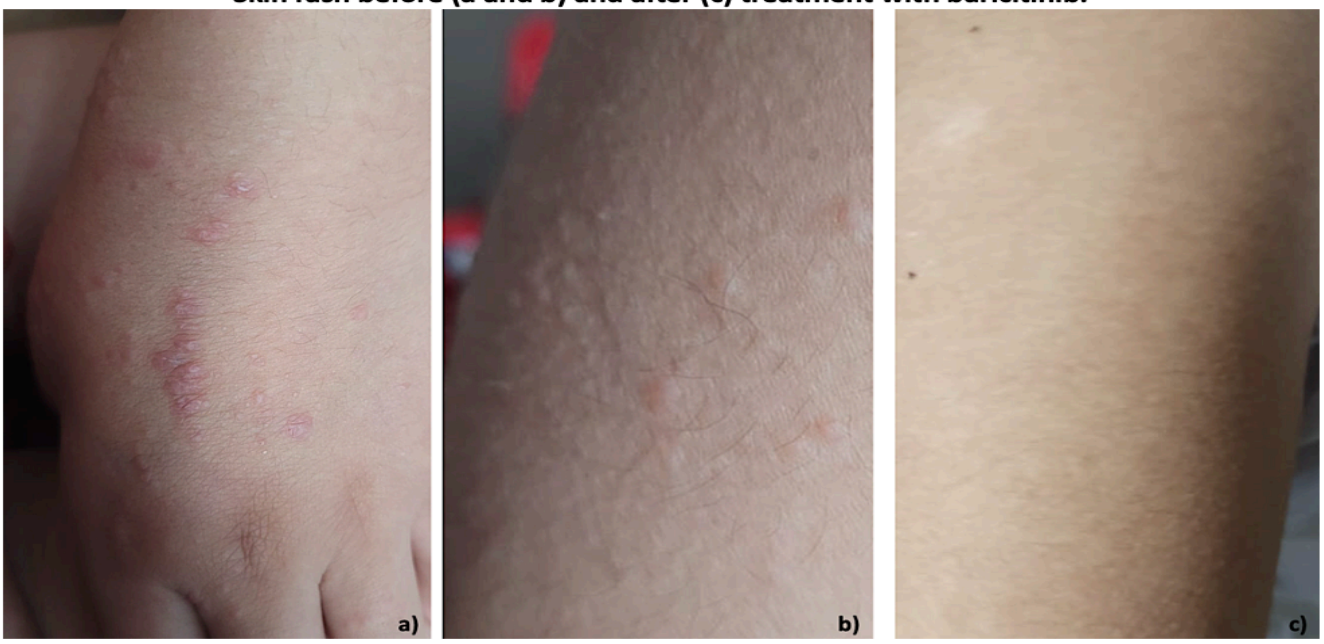
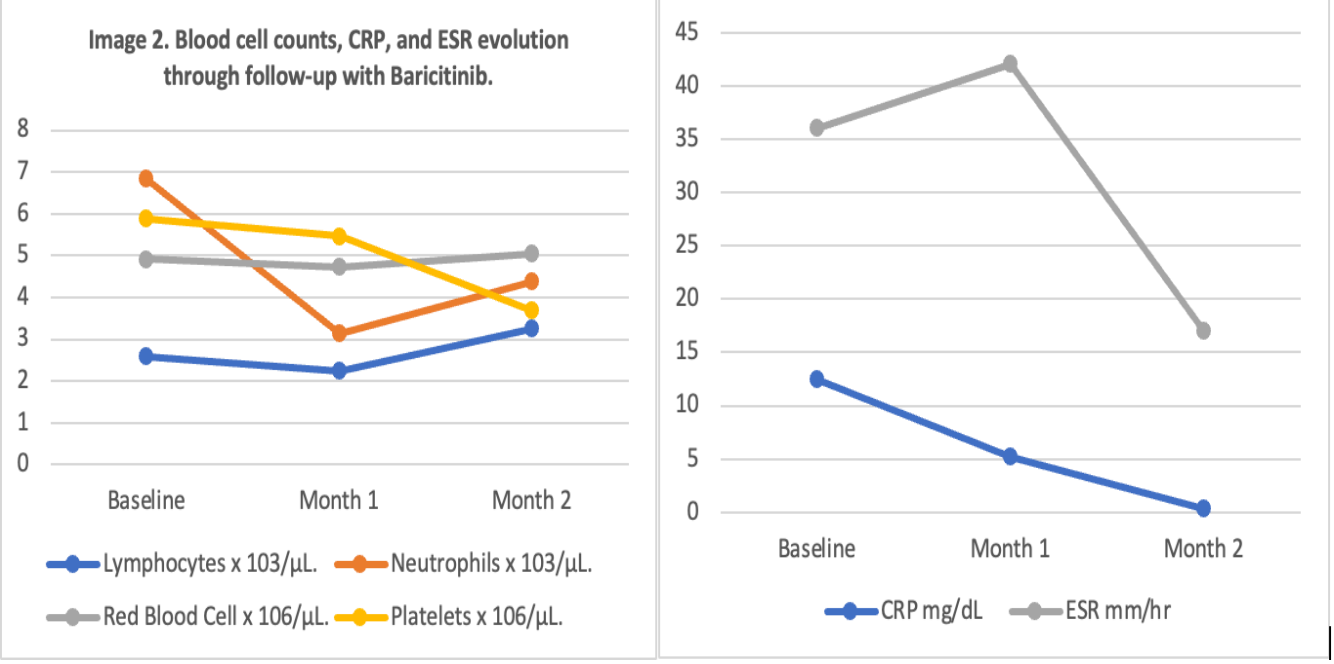


Image 2:



Conclusion: BARI allowed adequate control of disease activity to be maintained. Long-term follow-up is necessary to determine the efficacy and safety of BARI in EOS/sporadic BS.

Reference 1: Álvarez-Reguera, C., Prieto-Peña, D., & Blanco, R. Clinical and immunological study of tofacitinib and baricitinib in refractory Blau syndrome: case report and literature review. Therapeutic advances in musculoskeletal disorders. 14, (2022). Available at: https://doi.org/10.1177/1759720X221093211.

Disclosure of Interest: None Declared

Keywords: Baricitinib, Blau syndrome, Case report

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Granulomatosis Con Poliangeítis

Lucia Drago[*1]
[1]COSEM, MONTEVIDEO, Uruguay

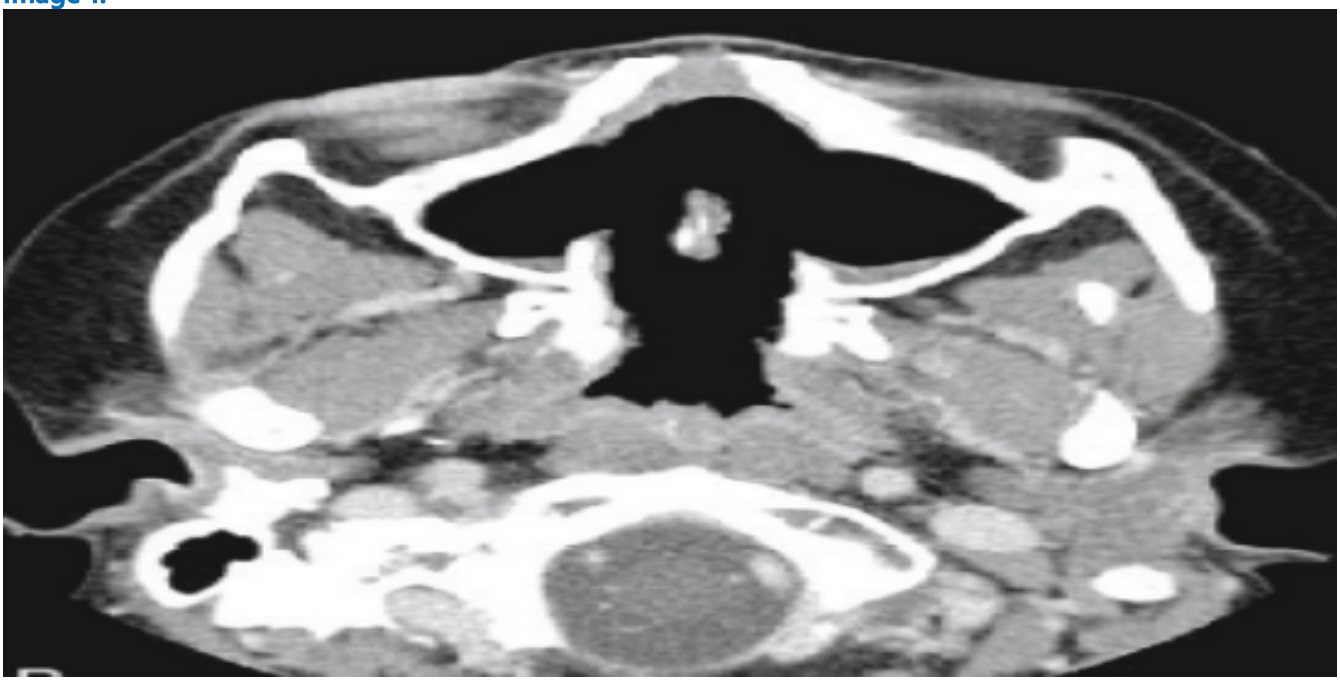
Has this paper been previously presented at another conference?: No

Background/Objectives: To describe a clinical case of granulomatosis with polyangiitis in pediatric age with exclusive involvement of the upper airway. IAMP COSEM, Montevideo. Uruguay

Methods: Description of a clinical case of an adolescent with Granulomatosis with Polyangiitis with exclusive involvement of the upper airway

Results: A 13-year-old female adolescent with a history of fleeting episodes of arthritis and asthenia, with a persistently high erythrocyte sedimentation rate, which in the course of evolution adds persistent purulent nasal discharge, nasal crusts with necrosis and perforation of the nasal septum; and bilateral chronic dacryocystitis. With positive ANCA antibodies, high titer PR3 and nasal biopsy showing granulomatous inflammation. She received treatment with pulses of methylprednisolone followed by a weekly dose of rituximab, for a month, until completing 2 grams. Azathioprine was indicated as maintenance treatment and Rituximab every 6 months, despite which he maintained ocular symptoms with complete remission of the rest of the symptoms and normalization of the VES.

Image 1:



Conclusion: We have seen a patient with a rare disease in pediatric age, with an unusual presentation, which highlights the importance of monitoring patients with arthritis that can progress to another systemic autoimmune disease, as in the case of our patient.

Disclosure of Interest: None Declared

Keywords: GPA, Pediatrics, VASCULITIS

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Characterization And Outcomes Of Children With Positive Antinuclear Antibody Test Refered To Pediatric Rheumatology Consultation

Jhosep Avila-Ruiz[*1], Ruth Eraso-Garnica[1,2], Lady Johana Hernandez-Zapata[1], Monica Velazquez-Mendez[3], Joaquin Rodelo-Ceballos[4]
[1]Rheumatology, Universidad de Antioquia, [2]Pediatric Rheumatology, Pablo Tobon Uribe Hospital, [3]Pediatric Rheumatology, [4]Epidemiology, San Vicente Fundacion Hospital, Medellin, Colombia

Has this paper been previously presented at another conference?: No

Background/Objectives: Although the appropriate use of antinuclear antibody test (ANA) in children has been extensively reviewed in medical literature, this lab is still widely ordered even in patients with a low pre-test probability of autoimmune disease. Considering that it has been reported that the ANA test may be positive in nearly 33% of healthy children, It could represent unnecessary spending for the health system and concerns for families. Aim: To describe the demographic, clinical, and paraclinical characteristics of pediatric patients referred to pediatric rheumatology consultation because of ANA positive results without a prior diagnosis of autoimmunity and some of their outcomes.

Methods: Historical cohort study of pediatric patients from hospitalization and outpatient services referred because of ANA positive result to pediatric rheumatology consultation of two reference hospitals from Medellín/Colombia between 2017 and 2022. Exclusion criteria: Incomplete ANA report or confirmed autoimmune disease, neoplasia, or active infection at the first pediatric rheumatology consultation. Clinical charts were reviewed for demographic, clinical and paraclinical information.

Results: Two hundred and forty records of pediatric patients referred to pediatric rheumatology consultation because of positive ANA were reviewed, and 195 were included. 75% were female; the mean age was 10.9 years. The most frequent indications that led to the performance of ANA and referral to pediatric rheumatology were nonspecific arthralgias (28%), cytopenias (20%), and a family history of autoimmune disease (16%). 74% presented ANA with titles less than or equal to 1:160 and the nuclear fine speckled pattern was the most frequent (53%). 46 patients (25%) had progression to rheumatic disease (mean follow-up time 13.5 months), and in 13 (6%) systemic lupus erythematosus was diagnosed. The time from the moment of the first ANA result to diagnosis was on an average of 4 months.

Conclusion: In this historical cohort, ANA positive results in most cases did not imply disease progression as has been reported in previous studies. ANA results should always be interpreted in the appropriate clinical context.

Disclosure of Interest: None Declared

Keywords: Antinuclear antibodies, Pediatrics, systemic lupus erythematosus

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Case Study: Lupus Associated With Ancas In A Pediatric Patient Undergoing Multitarget Therapy

Adriana Santizo*[1], Hector Menchaca-Aguayo[2], Sandra Rodriguez-Aguayo[1], Enrique Faugier-Fuentes[1]
[1]Pediatric Rheumatolgy, Hospital Infantil de México Federico Gomez, México City, [2]Pediatric Rheumatolgy, Hospital General Dr Agustin Ohran, Mérida, Yucatán, Mexico

Has this paper been previously presented at another conference?: No

Background/Objectives: Systemic lupus erythematosus (SLE) coexisting with anti-neutrophil cytoplasmic antibodies (ANCAs) is sparsely documented in the literature, and in the pediatric population, the experience is minimal. It has been found that patients with ANCA+ have a worse renal outcome compared to ANCA–, as well as higher disease activity at the time of diagnosis. We present a 14-year-old female patient with ANCAs associated with SLE.

Methods: The approach was made to a patient diagnosed with SLE, positive antibodies for ANCAS and treated with multitarget therapy.

Results: A 14-year-old female with onset of nephrotic syndrome. Immunological assessment with positive antibodies for SLE and ANCAs. Aproach included renal biopsy, chest and paranasal sinus CT scans. Diagnosis of SLE by 1997 ACR criteria: non-erosive arthritis, renal involvement with renal biopsy showing diffuse endocapillary proliferative and focal extra capillary glomerulonephritis with an activity index of 8/24 and chronicity of 0/12, Lupus nephritis (LN) IV with full house immunofluorescence and electron microscopy that refers class IV/V LN. Nephrotic range proteinuria 55 mg/m^2/hr. Hematological involvement with anemia, lymphopenia less than 1,500 103x/µL, ANA (cytoplasmic pattern 1:640), and COOMBS+. With positive pANCA and MPO. Initial treatment with cyclophosphamide (CYC) at a dose of 750 mg/m2 and 5 pulses of methylprednisolone (MTP) at 30 mg/kg dose. Persistent nephrotic syndrome and hemolytic anemia lead to initiation of 2 g/kg/day intravenous immunoglobulin and 3 pulses of MTP at 30 mg/kg dose. Outpatient management with 2 mg/kg/day prednisolone and mycophenolate mofetil at 1400 mg/m2/day every 24 hrs, hydroxychloroquine, and vitamin D. Completed 6 monthly CYC pulses with favorable outcome with multitarget therapy (Table 1).

Table 1:

DATE	bDMARD	PROTEINURIA
5.18.23	CYC #1 + MMF	276 mg/mt2/hr
6.21.23	CYC #2 + MMF	114 mg/mt2/hr

7.25.23	CYC #3 + MMF	75 mg/mt2/hr
8.18.23	CYC #4 + MMF	28 mg/mt2/hr
9.29.23	CYC #5 + MMF	21 mg/mt2/hr
11.9.23	CYC #6 + MMF	Negative

Made by: Adriana Santizo. Electronic portfolio data. MMF: Mycophenolate mofetil. CYC: Cyclophosphamide. bDMARD: Biologic Disease Modifying Antirheumatic Drug

Conclusion: Pediatric patients with SLE diagnosed with lupus nephritis and ANCAS features should be screened for both pathologies. The significance lies in the poor prognosis reported in the adult population, and it is crucial to document this association in the pediatric population. The multitarget therapy used in the patient was successful.

Reference 1: Bei Jin C, Meizhen T, Jun H, Lizhi C, Zhilang L, Shuhan Z et al. Clinicopathologic features in childhood-onset lupus nephritis with antineutrophil cytoplasmic antibody positivity——a multi-center retrospective study Lupus 2023, Vol. 32(6) 791–798

Disclosure of Interest: None Declared

Keywords: anti-neutrophil cytoplasmic antibodies, lupus nephritis, Multitarget therapy

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Pediatric Rheumatology

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Pediatric Autoimmune Encephalitis: Early Diagnosis Is The Key For Recovery

Susan Zarate C.[*1], Isabel M. Espinosa[1], Camila Gallegos[1], Jose Valderrama[2], Fernando Romero[2], Gladys Iza[3], Mario Rubio Neira[3], Angeles Costta Michuy[2], Alejandro J De la Torre[4], Gloria Soto[2], Beatriz H. Leon[1]
[1]Colegio de Ciencias de la Salud, Universidad San Francisco de Quito, [2]Hospital de los Valles, [3]Hospital Pediatrico Baca Ortiz, [4]Centro Médico Q-RA, Quito, Ecuador

Has this paper been previously presented at another conference?: No

Background/Objectives: Anti-NMDA receptor (anti-NMDAR) encephalitis is a rare autoimmune disorder with a prevalence of 0.8 cases per 100,000 individuals and a mortality rate of up to 15%.[1-2] There is limited information about its prevalence in Latin America. Its diagnosis is challenging, requiring specific tests and a high clinical suspicion. Furthermore, its most common psychiatric clinical manifestations can be mistaken for normal adolescent behavior. We report a 15-year-old male with anti-NMDAR encephalitis, highlighting the importance of early recognition and prompt intervention addressing both the inflammatory aspect of the disease and the neuropsychiatric manifestations.

Methods: A 15-year-old male presented to the ED after a generalized tonic-clonic seizure. Prior to admission, the patient reported orofacial dyskinesias, mood and sleep disturbances for four days. The patient presented with severely altered mental status, psychomotor agitation, and autonomic decompensation requiring management in the ICU. Continuous EEG monitoring showed findings suggestive of anti-NMDAR encephalitis, which was confirmed with CSF analysis.

Results: A timeline representation of the clinical course and treatment is shown in Image 1. The initial EEG showed a characteristic Delta-brush pattern (Image 2). The CSF analysis revealed pleocytosis, normal glucose and protein levels. Positive anti-NMDA antibodies in CSF and serum were reported after seven days. Prompt immunoregulatory therapy with methylprednisolone and intravenous immunoglobulin resulted in partial response. Subsequently, Rituximab was administered, yielding an excellent clinical response. Additional clinical manifestations such as seizures and psychomotor agitation were addressed in a timely fashion, improving the overall clinical course. After 30 days of hospitalization the patient is communicating with short sentences, walking with assistance, and improving his swallowing ability.

Image 1:

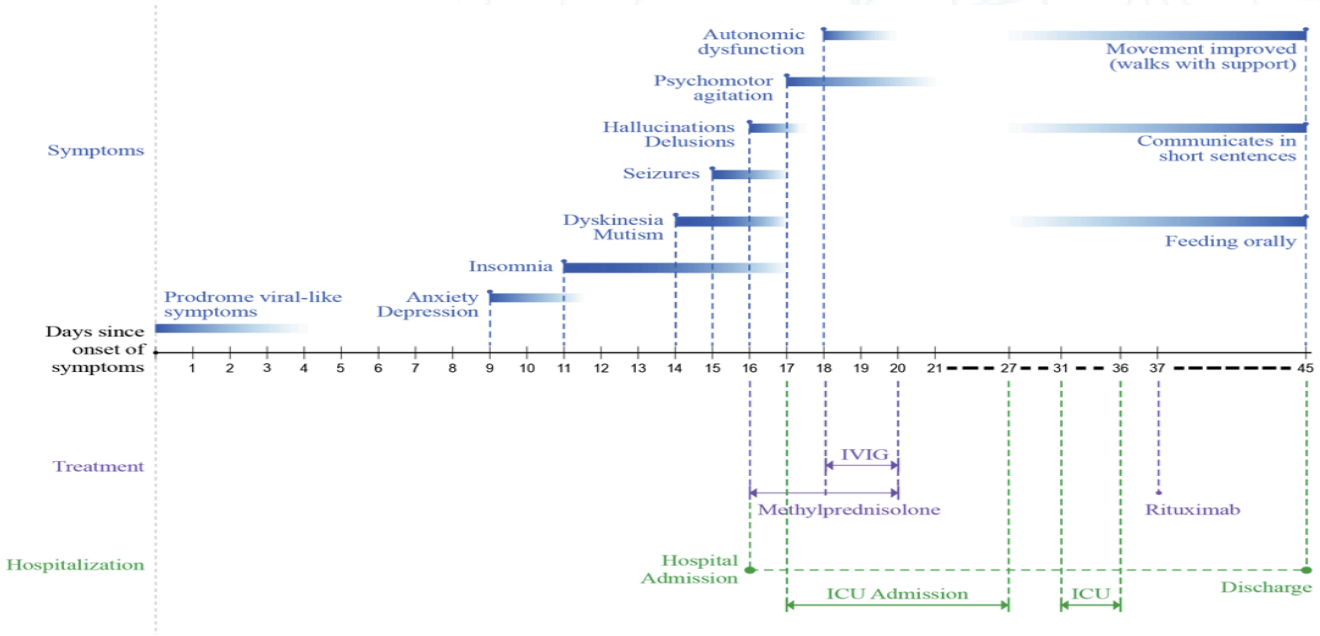

Image 1. Timeline of clinical course and treatment received

Image 2:

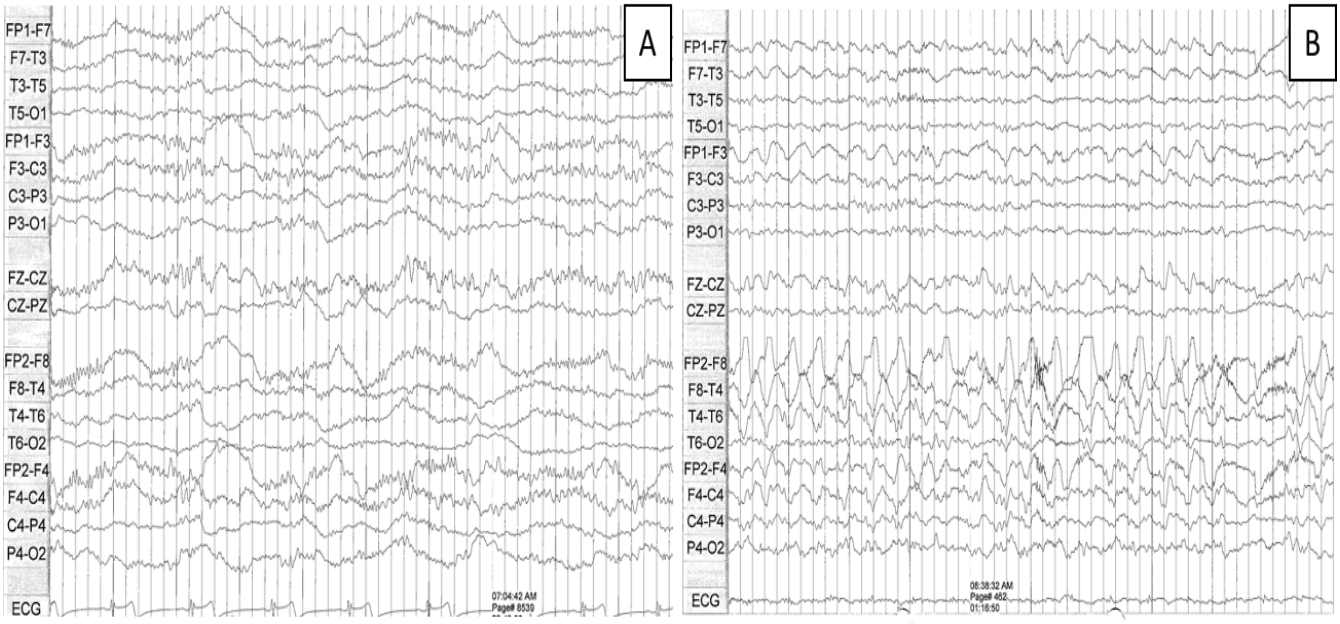

Image 2. A. Baseline activity with slow delta waves overlaid with fast waves (Delta brush). B. Right hemisphere focal electrographic seizure

Conclusion: Pediatric Anti-NMDAR encephalitis is a devastating disease. Our patient initially presented with an episode of seizures that prompted neurology consultation. A rapid diagnosis of Anti-NMDAR encephalitis was key for initiating treatment. This case underscores the significance of early recognition and intervention in the management of anti-NMDAR encephalitis. Timely intervention reduces the risk of potential long-term neurological sequelae and improves overall prognosis.

Reference 1: Dubey D, Pittock SJ, Kelly CR, McKeon A, Lopez-Chiriboga AS, Lennon VA, *et al*. Autoimmune encephalitis epidemiology and a comparison to infectious encephalitis. *Annals of Neurology*. 2018 Jan;83(1):166–77.
Reference 2: Zhong R, Chen Q, Zhang X, Zhang H, Lin W. Risk Factors for Mortality in Anti-NMDAR, Anti-LGI1, and Anti-GABABR Encephalitis. *Frontiers in Immunology*. 2022 Mar 7;13.

Disclosure of Interest: None Declared

Keywords: anti-NDMA receptor encephalitis, autoimmune encephalitis, Pediatrics

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Psoriatic arthritis

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Differences Between Late-Onset And Early-Onset Psa In A Multicentric Argentinian Cohort.

Gustavo A. Medina[1], Maximiliano Fenucci[2], Tamara Arias[*1], Rodrigo García Salinas[3], Sebastián Magri[3], Marcelo Abdala[4], Brian Abdala[4], Leila Abbas[2]
[1]Rheumatology, Hospital de Clínicas Buenos Aires University, [2]Rheumatology, Hospital Milstein, Ciudad Autónoma de Buenos Aires, [3]Rheumatology, Hospital Italiano , La Plata, [4]Rheumatology, Hospital Centenario, Rosario, Argentina

Has this paper been previously presented at another conference?: No

Background/Objectives: Describe the prevalence of late-onset psoriatic arthritis in patients with PsA, the differential clinical and epidemiological characteristics.

Methods: multicenter, observational cross-sectional study. Late onset PsA was defined by 60 years. They were compared with early-onset PsA (<60 years). Percentage, mean and standard deviation, variables were compared with tStudent and Chi squared. Significance <5%.

Results: Of 253 patients ,68 with late-onset PsA, 26.8% of the total cohort, and 126 with early-onset were selected. The mean age was 73.1± 5.8 and 46.6± 8.4 respectively. Patients with late-onset had more comorbidities, especially cardiovascular, diabetes and obesity, less joint involvement (DAPSA) with a predominantly oligoarthritis phenotype and less BSA. The prevalence of use of high-cost medications was lower (42.6% vs 58.7%) despite having greater health insurance (94.1% vs 73.8%). The most used mechanism of action was IL17 inhibitors followed by TNF inhibitors. 32.4% achieved MDA.

Table 1:

		Early onset (n=126)	Late onset (n=68)	p
Female (%)		58%	53%	0,4
hypertension(n(%))		27 (21,4)	34 (50)	**<0,001**
diabetes(n(%))		10 (7,9)	15 (22,1)	**0,007**
obesity(n(%))		22 (17,5)	20 (29,4)	**0,04**
Psoriatic type (n(%))	Plaque	109 (86,5)	62 (91,2)	**0,03**
guttata		6 (4,8)	0	
palmo plantar		2 (1,6)	5 (7,4)	
eritrodermic		2 (1,6)	0	
Nail (n(%))		56 (44,4)	38 (56)	0,07
PsA type (n(%))				
	monoarthritis	3 (2,4)	3 (4,4)	0,4
	oligoarthritis	51 (40,5)	39 (57,4)	**0,03**
	polyarthritis	68 (54)	23 (33,8)	**0,01**

	axial	38 (30,2)	14 (20,6)	0,1
	entesis	62 (49,2)	34 (50)	1
	dactilytis	39 (31)	11 (16,2)	**0,02**
MDA (n(%))		26 (20,6)	22 (32,4)	0,1
b/tsDMARD (n(%))		74 (58,7)	29 (42,6)	0,06
	TNF	38 (30,2)	11 (16,2)	
	IL 17	20 (15,9)	16 (23,5)	
	JAK	4 (3,2)	0	
	IL 23	8 (6,3)	1 (1,5)	
	IL 12/23	3 (2,4)	1 (1,5)	

	Early onset (n=126)mean±SD	Late onset (n=68)mean±SD	p
CRP (mg/dl)	1,4± 2,1	3,4± 5,6	**0,001**
PASI	3,7 ±7,2	1,9± 2,8	0,08
BSA	5,3± 12,2	1,4± 2,9	**0,03**
HAQ	0,67 ±0,61	0,84± 0,44	0,07
DAS28	3 ±1,3	2,9± 0,8	0,5
DAPSA	14,4± 9,3	11,5 ±8,2	**0,04**

Conclusion: There were significant differences between those over 60 years and those under 60. Despite the lesser joint involvement, the higher prevalence of comorbidities, especially metabolic and cardiovascular, should alert the rheumatologist to make an early diagnosis and accurate treatment to avoid damage and mortality.

Disclosure of Interest: None Declared

Keywords: early onset, late onset, Psoriatic arthritis

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PANLAR 2024

Psoriatic arthritis

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Association Between Cardiovascular Risk And Nafld Fibrosis Assessed By Fib-4 In Psoriatic Arthritis Patients

Andrea Lizbeth Guajardo-Aldaco[*1], Maria F. Elizondo-Benitez [1], Dionicio A. Galarza-Delgado[1], Iris J. Colunga-Pedraza[1], Jose R. Azpiri-Lopez[2], Jorge A. Esquivel-Valerio[1], Jesus Alberto Cardenas-de la Garza [1], Iris J. Colunga-Pedraza[1], Valeria Gonzalez-Gonzalez[1], Pablo Gamez-Siller[1]
[1]Rheumatology Department , [2]Cardiology Department , Hospital Universitario "Dr. José Eleuterio González", Universidad Autónoma de Nuevo León , Monterrey , Mexico

Has this paper been previously presented at another conference?: No

Background/Objectives: The effect of Non-Alcoholic Fatty Liver Disease (NAFLD) fibrosis on cardiovascular risk in the context of psoriatic arthritis has not been reported. We aim to compare cardiovascular risk, prevalence of carotid plaque, and prevalence of increased carotid intima-media thickness (cIMT) in patients with liver fibrosis stage 0 to 1 vs. fibrosis stage higher than 2 measured by FIB4.

Methods: We performed an observational, comparative, and transversal study in patients who fulfilled the 2006 Classification Criteria for Psoriatic Arthritis (CASPAR). Cardiovascular risk was calculated with QRISK3 score. Carotid B mode ultrasonography was used to measure cIMT and the presence of plaques. Descriptive analysis was done with frequencies (%), mean (± SD), median (p25-p75), and comparisons with Chi-square, Studenť s t, and Mann-Whitney U test. We considered $p<0.05$ significant.

Results: We recruited 86 patients who fulfilled the criteria. The prevalence for NAFLD fibrosis stage 2 or higher was 26.74%. Patients with a higher NAFLD stage were older [60.21 ±9.45 vs. 53.61 ±9.67; p=0.006] and had a higher prevalence of hypertension [13 (56.52%) vs. 19 (30.15%); p=0.025]. Patients with a FIB-4 in stage 2 or higher had higher cardiovascular risk measured by QRISK3 [13.20 (1.7-46.10) vs. 7.43 (0.3-36.50); p=0.010]. (Table 1).

Table 1:

Table 1. Clinical and sociodemographic characteristics

	Patients with liver fibrosis stage 0-1 n= 63	Patients with liver fibrosis stage ≥ 2 n= 23	*p*-value
Age, mean ±SD	53.61 ±9.67	60.21 ±9.45	**0.006**

Comorbidities, n (%)			
- Diabetes Mellitus	11 (17.46)	7 (30.43)	NS
- Hypertension	19 (30.15)	13 (56.52)	**0.025**
- Dyslipidemia	25 (39.68)	11 (47.82)	
- Obesity	23 (36.50)	8 (34.78)	NS
- Active smoking	13 (20.63)	6 (26.08)	NS
Statin use	11 (17.46)	7 (30.43)	NS
DAPSA, mean ±SD	17.75 ±16.89	19.10 ±11.02	NS
QRISK3, median (q25-q75)	7.43 (0.3-36.50)	13.20 (1.7- 46.1)	**0.010**
Carotid plaque, n (%)	19 (30.15)	7 (30.43)	NS
Increased cIMT, n (%)	7 (11.11)	1 (4.34)	NS

DAPSA, Disease Activity in Psoriatic Arthritis; cIMT, Carotid intima-media thickness; SD, Standard Deviation.

Conclusion: The prevalence for NAFLD fibrosis stage ≥2 in our population was higher than the reported in previous studies. Patients with stage 2 or higher NAFLD measured by FIB-4 had an increased cardiovascular risk. NAFLD has been linked to an increased risk of cardiovascular disease and has similar underlying pathways with PsA. Early detection and intervention is imperative

Disclosure of Interest: None Declared

Keywords: Cardiovascular Disease, Non-Alcoholic Fatty Liver Disease, Psoriatic Arthritis

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Psoriatic arthritis

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The Neutrophil-Lymphocyte Ratio And The Incidence Of Cardiovascular Events In Patients With Psoriasis And Psoriatic Arthritis. A Retrospective Cohort Study.

Mauro Martini*[1], Valentina Torres[2], Paola de la Torre[1], Alfredo Vargas[1], Nicolas Alvarado[1], Maria Laura Acosta Felquer[1], Julia Cura[1], Luis Mazzuoccolo[1], Javier Rosa[1], Enrique Soriano[1]
[1]Hospital Italiano de Buenos Aires, Ciudad Autónoma de Buenos Aires, Argentina, [2]Universidad del Valle, Cali, Colombia

Has this paper been previously presented at another conference?: Yes

Background/Objectives: The neutrophil to lymphocyte ratio (NLR) has been proposed as predictor of cardiovascular disease in some autoimmune diseases but not in psoriasis or psoriatic arthritis (PsA).

To assess if NLR predicts incident mayor adverse cardiovascular events (MACE) and all causes mortality in patients with PsO and PsA.

Methods: Patients with PsO and PsA followed at a university hospital were included in this retrospective cohort study.

Patients contributed time from their diagnosis (incident cases) or first contact with the hospital (prevalent cases) until development of MACE (composite of non-fatal myocardial infarction, non-fatal stroke, or CV death), or death, loss of follow up, or finalization of the study (1/5/2022). NLR was calculated from the complete blood count at time of diagnosis or first visit to the hospital before starting any systemic treatment. Patients with previous MACE or previous systemic treatment were excluded. Systemic treatment after inclusion was registered.

Incident rates (IRs) were calculated for incident MACE or all cause deaths. Associations between NLR (low/very low: NLR< 2.5; and high/very high: ≥ 2,5) and incident MACE or all cause death were analyzed using a Cox proportional hazards model adjusting by traditional cardiovascular risk factors and systemic treatment.

Results: 967 patients followed for a total of 13946 patient/years (py); 825 with PsO and 142 with PsA were included (table 1). There were 67 MACE (IR: 0.48/100 py): 62 in PsO (IR: 0.52/100 py) and 5 in PsA (IR:0.24/100 py), and 97 all causes death (IR: 0.68/100 py; 86 in PsO: IR: 7.3/100 py; 11 in PsA: IR: 0.52/100 py).

In the overall population the incidence of MACE in patients with a NLR ≥ 2.5 was 0.70/100 py compared with 0.39/100 py (IRR: 1.8; 95% CI: 1.05-2.9; p= 0.0121) in those with a NLR<2.5.

In the Cox proportional hazard model (table 2) after adjusting for age, gender, diabetes, hypertension, body mass index, dyslipidemia, smoking and systemic treatment a NLR ≥ 2.5 was associated with an increased risk of MACE: hazard ratio

(HR): 1.8 (95% CI: 1.1-3; p= 0.021). Although NLR ≥ 2.5 was associated with increase all-cause mortality in univariable analysis (IRR: 1.55; 95% CI: 1-2.4; p=0.0198) association was lost after adjusting by the mentioned variables.

NLR only strongly correlated with CRP value (r: 0.6367).

Image 1:

Table 1.

Characteristics	Psoriasis (n: 825)	Psoriatic arthritis (n: 142)	P value
Females; n (%)	436 (56)	51 (36)	<0.001
Years of age at inclusion; mean (SD)	45,8 (21.1)	51,9 (16)	0.0009
Years of follow up after inclusion; mean (SD)	14.4 (5.5)	14.7 (5)	0.4402
Hypertension; n/N (%)	336/823 (40.8)	60/141 (42.5)	0.700
Dyslipidemia; n/N (%)	240/822 (29,9)	52/141 (36,9)	0.067
Body Mass Index; mean (SD)	27,87 (5.1)	28,93 (4,97)	0.0262
Current or previous smoking; n (%)	432 (52,36)	78 (54,93)	0.572
Diabetes; n (%)	60 (7.3)	7 (5)	0.305
Systemic treatment after inclusion; n (%)	163 (19,76)	105 (73,94)	<0.001
Mean neutrophil to lymphocyte ratio (NLR)	2.3 (2.4)	2.6 (1.6)	0.1552
NLR ≥2.5, n (%)	213 (25.8)	55 (38.7)	0.001

n= number positive/N=total with the assessment

Image 2:

Tabla 2.

Variable	Hazard Ratio	Standar error	IC 95%	p value
NLR >=2.5	**1.8277**	**0.4774**	**1.0954 - 3.0497**	**0.021**
Masculine gender	1.9008	0.5436	1.0851 - 3.3295	0.025
Age	1.0314	0.0092	1.0135 - 1.0496	0.001
Hypertension	0.9393	0.2921	0.5106 - 1.7279	0.840
Dyslipidemia	2.2179	0.6064	1.2977 - 3.7905	0.004
Smoking	2.2931	0.6960	1.2648 - 4.1571	0.006
BMI	0.9950	0.0293	0.9390 - 1.0543	0.866
Diabetes	0.8629	0.3453	0.3938 - 1.8907	0.713
ST	**0.3589**	**0.1458**	**0.1618 - 0.7960**	**0.012**

NLR: neutrophil to lymphocyte ratio; BMI: body mass index; TS: systemic treatment.

Conclusion: NLR is an easy and universally available index, that was associated with an increased risk of mayor adverse cardiovascular events in patients with psoriasis and psoriatic arthritis.

Disclosure of Interest: None Declared

Keywords: Cardiovascular risk, psorias, Psoriatic arthritis

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Psoriatic arthritis

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¿Is Ghrelin A Biomarker In Psoriatic Arthritis?

VERONICA SAVIO[*1], ALEJANDRO ALBIERO[1], MARCELO YORIO[1], CARLA GOBBI[1], CARLA MALDINI[1], CARLA ALONSO[1], MARIA ELENA CASTRILLON[2], PAULA ALBA[1], ANA CAROLINA MARTINI[3]
[1]HOSPITAL CORDOBA, [2]HOSPITAL ITALIANO, [3]INSTITUTO DE FISIOLOGIA. UNC, CORDOBA, Argentina

Has this paper been previously presented at another conference?: Yes

Background/Objectives: Psoriatic disease (PDs), which includes psoriasis (PsO) and psoriatic arthritis (PsA), is usually associated with cardiometabolic comorbidities. Ghrelin (Ghrl) is a polypeptide with cardioprotective, immunomodulatory and anti-inflammatory effects. Few studies have explored the relationship with PsO and none with PsA (1,2).

Our objective was to evaluate blood Ghrl level in patients with PsA, its relationship with activity disease, metabolic and cardiovascular status.

Methods: A prospective, case-control, cross-sectional study was performed (between 7/2019 and 3/2022). Sixty-nine PsA patients matched by sex and age with PsO (n=43) and controls (CT; n=51) were included. Patients with another inflammatory joint disease were excluded. Activity was evaluated by PASI (psoriasis area severity index), DAPSA (disease activity for psoriatic arthritis) and MDA (minimal disease activity). Subclinical atherosclerosis (SCate) was defined according to myointimal thickening ≥0.9mm and/or presence of carotid plaque by ultrasound (excluding those with a previous cardiovascular event) and metabolic syndrome (MetS) by ATPIII. Parametric ANOVA and Kruskall-Wallis tests were applied. $p<0.05$ was considered significant. The study is approved by the independent ethics committee, and has no conflicts of interest.

Results: Ghrl concentrations were markedly lower in patients with PDs (APs:199.56±37.40pg/ml; PsO:318.47±117.33pg/ml and TC:492.50±151.47pg/ml), although without statistical significance. Ghrl tended to be higher in patients with MDA ($p>0.05$) and no differences were found between groups according to PASI or DAPSA. Patients with PsA and PsO showed a higher frequency of ATEsc than CT (57% and 68% vs 36%, respectively; $p<0.05$) and Ghrl concentrations in patients with ATEsc and MetS tended to be lower. Ghrelin was significantly lower in patients with hypertension (149.57±139.13pg/ml vs 489.03±110.70pg/ml, n=52 and 78 respectively, $p<0.05$) and was negatively correlated with systolic blood pressure ($r=-0.19$; $p<0.05$).

Conclusion: This is the first study to explore the association between PsA and Ghrl, suggesting a negative association between the polypeptide, disease severity, and metabolic/cardiovascular risk. If these trends are confirmed in a higher number of patients, Ghrl could be a candidate biomarker in PsA, as well as play a physiopathogenic role in PDs.

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Reference 2: 2. Ucak H, Demir B, Cicek D, Erden I, Aydin S, Dertlioglu SB, Arica M. Metabolic changes and serum ghrelin level in patients with psoriasis. Dermatol Res Pract. 2014;2014:175693. doi: 10.1155/2014/175693. Epub 2014 Dec 18. PMID: 25587268; PMCID: PMC4281451.

Disclosure of Interest: None Declared

Keywords: Biomarker, Ghrelin, Psoriatic arthritis

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GLOBAL RHEUMATOLOGY BY PANLAR

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Psoriatic arthritis

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Relationship Between Cardiovascular Risk With Early And Late-Onset Presentation In Psoriatic Arthritis.

Maria F. Elizondo-Benitez[*1], Andrea L. Guajardo-Aldaco[1], Dionicio A. Galarza-Delgado[1], Iris J. Colunga-Pedraza[1], Jose R. Azpiri-Lopez[2], Jesus A. Cardenas-DeLaGarza[1], Rosa I. Arvizu-Rivera[1], Valeria Gonzalez-Gonzalez[1]
[1]Rheumatology Department, [2]Cardiology Department, Hospital Universitario "Dr. José Eleuterio González", Universidad Autónoma de Nuevo León, Monterrey, Mexico

Has this paper been previously presented at another conference?: No

Background/Objectives: To associate cardiovascular risk factors in patients with early and late-onset psoriatic arthritis.

Methods: Cross-sectional, observational, and comparative study of patients with PsA who met the 2006 Classification Criteria for Psoriatic Arthritis (CASPAR), aged 18 years or older. Patients with a diagnosis of overlapping syndromes, a history of major cardiovascular events (myocardial infarction, stroke, and heart failure), and pregnant individuals were excluded. The age of onset was defined through clinical history and was divided accordingly into two groups: early onset (<40 years old) and late-onset (≥60 years old), as well as their cardiovascular risk factors (diabetes mellitus, hypertension, dyslipidemia, obesity, and active smoking). A carotid ultrasound in B-mode was performed on all patients by a certified radiologist blinded to clinical information. Subclinical atherosclerosis was defined as the presence of carotid plaque (CP), defined as carotid intima-media thickness (cIMT) ≥1.2 mm or focal narrowing ≥0.5 mm of the surrounding lumen, or the presence of increased cIMT (≥0.8 mm). Group distribution was assessed using the Shapiro-Wilk test. The comparisons were made using the Chi-square test, the Kruskal-Wallis test, the Student's T test, and the U- Mann-Whitney Test, accordingly. A p- value of ≤ 0.05 was considered statistically significant.

Results: Forty-one patients with PsA were included, mostly women (58.5%), with a mean age of 51.7 ± 14.4 years. There was no difference between groups in the prevalence of traditional cardiovascular risk factors. A significant difference was found in the presence of subclinical atherosclerosis between the groups, the late-onset group showed a higher prevalence than the early-onset patients (71.8% vs 77.7%, p=0.007) (Table 1).

Table 1: **Table 1. Demographic characteristics.**

	Early Onset (n=32)	Late Onset (n=9)	*P value*
DAS28CRP, mean ± SD	2.80 ± 1.3	2.87 ± 1.5	NS

DAPSA, mean ± SD	17.2 ± 15.1	12.9 ± 10.5	NS
Subclinical atherosclerosis, n (%)	23 (71.8)	7 (77.7)	*0.007*

DAS28CRP, disease activity score 28 c-reactive protein; DAPSA, disease activity in psoriatic arthritis; IQR, interquartile range; NS, not significant; NS, not significant.

Conclusion: While late-onset patients commonly exhibit a higher frequency of atherosclerosis due to their age, it is essential to conduct screenings in younger patients. Our study revealed that 70% of the younger cohort displayed subclinical atherosclerosis primarily influenced by the underlying disease.

Disclosure of Interest: None Declared

Keywords: Cardiovascular risk, Epidemiology, Prognosis

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Psoriatic arthritis

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Description Of The First Patients Included In The Psoriatic Disease Registry Of The Argentine Society Of Rheumatology And The Argentine Psoriasis Society (Renaepso)

VERONICA SAVIO[*1], CRISTINA ECHEVERRIA[2], VANESA COSENTINO[2], DARIO MATA[2], IDA EXENI[3], MARIA DE LOS ANGELES SEVERINA[3], MAXIMILIANO MACHADO ESCOBAR[4], FLORENCIA GORDILLO[5], LUCIA CAPELLI[2], MICAELA COSATTI[2], PAULA ALBA[3], CARLA ALONSO[3], ALEJANDRO MARTINEZ MUÑOZ[2], BARBARA PEREZ CEPAS[2], CARLA EUGENIA MATELLAN[2], CECILIA COSTA[6], JULIETA GENTILETTI[7], CAROLINA DIEGUEZ[2], DIEGO VILA[2], JOAN MANUEL DAPEÑA[2], KARINA MALVIDO[2], LEANDRO CARLEVARIS[5], MARIA LAURA CASTELLANOS POSSE[2], PAULA LUNA[2], DEBORA KAPLAN[2], JENNIFER KREIMER[2], OSVALDO CERDA[8]
[1]HOSPITAL CORDOBA, Córdoba, [2]Investigadores del Registro Nacional de Enfermedad Psoriásica (ReNaEPso), Buenos Aires, [3]Investigadores del Registro Nacional de Enfermedad Psoriásica (ReNaEPso), Córdoba, [4]Investigadores del Registro Nacional de Enfermedad Psoriásica (ReNaEPso), Tucumán, [5]Investigadores del Registro Nacional de Enfermedad Psoriásica (ReNaEPso), Mendoza, [6]Investigadores del Registro Nacional de Enfermedad Psoriásica (ReNaEPso), Santa Fé, [7]Investigadores del Registro Nacional de Enfermedad Psoriásica (ReNaEPso), Rosario, [8]IREP, Buenos Aires, Argentina

Has this paper been previously presented at another conference?: Yes

Background/Objectives: Psoriatic Disease (PD) describe a spectrum of manifestations affecting patients with psoriasis (PsO). Psoriatic arthritis (PsA) can affect up to 30% of patients with PD.

Our objetive was yo describe the sociodemographic, clinical, treatment, and comorbidity characteristics of patients with PD in their baseline visit.

Methods: A longitudinal, multicenter cohort study including patients aged ≥18 years with a diagnosis of PsO and/or PsA. The diagnosis of PsO had to be made by a dermatologist and PsA by a rheumatologist. Recorded variables included sociodemographic information, clinical data, treatments, affected domains, and comorbidities.

Results: A total of 111 patients were included. The distribution was 54.91% Buenos Aires, 25.2% Córdoba, 5.41% Tucumán, 4.50% Santa Fé, 3.60% Mendoza, 1.80% Entre Ríos, 1.80% Tierra del Fuego and less tha 1% Misiones, Río Negro and La Pampa. 52.3% were female, with a mean age of 55.7±12.9 years. 51.4% had a medium socioeconomic level and 57.7% had health insurance. 68.5% of patients had either part-time or full-time employment. 30.9% of patients had a family history of PD. The average time to specialized care was 6 months [IQR 3-12]. 71.7% of patient had hypertension, 26.2% diabetes, 32.3% metabolic syndrome, 49.2% dyslipidemia, 27.4% hypothyroidism, 8.06% osteoporosis, 44.4% obesity, 11.5% cardiovascular disease, 19.7% anxiety, 13.1% fibromyalgia, 8.20% cancer, 12.9% hepatic steatosis. Smoking was present in 46.3% of patients and alcoholism in 7.37%.

At the time of diagnosis, 85.7% presented plaque PsO, and PsA was present in 75.5% of patients. 28.6% polyarticular, 21.7% axial, 50.8% enthesitis, and 32.2% dactylitis. 3 had uveitis, and 1 inflammatory bowel disease. Regarding treatment,

45.2% received topical therapy, 14.5% phototherapy, and 82.4% systemic (61.2% MTX, 6.12% leflunomide, 1.02% sulfasalazine, and 1.03% acitretin). 58% of patients were on biological treatment: adalimumab (20.4%), certolizumab (3.06%), etanercept (3.06%), golimumab (1.02%), secukinumab (19.4%), ixekizumab (2.04%), abatacept (5.10%), guselkumab (4.08%), and risankizumab (5.10%). Upadacitinib 3.06% and apremilast in one patient. 3 individuals were receiving investigational drugs.

Conclusion: This study presents the first report on the baseline characteristics of patients with PD in Argentina. We emphasize the importance of collaborative efforts between dermatologists and rheumatologists together, and report real-world data.

Disclosure of Interest: None Declared

Keywords: Argentina, Psoriatic arthritis, Real world data

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Psoriatic arthritis

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Development And Validation Of A Questionnaire From A Patient Perspective To Assess Challenges In Psoriatic Arthritis Treatment – A Qualitative Study

Andre Lucas Ribeiro[*1], Júlia Andressa Tessari[2], Charles Lubianca Kohem[3], Penélope Esther Palominos[4], Rafael Mendonça da Silva Chakr[5]
[1]Medicine, Women's College Research Institute, Division of Rheumatology, University of Toronto, Toronto, Canada, [2]Universidade Federal do Rio Grande do Sul, [3]Rheumatology, Hospital de Clínicas de Porto Alegre, Porto Alegre, [4]Rheumatology, Lifeplus Litoral Norte, Outliers Innovative Solutions, Xangrilá, [5]Rheumatology, Hospital de Clínicas de Porto Alegre, Universidade Federal do Rio Grande do Sul, Porto Alegre, Brazil

Has this paper been previously presented at another conference?: No

Background/Objectives: Limited data exists for adapting Psoriatic Arthritis (PsA) treatment guidelines for lower-income regions, particularly Latin America, with most research focusing on the physician's perspective(1). This study explores socio-economic challenges regarding PsA management in Brazil. The primary aim is to develop and validate a questionnaire addressing these challenges, with the secondary goal of better characterizing this population.

Methods: We included PsA patients meeting CASPAR criteria and excluded those with overlapping inflammatory diseases. With input from two patient-research partners throughout the study, we conducted focus groups to identify key difficulties faced by patients. These shaped a survey, which was tested for feasibility and reliability (test-retest with a target agreement > 0.8) before being administered to PsA patients.

Results: In our study involving 69 PsA patients, we developed a 26-question, five-domain questionnaire, which recorded a 92.2% agreement rate and an average completion time of 8.3 minutes. Domains included diagnosis (**Figure 1**), daily limitations, drug dispensation (**Figure 2**), medical care access, and misinformation. Notably, 59% experienced diagnosis delays of over a year post joint pain onset; 33% surpassed 2 years. Around 43% faced daily disruptions due to PsA, with 35.3% either taking sick leave or early retirement. Nearly 25% waited over 8 weeks for Brazil's healthcare system to approve medication requests, and 17.6% resorted to legal action to gain access to medications. Around 60% experienced drug dispensation issues.Moreover, 66.7% lived remotely from their rheumatologist, with 49% traveling over an hour for appointments. Only 54.9% correctly identified all PsA symptoms, and about 30% were unaware of methotrexate's interaction with alcohol and pregnancy.

Image 1:

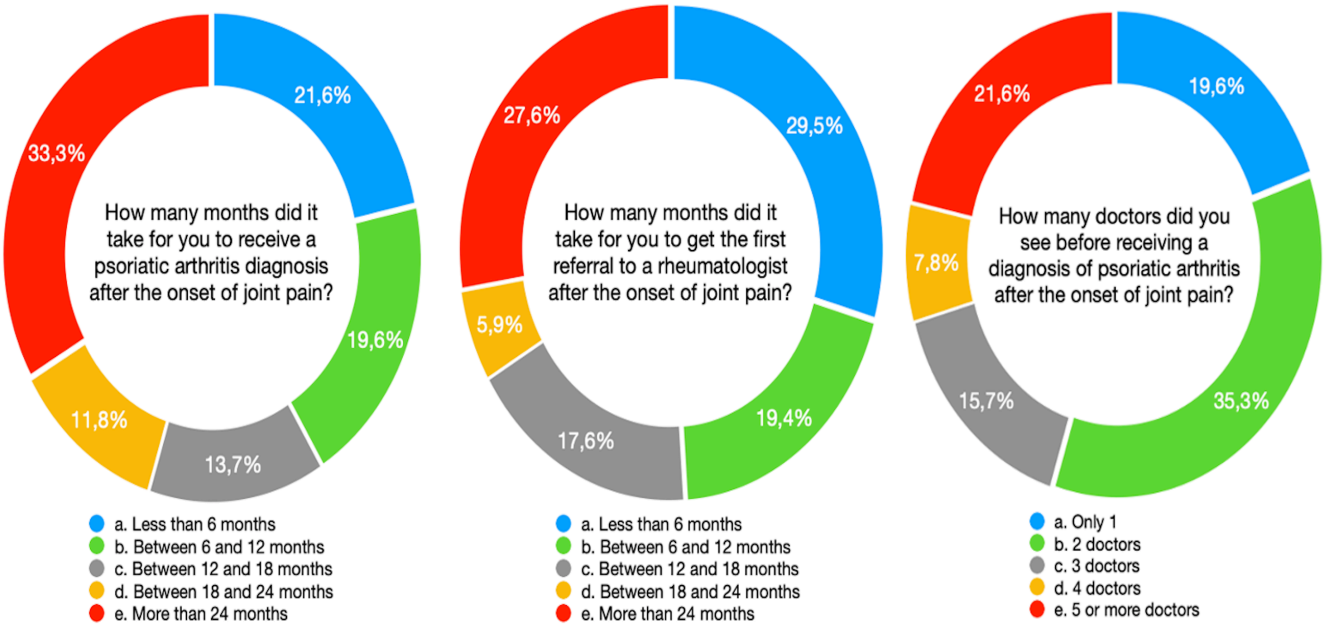

Figure 1. Questions and answers regarding diagnostic issues.

Image 2:

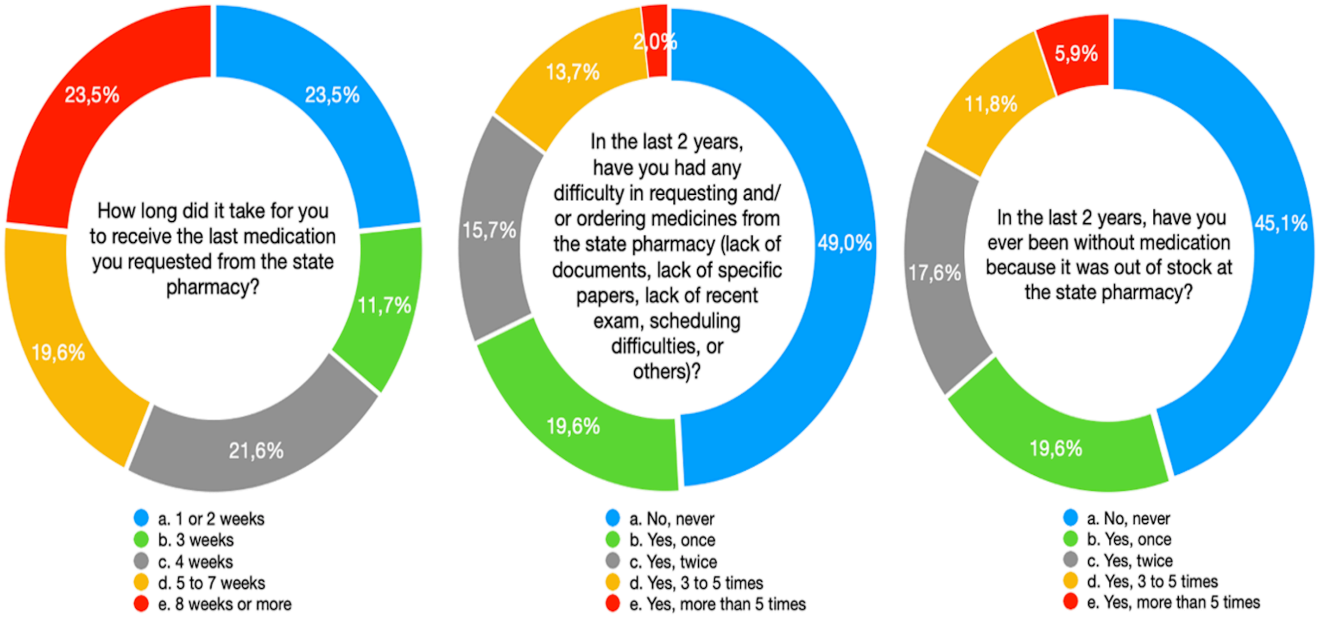

Figure 2. Questions and answers regarding drug dispensation issues.

Conclusion: The survey feasibly captures patient-centric challenges in PsA treatment, highlighting the need for healthcare reform focused on efficient diagnosis, patient education, and medication access. Future steps involve validating the survey in diverse populations and applying it in various cohorts to enhance our understanding of PsA treatment challenges. Such tailored initiatives promise to improve healthcare experiences for PsA patients.

Reference 1: Ribeiro AL, Dullius L, Sartori NS, Azeredo-da-Silva A, Kohem CL, Coates L, et al. Challenges in the Management of Psoriatic Arthritis in Latin America: A Systematic Review. Clin Ther. 2023 Sep;45(9):860-867. doi:10.1016/j.clinthera.2023.04.005.

Disclosure of Interest: None Declared

Keywords: Health Services Accessibility, Healthcare Disparities, Psoriatic arthritis

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Psoriatic arthritis

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Lipid Alterations And Biologic Therapy In Psoriatic Arthritis

Andrea Lizbeth Guajardo Aldaco*[1], Maria F. Elizondo-Benitez [1], Dionicio A. Galarza-Delgado[1], Iris J. Colunga-Pedraza[1], Jose R. Azpiri-Lopez[2], Jesus A. Cardenas-de la Garza [1], Rosa I. Arvizu-Rivera[1], Valeria Gonzalez-Gonzalez[1]
[1]Rheumatology Department , [2]Cardiology Department , Hospital Universitario "Dr. José Eleuterio González", Universidad Autónoma de Nuevo León , Monterrey , Mexico

Has this paper been previously presented at another conference?: No

Background/Objectives: Biologic therapy in Psoriatic Arthritis has been associated with lipid changes with no impact on cardiovascular outcomes. We aimed to compare serum lipid levels, cardiovascular risk, carotid plaque prevalence (CP), and increased carotid intima-media thickness (cIMT) between PsA patients with and without biologic treatment.

Methods: In a cross-sectional study of Psoriatic Arthritis patients meeting 2006 CASPAR criteria, we estimated cardiovascular risk with QRISK3 calculators. Carotid B-mode ultrasonography measured cIMT and plaque presence. Descriptive analysis used frequencies (%), mean (± SD), and median (p25-p75), with comparisons via Chi-square, Student's t, and Mann-Whitney U test. Significance was set at $p<0.05$.

Results: We recruited 112 eligible patients. The prevalence of bDMARD use was 33.9%, mainly TNF inhibitors (84,8%). Patients with biologic therapy had higher total cholesterol (TC) (188.2 +/-38.5 vs. 171.0 ±33.5; p=0.017) and Low-Density Lipoprotein cholesterol (LDL-c) (107.46 ±29.1 vs.93.0 ±29.0; p=0.016) than those without biologic therapy. No significant differences were found between biologic therapy and cardiovascular risk, CP prevalence, or between biologic therapy and prevalence of increased cIMT. (Table 1)

Table 1:

Table 1. Clinical and sociodemographic characteristics

	Without biologic therapy n=74	With biologic therapy n=38	
Age, mean ±SD	53.8 ±12.8	51.8 ±9.0	NS

Biologic			
- TNF-inhibitor	-	28 (84.8)	
- Anti-IL17	-	3 (9.0)	
- Other	-	2 (6.0)	
DAPSA, mean ±SD	19.8 ±17.1	15.7 ±11.9	NS
NAPSI, median (p25-p75)	2.0 (0.0-80.0)	0.0 (0.0-50.0)	**0.013**
PASI, median (p25-p75)	1.4 (0.0 – 36.0)	0.6 (0.0-17.9)	NS
QRISK3, median (p25-p75)	5.6 (0.3-46.1)	4.8 (0.3-39.2)	NS
TC, mean ±SD	171.0 ±33.5	188.2 ±38.5	**0.017**
LDL-c, mean ±SD	93.0 ±29.0	107.4 ±29.1	**0.016**
HDL-c, median (p25-p75)	46.6 (20.5-112.6)	47.4 (24.1-100.4)	NS
CP, n (%)	19 (25.6)	15 (39.4)	NS

TNF-inhibitor, Tumor Necrosis Factor Inhibitor; Anti-Il17, Anti-Interleucin 17; DAPSA, Disease Activity in Psoriatic Arthritis; NAPSI, Nail Psoriasis Severity Index; PASI, Psoriasis Area Severity Index; TC,

total cholesterol; LDL-c, Low-density lipoprotein cholesterol; HDL-C, High Density Lipoprotein cholesterol; CP, carotid plaque; SD, Standard Deviation

Conclusion: In this population, patients treated with bDMARDs had higher levels of CT and LDL-C, however, no differences were found in cardiovascular risk, prevalence of carotid plaque or increased CIMT. Close monitoring of lipid levels in patients treated with biological therapy is imperative.

Disclosure of Interest: None Declared

Keywords: bDMARDS, Cardiovascular Disease, Lipids

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Psoriatic arthritis

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Associations Between Diagnostic Delay, Disease Activity And Cardiovascular Risk In Psoriatic Arthritis

Andrea L. Guajardo-Aldaco[*1], Maria F. Elizondo-Benitez [1], Dionicio A. Galarza-Delgado[1], Iris J. Colunga-Pedraza[1], Jose R. Azpiri-Lopez[2], Jesus A. Cardenas-de la Garza [1], Rosa I. Arvizu-Rivera[1], Valeria Gonzalez-Gonzalez[1]
[1]Rheumatology Department , [2]Cardiology Department , Hospital Universitario "Dr. José Eleuterio González", Universidad Autónoma de Nuevo León , Monterrey , Mexico

Has this paper been previously presented at another conference?: No

Background/Objectives: Diagnosing Psoriatic Arthritis (PsA) often encounters delays. Our study compares disease activity, cardiovascular risk, and carotid plaque prevalence in PsA patients with delays below or above one year.

Methods: We conducted an observational study on Psoriatic Arthritis patients meeting 2006 CASPAR criteria, assessing disease activity and estimating cardiovascular risk using six calculators. Carotid B-mode ultrasonography examined plaque presence. Descriptive analysis included frequencies, mean (± SD), and median (q25-q75). Statistical tests used were Chi-square, Student's t, and Mann-Whitney U. Significance was set at $p<0.05$.

Results: A total of 63 patients were recruited. Patients who got a diagnosis after one year of the symptoms' onset had significantly higher disease activity measured by Disease Activity in Psoriatic Arthritis (DAPSA) score [21.52 ±16.67 vs. 12.11 ±10.58; p=0.009], by 28-Joint Disease Activity Score C-Reactive Protein (DAS28-RCP) [2.8 ±1.1 vs. 2.1 ±1.0; p=0.012]. Patients with a diagnosis delay higher than one year also reported a higher pain Numerical Rating Scale (NRS) than patients without a diagnosis delay [3.5 (0.0-10.0) vs. 3.0 (0.0-10.0; p=0.018]. The prevalence of carotid plaque had no significant difference between groups. Patients with diagnosis delay higher than one year had significantly higher risk in the OMS-BMI cardiovascular risk calculator [6.8 (1.0-18.0) vs. 4.5 (1.0-13.0); p=0.034], with no significant differences between the other cardiovascular risk calculators. (Table 1)

Table 1:

Table. 1 Clinical and Sociodemographic Characteristics

	Diagnosis in less than one year n= 35	Diagnosis in more than one year n= 28	*p*-value
Age, Mean ±SD	53.4 ±11.3	56.7 ±10.7	NS

Female, n (%)	18 (51.4)	17 (60.7)	NS
Das28-CRP, Mean ±SD	2.1 ±1.0	2.8 ±1.1	**0.012**
NRS, Median (q25-q75)	3.0 (0.0-10.0)	3.5 (0.0-10.0)	**0.018**
DAPSA, Mean ±SD	12.1 ±10.5	21.5 ±16.6	**0.009**
CP, n (%)	16 (45.7)	11 (39.2)	NS
OMS/BMI, Median (q25-q75)	4.5 (1.0-13.0)	6.8 (1.0-18.0)	**0.034**

DAS28-CRP, 28-joint Disease Activity Score C-reactive protein; NRS, Number Rating Scale; DAPSA, Disease Activity in Psoriatic Arthritis, CP, Carotid Plaque, OMS/BMI, World Health Organization Body Mass Index; SD, Standard Deviation

Conclusion: Patients with a diagnostic delay higher than one year have an incremented disease activity than those diagnosed in a shorter period, without significant differences in prevalence for carotid plaque.

Disclosure of Interest: None Declared

Keywords: Cardiovascular Disease, Diagnosis, Disease activity

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Psoriatic arthritis

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Role Of Clinical Management In The Evaluation Of Patients With Psoriatic Disease.

Differences Between The Public And Private Health Subsector.

Jonatan Mareco[*1], Rodrigo García Salinas[2], Sebastían Magri[2], Mariana Bernardo[1], Camilo Martínez[1], Yolanda Giménez[3], Marcos Valluzzi[1], Lucas Valluzzi[1], María José Otero[1], Rosario Jaldín Céspedes[2], Lucía Córdoba[1], María Eugenia Brávis López[1], María del Rosario Alaníz[1], Alejandra Veréa[1], Mariana Martín[1], Dolly Lucini[1], Antonio Zúrzolo[1], Constanza Píscopo[1]
[1]La Plata, Hospital Interzonal Especializado en Agudos y Crónicos "San Juan de Dios", [2]La Plata, Hospital Italiano , [3]La Plata, Centro Dermatológico Integral, La Plata, Argentina

Has this paper been previously presented at another conference?: No

Background/Objectives:

Psoriatic arthritis produces a great impact on the quality of life of patients and the health system due to its multiple manifestations and comorbidities. The characteristics of the health system can be key when it comes to early diagnosis and timely treatment.

Objectives:
To analyze the clinical, demographic, laboratory and imaging differences, and access, of patients who come for diagnostic evaluation of psoriatic disease in the public and private subsectors with the same care model.

Methods: Observational, cross-sectional, multicenter study. Patients over 18 years of age at the time of PsA diagnosis and who met CASPAR criteria in a public center and a private center in the same period of time (April 2021 to April 2023) evaluated by the same professionals were included. In both centers, the processes for managing access to laboratory and imaging studies were optimized through agreements with the areas involved (clinical management) and the creation of circuits to reduce access barriers and streamline diagnostic procedures and evaluations. All patients with suspected PsA underwent the following in each hospital: clinical interview, assessment of the presence of comorbidities, physical evaluation with musculoskeletal clinimetry, radiology, ultrasonography (articular and enthesis) and laboratory. The delay times to diagnosis were evaluated from the onset of symptoms and from the first evaluation to completion of all procedures.
Statistical analysis: descriptive statistics, Chi2 test, Fisher exact test, Student's T test and Mann Whitney and multivariate analysis.
Results: 132 patients who were diagnosed with PsA were included, 42 in the public subsector and 90 in the private subsector. With a mean age of 52 years (SD:8), male sex 51%. Table 1 (annex) details the differential characteristics. In the multivariate analysis using the private subsector as a dependent variable, the characteristics that were independently

associated were: VAS pain (OR 2.9 95% CI 1.5-5.6), DAPSA (OR: 0.7 95% CI 0. 6-9) and Eco enthesis + (OR 13 95%CI 1.6-110).

Image 1:

characteristic	PsA public hospital	PsA private hospital	p
Male sex %	52	41	0,2
Scholarship (years)	8 (2,2)	13 (3,8)	0,002
Age at diagnosis (SD)	52 (10)	53 (13)	0,8
Smoker (SD)	33	46	0,1
Oligoarthritis %	64	81	0,03
Enthesitis %	19	30	0,2
Clinical axial involvement %	36	32	0,7
Skin psoriasis %	95	78	0,03
Other manifestations of Spa.	7	26	0,01
Family history of spondyloarthritis	33	28	0,5
Erosions on x-ray %	14	41	0,02
Enthesis ultrasound (+) %	10	47	0,001
Joint ultrasound (+) %	41	47	0,7
VAS dolor (0-10) SD	3,7 (2,7)	5,8 (2,7)	0,001
MASES (SD	1,4 (1,3)	0,7 (1)	0,004
Tender joint count (SD)	5,4 (3)	3,2 (2,7)	0,001
Swollen joint count (SD)	1,9 (2,2)	1,8 (2,4)	0,5
DAPSA (SD)	21 (13)	14 (7,5)	0,007
BSA (SD)	11 (16)	7 (5)	0,8
CRP mg/L (IQR)	1 (0-7)	2 (1-5)	0,02

Conclusion:

Patients who came for evaluation of PsA in the public and private subsector (under similar care conditions) presented differences regarding the clinical symptoms and imaging findings, however no differences were observed regarding the delay in diagnosis or the time of treatment. delay in obtaining diagnostic studies, highlighting the impact of clinical management to optimize care processes.

Disclosure of Interest: None Declared

Keywords: None

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Psoriatic arthritis

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Assessing The Efficacy Of Score2 Algorithm In Identifying Carotid Plaque: A Comparative Study In A Latin American Population With Psoriatic Arthritis

Andrea L. Guajardo-Aldaco*[1], Maria F. Elizondo-Benitez[1], Iris J. Colunga-Pedraza[1], Jose R. Azpiri-Lopez[2], Dionicio A. Galarza-Delgado[1], Jesus Alberto Cardenas-de la Garza[1], Rosa I. Arvizu-Rivera[1], Valeria Gonzalez-Gonzalez[1]
[1]Rheumatology Department, [2]Cardiology Department, Hospital Universitario "Dr. José Eleuterio González", Universidad Autónoma de Nuevo León, Monterrey, Mexico

Has this paper been previously presented at another conference?: No

Background/Objectives: To compare the SCORE2 calculator´s capacity to detect carotid plaque with other cardiovascular calculators in a Latin American population.

Methods: We conducted an observational study in patients meeting CASPAR criteria for Psoriatic Arthritis. Excluding those with prior cardiovascular disease and pregnancy. Carotid B-mode ultrasonography was used to measure cIMT and the presence of plaques. Cardiovascular risk was evaluated using six algorithms (e.g., FRS-lipids, FRS-BMI, ACC/AHA, SCORE, QRISK3, RRS, SCORE 2) with results multiplied by 1.5 per EULAR recommendations. Descriptive analysis used frequencies (%), mean (±SD), and median (q25-q75), with significance set at $p<0.05$.

Results: We enrolled 57 patients meeting the criteria. Patients with subclinical atherosclerosis exhibited a higher prevalence of dyslipidemia (13 [56.52%] vs. 10 [30.30%]; p=0.050), while other factors like type 2 diabetes, hypertension, obesity, and active smoking showed no significant differences. Subclinical atherosclerosis patients had lower activity measured by DAS28-CRP (2.06 ±0.97 vs. 2.76 ±1.14; p= 0.026), without notable variations in DAPSA, PASI, or NAPSI. The only significant difference in our population was observed in the FRS-LIPIDS calculator (9.80 [0.30-69.90] vs. 4.60 [0.30—22.20]; p=0.033). No significant distinctions were found in SCORE, SCORE2, QRISK3, FRS-BMI, Reynolds, or ASCVD between the groups (Table 1).

Table 1:

Table 1. Clinical and sociodemographic characteristics

	With subclinical atherosclerosis	Without subclinical atherosclerosis	*p*-value
	n=23	n=34	

Age, median (p25-p75)	52.00 (45.00-69.00)	56.00 (40.00-66.00)	NS
DAS28-CRP, mean SD	2.06 ±0.97	2.76 ±1.14	**0.026**
FRS-LIPIDS, median (p25-p75)	9.80 (0.30-69.90)	4.6 (0.30-22.20)	**0.033**
FRS-BMI, mean SD	22.58 ±17.88	10.80 ±15.57	NS
QRISK3, mean SD	8.4 ±9.10	4.80 ±6.13	NS
Reynolds, median (p25-p75)	4.00 (1.00-31.00)	3.00 (1.00-13.00)	NS
SCORE, median (p25-p75)	1.00 (0.00-14.00)	1.00 (0.00-5.00)	NS
SCORE2, median (p25-p75)	4.50 (3.00-25.50)	6.00 (1.50-13.50)	NS
ASCVD, median (p25-p75)	7.10 (1.00-54.40)	4.20 (0.30-23.10)	NS

DAS28-CRP, 28-joint Disease Activity Score C- reactive protein; FRS-LIPIDS, Framingham Risk Score Lipids; FRS-BMI, Framingham Risk Score Body Mass Index; ASCVD, Atherosclerosis Cardiovascular Disease; NS, non-significative

Conclusion: In our population, SCORE2 could not distinguish the presence of carotid plaque. Carotid ultrasound evaluation must be part of a complete cardiovascular evaluation in patients with psoriatic arthritis.

Disclosure of Interest: None Declared

Keywords: atherosclerosis, Cardiovascular risk, Prognosis

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Psoriatic arthritis

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Serological Associations With Disease Activity In Psoriatic Arthritis: A Focus On Rheumatoid Factor And Anticitrullinated Protein Antibodies

Valeria Gonzalez-Gonzalez*[1], Jesus A. Cardenas-de la Garza[1], Rosa I. Arvizu-Rivera[1], Dionicio A. Galarza-Delgado[1], Iris J. Colunga-Pedraza[1], Diana E. Flores-Alvarado[1], Jose R. Azpiri-Lopez[2], Andrea L. Guajardo-Aldaco[1], Maria F. Elizondo-Benitez[1]
[1]Rheumatology, [2]Cardiology, Hospital Universitario "Dr. José Eleuterio González", Universidad Autónoma de Nuevo León, Monterrey, Mexico

Has this paper been previously presented at another conference?: No

Background/Objectives: To compare disease activity in patients with psoriatic arthritis (PsA) according to their serology (ACPA and/or RF).

Methods: Cross-sectional study that included PsA-patients aged 40 to 75 years old who fulfilled the 2006 Classification Criteria for PsA. Patients with previous cardiovascular disease were excluded. Disease activity was assessed by various indices: PASI, NAPSI, DAPSA, and BASMI. The distribution between groups was assessed with the Kolmogorov-Smirnov test. Comparisons with Chi-square, and Student's t-test or Mann Whitney's U-test, accordingly. A value of $p \leq 0.05$ was considered statistically significant.

Results: A total of 98 patients with PsA were included, mostly women (n=52, 63.0%), the mean age was 53.4 ± 11.6 years, and the median disease duration of PsA was 4.0 (2.0-10.0) years. Patients with positive serology for RF and/or ACPA had increased nail psoriasis activity compared to those who did not (3.5 vs 0.0, p=0.039) (Table 1). No differences were found between groups in DAPSA (12.8 vs 14.0, p=0.876), PASI (0.9 vs 0.0, p=0.130), and BASMI (2.6 ± 1.3 vs 2.6 ± 1.0, p=0.992).

Table 1: **Table 1. Demographic characteristics.**

Characteristics	PsA patients with ACPA and/or RF-positive (n=53)	PsA patients with anti-CCP and RF-negative (n=45)	*p*-value
Age, years, ± SD	53.9 ± 12.1	52.9 ± 11.1	0.684

Women, n (%)	27 (50.9)	25 (55.5)	0.648
Diabetes, n (%)	11 (20.7)	9 (20.0)	0.926
Hypertension, n (%)	20 (37.7)	15 (33.3)	0.650
Dyslipidemia, n (%)	21 (39.6)	22 (48.8)	0.357
Obesity, n (%)	17 (32.0)	19 (42.2)	0.299
Active smoking, n (%)	11 (20.7)	8 (17.7)	0.498
Time of evolution, years, median (p25-p75)	6.0 (1.7 – 11.0)	4.0 (2.0 – 7.0)	0.369
PASI, median (p25-p75)	0.9 (0.0 – 2.7)	0.0 (0.0 – 1.8)	0.130
NAPSI, median (p25-p75)	3.5 (0.0 – 18.5)	0.0 (0.0 – 4.7)	**0.039***
DAPSA, median (p25-p75)	12.8 (4.8 – 25.6)	14.0 (7.2 – 22.1)	0.876
BASMI, ± SD	2.6 ± 1.3	2.6 ± 1.0	0.992
Serology, n (%)	-	-	-

ACPA + RF	9 (16.9)	-	-
ACPA	2 (3.7)	-	-
RF	42 (79.2)	-	-

PsA, psoriatic arthritis; ACPA, anti-citrullinated protein antibodies; RF, rheumatoid factor; SD, standard deviation; PASI, psoriasis area severity index; NAPSI, nail psoriasis severity index; DAPSA, disease activity in psoriatic arthritis; BASMI, Bath Ankylosing Spondylitis Metrology Index.

Conclusion: Patients who presented seropositivity to ACPA and/or RF were associated with increased activity of nail psoriasis in patients with PsA. Prospective studies are needed to evaluate the relationship of titers of these antibodies on disease activity.

Disclosure of Interest: None Declared

Keywords: Antibodies, Disease activity, Nail psoriasis

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PANLAR 2024

Psoriatic arthritis

PANLAR2024-1092

Assessing Cardiovascular Risk Factors In Psoriatic Arthritis: A Study Of 127 Mexican Mestizo Patients In A Cardio-Rheumatology Preventive Clinic

Valeria Gonzalez-Gonzalez[*1], Rosa I. Arvizu-Rivera[1], Jesus A. Cardenas-de la Garza[1], Iris J. Colunga-Pedraza[1], Dionicio A. Galarza-Delgado[1], Diana E. Flores-Alvarado[1], Jose R. Azpiri-Lopez[2], Maria F. Elizondo-Benitez[1], Andrea L. Guajardo-Aldaco[1]
[1]Rheumatology, [2]Cardiology, Hospital Universitario "Dr. José Eleuterio González", Universidad Autónoma de Nuevo León, Monterrey, Mexico

Has this paper been previously presented at another conference?: No

Background/Objectives: The aim of this study was to determine the prevalence of cardiovascular risk factors in a cohort of Mexican Mestizo PsA-patients evaluated in a Cardio-Rheumatology Preventive Clinic.

Methods: Observational and prospective study of the cohort of PsA-patients from the Cardio-Rheumatology Preventive Clinic in a teaching hospital. We included patients aged 30 to 75 years old who fulfilled the 2006 classification criteria for PsA from August 2014 to November 2023. Patients with known cardiovascular disease were excluded. The presence of type 2 diabetes, hypertension, and dyslipidemia were defined as a diagnosis included in the patient's medical record and treatment. The distribution was evaluated with the Kolmogorov-Smirnov test. Normally distributed variables were described with mean and standard deviation (SD) and the 25th and 75th percentiles (p25-p75) were used to report variables without normal distribution.

Results: One hundred twenty-seven PsA patients were included; the majority were women (55.9%). The mean age was 53 ± 11.6 years and the median disease activity, measured by DAPSA, was 15.0 (7.2-25.6). Comorbidities and cardiovascular risk factors are shown in Table 1. In PsA-patients without a previous diagnosis of type 2 diabetes, high blood pressure, and dyslipidemia, we documented alterations in lipid profile, represented by CT, TGL, and LDL-C, were detected in 50 (73.5%) with high lipid levels, respectively (Table 2).

Table 1: **Table 1. Cardiovascular risk factors and comorbidities in PsA patients.**

Characteristic	PsA patients (n = 127)
Disease duration, years, (p25-p75)	5.0 (2.0 – 10.0)
Comorbidities, n (%)	

Hypertension	43 (33.8)
Dyslipidemia	55 (43.3)
Diabetes	27 (21.2)
Cardiovascular risk factors, n (%)	
Overweight[a]	53 (41.7)
Obesity[b]	45 (35.4)
Active smoking	26 (20.4)

PsA, psoriatic arthritis; SD, standard deviation; PASI, psoriasis area severity index; NAPSI, nail psoriasis severity index; DAPSA, disease activity in psoriatic arthritis; [a]BMI ³25 kg/m2 and <30 kg/m2; [b]BMI ³30 kg/m2.

Conclusion: Dyslipidemia and overweight were the most prevalent cardiovascular risk factors in our cohort. Alterations in lipid profile were observed in about two-thirds of PsA patients without a previous diagnosis of dyslipidemia. More than half of the patients with PAs were detected with dyslipidemia, these results reinforce the idea that systematic evaluation and screening for comorbidities and risk factors in patients with PsA may allow earlier detection, which may improve the outcomes of these patients.

Disclosure of Interest: None Declared

Keywords: Cardiovascular risk, Comorbidities, Epidemiology

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PANLAR 2024

Psoriatic arthritis

PANLAR2024-1109

Cardiovascular Risk Factors In Patients With Psoriatic Arthritis.

Nelsa Dalmis Casas Figueredo*[1], Edison Tomás Yánez Paredes[1], Yeniset Sánchez Bruzón[1], Andres Felipe Otero Ruedas[1]
[1]Rheumatology, Ameijeiras Brothers, Havana, Cuba

Has this paper been previously presented at another conference?: No

Background/Objectives: Introduction: The presence of cardiovascular risk factors worsens the prognosis of patients with Psoriatic Arthritis (PsA). Objective: Determine cardiovascular risk factors in patients diagnosed with PsA.

Methods: Methods: A descriptive cross-sectional study was carried out in the Rheumatology service of the “Hermanos Ameijeiras” Clinical-Surgical Hospital, during the period from January 2021 to April 2022. Demographic, clinical and hemochemical variables related to the PsA, as well as the Framingham risk score and the evaluation of subclinical carotid atherosclerosis.

Results: Results: 89 patients were included with a mean age of 56.3 ± 11.8 years, 69.7% female, 48.3% with evolution greater than 10 years and 77.5% with peripheral involvement. Disease activity by the ASDAS index was high (55.1%) as well as by BASDAI (68.5%). The most frequent cardiovascular risk factors were dyslipidemia (61.8%), obesity (59.6%) and high blood pressure (50.6%). Obesity, diabetes and high blood pressure were significantly higher in patients with high disease activity. Carotid atherosclerosis was significantly higher in patients with smoking, diabetes, and dyslipidemia. 39.3% had increased intima-media thickness, and 27.0% had carotid plaque. In patients with carotid atherosclerosis, 25.7% were considered low risk by Framingham.

Conclusion: Conclusions:

- Patients with psoriatic arthritis were characterized by being over 60 years old, being female, with white skin color, duration of the disease over 10 years, and peripheral joint involvement.
- The main cardiovascular risk factors were dyslipidemia, obesity and high blood pressure.
- Obesity, diabetes and high blood pressure were related to increased disease activity.
- Diabetes, smoking, and dyslipidemia were associated with a higher likelihood of subclinical carotid atherosclerosis in patients with psoriatic arthritis.
- The Framingham cardiovascular risk underestimates the prevalence of subclinical carotid atherosclerosis in patients with psoriatic arthritis, which is high.

Reference 1: Martinez-Vidal MP, Andres M, Jovani V, Santos-Ramirez C, Romera C, Fernandez-Carballido C. Role of carotid ultrasound and systematic coronary risk evaluation charts for the cardiovascular risk stratification of patients with psoriatic arthritis. **J Rheumatol. 2020**; 47:682–9. Disponible en: https://doi:10.3899/jrheum.181223

Reference 2: Eder L, Cohen AD, Feldhamer I, Greenberg-Dotan S, Batat E, Zisman D. The epidemiology of psoriatic arthritis in Israel–a population-based study. **Arthritis research & therapy. 2018**; 20(1):1-7. Disponible en: https://doi:10.1186/s13075-017-1497-4.

Disclosure of Interest: None Declared

Keywords: None

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Psoriatic arthritis

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Body Mass Index And Association With Clinical Status In Psoriatic Arthritis.

Nelsa Dalmis Casas Figueredo[*1], Emily Cristina Dávila Soto[1], Ana Arguelles Zayas[1], Andres Felipe Otero Ruedas[1]
[1]Rheumatology, Ameijeiras Brothers, Havana, Cuba

Has this paper been previously presented at another conference?: No

Background/Objectives: Introduction: Obesity is one of the most important risk factors for psoriatic arthritis (PsA) and precedes its development by several years. Objective: To evaluate the influence of BMI in patients with PsA and associated factors.

Methods: Methods: A descriptive cross-sectional study was carried out in the Rheumatology Service of the “Hermanos Ameijeiras” Clinical-Surgical Hospital, during the period from May 2022 to May 2023, which included 113 patients with a diagnosis of PsA.

Results: Results: The mean age was 58.1 ± 11.3 years, 70.8% were female and 82.5% had white skin, duration of the disease was 6.8 ± 4.2 years, joint involvement peripheral in 79.6% and predominance of mild psoriasis in 70.8%. Obesity was identified in 42.5% of patients. Increased body mass index was significantly related to joint pain, joint inflammation, number of swollen joints, metabolic syndrome, high blood pressure, and a greater number of comorbidities overall, as well as greater disease activity. and worse functional capacity.

Conclusion: - The patients studied had a mean age of 58 years, female sex predominated, white skin color, peripheral joint involvement and mild psoriasis lesions.

- The frequency of obesity in the patients in the study was high.

- Increased BMI was related to arthritis, the number of swollen joints, as well as greater disease activity and worse functional capacity.

- MS, HTN and the number of comorbidities as a whole showed an association with increased BMI.

Reference 1: Ferraz-Amaro Y, Prieto-Peña D, Palmou-Fontana N, Marteinez-Lopez D, de Armas-Rillo L. The Number of Traditional Cardiovascular Risk Factors Is Independently Correlated with Disease Activity in Patients with Psoriatic Arthritis. 2020; 56(415). Disponible en: https://doi:10.3390/medicina56080415

Reference 2: Gupta S, Syrimi Z, Hughes DM, Zhao SS. Comorbidities in psoriatic arthritis: a systematic review and meta-analysis. Rheumatology International. 2021; 41:275-84. Disponible en: https://doi:10.1007/s00296-020-04775-2

Disclosure of Interest: None Declared

Keywords: Body Mass Index, Psoriatic Arthritis

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PANLAR 2024

Psoriatic arthritis

PANLAR2024-1241

Association Of Contextual Factors With Sonographic Inflammatory And Structural Phenotypes In Psoriatic Arthritis Patients

Andre Lucas Ribeiro[*1], Sydney Thib[1], Kangping Cui[2], Sahil Koppikar[1], Lihi Eder[1]
[1]Medicine, Women's College Research Institute, Division of Rheumatology, University of Toronto, [2]Rheumatology, Sunnybrook Health Sciences Centre, Toronto, Canada

Has this paper been previously presented at another conference?: No

Background/Objectives: Ultrasound (US) can improve disease activity assessment in psoriatic arthritis (PsA). Despite known associations of various factors with US abnormalities, their significance in PsA is unclear. Our study investigates the impact of contextual factors on sonographic lesions in active PsA.

Methods: In a cross-sectional study, active PsA patients underwent US evaluation for inflammatory (inf) and structural (str) lesions like synovitis, enthesitis, peritenonitis (PTI), tenosynovitis (TN), bone erosion (BE), and new bone formation (NBF), with semi-quantitative B-mode and Dopper scores. The US protocol included 64 joints, 16 entheses, and 24 tendons. Total summary scores for each domain were analyzed using t-tests and linear multivariable regression by age (≥60, <60), sex, body mass index (BMI) (≥30, <30), diabetes, alcohol (any, none), smoking, disease duration (≥1, <1 years), and

biological/target-synthetic disease-modifying anti-rheumatic drug (b/tsDMARDs) exposure.

Results: In the study of 115 patients (mean age 47.1, 47.8% females), the average Disease Activity in PSoriatic Arthritis was 22.6, with mean US score of 35.6 for synovitis and 30.1 for total enthesitis.

Significantly higher sonographic inf and str enthesitis, BE, and NBF scores were found in age ≥ 60 group (**Figure 1**). Synovitis and TN scores were significantly higher in b/tsDMARDs-exposed patients. Diabetics had higher str enthesitis but lower BE scores. Other groups showed no significant differences.

Multivariable analysis (**Figure 2**) revealed that age ≥ 60 was independently associated with higher inf and str enthesitis (adjusted β 6.37 and 14.6, respectively, $p < 0.05$). b/tsDMARDs-exposure correlated with higher synovitis and TN scores (adjusted β 12.8 and 5.95, respectively, $p < 0.05$). Age ≥ 60 (adjusted β 2.53), male sex (adjusted β 1.58), BMI ≥ 30 (adjusted β -1.72), and diabetes (adjusted β -3.76) were significantly associated with BE score, with age also being associated with NBF (adjusted β 13.7, $p < 0.001$).

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Image 1:

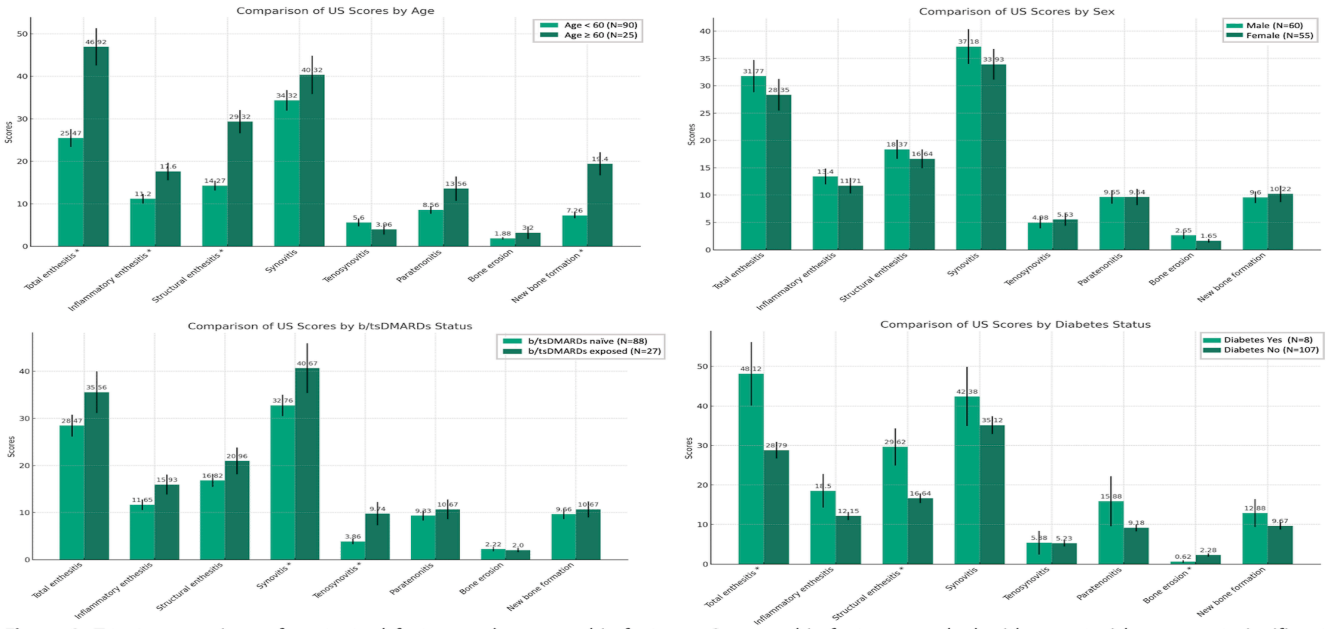

Figure 1. T-test comparison of contextual factors and sonographic features. Sonographic features marked with an asterisk represent significant associations ($p < 0.05$). b/tsDMARDs, biological/target-synthetic disease-modifying anti-rheumatic drugs.

Image 2:

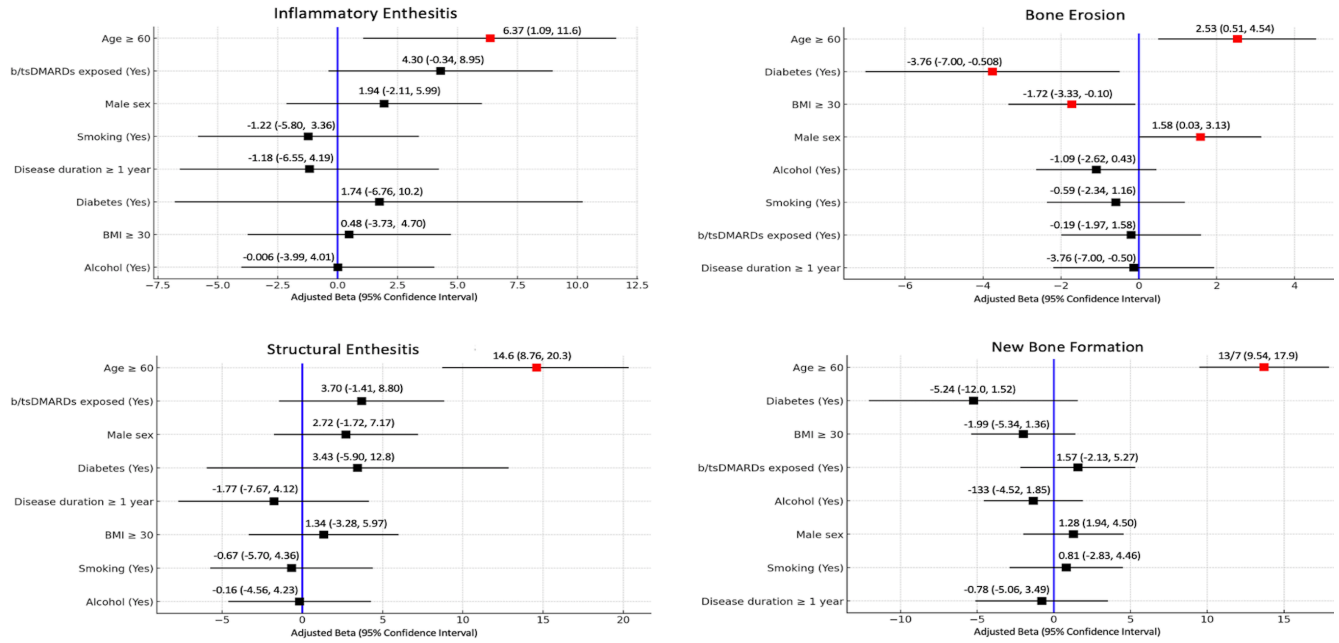

Figure 2. Multivariate analysis of contextual factors and sonographic abnormalities.

Conclusion: Older age consistently correlated with more severe inf and str US lesions, suggesting an association between age and more severe PsA phenotype or overlap with age-related joint abnormalities like osteoarthritis. The higher synovitis and TN scores in b/tsDMARDs-exposed patient suggests its role as a severity marker. These findings highlight the importance of integrating patient demographics and treatment history in PsA sonographic assessments, offering insights for more personalized management strategies.

Disclosure of Interest: None Declared

Keywords: Psoriatic Arthritis, Scoring Instruments, Ultrasonography

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PANLAR 2024

Rheumatoid arthritis

PANLAR2024-1048

Patterns Of Use Of Jak Inhibitors In Patients With Rheumatoid Arthritis In Argentina: Data From The National Biobadasar Registry

Carolina Isnardi*[1], María Agustina Alfaro[1], Alejandro Brigante[1], Claudia Peon[2], Edson Velozo[2], Guillermo Berbotto[2], Mercedes De La Sota[2], Ida Exeni[2], María Victoria Chiaravetto[2], Graciela Gómez[2], Gimena Gómez[2], Camila Lizarraga[2], Erika R Catay[2], Gustavo Medina[2], Gustavo Citera[2], Karin Kirmayr[2], Joan M Dapeña`[2], Débora Guaglianone[2], María Silvia Larraudé[2], Anastasia Secco[2], Nora Aste[2], Bernardo Pons-Estel[2], Gladys Bovea[2], Graciela N Rodriguez[2], Mercedes A García[2], Cecilia Pisoni[2], Carla Gobbi[2], Yohana Tissera[2], Emilia Cavillón[2], Verónica Savio[2], María Alicia Lazaro[2], Osvaldo Kerzberg[2], Maria Celina De La Vega[1], Guillermo Pons-Estel[1]
[1]Research Unit, [2]On behalf of the BIOBADASAR Registry, Argentine Society of Rheumatology, CABA, Argentina

Has this paper been previously presented at another conference?: Yes

Background/Objectives: Original tofacitinib was introduced to the market in 2013 and since 2020 eight generic drugs have been included in Argentina. Likewise, baricitinib began to be marketed in 2018 and upadacitinib in 2019. In addition, safety alerts issued by local and international regulatory agencies could have had an impact on the prescription of these drugs. The aim of this study was to assess the initiation patterns of JAK inhibitor treatments in a cohort of patients with rheumatoid arthritis (RA).

Methods: BIOBADASAR is a multicenter, prospective, observational registry for patients with immune-mediated rheumatic diseases. For this analysis, those patients with RA who had started at least one biological or small molecule drug until June 2023 were included. Treatments initiation was studied in 4 periods: (1) prior to the availability of JAK inhibitors in the market, since 2010; (2) from the launch of original tofacitinib on 09.13 until the introduction of generics on 01.20; (3) until the FDA safety communication on 02.21; (4) until 06.23.

Results: A total of 2901 patients with RA were included with a total of 4648 treatments initiated, 2054 (44.2%), 2042 (43.9%), 206 (4.4%), 346 (7.4%) in each period. The most frequently used drugs in all of them were TNF inhibitors, particularly as the first line of treatment. A significant decrease in its frequency of use was identified in time. On the contrary, the other biological agents were more frequently used as 2nd and 3rd line of treatment in all periods (Table 1).

With respect to JAK inhibitors, after their introduction into the market in period 2, they were mainly used as a 2nd or 3rd line of treatment, globally representing 18.9% of the treatments initiated. In subsequent periods, the use of JAK inhibitors was comparable between treatment lines, reaching 38.4% of new regimens initiated. No significant differences were observed in the use of JAK inhibitors between periods 3 and 4. However, when analyzing the types of drugs, a clear increase in the use of generic tofacitinib was observed in period 4, while the frequency of new regimens with original tofacitinib decreased. Conversely, the use of baricitinib and upadacitinib increased (Figure 1).

Image 1:

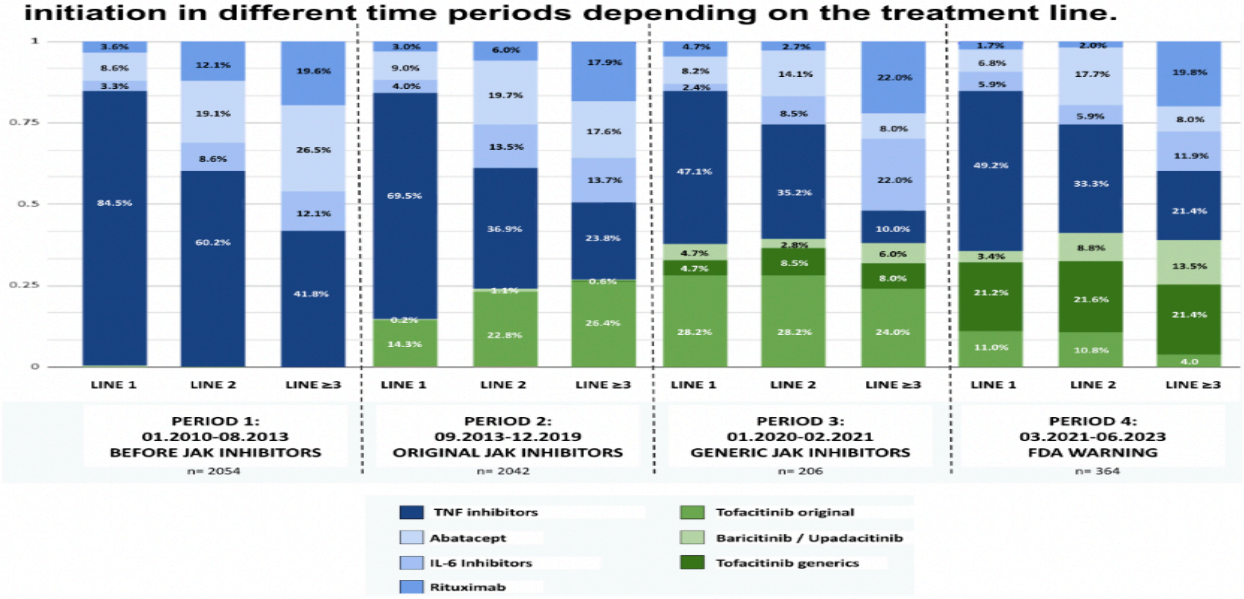
Table 1. Frequency of biological and small molecule treatments initiation in different time periods

	Period 1	Period 2	Period 3	Period 4
	n= 2054	n= 2042	n= 206	n= 346
TNF inhibitors, n (%)	1565 (76.2)	1090 (53.4)	70 (34.0)	119 (34.4)
Abatacept, n (%)	247 (12.0)	265 (13.0)	21 (10.2)	36 (10.4)
Rituximab, n (%)	134 (6.5)	132 (6.5)	17 (8.3)	29 (8.4)
IL-6 inhibitors, n (%)	102 (5.0)	162 (7.9)	19 (9.2)	28 (8.1)
Tofacitinib original, n (%)	-	377 (18.5)	56 (27.2)	29 (8.4)
Tofacitinib generic, n (%)	-	-	14 (6.8)	74 (21.4)
Baricitinib/Upadacitinib, n (%)	-	9 (0.4)	9 (4.4)	30 (8.7)

p< 0.001 en todas las comparaciones entre periodos
*TNF: factor de necrosis tumoral; IL: interleucine

Image 2:

Figure 1. Frequency of biological and small molecule treatments initiation in different time periods depending on the treatment line.



Conclusion: In this cohort of RA patients from the BIOBADASAR registry, a change in JAK inhibitor use patterns over time was observed. The introduction of generic agents was accompanied by a reduction in the use of originator tofacitinib and an increase in baricitinib and upadacitinib.

Disclosure of Interest: C. Isnardi Grant / Research support with: An unrestricted grant was obtained from Pfizer for BIOBADASAR, M. A. Alfaro: None Declared, A. Brigante: None Declared, C. Peon: None Declared, E. Velozo: None Declared, G. Berbotto: None Declared, M. De La Sota: None Declared, I. Exeni: None Declared, M. V. Chiaravetto: None Declared, G. Gómez: None Declared, G. Gómez: None Declared, C. Lizarraga: None Declared, E. R. Catay: None Declared, G. Medina: None Declared, G. Citera: None Declared, K. Kirmayr: None Declared, J. M. Dapeña`: None Declared, D. Guaglianone: None Declared, M. S. Larraudé: None Declared, A. Secco: None Declared, N. Aste: None Declared, B. Pons-Estel: None Declared, G. Bovea: None Declared, G. N. Rodriguez: None Declared, M. A. García: None Declared, C. Pisoni: None Declared, C. Gobbi: None Declared, Y. Tissera: None Declared, E. Cavillón: None Declared, V. Savio: None Declared, M. A. Lazaro: None Declared, O. Kerzberg: None Declared, M. C. De La Vega: None Declared, G. Pons-Estel: None Declared

Keywords: JAK inhibitors, rheumatoid arthritis

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Rheumatoid arthritis

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Real World Experience With Tofacitinib In Rheumatoid Arthritis

Ricardo Vásquez- Colón[*1], Yamilet Cruz[1]
[1]Unidad de Reumatología, Hospital Docente Dr. Darío Contreras, Santo Domingo, Este, Dominican Republic

Has this paper been previously presented at another conference?: No

Background/Objectives: Rheumatoid arthritis (RA) is a multifactorial autoimmune disease that causes multisystem involvement 1. The treatment of RA has seen improvement with the introduction of a variety of antirheumatic drugs in recent years. However, a proportion of patients remain resistant or intolerant to multiple conventional and biological DMARDs, so innovative strategies are needed to offer patients new therapeutic options. 2 .

Objective

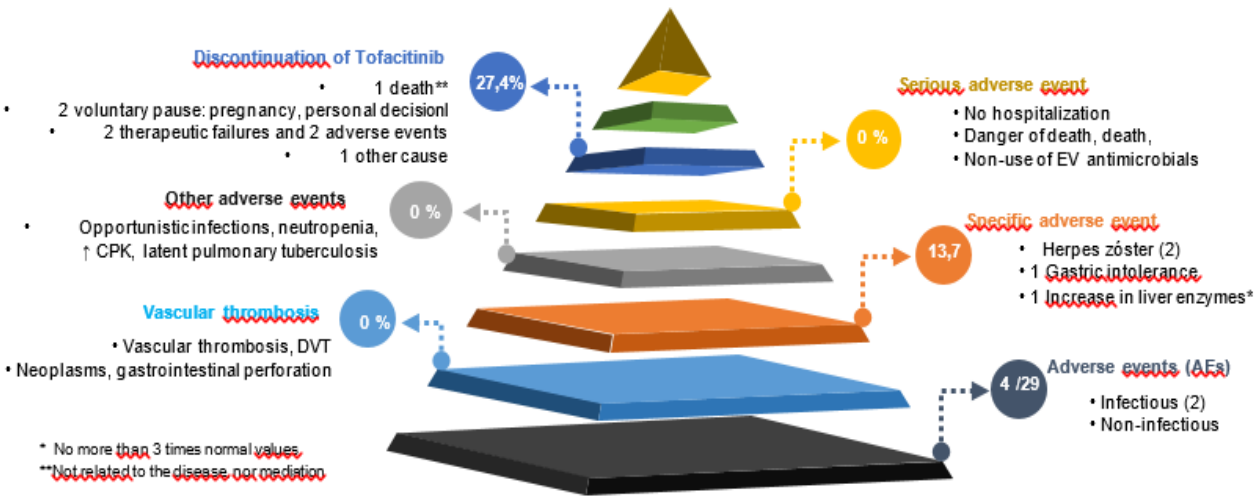
Describe the institutional experience in real time on the use of Tofacitinib in the treatment of Rheumatoid Arthritis.

Methods: Observational analysis, describing the five-year experience [2017-2022] on the use of Tofacitinib in the treatment of RA, in a local Rheumatology Unit. A chart review was performed on patients with active RA treated with Tofacitinib. Clinical/demographic characteristics, profile of Tofacitinib use, and adverse effects were evaluated. Data analysis was performed in Epi -Info 7.2.0.1. Written consent was required.

Results: Twenty-nine (29) patients evaluated. The average age corresponded to 49 (SD ±13.1) years. The female sex predominated by 93.1%. The duration of the disease was 10.2 ± 4.8 years. The most frequent comorbidities corresponded to DM2, HBP and Hypothyroidism. The joint involvement of the disease was observed in 86.2%. Severe disease (DAS-28>5.1) was reported in 55.1%. Failure to take DMARDs (82.8%) and biological agents (13.8%) corresponded to the main reasons for prescribing Tofacitinib. The average time of use of Tofacitinib corresponded to 2.8 years. 27.4% required suspension of therapy for voluntary reasons (13.7%). Current use of Tofacitinib monotherapy was observed in 66.6%. The adverse effects associated with therapy are detailed in Figure 1.

Image 1:

Figure 1. Adverse events associated with the use of Tofacitinib [n 29]



Conclusion: Local report on the real-time experience of patients with RA who warranted the use of treatment with an i JAK. We describe a profile of use of Tofacitinib in our practice, outside of a controlled clinical trial setting. Tofacitinib was shown to be an appropriate option in patients with active RA with csDMARD/bDMARD failure and comorbidities. No major adverse events were observed. In our experience, Tofacitinib showed a stable safety profile and sustained efficacy in patients with RA, in the Rheumatology Unit of the Dr. Darío Contreras Hospital, in the Dominican Republic.

Reference 1: Radu A, Bungau SG. Management of Rheumatoid Arthritis: An Overview. Cells. 2021;10(11): 2-33

Reference 2: Rakieh C, Conaghan PG. Tofacitinib para el tratamiento de la artritis reumatoide. Avanzado allí. 2013; 30 (8): 713-26.

Disclosure of Interest: None Declared

Keywords: Artritis reumatoide, Janus kinasa, moleculas pequeñas

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PANLAR 2024

Rheumatoid arthritis

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Transforming Rheumatoid Arthritis Care: A Groundbreaking Approach To Predictive Treatment Outcomes Using Artificial Intelligence

Claudia Ibañez[*1], Gabriel-Santiago Rodriguez-Vargas[2], Fernando Rodriguez-Florido[2], Pedro Rodriguez-Linares[2], Adriana Rojas-Villarraga[3], Pedro Santos-Moreno[4]
[1]Research vicerectory, Fundación Universitaria de Ciencias de la Salud - FUCS, [2]Research department, Biomab - Center for Rheumatoid Arthritis, [3]Research institute, Fundación Universitaria de Ciencias de la Salud - FUCS, [4]Scientific direction, Biomab - Center for Rheumatoid Arthritis, Bogotá, Colombia

Has this paper been previously presented at another conference?: No

Background/Objectives: Rheumatoid arthritis (RA) is a chronic autoimmune disease, where response to treatment (RT) are the main management goal. Therefore, predicting RT is fundamental, and merits further study of predictor variables of RT. The objective of this study is to identify predictor variables of RT in patients with RA, through artificial intelligence (AI) models in a specialized RA Center.

Methods: Retrospective cohort study including adult RA patients (January- June 2022). Baseline was obtained from patient's last consultation. The response variable is divided as responder and non-responder. Responder: individual who achieves DAS28 <3.2 at the end of the follow-up period (6-12 month after baseline) or decreases ≥ 0.6 compared to baseline. Predictive models were generated by machine learning (ML). To identify the most relevant clinical features, SHapley Additive exPlanations (SHAP) method was used. All quantitative variables were summarized using the median and interquartile range. Absolute and relative frequencies were used for qualitative variables. Stata18 and Python 3.10.12 were used for data analysis.

Results: A total of 3161 patients were included. Median age was 65 years (Interquartile range [IQR] 57 - 72). 82.7% female. Disease duration: 8.3 years (IQR 4.9 - 11.3). 75.9% were positive for Rheumatoid factor and 73.6% for anti-CCP. The median value of baseline DAS28 was 2.1 (IQR 2.1 - 2.8). 71.3% of patients with an initial DAS28 ≤2.6 considered as patients in remission and 10.4% in low disease activity. Methotrexate was the most commonly prescribed csDMARD (63.5%), 23.6% were under bDMARDs treatment. 2668 (84.4%) were classified as responders and 493 (15.6%) as non-responders (30% of them with moderate or high disease activity at baseline) (Image 1). The “et” ML model showed a higher sensitivity (0.841). Regarding treatment prediction with SHAP method, low baseline DAS28 associates with positive RT, while opioid use is linked to non-response. bDMARDs and anti-CCP presence increase non-response probability, possibly indicating disease severity (Image 2).

Image 1:

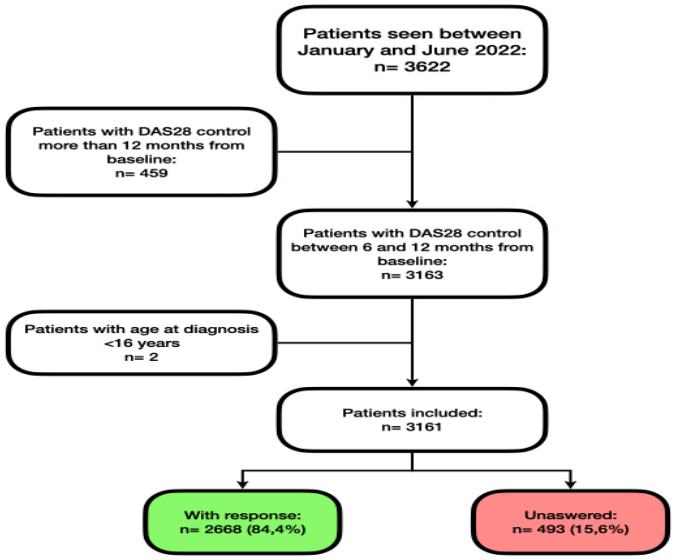
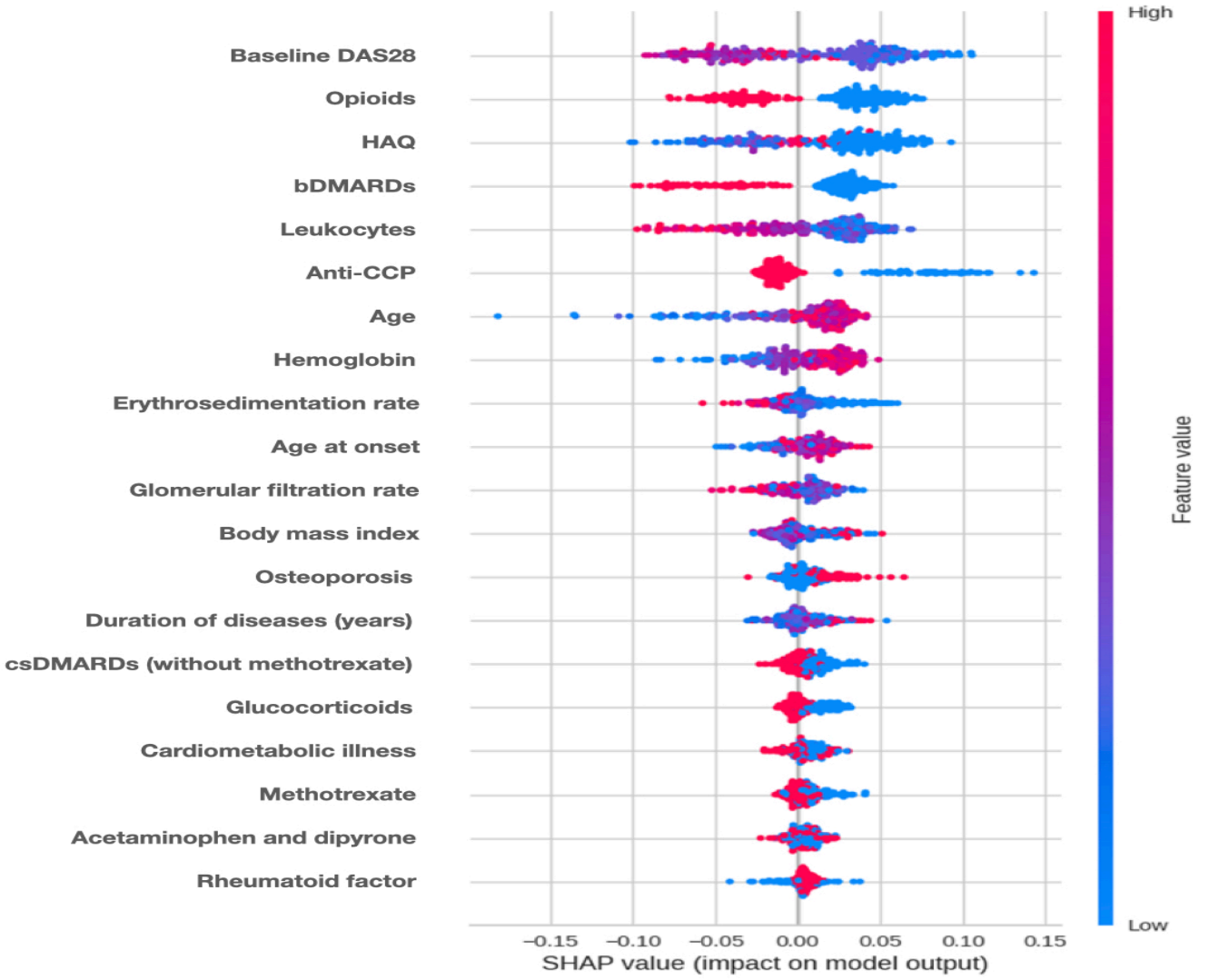

Patients seen between January and June 2022: n= 3622
Patients with DAS28 control more than 12 months from baseline: n= 459
Patients with DAS28 control between 6 and 12 months from baseline: n= 3163
Patients with age at diagnosis <16 years n= 2
Patients included: n= 3161
With response: n= 2668 (84,4%)
Unaswered: n= 493 (15,6%)

Image 2:



Conclusion: AI in RA predicts treatment response early, guiding targeted approaches. Factors like anti-CCP positivity and biologic therapies (Confounding by indication) play key roles, especially when conventional treatments fall short in controlling the disease.

Disclosure of Interest: None Declared

Keywords: Artificial Intelligence, rheumatoid arthritis, Treatment Outcome

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PANLAR 2024

Rheumatoid arthritis

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Frequency Of Frailty Syndrome In Patients With Rheumatoid Arthritis Using The Fatigue, Resistance, Ambulation, Illnesses, And Loss Of Weight (Frail) Questionnaire

Patricia Belen Dominguez Leiva*[1], José Simón Alcívar Navarrete[1], Joan Manuel Dapeña[1], Juan Manuel Bande[1], María Alejandra Medina[1], Diana Silvia Klajn[1], José Ángel Caracciolo[1], Silvia Beatriz Papasidero[1], Javier Federico Flores Trejo[1]
[1]Hospital de Agudos Dr. Enrique Tornu, Buenos Aires, Argentina

Has this paper been previously presented at another conference?: Yes

Background/Objectives: Frailty is defined as a multiorgan decline in functional reserve and high vulnerability to adverse events. Although it is a concept linked to geriatrics, it has been suggested that patients with Rheumatoid Arthritis (RA) could develop frailty regardless of age. The Fatigue, Resistance, Ambulation, Illnesses, and Loss of weight (FRAIL) questionnaire is considered a useful tool for detecting pre-frailty and frailty.

Objectives: To determine the frequency of pre-frailty/frailty in a cohort of patients with RA and assess its association with patients and disease characteristics.

Methods: Observational, descriptive, cross-sectional and analytical study. Consecutive patients >=18 years old with a diagnosis of RA (ACR-EULAR 2010) were included. Sociodemographic data, habits, comorbidities, RA characteristics, clinimetrics and treatment were registred. FRAIL questionnaire was administered to all patients. Muscle strength (JAMAR dynamometer or 5T chair stand test) mass and performance were measured to determine sarcopenia. Statistical analysis: Descriptive statistics. FRAIL results were compared with population and disease characteristics using Student's t-test, Wilcoxon, Pearson, ANOVA, or Spearman.

Results: Eighty patients were included. Patients' and disease characteristics are shown in Table 1. The FRAIL questionnaire detected 46.8% frailty, 39.2% pre-frailty and 13.9% robustness. The results of each FRAIL component and sarcopenia are detailed in Table 2. The presence of extraarticular manifestations (EAM) was associated with frailty (25 [67.6%], p=0.004). Pre-frailty/frailty predominated in radiological classes II (38.7%/53.8%) and III (41.7%/47.2%), while 100% of class I were robust (p=0.01). Fragile patients had higher pain visual analog scale and patient global assessment VAS. An association between sarcopenia and frailty was observed (p=0.02). Patients with severe and defined sarcopenia were mostly distributed among pre-frailty and frailty, while in those with probable and absent sarcopenia, the proportion increased for robustness and pre-frailty but decreased for frailty. Significant associations are observed in Table 2.

Image 1:

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Table 1. Patients characteristics (N= 80)

Age in years, mean (SD)	56.1 (10.2)
Women, n (%)	72 (90)
Employed, n (%)	34 (42.5)
Years of study, mean (SD)	9.5 (3.3)
BMI (N=75), mean (SD)	28.7 (6.7)
Smoking, n (%)	14 (17.5)
Polypharmacy, n (%)	61 (76.2)
Hospitalizations, n (%)	45 (62.5)
Comorbidities, n (%)	63 (78.7)
Type of comorbidities, n (%) (N=63)	
• Osteoporosis	36 (57.1)
• Hypertension	27 (42.9)
• Gastritis	21 (33.3)
• Dyslipidemia	11 (17.5)
• Hypothyroidism	10 (15.9)
• Diabetes	6 (9.5)
• Others	34 (54)
Disease duration in months, median (IQR)	108 (48–180)
Rheumatoid factor, n (%) (N=79)	77 (96.2)
ACPA, n (%) (N=68)	64 (94)
Radiological class, n (%)	
• Class I	5 (6.3)
• Class II	26 (32.9)
• Class III	48 (60.8)
Erosive disease, n (%)	54 (68.3)
EAM, n (%)	37 (46.2)
Pain VAS, median (IQR)	50 (0–90)
Patient global assessment VAS, median (IQR)	50 (20–50)
Physician global assessment VAS, median (IQR)	40 (20–50)
DAS28, median (IQR)	3.8 (2.9–4.5)
HAQ-A, median (IQR)	1.2 (0.9–2)
QOL-RA II, median (IQR))	6.2 (4.9–7.5)
HADS-A, median (IQR)	6 (3–9)
HADS-D, median (IQR)	6 (4–9)
Treatment, n (%)	
• Conventional synthetic DMARDs	69 (86.2)
• Biologic DMARDs	11 (13.7)
• Targeted synthetic DMARDs	5 (6.2)

SD= Standard deviation; BMI= Body Mass Index; IQR= Interquartile range; ACPA= Anti-citrullinated protein antibodies; EAM= Extraarticular manifestations; VAS= Visual Analog Scale; DAS28= Disease Activity Score 28; HAQ-A= Health Assessment Questionnaire-Argentine version; QOL-RA II= Quality of Life-Rheumatoid Arthritis Scale-II; HADS-A= Hospital Anxiety and Depression Scale-Anxiety; HADS-D= Hospital Anxiety and Depression Scale-Depression; DMARD= Disease Modifying Anti-Rheumatic Drug.

Image 2:

Table 2. FRAIL analysis

FRAIL Results (N=80)			
Frailty Categories	**n (%)**	**Frailty Components**	**n (%)**
• Robustness	11 (13.9)	• Fatigability	35 (43.7)
• Probable pre-frailty	31 (39.2)	• Resistance	48 (60)
• Probable frailty	37 (46.8)	• Ambulation	26 (32.5)
		• Comorbidity	43 (53.7)
		• Loss of weight	19 (23.7)
Sarcopenia Results (N=80)			
Sarcopenia Categories	**n (%)**	**Sarcopenia Components**	**n (%)**
• Absent	7 (8.7)	• Decreased muscle strength	11 (13.7)
• Probable	39 (48.7)	• Decreased muscle mass	67 (83.7)
• Defined	32 (40)	• Decreased physical performance	35 (43.7)
• Doubtful	2 (2.5)		

Correlation of frailty categories according to FRAIL (N=80)				
Frailty Category:	**Robustness (n=11)**	**Pre-frailty (n=31)**	**Frailty (n=37)**	**p-value**
EAM, n (%)	1 (2.7)	11 (29.7)	25 (67.6)	0.004
Radiological class, n (%)				
• Class I	4 (100)	0	0	
• Class II	2 (7.7)	10 (38.5)	14 (53.8)	0.01
• Class III	5 (10.4)	20 (41.7)	23 (47.2)	
Pain VAS, median (IQR)	40 (30-50)	40 (20-60)	60 (50-80)	0.004
Global patient assessment VAS, median (IQR)	0 (0-50)	30 (0-70)	80 (50-85)	0.03
Sarcopenia category, n (%)				
• Absence (n=7)	1 (14.3)	5 (71.4)	1 (14.3)	
• Probable (n=38)	7 (18.4)	19 (50)	12 (31.6)	0.02
• Defined (n=32)	3 (9.4)	6 (18.7)	23 (71.9)	
• Severe (n=2)	0	1 (50)	1 (50)	

EAM= Extraarticular manifestations; IQR= Interquartile range; VAS= Visual analog scale.

Conclusion: The FRAIL questionnaire detected pre-frailty/frailty in 86% of the patients with RA in this cohort and was associated with sarcopenia, radiological damage, MEA, and higher pain and patient global assessment.

Disclosure of Interest: None Declared

Keywords: None

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Rheumatoid arthritis

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Depressive Manifestations In Rheumatoid Arthritis Patients. Relationship With Alexithymia

Yevhenii Shalkovskyi[1], Mykola Stanislavchuk[*1]
[1]Internal medicine №1, National Pirogov Memorial Medical University, Vinnytsya, Vinnytsya, Ukraine

Has this paper been previously presented at another conference?: No

Background/Objectives: Psychopathological symptoms are an integral part of the clinical picture of rheumatoid arthritis (RA), their presence aggravate the course of the disease, worsen the quality of life of patients and reduce the effectiveness of treatment. The aim of the study was to investigate the features of depressive manifestations and their relationship with alexithymia (AL) in RA patients.

Methods: According to the principles of biomedical ethics, patients were clinically examined using the Toronto Alexithymia Scale (TAS-20), Hamilton Rating Scale for Depression (HRDS), Beck Depression Inventory (BDI), Disability Rating Index (DRI), Rheumatoid Arthritis Disease Activity Score (DAS-28), Simplified Disease Activity Index (SDAI), Rheumatoid Arthritis Clinical Disease Activity Index (CDAI), Visual analog pain assessment scale patient and doctor (VAS-P and VAS-D), Health Assessment Questionnaire (HAQ). Group include 146 patients with RA: without AL (TAS-20 up to 60 points) – 110 patients, with AL (TAS-20 61 points and above) – 36 patients.

Results: From 146 patients 26.0% of patients showed signs of mild depression, 19.2% - moderate depression, and 10.9% - severe one. In patients with AL, the percent of persons without depression and with mild depression was lower: 5.6% versus 56.4% ($p<0.001$) and 22.2% versus 27.3% ($p>0.05$), respectively. Part patients with moderate and severe depression - higher: 33.3% versus 14.5% ($p<0.05$) and 38.9% versus 1.8% ($p<0.001$). The HRDS index in all patients was 9.59±7.09 points. In patients with AL - 16.72±5.79 points, in patients without AL 7.25±5.82 points ($p<0.05$). BDI in all patients was 10.04±15.00 points, with AL - 17.31±14.60 points and without - 7.66±14.41 points ($p<0.05$). Significant correlations were found between HRDS and DAS-28 ($rS=0.515$), SDAI ($rS=0.425$), CDAI ($rS=0.401$), VAS(P) ($rS=0.543$), VAS(D) ($rS =0.533$), HAQ ($rS=0.663$), DRI ($rS=0.644$), TAS-20 ($rS=0.554$) in group of patients with AL versus BDI and DAS-28 ($rS=0.459$), SDAI ($rS=0.404$), CDAI ($rS= 0.387$), VAS(P) ($rS=0.499$), VAS(D) ($rS=0.484$), HAQ ($rS=0.616$), DRI ($rS=0.637$) and TAS-20 ($rS=0.494$) in group of patients without AL.

Conclusion: Patients with RA are characterized by depressive manifestations. Alexithymic patients have more pronounced depression level. The severity of depression correlates with worse health status, activity of rheumatoid arthritis, and with severity of pain.

Disclosure of Interest: None Declared

Keywords: alexithymia, depressive manifestation, rheumatoid arthritis

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Rheumatoid arthritis

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Association Between Hyperuricemia With An Increased Left Atrium Diameter And Relative Wall Thickness In Patients With Autoimmune Rheumatic Disease

Andrea Lizbeth Guajardo-Aldaco[*1], Maria F. Elizondo-Benitez [1], Dionicio A. Galarza-Delgado[1], Iris J. Colunga-Pedraza[1], Jose R. Azpiri-Lopez[2], Jesus Alberto Cardenas-de la Garza [1], Rosa I. Arvizu-Rivera[1], Valeria Gonzalez-Gonzalez[1]
[1]Rheumatology Department , [2]Cardiology Department , Hospital Universitario "Dr. José Eleuterio González", Universidad Autónoma de Nuevo León , Monterrey , Mexico

Has this paper been previously presented at another conference?: No

Background/Objectives: It has been shown that hyperuricemia can lead to an increase in left atrial diameter (LAD) and greater relative wall thickness (RWT) in healthy adults, but its effect in patients with inflammatory rheumatic disease has not been established. We aimed to compare the LAD and RWT in patients diagnosed with inflammatory rheumatic disease with and without hyperuricemia

Methods: A cross-sectional study was carried out in which patients aged 40 to 75 years with a diagnosis of rheumatoid arthritis (RA) and psoriatic arthritis(PsA). Hyperuricemia was considered as an SUA level > 6.8 mg/dL. A transthoracic echocardiogram was performed by a board-certified cardiologist, blinded to clinical information. Comparisons were made with the Chi-square test, Fisher's exact test, Student's T-test, or u-Mann Whitney test, depending on the case. $p<0.05$ was taken as statistically significant.

Results: Our study included 32 patients who fulfilled the criteria. The most frequent diagnosis was PsA with a frequency of 65.6%. Patients with hyperuricemia showed larger atrial diameters than patients without hyperuricemia [4.05 (3.6 – 4.40)vs. 3.45 (3.20 – 3.72), p=0.003]. Patients with hyperuricemia showed higher GPR compared to patients without hyperuricemia [0.47 (0.39 - 0.53) vs. 0.39 (0.34 - 0.54), p=0.000]. (Table1)

Table 1:

Table 1. Patients Characteristics

	Serum uric acid levels <6.8 mg/dL (n= 18)	Serum uric acid levels >6.8 mg/dL (n=16)	*p*-value

Age, median ± SD	54.55 ±7,55	52.71± 8,18	NS
Man, n (%)	9 (50)	11 (78.6)	**0.002**
Diagnosis, n (%)			
- RA	7 (38.9)	5 (28.6)	NS
- PsA	11(61.1)	11(71.4)	NS
SUA, median (p25-p75)	4.89 (4.56 – 5.45)	7.13 (6.87 – 7.89)	**0.001**
Active Smoking	3 (16.7)	1 (7.1)	NS
Diabetes Mellitus	6 (33.3)	1 (7.1)	NS
Systemic arterial hypertension	8 (44.4)	9 (64.3)	**0.021**
Dyslipidemia	8 (44.4)	5 (35.7)	NS
Obesity	5 (27.8)	9 (64.3)	NS
LAD, median (p25-p75)	3.45 (3.20 – 3.72)	4.05 (3.6 – 4.40)	**0.003**
RWT, median (p25-p75)	0.39 (0.34 – 0.54)	0.47 (0.39 – 0.53)	**0.000**

SD, Standard Deviation; SUA, serum uric acid; LAD, Left atrium diameter; RWT, relative wall thickness

Conclusion: In our cohort, LAD and left ventricular RWT were elevated in patients with inflammatory rheumatic disease and hyperuricemia. Complete cardiovascular evaluations are recommended in patients with autoimmune diseases and hyperuricemia.

Disclosure of Interest: None Declared

Keywords: Cardiovascular Disease, Heart Disease, Hyperuricemia

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Rheumatoid arthritis

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Long Term Efficacy And Persistence Of Rheumatoid Arthritis Treatment In Brazil: Real-World Experience From Panlar´S Register Of Rheumatic Diseases (Panred)

Gilda Aparecida Ferreira[*1], Nicolas Marin Zucaro[2], Ana Cristina de Medeiros Ribeiro[3], Manuella Lima Gomes Octrop[4], Viviane Angelina De Souza[5], Aline Teixeira De Landa[5], Renata henriques De Azevedo[5], Cintya Martins Vieira[5], Louise Fellet Barbosa[5], Laura Neto Coutinho[5], Lorena Ferreira Morais[5], Kleiça Cruz Oliveira[5], Nathalia Sacilloto[3], Rina Dalva Neubarth Giorgi[3], Bárbara Stadler Kahlow[6], Sâmia Araújo de Sousa Studart [7], Gustavo Gomes Resende[8], Maria Fernanda Brandão de Resende Guimarães[8], Gilberto Loiola de Vasconcelos [7], Renê Donizeti Ribeiro De Oliveira[9], Natália Brasil Do Amaral[9], Marcela Cavichioli Giannini[9], Claiton Viegas Brenol[10], Nicole Pamplona[10], Cristiano Lupo[11], Ricardo Acayaba[11], Rita Menin[11], Mariana Alves Ferreira Martins[11], Adriana Maria Kakehasi[8], Vander Fernandes[12], Chiara Borges[12], Jéssica Perini Cardoso[12], Ines Silveira[10], Samanta Gerhardt[10], Julia Boechat Farani[10], Roberto Ranza[13], Leandro Alves[13], Humberto Resende[13], Thiago Schultz[13], Juliene Cristine[13], Mariana Peixoto Guimarães Ubirajara e Silva[8], Rafaela Bicalho Viana[8], Beatriz Mota tiburcio[8], Vitor Alves Cruz[14], Aline Vieira Moraes Essado Ferreira[14], Mariana Silva Guimarães[14], Glaucio Ricardo Webner de Castro [15], Camila Lomonaco[4], Washington Bianchi[4], Gabriella Stefenoni kruger[16], Daniel Gerardo Fernández Avila[17], Lorena Maria Brance[18], Enrique Soriano[2]
[1]PANLAR, Belo Horizonte, Brazil, [2]PANLAR, Buenos Aires, Argentina, [3]PANRED, São Paulo, [4]PANRED, Rio de Janeiro, [5]PANRED, Juiz de Fora, [6]PANRED, Curitiba, [7]PANRED, Fortaleza, [8]PANRED, Belo Horizonte, [9]PANRED, Ribeirão Preto, [10]PANRED, Porto Alegre, [11]PANRED, São José do Rio Preto, [12]PANRED, Cuiabá, [13]PANRED, Uberlandia, [14]PANRED, Goias, [15]PANRED, Florianópolis, [16]PANRED, Uberaba, Brazil, [17]PANLAR, Bogotá, Colombia, [18]PANLAR, Rosario, Argentina

Has this paper been previously presented at another conference?: No

Background/Objectives: **Background:** Data on the long-term efficacy and persistence of different mechanisms of treatment for rheumatoid arthritis (RA) in Brazil are scarce.

Objective: To evaluate the efficacy and persistence of conventional synthetic disease-modifying antirheumatic drugs (cDMARDs), biological DMARDs (bDMARDs) and targeted synthetic DMARDs (tDMARDs) in Brazilian patients with RA in the prospective cohort study.

Methods: **Methods:** Data from 511 patients classified as RA according to ACR-EULAR 2010, followed up for 12 months (five visits) were analyzed. In the multivariate analysis, the binary logistic regression model adjustment was applied. A multiple generalized estimating equations (GEE) model was performed to analyze longitudinal data.

Results: **Results:** Two hundred and sixty-one patients were treated with tDMARDs, 189 with bDMARD and 61 with cDMARDs. Patients treated with tDMARDs were younger women, with longer disease duration, on the third or fourth line of treatment and with a lower frequency of cardiovascular comorbidities. Of the 79 (15.5%) patients who discontinued treatment, 72.2% did so permanently and 27.8% temporarily. The most frequent reasons for discontinuation of medication were adverse event (32.9%) followed by loss of primary efficacy (27.8%). In the final multivariate regression model, variables labeled erosive disease [OR=2.16 (1.14-4.07)] and rheumatoid factor positivity [OR=3.68(1.102-12.32)] were associated with treatment discontinuation. There was a significant reduction in the GC dosage in the three treatment

groups [mean GC, mg/day (95% CI) V1 9.34(7.72-10.95) vs V2 6.78(6,09-7,47) vs V3 5.99(5.36-6.63) vs V4 5.64(5-6.27) vs V5 5.32(4.51-6.13), p<0.001]. There was no difference in the mean GC dosage between the treatment groups, regardless follow-up time (p=0.097) (Figure 1). There was a significant reduction in the DAS-28 score during the visits (p <0.001). Mean DAS-28 CRP value was different between the groups, regardless follow-up time (p=0.003) (Figure 2). The mean DAS-28 CRP value of patients treated with tDMARDs was higher compared to the ones treated with bDMARDs (p=0.004).

Image 1:

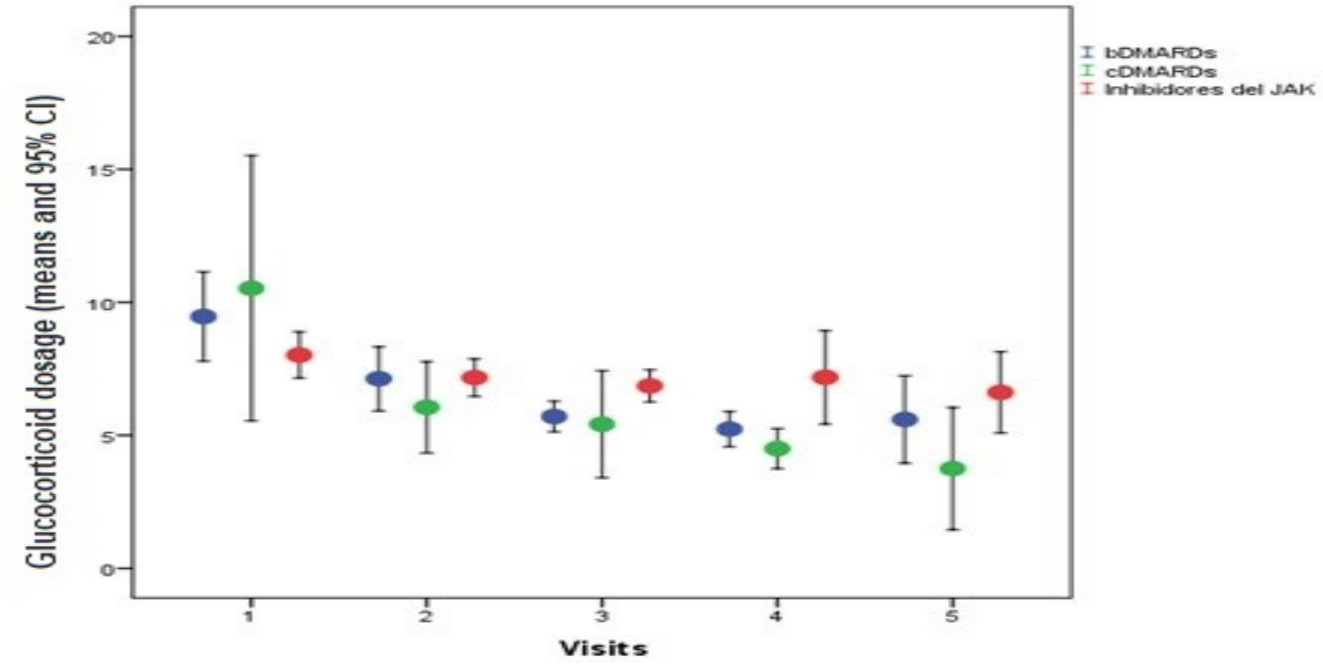
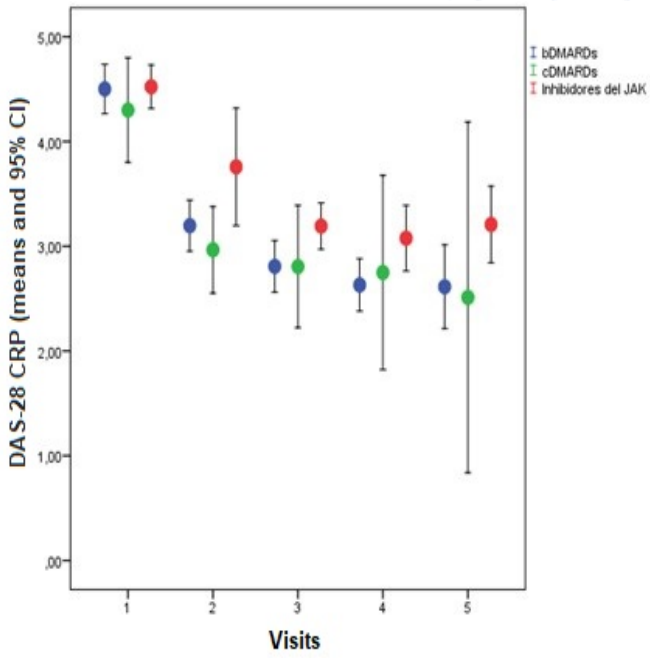


Image 2:



Conclusion: **Conclusion**: In a real-world setting, low treatment persistence was associated with markers of disease severity. The three treatment groups showed good efficacy in the first year evaluation. Patients treated with tDMARDs had a higher mean DAS 28-CRP during follow-up, but were indicated for those with a more advanced line of treatment and with a longer duration of disease.

Disclosure of Interest: None Declared

Keywords: Rheumatoid Arthritis, Treatment, Efficacy

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Rheumatoid arthritis

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Drug Survival Of Biologic And Targeted Synthetic Disease-Modifying Antirheumatic Therapies In Patients With Inflammatory Arthritis: Data From Four Countries Of Latin America

Deshire Alpizar-Rodriguez[*1], Carolina A Isnardi[2], Vijaya Rivera Terán[1], Guillermo Pons-Estel[2], María J Haye Salinas[2], Ida Exeni[2], Nicolás Alvarado[2], Graciela Gomez[2], Alejandro Brigante[2], David Vega Morales[1], Iris Colunga Pedraza[1], Sandra Sicsik Ayala[1], Miguel Angel Saavedra Salinas[1], Julio César Casasola Vargas[1], Gabriela Ávila[3], Sonia Cabrera[3], Patricia Melgarejo[3], Paola Pusineri[3], Raquel Aranda[3], Paola Jara[4], Macarena Soto[5], Cristina Bruego[5], Darwin Cordovilla[5], Belem Acevedo[5], Sandra Consan[5], Sofia Rostan[5], Paloma de Abreu[3]
[1]Mexican College of Rheumatology, On behalf of Biobadamex Registry , Mexico City, Mexico, [2]Argentine Society of Rheumatology, On behalf of Biobadasar Registry, CABA, Argentina, [3]Paraguayan Society of Rheumatology, On behalf of Biobadaguay Registry, Asuncion, Paraguay, [4]Paraguayan Society of Rheumatology, On behalf of Biobadaguay Registry, Asuncion, Argentina, [5]Uruguayan Society of Rheumatology, On behalf of Biobadaguay Registry, Montevideo, Uruguay

Has this paper been previously presented at another conference?: No

Background/Objectives: Drug survival of biologic and targeted synthetic disease-modifying antirheumatic drugs (ts/bDMARDs) has been described as a surrogate for treatment effectiveness and safety. This study aims to describe the drug survival of ts/bDMARDs in patients with Immune-mediated inflammatory arthritis (IIA) from four Latin American countries, using BIOBADA Registries data.

Methods: Data from BIOBADA Registries were collected from Argentina, Mexico, Paraguay, and Uruguay (the last two countries were included in the same registry). For this analysis, those with rheumatoid arthritis (RA), psoriatic arthritis (PsA) and axial spondyloarthritis (axSpa) who had started at least one biological or small molecule drug until October 2023 were included. Biologic drug survival was defined as the time from initiation of therapy to discontinuation. The reasons for discontinuation were recorded. Drug survival was analysed using Kaplan-Meier plots, and hazard ratios were estimated.

Results: Among 4761 registered patients, 7727 treatments were recorded, 5448 (70.5%) from Argentina, 1085 (14.0%) from Mexico, 706 (9.1%) from Paraguay and 488 (6.3%) from Uruguay. The most common diagnosis was RA with 6479 (83.8%) treatments, 740 (9.6%) PsA and 508 (6.6%) axSpa. A total of 4698 (60.8%) treatment discontinuations were reported. The most common discontinuation causes were ineffectiveness (1604, 34.1%), loss of patient (1084, 23.1%) and adverse events (779, 16.6%). From the total of treatments from each bDMARDs, the most frequently discontinued were original Rituximab (RTXo) (321 of 449, 71.5%), original TNF inhibitors (anti-TNFo) (3044 of 4817, 63.2%) and abatacept (483 of 725, 66.6%). From tsDMARDs, original JAK inhibitor was discontinued in 318 of 661 (48.1%) treatments and generic JAK inhibitor was in 38 of 102 (38.2%). Fig 1 A shows survival curves by treatment and Fig 1 B by disease. Fig 2 displays hazard ratios. Significant differences by treatment were reported: abatacept (HR 1.1, 95% CI 1.03-1.25, p=0.013), biosimilar rituximab (HR 2.05, 95% CI 1.47-2.85, p<0.001) and RTXo (HR 1.54, 95% CI 1.37-1.73, p<0.001. Significant differences by diagnoses were reported, axSpa (HR 0.68, 95% CI 0.60-0.78, p<0.001).

Image 1:

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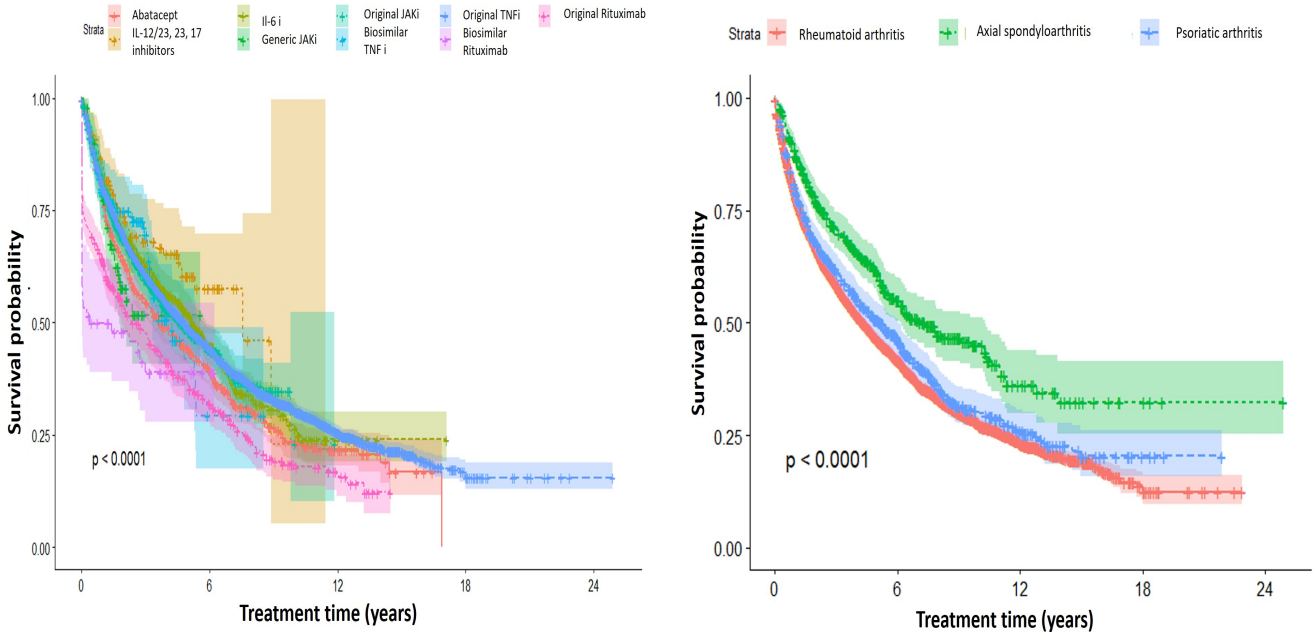
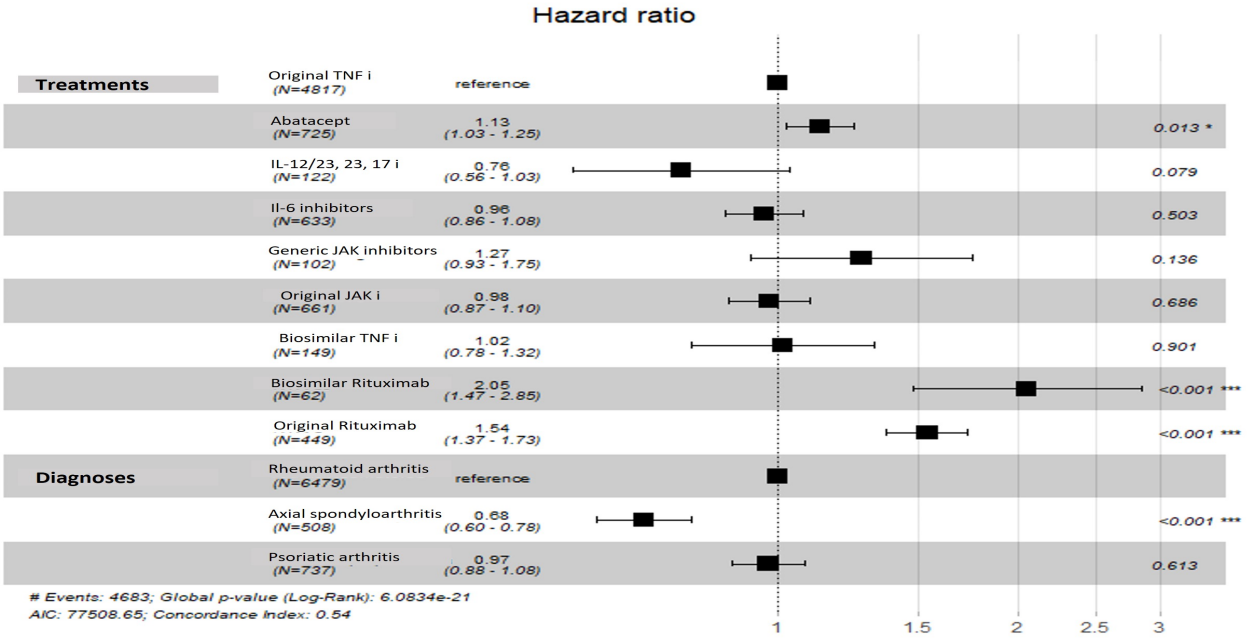


Image 2:



Conclusion: This analysis shows differences in the drug survival of ts/bDMARDs in Latin American patients with IIA by treatment and by diagnoses. Further longitudinal analyses will be performed to identify predictive variables.

Disclosure of Interest: None Declared

Keywords: Biologics, jak inhibitors, rheumatoid arthritis

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Rheumatoid arthritis

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Assessing The Efficacy Of Score2 Algorithm In Identifying Carotid Plaque: A Comparative Study In A Latin American Population With Rheumatoid Arthritis.

Maria F. Elizondo-Benitez[*1], Andrea L. Guajardo-Aldaco[1], Iris J. Colunga-Pedraza[1], Jose R. Azpiri-Lopez[2], Dionicio A. Galarza-Delgado[1], Jesus Alberto Cardenas-de la Garza[1], Rosa I. Arvizu-Rivera[1], Valeria Gonzalez-Gonzalez[1]
[1]Rheumatology Department, [2]Cardiology Department, Hospital Universitario "Dr. José Eleuterio González", Universidad Autónoma de Nuevo León, Monterrey, Mexico

Has this paper been previously presented at another conference?: No

Background/Objectives: To assess the SCORE2 calculator's ability in identifying carotid plaque among Latin American individuals with rheumatoid arthritis, and compare it with other cardiovascular calculators.

Methods: Observational study on rheumatoid arthritis (RA) patients meeting ACR/EULAR 2010 criteria, aged 18 or older, excluding those with prior cardiovascular disease or pregnancy. Disease activity is assessed via clinical history. Carotid B-mode ultrasonography measured cIMT and plaque presence. Cardiovascular risk was evaluated using six calculators: FRS-lipids, FRS-BMI, ACC/AHA Risk Algorithm, SCORE, QRISK3, RRS, and SCORE 2 (adjusted per EULAR). Descriptive analysis utilized frequencies, mean (±SD), and median (q25-q75). Statistical comparisons employed Chi-square, Student's t, and Mann-Whitney U tests ($p<0.05$ considered significant).

Results: Hundred and three RA patients were included, mostly women (93.2%), with a mean age of 53.9 ± 8.03 years. The most prevalent cardiovascular comorbidity was obesity (33.3%). There was a statistically significant difference in the median value between the groups of FRS-Lipids (8.2 (5.1-13.3) vs 7.2 (3.9-11.4), *p=0.043*), FRS-BMI (13.3 (7.9-21.6) vs 9.6 (5.5-13.8), *p= 0.010*), QRISK3 (6.8 (3.9-10.6) vs 4.5 (2.5-6.9), *p= 0.011*), RRS (1.5 (1.5-3.0) vs 1.5 (1.5-1.5), *p= 0.043*), SCORE (1.5 (0.0-1.5) vs 0.0 (0.0-1.5), *p= 0.050*) and SCORE 2 (4.5 (3.0-9.0) vs 4.5 (1.8-6.0), *p= 0.016*)(Table 1).

Table 1: Table 1. Demographic Characteristics

	RA patients with subclinical atherosclerosis	RA patients without subclinical atherosclerosis	p-value
Age, mean ± DE	55.5 ± 7.6	51.9 ± 8.1	*0.002*
DAS28-CRP, mean ±DE	3.50 ± 1.48	3.47 ± 1.49	NS

FRS- Lipids, median (IQR)	8.2 (5.1-13.3)	7.2 (3.9-11.4)	*0.043*
FRS- BMI, median (IQR)	13.3 (7.9-21.6)	9.6 (5.5-13.8)	*0.010*
QRISK3, median (IQR)	6.8 (3.9-10.6)	4.5 (2.5-6.9)	*0.011*
Reynolds, median (IQR)	1.5 (1.5-3.0)	1.5 (1.5-1.5)	*0.043*
SCORE, median (IQR)	1.5 (0.0-1.5)	0.0 (0.0-1.5)	*0.050*
SCORE 2, median (IQR)	4.5 (3.0-9.0)	4.5 (1.8-6.0)	*0.016*

Conclusion: In our study, SCORE2 failed to differentiate carotid plaque presence, categorizing both groups as moderate risk due to similar mean ages. Carotid ultrasound is essential for a comprehensive cardiovascular assessment in rheumatoid arthritis patients.

Disclosure of Interest: None Declared

Keywords: atherosclerosis, Cardiovascular risk, Prognosis

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GLOBAL RHEUMATOLOGY BY PANLAR

PANLAR 2024

Rheumatoid arthritis

PANLAR2024-1510

Prevalence And Barriers In Biologic / Synthetic Targeted Drugs In Rheumatoid Arthritis Patients

Emilio Buschiazzo[*1], Maria Correa[2], Carolina Isnardi[3], Eugenia Picco[1], Daniela Alonso Lopez[4], Ivana Romina Rojas Tessel[1], Mariana Benegas[5], Ana Carolina Ralle[1], Leticia Noemí Ibañez Zurlo[4]
[1]Hospital Sr del Milagro, Salta, [2]IREP, CABA, [3]Consultorio Privado, Bariloche, [4]Consultorio Privado, Salta, [5]Sanatorio Mendez, CABA, Argentina

Has this paper been previously presented at another conference?: Yes

Background/Objectives: Rheumatoid Arthritis (RA) is a chronic inflammatory disease, in which biologic/synthetic targeted DMARs (btsDMARs) are recommended in those cases with inadequate response (IR) to classical synthetic DMARs (csDMARs). In our local recommendations, maximal Methotrexate-IR lasting > 3 months with persistent active disease is required in order to use btsDMAR. The aim of this study was to determine in a real life setting the prevalence of btsDMAR indication and comparing it with the local recommendations.

Methods: RA patients older than 18 years were included, naïve to btsDMAR use, and rheumatologists. Data regarding rheumatologist (age, experience, genre and geographical location) was collected, the same as descriptive data regarding included patients and disease characteristics. A patient with btsDMAR indication by recommendations was defined as that with moderate or active disease (CDAI ≥ 10), treated for ≥ 3 months with methotrexate (MTX) ≥ 20 mg/week, and with 3 visits in the last 12 months. The rheumatologist was asked answer if the included patient had indication of btsDMARs taking his own criteria as reference. Descriptive statistics were performed.

Results: 97 patients were included, from 9 rheumatologists from 3 cities of Argentina. Patients were female 81 (81.3%), 53.7 years old (SD 14.5), disease duration of 7.6 years (SD 7.4), and 56 (57.7%) had been treated with maximum MTX doses. Nineteen (19.5%) had btsDMARs indication (local recommendations), 8 (42.1%) were in process of getting the drug. The reasons of not being indicated by the rheumatologist were: patients own negative wish to be treated (5/11), rheumatologist believed patient had no clinical criteria to get the treatment (4/11) and geographical access issues (4/11). Three patients (3.1%) were in process of getting the drug but had no indication by local recommendations

Conclusion: In this sample of RA patients, from the group with btsDMAR indication by local recommendations, nearly a half was not in process of getting it. Patients own decision, lack of geographical access or mis-interpretation by the rheumatologist were the main causes of this situation. Real life settings can help to understand the barriers by which recommendations can not be fully applied.

Disclosure of Interest: None Declared

Keywords: rheumatoid arthritis, treatment

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Rheumatoid arthritis

PANLAR2024-1021

Compulsory Withdrawal Of Medication For Rheumatoid Arthritis Treatment In Brazil: Psychosocial Impact.

Laisa Bassini* [1], Jean Noleto [1], João Pedro de Melo [1], Roberta Pernambuco[1], Nathália Sacilotto[1], Sonia Maria Lima [1], Rina Dalva Giorgi [1]
[1]Rheumatology, Hospital do Servidor Público Estadual de São Paulo- IAMSPE, São Paulo, Brazil

Has this paper been previously presented at another conference?: Yes

Background/Objectives: Immunobiological medications, like Abatacept (ABAT) for rheumatoid arthritis (RA), are effective but may require replacement due to various reasons. The study focuses on ABAT users, examining the emotional impact of switching regimens due to medication unavailability, regardless of patient's disease activity. Specifically noting the occurrence of ABAT (no longer provided by the Brazilian Public Health System).

Methods: This cross-sectional study used the Beck Anxiety Inventory (BAI) to gauge anxiety levels (minimal, mild, moderate, severe) in patients facing medication replacement. Collected one-word emotion descriptions from patient's. Disease activity, assessed with Simple Disease Activity Index (SDAI) and Clinical Disease Activity Index (CDAI), were correlated with anxiety outcomes. Review of medical records, including demographic data, comorbidities, and prior bDMARD use.The study used the Charlson Comorbidity Index (CCI) to predict 10-year survival.

Results: Examining medical records from 42 ABAT patients (average age 67.8, 93% female), findings reveal that 36% initiated ABAT as their first bDMARD, while 64% had prior bDMARD experience. Considering the CCI, 7% predicted a 96% 10-year survival, 9.5% predicted 90%, 16.5% predicted 77%, 31% predicted 53%, and 36% predicted 21% or less. Highlighting the need for outpatient care, routine laboratory tests, and proper medication use, including immunobiologics. About psychosocial impact, 42 patients evaluated ABAT medication change; 8 were excluded due to questionnaire impracticality. Anxiety levels varied 32% minimal, 62% mild, and 6% moderate anxiety. "Current feeling" summaries included 24% sadness, 21% disappointment, 19% concern,18% insecurity, 12% fear, and 6% others. Patients in remission/low activity displayed mild anxiety, contrasting with moderate/high disease activity (Table 1), the data suggests that better disease control correlates with increased anxiety during medication transitions.This underscores the importance of tailored psychosocial support for patients undergoing such changes.

Table 1:

Remission/low disease activity (SDAI and CDAI)		Moderate/High disease activity (SDAI and CDAI)	
Minimal anxiety	27%	Minimal anxiety	50%
Mild anxiety	73%	Mild anxiety	33%

Moderate anxiety	0%	**Moderate anxiety**	17%

Conclusion: Changing bDMARDs is a challenging moment in a patient's journey. Recognizing patient's profiles, understanding anxieties and expectations is vital for patient-centered care, improving treatment adherence and health outcomes.

Disclosure of Interest: None Declared

Keywords: Abatacept, Anxiety, Immunobiological

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Rheumatoid arthritis

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Chronic Kidney Disease In Rheumatoid Arthritis: Description Of Patients With Glomerular Filtration Rate Below 30 Ml/Min

Wilmer Gerardo Rojas Zuleta[*1], Erika Paola Navarro Mendoza[2], Carolina Becerra Arias[3], Jeixa Jennifer Canizales Rodriguez[4], Jorge Hernando Donado Gomez[1], Yesith Guillermo Toloza-Perez[4], Natalia Duque-Zapata[1]
[1]ANTIOQUIA, MEDICARTE, MEDELLIN, [2]VALLE, MEDICARTE, CALI, [3]SANTANDER, MEDICARTE, BUCARAMANGA, [4]BOGOTA D.C, MEDICARTE, BOGOTA D.C, Colombia

Has this paper been previously presented at another conference?: No

Background/Objectives: Patients with rheumatoid arthritis (RA) are more likely to experience a decline in estimated glomerular filtration rate (eGFR) over follow-up. These patients are typically excluded from clinical trials, resulting in limited clinical information and outcome descriptions. Our objective is to characterize patients with reduced eGFR in a cohort of RA patients in Colombia.

Methods: Descriptive cohort study of RA patients monitored at Medicarte, a specialized institution in immune-mediated diseases, between January and December 2023. eGFR was estimated using the CKD-EPI equation. It was decided to analyze the group of patients with eGFR<30ml/min/1.73m^2. Quantitative variables are described with median and interquartile range (IQR), while qualitative variables are presented with frequencies and percentages.

Results: 38 patients were identified with a median age of 70 years (IQ R63-80), of whom 89.5% (n=34) were women. The age at diagnosis was 59.2 years (IQR 49.8-68.6), and the disease duration was 10.2 years (IQR 5.2-18.9). Hypertension was present in 65.7% (n=25), 31.5% (n=12) with osteoporosis, and 7.8% (n=3) with Sjögren's syndrome. The median creatinine level was 2.4 mg/dL (IQR 1.9-3.1), and the eGFR was 20.4 ml/min (IQR 14.2-24.6). The most frequently used synthetic DMARD was leflunomide at 23.5% (n=8). A small number of patients continued using methotrexate, partly because the identification of renal function deterioration occurred after its use. Biological therapy was more common, with rituximab in 29.4% (n=10) of patients, followed by etanercept in 13.1% (n=5) and adalimumab in 2.6% (n=1) (Table 1). The median DAS28-CRP was 2 (IQR 1.6-2.8). Most patients were in remission or had low disease activity. Throughout the one-year follow-up, there were no emergencies, hospitalizations, or joint replacements.

Table 1:

General characteristics of 38 patients with eGFR<30ml/min/1.73m^2		
Variables	eGFR 15-30 ml/min (n=27)	eGFR < 15 ml/min (n=11)
Disease activity according to DAS28-PCR n (%)		

Remission	17 (63)	8 (73)
Low activity	4 (15)	1 (9.1)
Active	5 (19)	2 (18)
No data	1 (3.7)	0 (0)
Current eGFR ml/min (Me-IQR)	23 (19-27)	9 (3-13)
Treatment n (%)		
Adalimumab	1 (3.7)	0 (0)
Etanercept	3 (11)	2 (18)
Leflunomide	7 (26)	1 (9.1)
Methotrexate	2 (7.4)	3 (27)
Rituximab	8 (30)	2 (18)
Glucocorticoid	6 (22)	2 (18)
Upadacitinib	0 (0)	1 (9.1)

Conclusion: No serious events such as emergencies, hospitalizations, or joint replacements were recorded. Leflunomide was the most commonly used synthetic DMARD. Most cases were in remission/low activity

Disclosure of Interest: None Declared

Keywords: Arthritis, Rheumatoid, kidney failure, real-world evidence

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Rheumatoid arthritis

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Diagnostic Agreement And Delay Time In The Diagnosis Of Rheumatoid Arthritis Between Primary Care Physicians And Rheumatologists In Mexico.

Luis Daniel Fajardo Hermosillo[*1], María Karina Lizbeth López Ramírez[2]
[1]Rheumatology, [2]Internal Medicine, Unidad médica de alta especialidad, Hospital de especialidades, Centro Médico Nacional de Occidente, Instituto Mexicano del Seguro Social, Guadalajara, Mexico

Has this paper been previously presented at another conference?: No

Background/Objectives: Rheumatoid arthritis (RA) affects approximately 0.4–1.6% of the Mexican population. Its early diagnosis improves patient outcomes. Nevertheless, the diagnosis of early onset RA is frequently difficult and confusing for the primary care physicians (PCP). The level of diagnostic agreement for RA between PCP and rheumatologists was moderate in developed countries (DC), while in Mexico was poor (1). By other hand, the diagnostic delay in RA increases rates of radiographic progression and unlikelihood to achieve remission. The delay time in RA diagnosis was reported of three years in Mexico before 2013 compared to 10 months in DC (2). Unfortunately, many cases referred by PCP as RA are fibromyalgia (FMS) and osteoarthritis (OA). Will the recent changes in the Mexican health system have improved this scenario? The aim of this study was to evaluate diagnostic agreement and delay time in the diagnosis of RA between PCP and rheumatologists in Mexico.

Methods: Observational study conducted in a public hospital from 2014 to 2022. The κ coefficient was used to evaluate the level of diagnostic agreement for RA between PCP and rheumatologists. The delay time in RA diagnosis was evaluated from symptoms onset to assessment of rheumatologist. A bivariate and multivariate analysis was realized for variables associated with reference diagnosis (RD) of RA by PCP.

Results: Of the 220 patients referred as RA by PCP, 58 (26.4%) had RA, while 122 (55.5%) presented FMS and 41 (18.6%) were OA. The level of diagnostic agreement for RA between PCP and rheumatologists was poor (k=0.124, p=0.027). The median time delay in RA diagnosis was 8 months. Patients referred for RA by PCP and diagnosed with RA by rheumatologists were more likely to be older and male, presented arthritis, had higher rheumatoid factor (FR) and acute-phase reactant proteins, showed less myofascial pain and depression than patients without RA diagnosis by rheumatologist. In the multivariate analysis, patients who had RF (OR 2.61, 95%CI 1.13-5.99) persisted more associated with a RD of RA, while patients who presented myofascial pain (OR 0.06, 95%CI 0.01-0.51) and depression (OR 0.03, 95%CI 0.01-0.26) remained less associated with RD of RA by PCP (figure 1).

Image 1:

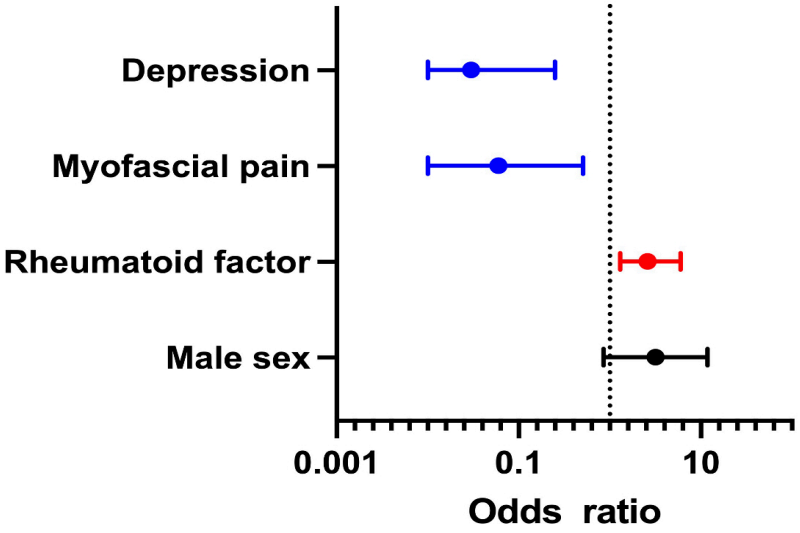

Figure 1. Forest plot of multivariate logistic regression analysis based in factors that persisted associated with a reference diagnosis of Rheumatoid Arthritis by primary care physicians. Dependent variable: Reference diagnosis of Rheumatoid Arthritis. Nagelkerke R^2: 0.618

Conclusion: Currently, there is still a low level of agreement in the diagnosis of RA between PCP and rheumatologists. However, the delay time in RA diagnosis is shorter than in the past. More teamwork between the PCP and rheumatologists is necessary to improve this scenario in Mexico.

Reference 1: (1) Vega-Morales D, Covarrubias-Castañeda Y, Arana-Guajardo AC, Esquivel-Valerio JA. Time Delay to Rheumatology Consultation: Rheumatoid Arthritis Diagnostic Concordance Between Primary Care Physician and Rheumatologist. Am J Med Qual. 2016 Nov;31(6):603. doi: 10.1177/1062860616646446

Reference 2: (2) Xibillé-Friedmann D, Mondragón-Flores V, de la Rosa CH. Criteria used by primary care physicians for the diagnosis and referral to a rheumatologist of patients with rheumatoid arthritis [Criterios utilizados por médicos de atención primaria para el diagnóstico y derivación al reumatólogo del paciente con artritis reumatoide]. Reumatol Clin. 2006 Sep;2(5):235-8. Spanish. doi: 10.1016/S1699-258X(06)73053-4.

Disclosure of Interest: None Declared

Keywords: diagnostic agreement, diagnostic delay, rheumatoid arthritis

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Rheumatoid arthritis

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Efficacy And Safety Of Tocilizumab Versus Conventional Therapies In Patients With Rheumatoid Arthritis

Idania Escalante[*1], Guillermo Solis[2], Norwing García[2], Abner Gómez[2], Helder Lezama[2], Ana Cortez[2], Luis Vargas[2], Alfonso Lillo[2], Manuel E. Pedroza Pacheco[3]
[1]Rheumatology Service of the Department of Internal Medicine, [2]Department of Internal Medicine, Oscar Danilo Rosales Argüello Teaching Hospital, Leon, [3]Master's program in Biomedical Research, National Autonomous University of Nicaragua, Managua, Managua, Nicaragua

Has this paper been previously presented at another conference?: No

Background/Objectives: Rheumatoid arthritis (RA) is a chronic, common autoimmune disease characterized by deteriorating the quality of life and affecting mainly young people. Disease-modifying drugs have been studied in order to achieve clinical remission, and there have been multiple clinical trials to establish well-founded strategies to treat according to the objective of "Treat to Target"[1]. Thus, with the use of these drugs, it is possible to control the disease and resume quality of life[2]. The aim of this study was to evaluate sociodemographic characteristics, disease activity, and the efficacy and safety of the use of tocilizumab (TCZ) versus conventional therapies in patients with rheumatoid arthritis.

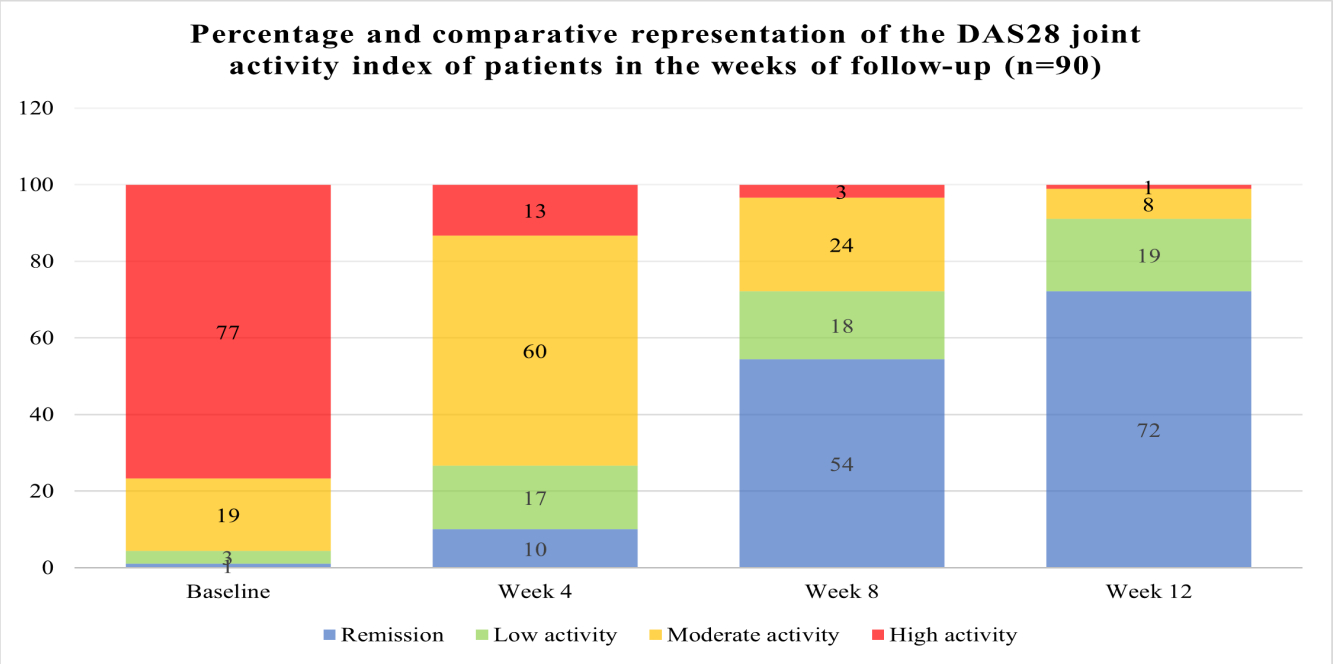
Methods: An observational, descriptive, correlational, prospective, longitudinal, and quasi-experimental study was conducted. The statistical analyses performed were descriptive, Spearman and Chi-square correlation tests, RR for adverse effects, and Univariate Analysis of Variance.

Results: A total of ninety patients were enrolled. Females predominated (84.4%), with a mean age of 47.3 years (image 1). In the evaluation of baseline activity, the mean was in high activity: VAS: 7.9, RAPID3: 24.8 and DAS28: 5.9. Among the factors associated with RA patients were smoking (26%), RR 12.12 (95%CI 3.2-44.6), p=0.001; and dental caries (58%), RR 3.13 (95%CI 0.8-12.1), p=0.086. A total of 52.2% presented adverse drug reactions as dyslipidemia (26%) for tocilizumab, RR 16 (95%CI 2.1-131) p=0.001; leukopenia (8%) for TCZ IV plus hydroxychloroquine (HCQ), RR 8.7 (95%CI 1.7-44.3) p=0.003; and infections (6%) for metotrexate (MTX), RR 9.07 (95%CI 0.96-85) p=0.023. At 8 weeks follow-up the LSD multi-range test allowed us to classify: Treatment schemes (T) defined by categories T1: TCZIV+HCQ, T2: TCZSC+HCQ, T3: TCZIV+MTXO, represent first place (category A); T4: TCZIV+MTXSC and T5: MTXO+HCQ, second place (category AB) and T6: MTXSC+HCQ third place (category B). The ANOVA determined p=0.0250 and showed significant differences between the treatments to achieve ACR response. At twelve-week follow-up activity indices were found with mean VAS was 1.3, RAPID3: 3.9 and DAS28: 1.8, which showed remission in 72% (image 2), and there were no significant differences between the different treatments.

Image 1:

Sociodemographic and Clinic characteristics (n=90)	Number	Percentage
Age (mean, min-max)	47.3 years (17-80)	
Female	76	84.4
Male	14	15.6
Deformities	48	53.3
Smoked	23	25.6
Dental Caries	52	57.8
Activity Index		
Baseline		
VAS	7.9 (1-10)	
RAPID3	24.9 (3.7-30)	
DAS28	5.9 (2.49-8.11)	
12 weeks		
VAS	1.3 (0-10)	
RAPID3	3.9 (0-26.3)	
DAS28	1.9 (0-6.3)	
Laboratory test		
Rheumatoid factor		
Negative	40	44.4
Positive	50	55.6
Baseline (mean, min-max)		
CRP mg/dl	31.8 (0-192)	
ESR mm/hr	47.1 (0-118)	
creatinine mg/dl	0.91 (0.34-1.68)	
AST UI/l	27.3 (8-58)	
ALT UI/l	25.2 (8-86)	
12 weeks (mean, min-max)		
CPR mg/dl	6.2 (0-48)	
ESR mm/hr	28.9 (3-80)	
Creatinine mg/dl	0.90 (0.3-1.9)	
AST UI/l	27.3 (10-98)	
ALT UI/l	30 (8-192)	
Adverse Reactions	47.0	52.2
Dyslipidemia	23.0	25.6
Transaminitis	13.0	14.4
Leucopenia	7.0	7.8
Infection	5.0	5.6

Image 2:



Conclusion: Tocilizumab is effective in reducing RA activity, is associated with dyslipidemia and leukopenia; in general, it has a low rate of adverse effects. Larger studies are needed to address these safety concerns.

Reference 1: Aletaha, D., & Smolen, J. S. (2018). Diagnosis and Management of Rheumatoid Arthritis: A Review. *JAMA*, *320*(13), 1360–1372. https://doi.org/10.1001/jama.2018.13103

Reference 2: Smolen, J. S., Landewé, R. B. M., Bijlsma, J. W. J., Burmester, G. R., Dougados, M., Kerschbaumer, A., McInnes, I. B., Sepriano, A., van Vollenhoven, R. F., de Wit, M., Aletaha, D., Aringer, M., Askling, J., Balsa, A., Boers, M., den Broeder, A. A., Buch, M. H., Buttgereit, F., Caporali, R., Cardiel, M. H., … van der Heijde, D. (2020). EULAR recommendations for the management of rheumatoid arthritis with synthetic and biological disease-modifying antirheumatic drugs: 2019 update. *Annals of the rheumatic diseases*, *79*(6), 685–699. https://doi.org/10.1136/annrheumdis-2019-216655

Disclosure of Interest: None Declared

Keywords: Disease activity, DMARDs

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Rheumatoid arthritis

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Rate Of Therapeutic Failures Presented After Switching From Tocilizumab To Another Biologicals In Patients With Rheumatoid Arthritis Facing A Situation Of Supply Shortage

Pedro Rodriguez-Linares[*1], Wilberto Manuel Rivero Morales[1], Fernando Rodriguez-Florido[2], Laura Villarreal[3], Nicolás Gutiérrez[3], Gabriel-Santiago Rodriguez-Vargas[2], Adriana Rojas-Villarraga[4], Pedro Santos-Moreno[5]
[1]Pharmaceutical chemist, [2]Research department, [3]Medical direction, Biomab - Center for Rheumatoid Arthritis, [4]Research institute, Fundación Universitaria de Ciencias de la Salud - FUCS, [5]Scientific direction, Biomab - Center for Rheumatoid Arthritis, Bogotá, Colombia

Has this paper been previously presented at another conference?: No

Background/Objectives: There are different lines (conventional and biological DMARDs) of treatment for rheumatoid arthritis (RA), between them, Tocilizumab (TCZ). At the end of 2021, in Colombia, a supply shortage of TCZ occurred due to Covid-19 pandemic widespread use, which led to the mandatory need to change treatment to other molecules. The aim of this study is to evaluate the rate of therapeutic effectiveness/failures with the treatment after mandatory switching from TCZ to another b/tsDMARDs.

Methods: It is a retrospective longitudinal study from September 2021 to October 2022. Descriptive statistics are presented of the types of biologicals used after TCZ switching, and which were the most effective medications in real life. Treatment failure was defined as those patients who did not get low disease activity/remission, or in whom there was no improvement in the EULAR response measured by DAS28. An ANOVA analysis was performed for the DAS28 between the groups of patients with previous use of TCZ, and those in whom there was a change in permanent biological treatment, or who returned to TCZ.

Results: 137 patients using TCZ were switched to other biological molecules or JAK inhibitors. 97% were women diagnosed with seropositive RA. The characteristics of switching to the first biological, and which were most effective are described. We describe switching to a second biological or retaking of TCZ due to failure of the first switching. (Fig. 1)
It was found that Rituximab with 78.5%, and Golimumab with 58.8% of effectiveness, were the most successful biologics in real life after switching post-TCZ. Abatacept and Certolizumab (52.2% and 50.0% respectively) were also relatively successful in post-TCZ switching. Between 31.8% and 43.3% of non-responding patients were transferred to a second biologic. Between 6.7% and 29.4% of non-responding patients returned to TCZ. In the case of Rituximab, 78.5% of patients continued their treatment, and only 21.5% of patients returned to TCZ. (Table 1 and Fig. 1). When analyzing the DAS28, no statistically significant differences were found between the patient groups.

Image 1:

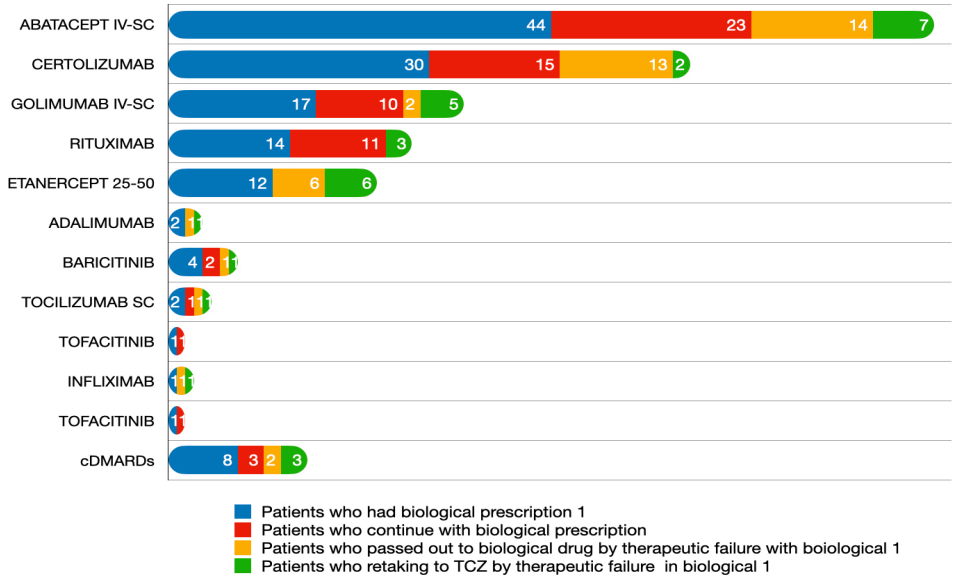

Image 1. Comparison of patients who had a change of medication vs retaking of tocilizumab vs another formulated medication

Conclusion: The data from this study show that the most effective molecule in real life after switching of post-TCZ is Rituximab. On the other hand, up to a third of patients return to treatment with TCZ due to failure to switch to the first biologic post-TCZ.

Disclosure of Interest: P. Rodriguez-Linares: None Declared, W. M. Rivero Morales: None Declared, F. Rodriguez-Florido: None Declared, L. Villarreal: None Declared, N. Gutiérrez: None Declared, G.-S. Rodriguez-Vargas: None Declared, A. Rojas-Villarraga: None Declared, P. Santos-Moreno Grant / Research support with: Abbvie, Abbott, Biopas-UCB, Bristol, Janssen, Pfizer, Roche, Sanofi, Speakers Bureau with: Abbvie, Abbott, Biopas-UCB, Bristol, Janssen, Pfizer, Roche, Sanofi

Keywords: biologics, patients, rheumatoid arthritis

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Rheumatoid arthritis

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Efectiveness Of Jak Inhibitors In Rheumatoid Arthritis Associated Interstitial Lung Disease. A Multicenter Study Of 73 Patients

Fernando López[1], Ana Serrano-Combarro[1], Belén Atienza-Mateo[1], Jesús Alejandro Valero[2], Marta Pastor Mena[3], Rafael Melero-González[4], David Castro-Corredor[5], María Martín-López[6], Santos Castañeda[7], Jesús Loarce-Martos[8], Natalia Mena-Vázquez[9], Carmen Carrasco-Cubero[10], Carolina Díez-Morrondo[11], Andrea García-Valle[12], Gema Bonilla[13], Juan María Blanco-Madrigal[14], Natividad Del Val-Del Amo[15], Nuria Vegas-Revenga[16], Lorena Pérez-Albadalejo[16], Rafaela Ortega-Castro[17], Deseada Palma-Sánchez[18], Ana María Fernández-Ortiz[19], Patricia López-Viejo[20], María López-LaSanta[21], Marta Garijo-Bufort[22], Ivette Casafont-Solé[23], Olga Maiz-Alonso[2], Juan Moreno-Morales[24], Ana Urruticoechea-Arana[25], Carolina Pérez-García[26], José Rosas[27], Delia Fernández-Lozano[28], Diego Ferrer[29], Ricardo Blanco[*1]
[1]Rheumatology, Hospital Universitario Marqués de Valdecilla, Santander, [2]Rheumatology, Hospital Universitario Donostia, San Sebastián, [3]Rheumatology, Hospital de Jerez de la Frontera, Jerez, [4]Rheumatology, Complejo Universitario de Vigo, Vigo, [5]Rheumatology, Hospital General Universitario de Ciudad Real, Ciudad Real, [6]Rheumatology, Hospital Universitario 12 de Octubre, [7]Rheumatology, Hospital Universitario La Princesa, [8]Rheumatology, Hospital Universitario Ramón y Cajal, Madrid, [9]Rheumatology, Hospital regional de Málaga, Málaga, [10]Rheumatology, Comlejo Hospitalario Universitario Infanta Cristina, Badajoz, [11]Rheumatology, Hospital de León, León, [12]Rheumatology, Complejo Asistencial Universitario de Palencia, Palencia, [13]Rheumatology, Hospital Universitario La Paz, Madrid, [14]Rheumatology, Hospital de Basurto, Bilbao, [15]Rheumatology, Hospital Universitario de Navarra, Pamplona, [16]Rheumatology, Hospital Galdakao-Usansolo, Galdakao, [17]Rheumatology, Hospital Universitario Reina Sofía, Córdoba, [18]Rheumatology, Hospital Rafael Méndez, Lorca, [19]Rheumatology, Complejo Hospitalario Universitario de Badajoz, Badajoz, [20]Rheumatology, Hospital Severo Ochoa, Madrid, [21]Rheumatology, Hospital Vall d'Hebron, Barcelona, [22]Rheumatology, Hospital de Sagunto, Sagunto, [23]Rheumatology, Hospital Universitario Germans Trias i Pujol, Badalona, [24]Rheumatology, Hospital Universitario Santa Lucía, Cartagena, [25]Rheumatology, Hospital Can Misses, Ibiza, [26]Rheumatology, Hospital del Mar, Barcelona, [27]Rheumatology, Hospital Marina Baixa, Alicante, [28]Rheumatology, Hospital de Mérida, Mérida, [29]Pneumology, Hospital Universitario Marqués de Valdecilla, Santander, Spain

Has this paper been previously presented at another conference?: Yes

Background/Objectives: Interstitial lung disease (ILD) is a severe extra-articular manifestation of RA. ABA and RTX are recommended drugs**.** JAKi have demonstrated efficacy in RA. However, in clinical trials patients with active ILD were usually excluded and a warning on ILD toxicity is included in SmPC with tofacitinib (TOFA). Nonetheless, evidence on efficacy of JAKi in RA-ILD is growing. The aim of this study is to asess effectiveness and safety of JAKi in RA-ILD

Methods: Multicenter study of 73 RA-ILD patients on JAKi. We analyzed from baseline forced vital capacity (FVC), diffusing capacity (DLCO), chest high resolution computed tomography (HRCT), dyspnea (mMRC), arthritis activity (DAS28-ESR or clinical records), and sparing corticosteroid effect

Results: We studied 73 patients (50 women/ 23 men; mean age 66 ± 10 years) on JAKi [BARI= 55 (74%), TOFA= 8 (11%), UPA= 8 (11%), FILGO= 2 (3%)]. Baseline demographic/clinical characteristics shown in **Table**. All patients received DMARDs before JAKi [MTX (63;86%), LEF(46; 63%), SSZ(19; 26%), HCQ(16; 22%), ABA (47; 64%), TCZ (26; 36%) and RTX (16; 22%)].

Since most patients were on BARI we focused on this group (n=55). Median [IQR] ILD duration up to BARI initiation was of 29 [15-64] months. Mean baseline values of FVC and DLCO (% predicted) were 88±27 and 69±20. Patients were followed-up for a mean of 36 ± 23 months. Evolution of FVC and DLCO remained stable during the first 12 months **(Figure).** At end of follow-up, HRCT images improved/stabilized in 76% of patients. Stabilization/improvement of dyspnea was found in 95% of patients. Most patients showed articular remission/low activity. BARI was withdrawn in 22 (42%) patients due to articular inefficacy (n=15), lung inefficacy (n=4), hypersensitivity pneumonitis (n=1), and brain cancer (n=1).

Table 1:

	RA-ILD with JAKi (n=73)
Age, years mean±SD	66 ± 10
Women, n (%)	50 (69)
Smoker ever, n (%)	47 (64)
Time since ILD diagnosis, months, median [IQR]	35 [16-64]
RF/ACPA, n(%)	69 (95) // 69 (95)
FVC (% of predicted), mean±SD	90 ±26
DLCO (% of predicted), mean±SD	81 ± 16
UIP-like fibrotic pattern on HRCT, n(%)	36 (51)
Joint activity n(%)	40 (56)

Type of JAKi, n (%)	
BARI	55 (74)
TOFA	8 (11)
UPA	8 (11)
FILGO	2 (3)
Previous immunosuppressive therapy, n(%)	
Conventional/biologic DMARD	73 (100) / 62 (85)
Concomitant immunosuppresive therapy, n(%)	32 (44)
Concomitant antifibrotic therapy, n(%)	6 (8)

Image 1:

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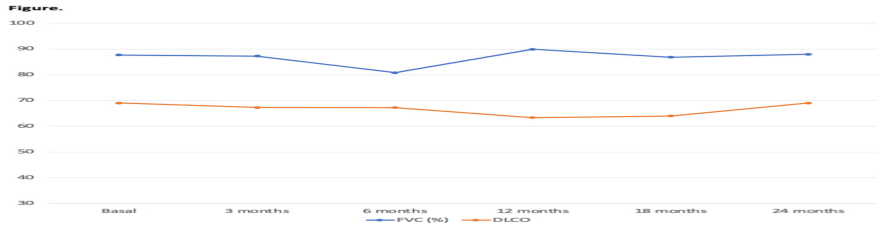
Figure 1. Evolution of pulmonary function tests (mean % of the predicted FVC and DLCO) in RA-ILD patients with BARI therapy at baseline and 24 months.



Conclusion: AKi, especially BARI, may be useful and safe in controlling the course of both pulmonary and joint disease in RA-ILD patients, even in refractory cases.

Disclosure of Interest: None Declared

Keywords: interstitial lung disease, rheumatoid arthritis

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Rheumatoid arthritis

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Influence Of Early Treatment With Abatacept In Rheumatoid Arthritis Related Interstitial Lung Disease. A Multicenter Study Of 509 Patients

Fernando López[1], Ana Serrano-Combarro[1], Belén Atienza-Mateo[1], Libe Ibarrola-Paino[2], Ivette Casafont-Solé[3], Rafael Melero[4], Santos Castañeda[5], Rafaela Ortega-Castro[6], Natalia Mena-Vázquez[7], Andrea García-Valle[8], Delia Fernández-Lozano[9], Ignacio Braña-Abascal[10], Jesús Loarce-Martos[11], Jesús Loarce-Martos[11], Javier Loricera[1], Iván Ferraz-Amaro[12], Diego Ferrer[13], Ricardo Blanco[* 1], Nuria Vegas-Revenga[14], Lucía Domínguez-Casas[15], Cilia Peralta-Ginés[16], Trinidad Pérez-Sandoval[17]

[1]Rheumatology, Hospital Universitario Marqués de Valdecilla, Santander, [2]Rheumatology, Hospital Universitario de Navarra, Pamplona, [3]Rheumatology, Hospital Universitario Germans Trias i Pujol, Barcelona, [4]Rheumatology, Hospital Universitario de Vigo, Vigo, [5]Rheumatology, Hospital Univversitario La Princesa, Madrid, [6]Rheumatology, Hospital Universidad Reina Sofía, Córdoba, [7]Rheumatology, Hospital Regional de Málaga, Málaga, [8]Rheumatology, Complejo Asistencial Universitario de Palencia, Palencia, [9]Rheumatology, Hospital de Mérida, Mérida, [10]Rheumatology, Hospital Universitario de Asturias, Oviedo, [11]Rheumatology, Hospital Universitario Ramón y Cajal, Madrid, [12]Rheumatology, Hospital Universitario de Canarias, Tenerife, [13]Pneumology, Hospital Universitario Marqués de Valdecilla, Santander, [14]Rheumatology, Hospital Galdakao-Usansolo, Galdakao, [15]Rheumatology, Hospital Universitario San Agustín, Avilés, [16]Rheumatology, Hospital Clínico Lozano Blesa, Zaragoza, [17]Rheumatology, Hospital de León, León, Spain

Has this paper been previously presented at another conference?: Yes

Background/Objectives: ILD is a severe complication of RA. ABA demonstrated efficacy in treatment of RA-ILD, especially if initiated early. The aim of this study is to compare the efficacy of ABA in RA-ILD according to ILD duration.

Methods: National multicenter study of 509 RA-ILD patients treated with ABA. Patients with ABA initiation early in the disease (first 6 months since ILD diagnosis) were compared to those in whom ABA started after 2 years of ILD diagnosis ("early" vs. "late" group). FVC, DLCO, HRCT, dyspnea (mMRC),and arthritis activity (DAS28-ESR/clinical records) were analyzed

Results: 216 patients were included in "early" group and 165 in "late" group. Demographic and clinical characteristics shown in **Table**. Mean baseline values of FVC were significantly higher in "early" group. Evolution of FVC and DLCO for 48 months shown in **Figure.** Both parameters remained stable during 48 months of ABA therapy. Available chest HRCT images improved/stabilized in 76% and 54% of patients in "early" and "late" group. Stabilization/improvement of dyspnea was found in most patients of both groups.

Table 1:

	All RA-ILD patients (n=509)	"Early" RA-ILD	"Late" RA-ILD	"Early" vs "Late"

		(n=216)	(n=165)	p
Age years mean±SD	66 ± 10	66 ± 9	66 ± 10	0.79
Women n (%)	286 (56)	98 (45)	91 (55)	0.91
Smoker ever, n (%)	269 (52)	117 (54)	85 (52)	0.61
ILD duration up to ABA, months, median [IQR]	9 (11-45)	2 (1-4)	52 (36-90)	**<0.001**
RF n (%); ACPA n (%)	442 (87); 425 (85)	187 (87); 185 (86)	146 (88); 140 (86)	0.58; 0.96
DAS28-ESR	4.37 ± 1.59	4.14 ± 1.55	4.43 ± 1.64	0.13
ILD pattern n (%)				
NIU	233 (47)	100 (47)	71 (44)	
NINE	145 (29)	63 (30)	49 (30)	0.73
FVC (% of the predicted) mean±SD	87 ± 22	88 ± 23	81 ± 19	**0.003**
DLCO (% of the predicted) mean±SD	66 ± 20	65 ± 19	64 ± 21	0.66

ABA monotherapy n (%)	226 (45)	101 (47)	73 (45)	0.56
ABA combined n (%)	276 (55)	112 (53)	90 (55)	0.56
Prednisone at baseline, mg/day, median [IQR]	5 (5-10)	7.5 (5-10)	5 (5-10)	0.32
Previous immunosuppressive therapy n (%)				
MTX	379 (75)	172 (80)	118 (72)	0.05
Leflunomide	233 (46)	93 (43)	77 (47)	0.48
Sulfasalazine	68 (13)	27 (13)	23 (14)	0.66
Hydroxychloroquine	161 (32)	70 (33)	52 (32)	0.83
Anti-TNF drugs (IFX; ADA; ETA)	42 (8); 69 (14); 73 (14)	14 (6); 37 (17); 31 (14)	13 (8); 18 (11); 25 (15)	0.59; 0.08; 0.83
Rituximab	61 (12)	21 (10)	23 (14)	0.20
Tocilizumab	56 (11)	26 (12)	18 (11)	0.73

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Image 1:

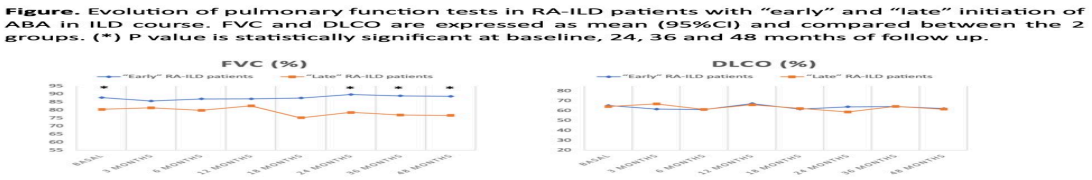

Figure. Evolution of pulmonary function tests in RA-ILD patients with "early" and "late" initiation of ABA in ILD course. FVC and DLCO are expressed as mean (95%CI) and compared between the 2 groups. (*) P value is statistically significant at baseline, 24, 36 and 48 months of follow up.

Conclusion: Early administration of ABA in RA-ILD, may be preferable to preserve lung function. However, treatment with ABA at any time of the course in the ILD seems to prevent ILD progression.

Disclosure of Interest: None Declared

Keywords: None

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Rheumatoid arthritis

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Relationship Of Serum Uric Acid/ Creatinine Index And Carotid Plaque In Patients With Rheumatoid Arthritis

Andrea Lizbeth Guajardo-Aldaco[*1], Maria F. Elizondo-Benitez [1], Dionicio A. Galarza-Delgado[1], Iris J. Colunga-Pedraza[1], Jose R. Azpiri-Lopez[2], Jesus Alberto Cardenas-de la Garza [1], Rosa I. Arvizu-Rivera[1], Valeria Gonzalez-Gonzalez[1]
[1]Rheumatology Department , [2]Cardiology Department , Hospital Universitario "Dr. José Eleuterio González", Universidad Autónoma de Nuevo León , Monterrey , Mexico

Has this paper been previously presented at another conference?: No

Background/Objectives: The serum uric acid/serum creatinine ratio (AU/SCr), which represents the levels of serum uric acid (SUA) in the blood with normalized renal function, is associated with an increased cardiovascular risk. We aimed to compare the relationship between AUS/SCr and the presence of carotid plaque (CP) in patients with rheumatoid Arthritis.

Methods: A cross-sectional, observational, and descriptive study was carried out where patients aged 40 to 75 years with a diagnosis of RA were recruited. AUS/SCr was calculated using the formula AUS/SCr= Serum Uric Acid / Serum Creatinine. Hyperuricemia was considered as values above 6.8 mg/dl. Carotid ultrasound was performed by a boardcertified radiologist, blinded to clinical information. Comparisons were made with Chi-square, Fisher's exact, Student's T, or Mann Whitney U tests, as appropriate. A $p<0.05$ was taken as statistically significant.

Results: Our study included 148 patients who fulfilled the criteria. The presence of CP was reported in 30.4% of patients. Patients with CP had higher AU/SCr than those without CP (7.80±2.70 vs. 6.90±1.78, p=0.040). There were no significant differences in UA levels (4.67±1.36 vs. 4.30±1.12, p=0.1079).

Table 1: **Table 1. Clinical and sociodemographic characteristics**

	Patients without carotid plaque (n=103)	Patients with carotid plaque (n=45)	p-value
Age, years, median ±SD	53,95 ± 10.02	57,83 ± 8.86	**0.010**
Woman, n (%)	94 (91.30)	40 (88.90)	NS
DAS28-CRP, median± SD	3.37 ± 1.57	3.69 ± 1.44	NS

Diabetes Mellitus, n (%)	16 (15.50)	12 (26.70)	NS
Hypertension, n (%)	34 (33.00)	21 (46.70)	NS
Dyslipidemia, n (%)	45 (43.70)	15 (33.30)	NS
Obesity, n (%)	33 (32.00)	16 (35.60)	NS
Active Smoking, n (%)	12 (11.70)	8 (17.80)	NS
SUA, mg/dl, median ± SD	4.30 ± 1.12)	4.67 ± 1.36	NS
Hyperuricemia, n (%)	1 (1.00)	3 (6.70)	NS
AU/CrS index, ± SD	6.90 ± 1.78	7.80 ± 2.70	**0.040**

SD, Standard deviation; DAS28-CPR, 28 joint Disease Activity Score/ C- reactive protein; SUA, Serum Uric Acid; AU/CrS index, serum uric acid – creatinine index

Conclusion: In our cohort, UA/SCr was higher in patients with CP, despite showing no significant difference in UA levels. Due to the role of the kidney in modulating uric acid excretion, UA/SCrS allows for minimizing the influence of different degrees of renal dysfunction on UA levels, so it is recommended to use UA/SCrS as part of the cardiovascular evaluation in patients with RA.

Disclosure of Interest: None Declared

Keywords: atherosclerosis, Cardiovascular Disease, Hyperuricemia

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Rheumatoid arthritis

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Osteoporosis In A Paraguayan Cohort Of Patients With Rheumatoid Arthritis

Vannia Valinotti[1], Gabriela Ávila-Pedretti[1, 2], Paloma de Abreu[3], Lourdes Román[4], Angélica Amarilla[1], Mariela Zarza[1], Evelyn Leiva[2], Paola Pusineri[* 1], Alexis Pineda[5], Sonia Cabrera-Villalba[1, 2]
[1]Rheumatology, Instituto de Previsión Social, [2]Rheumatology, Hospital de Clínicas, Universidad Nacional de Asunción, [3]Sociedad Paraguaya de Reumatología, [4]Ministerio de Salud Pública y Bienestar Social, Asunción, Paraguay, [5]Rheumatology, Ministerio de Salud Pública y Bienestar Social, Asunción, Paraguay

Has this paper been previously presented at another conference?: No

Background/Objectives: Osteoporosis constitutes a major extraarticular manifestation in patients with rheumatoid arthritis (RA), since its prevalence compared to the general population is higher as well as the fracture risk in these patients.

Objective: To determine the frequency of osteoporosis and its related factors in patients with RA.

Methods: Descriptive and analytical cross-sectional study of a cohort of patients with established RA, according to ACR/EULAR 2010 criteria, from three rheumatology reference centers. Epidemiological (i.e., sex, age), clinical (i.e., gynecological data, comorbidities, DAS28, extraarticular manifestations, fractures, current treatment) radiographical and laboratorial variables were determined. The presence of osteoporosis as well as fragility fractures were defined considering WHO criteria. The qualitative variables are expressed in frequencies and percentages, and the quantitative ones in means. Chi square was used for qualitative variables and t student for means. The statistical analysis was performed with the statistical program SPSS V.23.0.

Results: 141 patients were included, 94.3% were women, mean age of 63,28±8,55 years. The mean disease duration was 12.79 ± 8.76 years. 74.8% had ACPA antibodies positivity. 41.1% of patients had ESR DAS28 clinical remission. 61.9% were on methotrexate treatment, 54% on leflunomide, 18% on biological therapy, 10,1% on glucocorticoids (mean dose 6.34±2.62 mg/d). Mean age for menarche was 13,84 ± 1,87 years old, for menopause 43,37 ± 6,4 years old and the mean gestations were 3,21 ± 2,07. 30.9% of these patients presented with osteoporosis, 51.8% with osteopenia, and 9.4% had fragility fractures. When we analyzed epidemiological, clinical and gynecological features of patients with RA liked to the presence or absence of osteoporosis, a significant association was found with older age (p=0.01) and obesity (p=0.01)

Conclusion: The presence of osteoporosis in this cohort of RA patients is similar to other studies, and it has a significant association with advanced age and obesity among the included patients.

Disclosure of Interest: None Declared

Keywords: fragility fractures, menopause, Osteoporosis

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Rheumatoid arthritis

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Sarcopenia In Rheumatoid Arthritis: A Long-Term Prospective Study

Rafaela Espírito Santo[1, 2, 3], Daniel Moraes[2, 3], Lucas Denardi Dória[2, 3], Leonardo Peterson dos Santos[2, 3], Stephanie Pilotti[2, 3], André Mallmann[2, 3], Vanessa Hax[3], Tayane Fighera[4], Poli Mara Spritzer[4], Ricardo Xavier[* 2, 3]
[1]Faculty of Health Sciences, Klaipeda University, Klaipeda, Lithuania, [2]Programa de Pós-Graduação em Ciências Médicas: Medicina, Universidade Federal do Rio Grande do Sul, [3]Serviço de Reumatologia, Laboratório de Doenças Autoimunes, [4]Serviço de Endocrinologia, Hospital de Clínicas de Porto Alegre, Porto Alegre, Brazil

Has this paper been previously presented at another conference?: No

Background/Objectives: Sarcopenia is a generalized disease of skeletal muscle characterized by a reduction in muscle mass, muscle strength, and muscle-specific strength, leading to a decline in physical performance. The systemic effects of rheumatoid arthritis (RA) may contribute to the appearance of sarcopenia independently of age. Cross-sectional studies have demonstrated a prevalence of 24% to 30% of sarcopenia in RA. However, there are very few longitudinal studies, all of short duration, assessing the incidence and impact of sarcopenia in RA patients. Our objective was to assess sarcopenia in a long-term cohort of RA patients.

Methods: The present prospective cohort study included participants 5 years or older with RA enrolled from the 2015-2016 through 2022-2023. Disease activity was evaluated by DAS28-CRP. Physical Function was assessed by HAQ-DI. Muscle strength was measured by handgrip (Jamar hydraulic dynamometer/kg). Appendicular Skeletal Muscle Mass Index (ASMI/Kg/m²) was measured by dual-energy X-ray absorptiometry (DXA). Sarcopenia was assessed by EWGSOP2 criteria. The descriptive analysis, GEE analysis and Kaplan–Meier survival curve were performed ($p \leq 0.05$).

Results: A total of 90 RA patients were included with a median follow-up period of 6.4 (5.8-7.0) years. At baseline, the mean age was 56.5±7.3 years, median disease duration was 8.5(3.0–18.0) years, median DAS28-CRP was 3.0 (1.0–3.0), and mean HAQ-DI was 1.1±0.9. At baseline, only 7 RA patients (7.7%) were diagnosed with sarcopenia, with one having severe sarcopenia. At the end of the follow-up, sarcopenia persisted in 3 patients, two moved to probable sarcopenia, one discontinued follow-up, and the patient with severe sarcopenia transitioned to sarcopenia. No new cases of sarcopenia were identified during follow-up. Six patients died during the study period: three due to malignancy, one from COVID-19, and two from unknown causes. Baseline sarcopenia was not associated with falls, fractures, or mortality ($p > 0.05$) at the end of follow-up. Conversely, although not statistically significant, patients with low muscle strength exhibited a trend towards a 3.5 times higher relative risk (RR) for mortality.

Conclusion: In established RA patients under regular ambulatory care, the prevalence of sarcopenia remained low and stable during the follow-up. Additionally, baseline sarcopenia did not emerge as a risk factor for falls, fractures, or mortality in established RA patients undergoing regular treatment.

Disclosure of Interest: None Declared

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Keywords: Mortality, Sarcopenia

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Rheumatoid arthritis

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Two-Year Persistence Of First-Line Biologic Or Jak Inhibitor Therapy In Established Rheumatoid Arthritis Following Triple Synthetic Dmard Therapy Failure

Sebastián Ibáñez*[1], Dominga García[2], María Paz Poblete[3], Francisca Valenzuela[3], Magdalena Canals[2], Carla Jaque[3], Macarena Armstrong[1], Omar Valenzuela[1]
[1]Rheumatology, [2]Internal Medicine, Facultad de medicina Clínica Alemana de Santiago - Universidad del Desarrollo, [3]Rheumatology, Hospital Padre Hurtado, Santiago, Chile

Has this paper been previously presented at another conference?: No

Background/Objectives: Since 2016, Chilean patients with RA non-responsive to a three-drug synthetic DMARDs combination, indicated by a DAS28-ESR > 5.1, qualify for state-funded biologic or JAK inhibitor treatments. This study assesses the two-year persistence of initial treatments in these patients, identifying influencing factors.

Methods: A retrospective analysis at two healthcare facilities covered demographic details, comorbidities, rheumatoid factor/anticitrullinated peptide antibody presence, RA diagnosis duration, prior synthetic DMARDs, corticosteroids, NSAIDs use, and specific treatments administered. Reasons and duration of treatment discontinuation were recorded. Logistic binary regression analyzed persistence correlations with demographic and baseline variables.

Results: Out of 210 patients (87.6% female, median age 61), 60% had a Charlson Comorbidity Index ≥ 3. The median DAS28-ESR was 5.99, with 9.1 years since diagnosis. At two years, 55.3% persisted with their initial treatment. Discontinuation reasons included reduced efficacy (60.6%) and adverse effects (35.1%). Univariate analysis showed significant correlations with initial sulfasalazine (p=0.015) and hydroxychloroquine use (p=0.21). Multivariate analysis confirmed sulfasalazine's significant association with persistence (p=0.03; OR=2.13).

Table 1:

Table 1. Baseline characteristics of persistent and non-persistent patients

2 year persistence	Persistent	Non-persistent
Number of patients	116	94
Age, median years (IQR)	61 (53-67)	61.5 (53-70)

Women, n (%)	101 (87.1)	83 (88.3)
Years since diagnosis, median (IQR)	8,6 (5-16.3)	9.97 (6.9-18.1)
Seropositive, n (%)	105 (90.5)	79 (84)
Smokers, n (%)	28 (24.1)	20 (21.3)
Charlson Comorbidity Index, median (IQR)	3 (2-4)	3 (2-4)
Baseline DMARD, n (%)		
Methotrexate	84 (72.4)	66 (70.2)
Leflunomide	60 (51.7)	54 (57.4)
Sulfasalazine	69 (59.5)	40 (42.6)
Hydroxychloroquine	82 (70.7)	52 (55.3)
Corticoids	100 (86.2)	84 (89.4)
NSAIDs	94 (81)	75 (79.8)
DAS28-ESR, median (IQR)	5.9 (5.4-6.5)	6.2 (5.5-6.8)

Biologic or JAK inhibitor, n (%)		
Abatacept	60 (51.7)	44 (46.8)
Adalimumab	24 (20.7)	26 (27.7)
Etanercept	23 (19.8)	20 (21.3)
Golimumab	5 (4.3)	1 (1.1)
Tocilizumab	1 (0.9)	2 (2.1)
Rituximab	2 (1.7)	0
Tofacitinib	1 (0.9)	1 (1.1)

Conclusion: Only 55.3% persisted with their first biologic or JAK inhibitor over two years, indicating a low rate in long-standing RA patients with high comorbidity following synthetic DMARDs failure. Sulfasalazine's role in increased persistence merits further study. JAK inhibitor use as primary therapy was notably low.

Disclosure of Interest: S. Ibáñez Consultant with: Abbvie, Janssen, Fresenius Kabi, Novartis, Sandoz, Speakers Bureau with: Abbvie, Janssen, Fresenius Kabi, Novartis, D. García: None Declared, M. P. Poblete: None Declared, F. Valenzuela: None Declared, M. Canals: None Declared, C. Jaque: None Declared, M. Armstrong: None Declared, O. Valenzuela: None Declared

Keywords: biologics, persistence, rheumatoid arthritis

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Rheumatoid arthritis

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Observational Registry Of Rheumatoid Arthritis Clinical Activity In Patients Requiring Biological Therapies And Switched To Certolizumab Pegol Due To Loss Of Adherence To Other Anti-Tnf In The Context Of The Covid-19 Pandemic

Sebastian Giraldo[*1,2,3]
[1]Reumatologia, Clinica los Nogales, Bogotá, [2]Reumatologia, Colsanitas MP, [3]Reumatologia, Colmedica MP, Bogota, Colombia

Has this paper been previously presented at another conference?: No

Background/Objectives: Certolizumab Pegol (CZP) is a pegylated anti-TNF, approved in Colombia with indication in Rheumatoid arthritis (RA) refractory to conventional therapies.The COVID19 generated important commitments in patients who were infected by the virus and an impact on those with chronic diseases for the continuity of the therapies already received due to the fear of generating complications. We evaluated the efficacy and safety of CZP in patients who, in the context of the COVID19, suspended, reintroduced or switched their Biological treatment and were restarted with CZP.

Methods: Descriptive study

Results: The clinical outcomes of patients with reintroduction or substitution (switch) by CZP in whom treatment with other anti-TNF was suspended due to the COVID 19 were monitored. Patients who met the requirements was recorded. criteria during the natural care process; be over 18 years old; patients with CZP since August 1, 2020; diagnosis of RA (RA Criteria ACR 2010), interruption of treatment with Biological therapy during pandemic for more than 90 days and considering restarting with CZP. Information on the time of initiation of therapy and the controls at three and six months were collected in a digital format by 24 rheumatologists from Colombia, 503 patients, 1237 records and achieving all effective controls for 358 patients.Information was collected from 415 (84.5%) women and 76 (15.5%) men in the first assessment, finding that CZP was the first option for change in 347 patients (72.9%) and in 129 (27.1%) other biologics were used prior to CZP. 92.3% of women and 97.1% of men used the standard dose of 400 mg every 28 days. DAS28 was evaluated, finding 29.3% CI95% [23.8% - 34.7%] of patients in remission and 31.1% CI95% [25.6% - 36.6 %] of patients with high disease activity (Graphic 1), we see the changes through the follow-ups closing at six months with a proportion of 41.6% CI95% [35.2% - 47.9%] p=0.004 of patients in remission and only 23.4% CI95% [17.9% - 28.8%] p= 0.053 in high activity.

9 adverse events related to CZP were reported for which the medication was temporarily suspended and in 1 case the medication was changed. The adverse events presented are related to hypersensitivity (7), reaction at the application site (1) and urinary infection (1).

Image 1:

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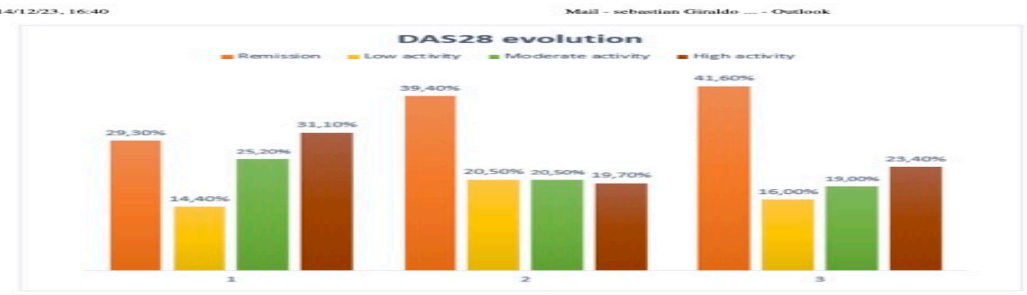

Conclusion: Certolizumab pegol was an effective and safe medication even in a pandemic situation with few adverse effects occurring at the beginning of therapy and with an increase in patients in remission in the short follow-up period.

Disclosure of Interest: S. Giraldo Grant / Research support with: Biopas Laboratories financially support the collection of information

Keywords: Biological therapies, effectiveness and safety, rheumatoid arthritis

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PANLAR 2024

Rheumatoid arthritis

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Molecular Signature For Prediction Anti-Tnf Response In Rheumatoid Arthritis Patients

Roberto Díaz-Peña[*1,2], Lucia Santiago[2], Patricia Castro-Santos[1,2], Enrique J. de Andrés-Galiana[3,4], Juan Luis Fernández-Martínez[3,5], Josefina Durán[6]
[1]Faculty of Health Sciences, Universidad Autonoma de Chile, Talca, Chile, [2]Grupo de Medicina Xenómica-USC, Fundación Pública Galega de Medicina Xenómica, Health Research Institute of Santiago de Compostela (IDIS), Santiago de Compostela, [3]Group of Inverse Problems, Optimization and Machine Learning. Department of Mathematics, [4]Department of Computer Science, University of Oviedo, [5]DeepBioInsights, Oviedo, Spain, [6]Department of Rheumatology, School of Medicine, Pontificia Universidad Católica de Chile, Santiago de Chile, Chile

Has this paper been previously presented at another conference?: No

Background/Objectives: Rheumatoid arthritis (RA) is an inflammatory disease usually treated with anti-TNF agents. However, about the 30% of the patients show an inadequate response, being this impossible to predict before the therapy. Our objective was to describe a transcriptomic signature that allow us to distinguish between responders and non-responders to anti-TNF before the beginning of the therapy.

Methods: We obtained the information of two dataset: GSE138746 and GSE129705, both containing the expression profile of peripheric blood mononuclear cells of samples from RA patients treated with different anti-TNF drugs. We performed a statistical analysis of the differential expressed genes (DEGs) using the Fisher's Ratio Sampler. The most discriminatory genes were ranked in decreasing order according to their discriminatory power and the accuracy was estimated through the LOOCV test.

Results: Based on an initial analysis of the RNA-seq data (GSE138746), a total of 53 differentially expressed genes were identified between responders and non-responders. However, no significant differences were found between both groups when the p-value was adjusted by the Benjamini–Hochberg adjustment method. The small-scale genetic signature found was composed of the 18 most discriminatory genes with an LOOCV predictive accuracy of 88.75%. Next, we evaluated the discriminatory power of these genes to distinguish responders to non-responders using the GSE129705 dataset. This allows us to describe a transcriptomic signature of 6 genes able to predict the response to anti-TNF treatment (Area under the ROC Curve, AUC=0.73). Single genes showed a low discriminatory power to distinguish responders to non-responders (AUC= 0.44-0.64). Then, we performed an internal validation using first dataset (GSE138746). ROC analyses were conducted to combine the 6 genes of the model, which showed a high AUC (AUC= 0.84).

Conclusion: We identified a transcriptomic signature that allow us to predict the response to anti-TNF in RA patients testing a small number of genes. This reflects the relevance of characterizing the transcriptomic profile of a condition to facilitate the selection of the most appropriated treatment for each patient.

Disclosure of Interest: None Declared

Keywords: anti-TNF, molecular signature, transcriptomic profile

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PANLAR 2024

Rheumatoid arthritis

PANLAR2024-1509

Features Linked To Menopause In Patients With Rheumatoid Arthritis

Vannia Valinotti[1], Sonia Cabrera-Villalba[1, 2], Paloma de Abreu[3], Lourdes Román[4], Angélica Amarilla[1], Mariela Zarza[1], Evelyn Leiva[2], Paola Pusineri[* 1], Alexis Pineda[5], Gabriela Ávila-Pedretti[1, 2]
[1]Rheumatology, Instituto de Previsión Social, [2]Rheumatology, Hospital de Clínicas, Universidad Nacional de Asunción, [3]Sociedad Paraguaya de Reumatología, [4]Ministerio de Salud Pública y Bienestar Social, Asunción, Paraguay, [5]Rheumatology, Ministerio de Salud Pública y Bienestar Social, Asunción, Paraguay

Has this paper been previously presented at another conference?: No

Background/Objectives: Rheumatoid arthritis (RA) is more common in women of all ages, but it is believed that hormonal levels prior to menopause could be involved in the pathogenesis of the disease, due to differences in its presentation. Additionally, menopause younger than age 45 has been associated with posterior diagnosis of RA.

Objective: To characterize patients with RA diagnosed with the disease before and after menopause.

Methods: Descriptive and analytical cross-sectional study of a cohort of patients with RA according to ACR/EULAR 2010 criteria. Epidemiological variables were determined (i.e. age at diagnosis, diagnosis after menopause, menopause prior to age 45, fertile life defined as the difference of years between menopause and menarche) and clinical (i.e. DAS28 ESR, extraarticular manifestations, treatment, osteoporosis), laboratory and radiographic. The qualitative variables are expressed in frequencies and percentages and the quantitative variables in means with the standard deviation. Chi square was used for qualitative variables and student t for means. The statistical analysis was performed with the SPSS V.23.0 statistical program.

Results: 360 patients were included. 65.7% were postmenopausal, with an mean age at menopause of 47.05±5.2 years. The mean age at diagnosis of RA was 44.38±14.75 years, 45.7% were diagnosed after menopause: 26.3% at an age less than 45 years.

When comparing the clinical features of the disease before and after menopause, we found that the diagnosis after menopause presented the polyarticular onset form to a lesser extent (36.58% vs 40.76%, p=0.03), less high disease activity by DAS28 ESR (2.73% vs 7.16%, p=0.04), higher mean ESR value (p=0.02), lower number of swollen joints (p=0.02) and lower PGA (p = 0.002), less frequently treated with biological therapy (2.57% vs 9.13%, p=0.00) and with glucocorticoids (6.49% vs 10.76%, p=0.004).

As for patients with menopause age <45 years, they had a lower average number of children (2.66±1.93 vs 3.4±2.3; p=0.03), and a shorter average fertile life (27.21±6.48 vs 35.25±3.31 years, p=0.00), with no other significant differences found compared to patients with menopause after 45 years.

Conclusion: Patients with RA before and after menopause have been clinically characterized. Significant differences have been found in terms of polyarticular onset, disease activity criteria and current treatment. Furthermore, a correlation has been found between the number of children and years of fertile life in those with menopause <45 years.

Disclosure of Interest: None Declared

Keywords: menopause, rheumatoid arthritis, women

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PANLAR 2024

Rheumatoid arthritis

PANLAR2024-1537

Risk Factors Associate To Discontinuation Of Treatments In Latin American Rheumatic Patients: Preliminary Data Of The Real World Panlar'S Latin American Register.

Nicolas Marin Zucaro [*1], Maria Lorena Brance[2], Gilda Ferreira[3], Fernández Avila Fernández Avila[4], Hugo Madariaga [5], Santos Pedro Moreno[6], Gabriel Gabriel [7], Javier Quagliato [8], Ariana Ringer[8], Ana De Mereiros[9], Carlos Enrique Toro [6], Luisa Servioli [7], Wilson Bautista-Molano[6], Alejandro Ezquer[10], Manuella Lima Gomes Octrop[9], Angel Alejandro Castillo Ortiz[11], Rodrigo Garcia Salina[12], Jossiell Then Báez[13], William Antonio Puche Ruiz [6], Viviane De Souza [9], Rafael Fraga[9], Aline Landa [9], Renata Henriques de Azevedo [9], Cintya Martins Vieira [9], Louise Fellet Barbosa[9], Laura Neto Coutinho[9], Lorena Ferreira Morais [9], Kleica Cruz Olivera [9], Sacilloto Sacilloto [9], Rinda Dalva Neubarth Giorfi [9], Bárbara Stadler Kahlow [9], Samia De Souza Studart [9], Mirlene Souza Santos[9], Marilia Fernandes [9], Rene Donizeti [9], Natalia Brasildo[9], Marcela Cavichioli [9], Claiton Viegas Brenol [9], Penélope Palominos [9], Nicole Pamplona [9], Cristiano Lupo [9], Ricardo Acayaba [9], Rita Menin [9], Mariana Martins Mariana[9], Paloma De Abreu [14], Gabriela Àvila Pedretti[14], Sonia Cabrera Villalba [14], Gonzalo Silveira[7], Alfredo Ramos [7], Vander Fernandes[9], Chiara Borges[9], Néstor Correa-González [6], Jessica Perini Cardoso [9], Ines Silveira [9], Samanta Gerardt [9], Julia Boechat Fararin[9], Roberto Ranza [9], Leandro Alves[9], Humberto Resende [9], Thiago Schultz [9], Juliene Cristine[9], Carina Pizzarossa [7], Santiago Moyano [7], Marcela Lacamera [7], Mariana Peixoto Guimaraes Ubirajara [9], Rafaela Bicalho Viana [9], Beatriz Mota Tiburcio [9], Vitor Alves Cruz [9], Aline Vieira Moraes Essado Ferreira [9], Mariana Silva Guimarães[9], Fernando Sommerfleck [10], Glaucio Ricardo Webner de Castro [9], Reyna Amparo Galaviz Pérez [9], Camila Lomonaco[9], Rocío Gamboa [5], Enrique Julio Giraldo Ho [15], Reginaldo Botelho [9], Gabriela Stefenoni Kruger [9], Monique Chalem [6], Carla Gobbi [16], Javier Ramirez[6], Enrique Soriano[17]
[1]UI, PANLAR, CABA, [2]UI, PANLAR, Rosario , Argentina, [3]UI, PANLAR, Brazil, Brazil, [4]UI, PANLAR, Colombia, Colombia, [5]UI, PANRED, Peru, Peru, [6]UI, PANRED, Colombia, Colombia, [7]UI, PANRED, Uruguay, Uruguay, [8]UI, PANRED, Rosario , Argentina, [9]UI, PANRED, Brazil, Brazil, [10]UI, PANRED, BsAs, Argentina, [11]UI, PANRED, Mexico, Mexico, [12]UI, PANRED, La Plata, Argentina, [13]UI, PANRED, Dominican , Dominican Republic, [14]UI, PANRED, Paraguay, Paraguay, [15]UI, PANRED, Panama, Panama, [16]UI, PANRED, Cordoba, [17]HIBA, PANLAR, Buenos Aires, Argentina

Has this paper been previously presented at another conference?: No

Background/Objectives: Discontinuation of bDMARDs on remission is uncommon in clinical practice. Come factors are described as negative predictors of discontinuation.

Objective: To evaluate drug discontinuation of different treatment in Latin American patients with inflammatory rheumatic diseases.

Methods: Data from the real-world life PANRED register of consecutive patients diagnosed with RA, PsA and axSpA from Dec 2021 to Dec 2023 were analyzed. Categorical variables are expressed as %. Tables of contingency were analyzed with $\chi 2$ or Fisher test ($p<0.05$ was considered significant).

Results: 1516 patients were included, 440 had one year of follow-up. 183 (12.1%) discontinuations were reported, 135 (73.7%) of these were permanent. No differences in discontinuation rate (p=0.07) and time to discontinuation (p= 0.12) were found between JAKi and bDMARD patients, but JAKi had significantly higher discontinuation (p=0.0007) and permanent discontinuation (p=0,02) than cDMARDs patients. The main reason for discontinuation was due to related AE

in cDMARDs (40.9% (95%CI 20.7-63.6)) and a lack of primary efficacy in JAKi (32.7% (95%CI 20.3-47.1)) and bDMARDs (44.3% (31.5-57.5) group. A logistic regression univariable analysis was performed to evaluate risk factors associated to discontinuation in all patients. HAQ and ESR seemed was associated but that result was not confirmed in a multivariable analysis.

Table 1:

Discontinuation of treatment in Latin American rheumatic patients

	Discontinuation		
Total	cDMARDs (393)	bDMARDs (559)	JAKi (568)
Time to discontinuation, months, median (IQR)	3.22 (2.26-7.2)	8.05 (5.6-11.9)	6.5 (3.45-12)
Discontinuation	29/393, 7.4% (4.9-10.4)	66/559, 11.8% (9.2-14.7)	88/568, 15.5% (12.6-18.7)
-Permanent	22/393, 5.6% (3.5-8.3)	52/559, 9.3% (7.0-12.1)	61/568, 10.7% (8.4-13.6)
- Unrelated AE	1/22, 4.5% (1.1-22.8)	2/52, 3.8% (0.47-13.2)	3/61, 4.9% (1-13.7)
- Related AE	9/22, 40.9% (20.7-63.6)	9/52,17.3% (8.2-30.3)	13/61, 21.3% (11.8-33.6)
- Lack of primary efficacy	4/22, 18.2% (5.18-40.3)	17/52, 32.7% (20.3-47.1)	27/61, 44.3% (31.5-57.5)

- Lack of secondary efficacy	1/22,4.5% (1.1-22.8)	14/52, 26.9% (15.5-41)	8/61, 13.1% (5.8-24.2)
- Patient decision	3/22, 13.6% (2.9-34.9)	2/52, 3.8% (0.47-13.2)	1/61, 1.6% (0.4-8.8)
-Temporary	7/393,1.7% (0.7-3.6%)	14/559, 2.5% (1.4-4.1)	17/568, 3% (1.7-4.7)

Conclusion: JAKi patients had a similar discontinuation rate and time to discontinuation than bDMARD patients but higher than cDMARD patients. Risk factors associated to discontinuation were not found.

Disclosure of Interest: None Declared

Keywords: Discontinuation, rheumatoid arthritis, treatment

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GLOBAL RHEUMATOLOGY
BY PANLAR

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Rheumatoid arthritis

PANLAR2024-1030

Cutaneous Leishmaniasis In A Patient With Rheumatoid Arthritis: Case Report

Anna Beatriz Gomes Souza Duarte[*1], Enzoo Thierry Cruz Santana[2], Raphaela Giviziez de Abreu Courradesqui [2], Lucas Alves Mello Pereira[2], Elizeu Da Silva Luiz[2]
[1]Reumatologia , [2]Discente , Unifaa, Valenca , RJ, Brazil

Has this paper been previously presented at another conference?: Yes

Background/Objectives: Rheumatoid arthritis is an autoimmune pathology characterized by erosive polyarthritis, deforming large and small joints. Its treatment aims at remission through the use of immunosuppressants capable of modifying the course of the disease.

Methods: This is a case study using data extracted from medical records with authorization provided by the patient through an informed consent form.

Results: A 37-year-old female patient, hospital cleaning worker, residing in Rio de Janeiro, Brazil, diagnosed with seropositive and erosive rheumatoid arthritis , in addition to secondary Sjögren's syndrome since 2006 , being treated with certolizumab and methotrexate. In April 2022, skin lesions appeared in the armpits and was also diagnosed with hidradenitis suppurativa. At this time, he had moderate disease activity (DAS28: 4.69), and it was decided to switch to adalimumab. In a follow-up consultation, in July 2022, to prepare for the change of biological, the patient presented the appearance of a hyperemic acneiform lesion with purulent secretion was reported. Treatment was initiated with amoxicillin with clavulanate for 7 days and discontinuation of immunosuppression. The patient returned without improvement and started using clindamycin and ciprofloxacin. Four weeks after the onset of the lesion, and even after using the new antibiotic regimen, it worsened with ulceration, increased borders and purulent content. In addition, she brought a swab culture that showed methicillin-resistant Staphylococcus aureus growth. At that time, the patient was referred to hospital for a biopsy and initiation of intravenous antibiotic therapy, where she was evaluated by dermatologist, and suggested diagnostic hypotheses of: cutaneous leishmaniasis, squamous cell carcinoma, sporotrichosis, cutaneous tuberculosis and pyoderma gangrenosum.The biopsy revealed a collection of epithelioid histiocytes in the middle dermis, surrounded by neutrophils, with giant cells, lymphocytes and pseudoepitheliomatous hyperplasia of the epidermis. Grocott and Giemsa stains were negative, compatible with cutaneous leishmaniasis. Treatment with itraconazole was introduced, with complete resolution of the lesion.

Image 1:

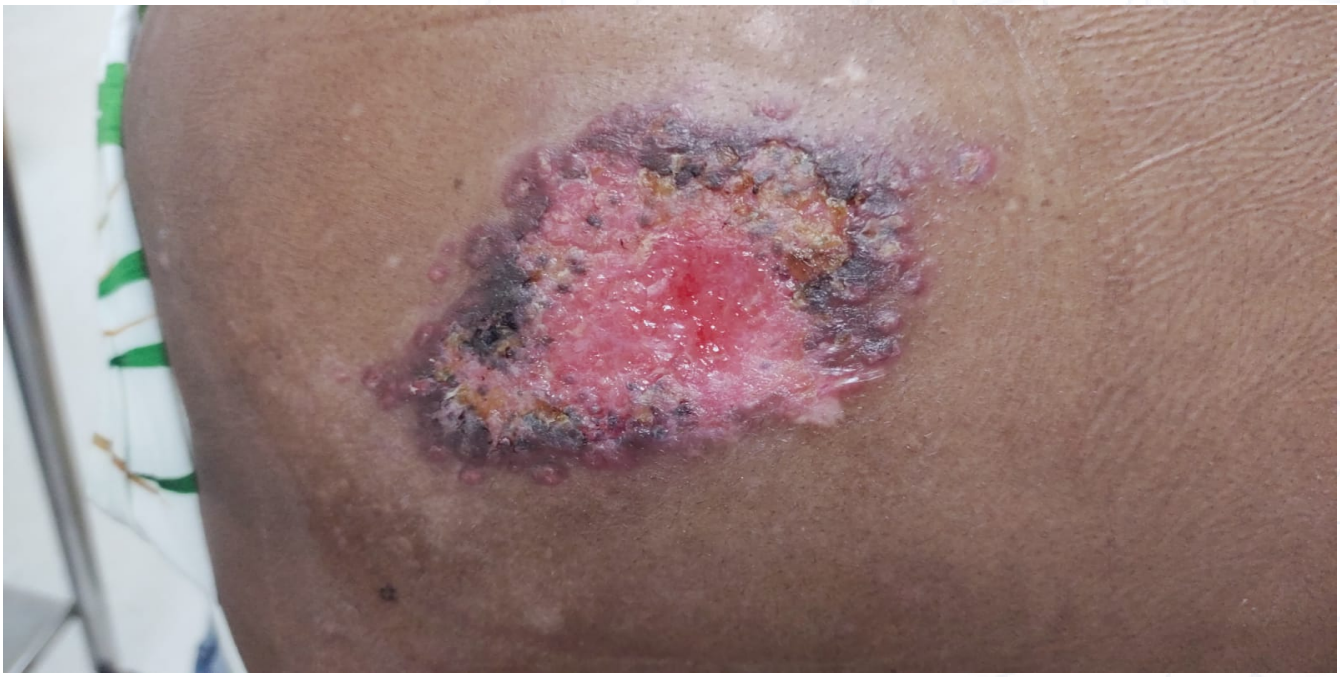
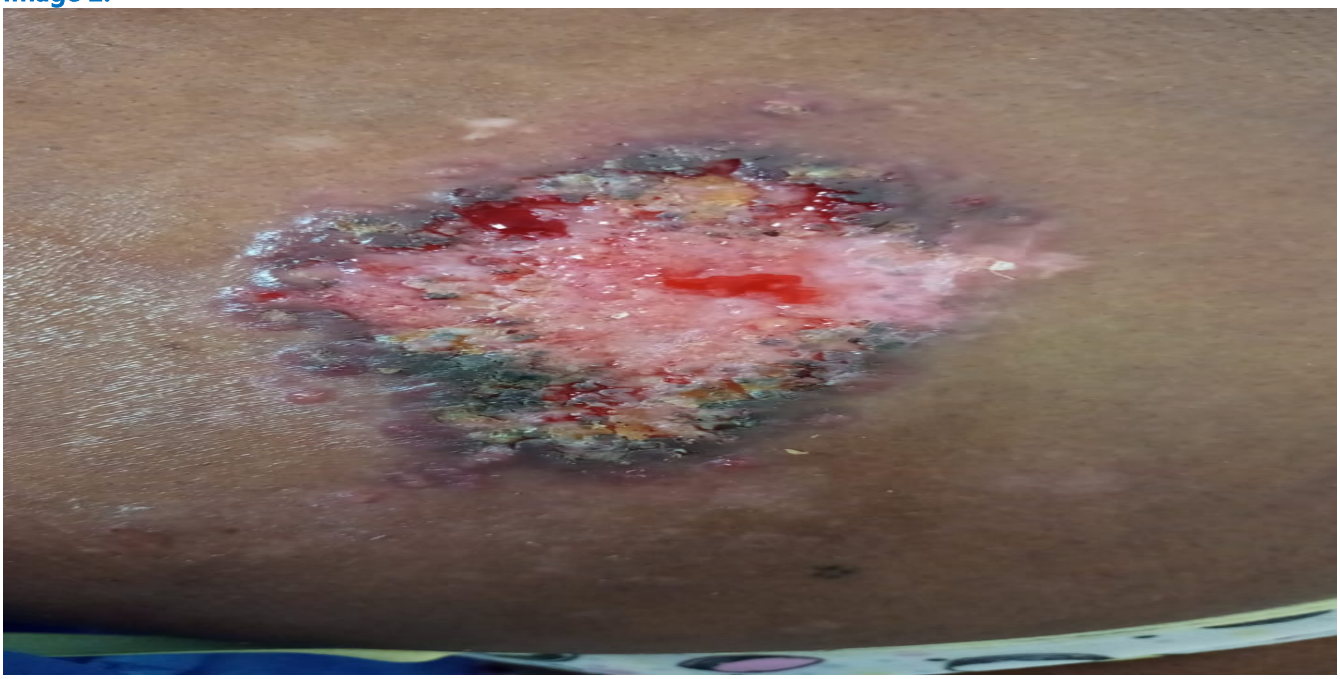


Image 2:



Conclusion: CONCLUSION

Given this scenario, it is essential to consider American cutaneous leishmaniasis in the differential diagnoses of dermatological conditions in immunocompromised patients, even in non-endemic areas, in view of the atypical and severe course of infections in this population.

Reference 1: HOCBERG, M.C, et al. (2018) , Rheumatoly .07 edition

Reference 2: TAVARES, W. , et al (2015) , Diagnosis and Treatment Routines for Infectious and Parasitic Diseases. 04 edition

Disclosure of Interest: A. B. Gomes Souza Duarte Paid Instructor with: Empresas farmacêuticas: Janssen , abbout, abbovie, UCB biofarma, E. Thierry Cruz Santana: None Declared, R. Giviziez de Abreu Courradesqui : None Declared, L. Alves Mello Pereira: None Declared, E. Da Silva Luiz: None Declared

Keywords: immunosuppressants,, leishmaniasis, leishmaniasis

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PANLAR 2024

Rheumatoid arthritis

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Effectiveness And Safety Of Upadacitinib On Real World Practice. A Multicenter Study

Jose Ramon Lamua Riazuelo[*1], Blanca Varas de Dios[2], María Laino Pineiro[3], Isabel Pastora Granados Bautista[4], Patricia Castro Pérez[5]
[1]Rheumatology, Hospital Universitario del Henares, [2]Rheumatology, Hospital Universitario Santa Cristina, Madrid, [3]Rheumatology, Hospital Universitario de Navarra, Pamplona, [4]Rheumatology, Hospital Universitario de Toledo, Toledo, [5]Rheumatology, Hospital Universitario de Getafe, Madrid, Spain

Has this paper been previously presented at another conference?: No

Background/Objectives: To evaluate the effectiveness and safety of Upadacitinib in real clinical practice in patients with Rheumatoid Arthritis (RA) and analyze drug persistence.

Methods: Retrospective, observational, multicenter, real life study

Results: 60 patients have been recruited in 5 Spanish hospitals. All patients were diagnosed of RA according to 2010 ACR/EULAR criteria.

The following socio-demographic and baseline disease related variables were collected: age, gender, race, obesity, active smoking, cardiovascular risk factors, time since diagnosis of RA, disease activity index and laboratory tests, concomitant treatments and previous treatments with conventional synthetic, biologic and targeted synthetic DMARDs. Adverse events (AE) and reasons for treatment discontinuation were collected during the nine-month follow-up.

Baseline characteristics of patients are shown in Image/Table 1.

An improvement in disease activity index and in all patient related outcomes is observed since the start of treatment.

No statistical significance is found between disease activity and demographic variables (sex, race, ACPA, concomitant DMARDs used and Upadacitinib's treatment-line).

Smokers had significantly higher DAS 28 values than past-smokers (p=0.029) at the third month of treatment.

AE were reported in 17 patients (28.3%). Most frequently reported AE were infections (8 respiratory infections, 7 covid, 2 gastrointestinal) but didn´t lead to treatment discontinuation in any case.

No statistical significance was found between the use of concomitant treatments and AE.

Image 1:

Table 1. Baseline characteristics of patients

Socio-Demographic Variables		
Total Population	n (%)	60 (100)
Age	Media (SD)	52.51 (11.86)
Female	n (%)	41 (81.79)
Race	n (%)	
Caucasian		50 (83.3)
Latin		8 (13.3)
Arab		2 (3.4)
Smoking status	n (%)	
Current smoker		16 (26.7)
Ex-smoker		4 (6.6)
Non-smoker		40 (66.7)
Diabetes Mellitus	n (%)	4(6.6)
Hyperlipidemia	n (%)	20 (33.3)
Ischemic heart disease	n (%)	3 (5)
Previous thrombotic events	n (%)	0 (0)
Obesity	n (%)	16 (26.7)
Prior HZ vaccination	n (%)	24 (40)
Disease-related variables		
Disease duration (days)	Media(SD)	3203.9 (2425.43)
TJC28	Media (SD)	7.98 (4.80)
SJC28	Media (SD)	4.95 (2.9)
CRP (mg/L)	Media (SD)	6.89 (10.32)
ESR (mm/h)	Media (SD)	21.26 (13.63)
VAS pain (0-100)	Media (SD)	67 (19.76)
Patient's Global Assesment (0-100)	Media (SD)	66.14 (21.69)
Physician's Global Assesment (0-100)	Media (SD)	57.54 (19.84)
DAS28	Media(SD)	4.20 (1.89)
Positive RF	n (%)	43 (71.7)
Positive ACPAs	n (%)	42 (70)
Concomitant Glucocorticoids	n (%)	
0 mg/24h		23 (38.3)
<5mg/24h		1 (1.7)
5-10mg/24h		23 (38.3)
>10mg/24h		13 (21.7)
csDMARDs	n(%)	
No		16 (26.7)
Methotrexate		26 (43.3)
Leflunomide		14 (23.3)
Methotrexate + Leflunomide		4 (6.7)
bDMARDs or tsDMARDs	n (%)	
1st line		2 (3.3)
2nd line		13 (21.7)
3rd line		22 (36.7)
>3 line		23 (38.3)

Conclusion: Despite the limitations of retrospective observational studies, these real-world data supports Upadacitinib effectiveness and security profile after 9 months of treatment with a high persistence rate. This real world results are consistent with data from clinical trials.

Disclosure of Interest: None Declared

Keywords: Real world data, Rheumatoid arthritis, Upadacitinib

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GLOBAL RHEUMATOLOGY BY PANLAR

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Rheumatoid arthritis

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The Advocacy Effect: Including Caregivers Or Nearest Support Persons In Research To Better Understand Patient Outcomes In Rheumatoid Arthritis. A Qualitative Study.

José B. Negrón[*1], Maria A. Lopez-Olivo[2], Loreto Carmona[3], Francesca Ingegnoli[4], Natalia V. Zamora[5], Jorge I. Gamez-Nava[6], Laura Gonzalez-Lopez [6], Niti Goel[7], Tiffany Westrich-Robertson[8], Robin Christensen [9], Maria E. Suarez-Almazor[2]
[1]Instituto de Investigación Social y Sanitaria, Guayanilla, Puerto Rico, [2]Department of Health Services Research, University of Texas MD Anderson Cancer Center, Houston, TX, United States, [3]Instituto de Salud Musculoesquelética, Madrid, Spain, [4]Division of Clinical Rheumatology, G Pini Hospital, Università degli Studi di Milano, Milan, Italy, [5]Instituto de Rehabilitación Psicofísica, Buenos Aires, Argentina, [6]Instituto de Terapeutica Experimental y Clinica, Departamento de Fisiologia y Departamento de Salud Publica, Centro Universitario de Ciencias de la Salud, Universidad de Guadalajara, Guadalajara, Mexico, [7]Division of Rheumatology, Duke University School of Medicine, Durham, NC, [8]International Foundation for Autoimmune and Autoinflammatory Arthritis, St. Louis, MO, United States, [9]Department of Clinical Research, Bispebjerg and Frederiksberg Hospital, Copenhagen & Research Unit of Rheumatology, Copenhagen, Denmark

Has this paper been previously presented at another conference?: No

Background/Objectives: To apply grounded theory to generate a substantive theory that could explain the roles adopted by caregivers or nearest support persons (CoNSP) and their added value when included as patient advocates in long-term outcomes research in rheumatoid arthritis (RA).

Methods: A cross-national and multi-language qualitative research study which was part of a recently published bigger study by the Outcome Measures in Rheumatology (OMERACT) patient outcomes in longitudinal studies working group. The study was carried out from March 2018 to February 2019. Initially, four participants from the United States (US) were selected through purposive sampling. However, after examining the data we realized that adding the CoNSP as patient advocates might be useful to gain a wider understanding. Therefore, theoretical sampling was conducted, and participants were contacted again and asked if they could identify a CoNSP to participate in the study. In addition, participants from Spain and Italy with their CoNSP were included. A total of 16 interviews were conducted (eight pairs composed of a person with RA and his/her CoNSP). Data were collected through semi-structured interviews. To generate theory, the Glaser and Straus grounded theory approach was applied.

Results: We developed the Advocacy Effect theory which is formed by the core category Vision which is a three-dimensional category: (i) Sharing the same viewpoint- people with RA and their CoNSP share the same viewpoint on the issues addressed, (ii) Expanding the viewpoint- the CoNSP offered more details about some of the topics previously shared by the person with RA, and (iii) A new viewpoint- the CoNSP provide original information about issues or topics that were not previously informed by the person with RA.

Conclusion: The Advocacy Effect theory not only explains the behavior adopted by CoNSP when making them part of the research process but also demonstrates the value of incorporating them as patient advocates in outcomes measures research. Their input has the potential to enhance researchers' understanding of priorities for individuals with rheumatic

and musculoskeletal diseases. Subsequent research endeavors should explore the transferability of this theory in different contexts (e.g., other chronic conditions).

Disclosure of Interest: None Declared

Keywords: OMERACT, patient-reported outcomes, Qualitative Research

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Rheumatoid arthritis

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Interstitial Lung Disease In Patients With Rheumatoid Arthritis. Associated Factors.

Araceli Chico Capote[*1], Ligia Beatriz Cova Ramos[1], Rolando Dayan Puente Carmona[1], Andres Felipe Otero Ruedas[1], Ana Lidia Moreira León[1]
[1]Rheumatology, Ameijeiras Brothers, Havana, Cuba

Has this paper been previously presented at another conference?: No

Background/Objectives: Pulmonary manifestations of rheumatic diseases constitute a challenge in the practice of rheumatology. Objectives: To characterize interstitial lung disease (ILD) in patients with rheumatoid arthritis (RA).

Methods: Methods: A descriptive, cross-sectional study was carried out that included 109 protocolized patients who consecutively attended the RA consultation of the Rheumatology Service of the Hermanos Ameijeiras Hospital, from July 2020 to January 2022, who were asked if there was a diagnosis of PID. by means of high-resolution computed axial tomography (HRCT).

Results: Results: The mean age was 57.3 ± 11.1 years with 85.3% female and 69.7% with a duration of less than 10 years. Interstitial lung disease (ILD) was identified in 64.2%, with a predominance of non-specific interstitial pneumonia with 46.8%. In patients with PID, the percentage with respiratory symptoms (91.4% vs 7.7% p<0.001), restrictive pattern in respiratory function tests (47.1% vs 23.1% p=0.038) and antipeptide antibodies citrullinated (ACPA) positive (82.9% vs 46.2% p<0.001) was significantly higher compared to the group with normal HRCT. Likewise, the mean age of patients with PID was significantly higher (60.0 ± 9.1 vs. 52.5 ± 12.7 years = 0.001). No significant association was found between the presence of PID and the type of treatment received or disease activity.

Conclusion: • The majority of patients were characterized by age over 50 years, female sex, white skin color, duration of evolution less than 10 years, and being in remission of the disease.

• The frequency of interstitial lung disease was high, especially non-specific interstitial lung disease.

• There is an association between respiratory symptoms, respiratory function testing with a restrictive pattern, with high levels of citrullinated antipeptic, no, as well as treatment with DMARDs.

• The presence of respiratory symptoms and levels of anti-citrullinated peptides were predictor variables of PID.

• Disease activity was not associated with the presence of interstitial lung disease.

Reference 1: Abasolo L, Ivorra-Cortes J, Leon L, Jover JA, Fernandez-Gutierrez B, Rodriguez-Rodriguez L. Influence of demographic and clinical factors on the mortality rate of a rheumatoid arthritis cohort: A 20-year survival study. **Semin Arthritis Rheum. 2016;** 45:533-8. Disponible en: https://doi.org/10.1016/j.semarthrit.2015.10.016

Reference 2: Kelly, C. A., Saravanan, V., Nisar, M., Arthanari, S., Woodhead, F. A., Price-Forbes, A. N., et al. Rheumatoid arthritis-related interstitial lung disease: associations, prognostic factors and physiological and radiological characteristics—a large multicentre UK study. **2014;** 53(9):1676-82. Disponible en: https://doi.org/10.1093/rheumatology/keu165

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Keywords: interstitial lung disease

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GLOBAL RHEUMATOLOGY BY PANLAR

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Rheumatoid arthritis

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Far Beyond The Patient Effects Of Rheumatoid Arthritis: The Impact On Family Members

Patricia Farfán Rojas*[1], Pamela Sabrina Yujra Ventura[1], Joan Manuel Dapeña[1], Eliana Rebecca Serrano[1], Juan Manuel Bande[1], María Alejandra Medina[1], Diana Silvia Klajn[1], José Ángel Caracciolo[1], Julia Sosa[2], María Paula Kohan[2], Claudio Orquera[3], Silvia Beatriz Papasidero[1]
[1]HOSPITAL, TORNÚ, CABA, [2]HOSPITAL, LARCADE , BUENOS AIRES, [3]CLINICA, TRINIDAD MITRE, CABA, Argentina

Has this paper been previously presented at another conference?: No

Background/Objectives: Rheumatoid arthritis (RA) impacts patients and their families. Family Impact Questionnaire (FIQ) is a 20-item self-reported questionnaire completed by RA patients and their relative members, assessing different areas (socioeconomic, psychosocial, family functioning and health status). Each area is scored separately and a global score is also provided (ranging from 20 to 100). A score ≥21 indicates a family impact, with severity ranging from mild to severe. The aim of this study was to assess the impact of RA on families by using FIQ and its association with sociodemographic and disease characteristics, anxiety and depression.

Methods: Multicenter cross-sectional, descriptive and analytical study. Patients ≥ 18 years old with RA and a family member for each patient were included. Patient and family member socio-demographic data were collected, as well RA information. Patients completed Health Questionnaire-9 (PHQ9) and General Anxiety Disorder-7 (GAD7), and first-degree family members completed FIQ. Statistical analysis: Descriptive statistics. FIQ scores according to patient and family member characteristics were analysed, using Chi2, Fisher exact, Student's T, or Wilcoxon tests.

Results: Sixty-two patients from 3 centers were included. Sociodemographic and RA data are shown in **Table 1**. Characteristics of the family members included can be observed in **Table 2**. FIQ's median global score was 43 (IQR 31-54); 37% had mild impact, 37% moderate, 18% high and 8% no impact. Median scores by FIQ areas were socio-economic 7 (IQR 4-9), socio-psychological 19 (IQR 13-25), family functioning 14 (IQR 11-22), and health status 1 (IQR 1-3). Overall assessment was favorable in 60% of family members and 71% evaluated positively the family functioning area. Socio-economic (50%) and socio-psychological (47%) areas were unfavorable. Male family members showed more impact in global score (p=0.02), socio-economic (p=0.02), socio-psychological (p=0.01) and family functioning (p=0.04) areas. SDAI was correlated with FIQ in global score (p=0.04), socio-economic (p=0.045) and socio-psychological areas (p=0.037). Not having a disability certificate was associated with higher score in health area (p=0.02).

Image 1:

Table 1. Sociodemographic and disease characteristics of RA patients (N = 62)	
Women, n (%)	38 (79)
Age in years, mean (SD)	56.4 (12.9)
Health coverage, n (%)	31 (50)
Disability certificate, n (%)	27 (43)
Employed, n (%)	23 (37)
RA duration in months, median (IQR)	83 (46-146)
Rheumatoid factor +, n (%)	57 (91,4)
ACPA +, n (%)	55 (89,3)
Erosive disease, n (%)	47 (75.8)
Nodular disease, n (%)	10 (16)
Other EAM, n (%)	23 (36.5)
DAS28, median (IQR)	3.1 (2.4-4.3)
SDAI, median (IQR)	10.6 (3.3-16)
HAQ-A, median (IQR)	1 (0.3-1.4)
QOL-RA II, median (IQR)	6.8 (5.9-7.6)
PHQ9, median (IQR)	5 (2-9)
GAD7, median (IQR)	4 (2-9)
RA Treatment, n (%)	
- Corticosteroids	32 (51.6)
- DMARD	55 (88.7)
- Biological DMARD	19 (30)
- Targeted synthetic DMARD	7 (11.3)

SD = Standard deviation; **RA** = Rheumatoid arthritis; **IQR** = Interquartile range; **ACPA** = Anti-citrullinated protein/peptide antibodies; **EAM** = Extra-articular manifestations; **DAS28** = Disease Activity Score 28; **SDAI** = Simple Disease Activity Index; **HAQ-A** = Health Assesment Questionnaire - Versión Argentina; **QOL-RA II** = Quality of Life-Rheumatoid Arthritis II; **PHQ-9** = Patient Health Questionnaire-9; **GAD-7** = General Anxiety Disorder-7; **DMARD** = Disease-modifying antirheumatic drugs.

Image 2:

Table 2. Family members' characteristics (N = 62)	
Women, n (%)	36 (58)
Age in years, mean (SD)	46.9 (17.3)
Employed, n (%)	43 (69.3)
Living with the patient, n (%)	54 (87)
Patient caregiver, n (%)	45 (72.6)
Degree of relatedness, n (%)	
- Spouse	29 (46.8)
- Child	24 (38.7)
- Parent	5 (8.1)
- Sibling	3 (4.8)
- Other	1 (1.6)

SD = Standard deviation.

Conclusion: RA affects negatively socio-economic and socio-psychological aspects of family members but shows a positive impact on global score and family functioning. Correlations were found with male family members, disability certificate and SDAI activity level.

Disclosure of Interest: None Declared

Keywords: None

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Rheumatoid arthritis

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The Correlation Between The Ph And Buffering Capacity Of Saliva In Patients With Rheumatoid Arthritis

Victória Boëchat Feyo[*1], Laura Silva Siano Rodrigues[1], Lydia Silva Provinciali[2], Julia Campos Fabri[3], Rafael de Oliveira Fraga[4], Viviane Angelina de Souza[4], Maria das Graças Afonso Miranda Chaves[1], Gisele Maria Campos Fabri[1]
[1]Faculdade de Odontologia , Universidade Federal de Juiz de Fora , [2]Faculdade de Odontologia , Faculdade de Ciências Médicas e da Saúde , [3]Faculdade de Medicina , [4]Hospital Universitário , Universidade Federal de Juiz de Fora , Juiz de Fora , Brazil

Has this paper been previously presented at another conference?: No

Background/Objectives: Salivary changes may be associated with impairment in various aspects of oral function, contributing to pain, cavities, and oral infections. Consequently, comprehending these salivary alterations in Rheumatoid Arthritis (RA) may contribute to the comprehension of the heightened incidence of oral diseases associated with the condition. This study aims to delve into the characteristics of saliva in patients with RA.

Methods: Cross-sectional study involving patients diagnosed with Rheumatoid Arthritis (RA) according to the criteria set by the American College of Rheumatology. Utilizing the Xerostomia questionnaire (FOX et al., 1987), which gauges the sensation of dryness in the patient's mouth, and saliva samples, collected both in unstimulated and stimulated conditions for analysis of pH and buffering capacity (SBC).

Results: Analysis involved 18 RA patients, with an average age of 59 years, comprising 83% (n=15) females and 17% (n=3) males. In response to the xerostomia questionnaire, 44% (n=8) reported experiencing dry mouth at least in one period of the day, including 2 (25%) patients reporting persistent sensation throughout the entire day. Examining the unstimulated saliva samples from RA patients, 66% (n=12) demonstrated a pH range between 6.4 and 6.9, considered the common range in healthy individuals. However, 28% (n=5) exhibited a slightly more alkaline pH, while 5% (n=1) of the patients showed a slightly more acidic pH. In SBC analysis, a higher amount of acid was required for sample neutralization, indicating a reduced saliva buffering capacity.

Conclusion: Rheumatoid Arthritis (RA) patients may exhibit an impaired buffering capacity and some may display a heightened salivary pH, leaning towards alkalinity, when compared to their healthy counterparts, thereby, potentially contributing to the development of oral diseases. Identifying these patients is essential for the effectiveness of individual-centered treatment.

Disclosure of Interest: None Declared

Keywords: Arthritis, Rheumatoid, Dentistry, Saliva

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Rheumatoid arthritis

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Clinical Evolution Of Inflammatory Arthropathies In An Early Care Clinic: Real Life Experience

Yaribeth Detrinidad C[*1,2], Ricardo Arreola [1,2], Marlene Cárcamo[1,2], Argentina Paredes[1,2], Nancy Orozco[1,2], Hazel Morales[1,2], Maynor A. Herrera-Méndez[1]
[1]Rheumatology Unit, Roosevelt Hospital, [2]Postgraduate School, San Carlos University, Guatemala, Guatemala

Has this paper been previously presented at another conference?: No

Background/Objectives: Inflammatory arthropathies are usually undifferentiated in their early presentation and can evolve into rheumatoid arthritis (RA) or other specific or non-specific arthropathies. The early diagnosis of RA results in the prompt initiation of treatment, with the objective of achieving remission or low activity of the disease in the shortest period (<6 months). This clinical dynamic prevents disease progression and disability in 90% of patients. (1) The present study describes the clinical evolution of a cohort of patients with inflammatory arthropathy in an early care clinic.

Methods: Seventy-four cases of inflammatory arthropathies were collected over a 12-month period. Disease activity was measured with DAS-28 and glucocorticoids equivalent to prednisone. Categorical variables are described by frequencies and percentages, numerical variables by mean and standard deviation (SD). Chi-square and *t-test* were used for comparison between groups; the value of $p < 0.05$ was considered statistically significant.

Results: Of 74 patients collected, 54% were diagnosed with RA and 46% with miscellaneous arthropathies (MA). More than 50% in both groups had used steroids before the first consultation. In the RA group, after a mean follow-up of 6 months, 20% persisted with high activity, 55% with moderate activity, 10% with low activity and 15% had achieved remission. In the same group, all participants used glucocorticoids with an average dose of 14 mg/day, 95% used methotrexate and only 8% used leflunomide as a second DMARD; 38% presented erosions on x-rays or ultrasound.

Table 1:

	Recently diagnosed arthritis N= 74 (100%)		
	RA n=40(54%)	Miscellaneous arthritis n=34(46%)	P-value
Age, yrs	41±12	47±16	0.06
Female, n(%)	37(93)	32(94)	0.78
Evolution time before first visit, mo	31±44	16±13	<0.0001

Previous use of glucocrticoids, n(%)	28(70)	20(59)	0.43
Disease activity at onset, n(%)			
High	23(59)	NA	
Moderate	15(38)	NA	
Low	0	NA	
Remission	1(3)	NA	
Disease activity at the end, n(%)			
High	8(20)	NA	
Moderate	22(55)	NA	
Low	4(10)	NA	
Remission	6(15)	NA	
Time during follow-up, mo	6±3	5±2.5	0.07
Positive ACPAs, n(%)	37(93)	7(21)	<0.0001
Positive rheumatoid factor, n(%)	40(100)	15(44)	<0.0001
Mean ACPAs, U/ml	630±461	66±173	<0.0001
Treatment dose, mg/d(%)			
Glucocorticoids	14±5.3(100)	13±12(50)	0.72
Methotrexate	15±3.2(95)	12±0.9(18)	0.10
Leflunomide	20(8)	20(3)	0.38
NSAIDs, n(%)	ND	15(44)	
Erosions, n(%)	8(38)	ND	

Conclusion: After a 6-month follow-up, only 15% of RA patients had achieved remission despite persistent use of glucocorticoids and csDMARD.

Reference 1: Goekoop Ruiterman Y, de Vries Bouwstra JK, Allaart CF, et al. Clinical and radiographic outcomes of four different treatment strategies in patientswith early rheumatoid arthritis (the BeSt study): a randomized, controlled trial. *Arthritis Rheum*. 2005 Nov;52(11):3381-3390. doi:10.1002/art.21405

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Keywords: Disease activity, inflammatory arthropathies, rheumatoid arthritis

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Rheumatoid arthritis

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Association Between Mean Platelet Volume And Disease Activity In Rheumatoid Arthritis Patients: A Systematic Review And Meta-Analysis Of Observational Studies

Laura J. Sorrentino[*1], Jonathan Rebak[1], Alejandro Brigante[1]
[1]Reumatología, Sanatorio Güemes, Ciudad autónoma de Buenos Aires, Argentina

Has this paper been previously presented at another conference?: Yes

Background/Objectives: During inflammation, the platelet count tends to increase, while mean platelet volume (MPV) decreases. This could be useful in patients with rheumatoid arthritis (RA). The aim of this study was to establish a relationship between MPV and disease activity in RA patients.

Methods: A search was conducted in Medline, Central, LILACS, and Epistemonikos, with no date or language restrictions, using the terms ("Arthritis, Rheumatoid"[Mesh]) AND "Mean Platelet Volume"[Mesh]). Observational studies involving RA patients and data on MPV and disease activity were selected. PRISMA protocol guidelines were followed. The quality of the studies was assessed using the Newcastle Ottawa Scale. Spearman's correlation was applied to evaluate the association between MPV means and disease activity.

Results: Among articles describing the mean MPV and DAS28 (n=16), the Spearman test yielded Rho = -0.24, p=0.22. For comparisons of MPV with CRP and ESR, Rho was 0.36, p=0.89, and 0.17, p=0.81, respectively. Four articles compared MPV between active RA and remission. Two of them differentiated by high, moderate, low, and remission activity. Dechanuwong 2021 found a significant difference in mean MPV between the 4 groups (p=0.02), and Taha 2022 (p= .005 inactive vs. moderate, p <.001 inactive vs. high, p <.001 low vs. high). Isik 2014 and Kim 2011 compared the mean MPV in patients with activity and remission (Figure 2). Publication bias may exist (Egger's regression = 1.174, p=0.24).

Image 1:

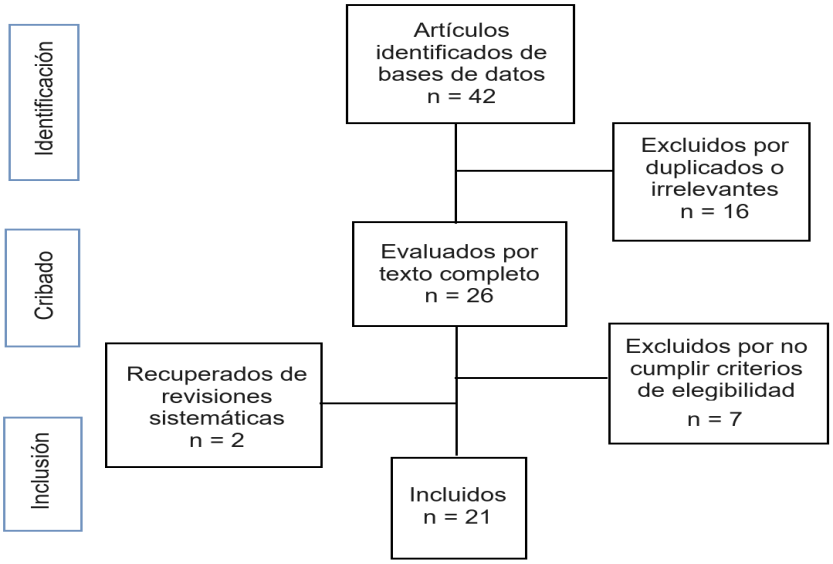
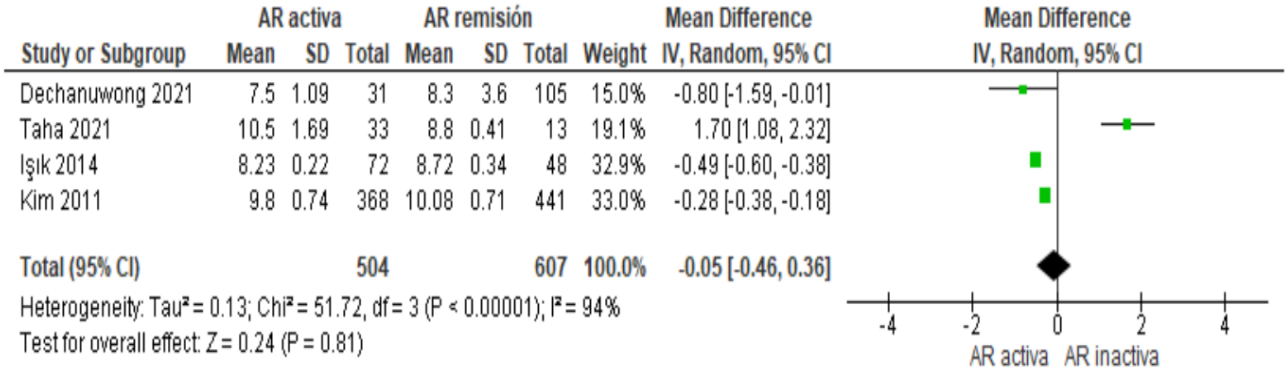


Image 2:



Comparación entre VPM en pacientes con AR activa y AR en remisión

Conclusion: The results suggest a negative association between MPV and disease activity, although this association does not reach statistical significance. MPV differences were observed between different levels of disease activity. Publication bias is possible. The included studies had a diversity of designs and risk of bias, which may influence result interpretation and the ability to establish consistent associations.

Disclosure of Interest: None Declared

Keywords: Mean Platelet Volume, rheumatoid arthritis, Systematic Review

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Rheumatoid arthritis

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Is Das-28 The Best Tool To Assess In Rheumatoid Arthritis?

Carlos Guerrero Solís[*1], Ivan Guiovani Cisneros Ventura[1], Marco Adolfo Tobar Marcillo [2]
[1]Reumatología, Hospital Central Militar, Mexico, Mexico, [2]Reumatología, Clínica Pabón , Nariño, Colombia

Has this paper been previously presented at another conference?: No

Background/Objectives: Determine the correlation that exists between the DAS-28 scoring components. Assess situations that can modify the final score

Methods: A transverse analytical trial, single centered, follow-up patients with an established RA diagnosis, with clinimetric parameters; swollen joints were corroborated with ultrasound. Demographic, clinical, serological, and therapeutical characteristics were evaluated through Pearson correlation (r) with variables that are included in DAS-28.

Results: A total of 101 patients were included; 92(91.1%) were woman, mean age of 53.6 years. Time from diagnosis 8.84 years. Fibromyalgia 12(11.9%). As far as treatment using FARMEs 71(70.3%), FARMEb 30(29.3%). The average in DAS-28 components; VAS 5.06, tender joints 4.07, swollen joints 1.19, ESR 35.19.

The correlation (r) was high in: VAS with tender joint and DAS-28(0.706), on the other hand a weak correlation was found with swollen joints tender joints was high with DAS-28 and EVA (0.707), weak with swollen joints (0.368) and null with ESR (0.08). swollen joints was moderate with DAS-28 and weak with CRP (0.322). ESR and CRP did not carry correlation with either (moderate or high).

Image 1:

		DAS 28	VAS	ESR	CRP	Swollen joint	Tender Joint
DAS 28	Pearson correlation Sig (2tailed)N	1 101	.706 .000 101	.390 .000 101	.365 .000 101	.622 .000 101	.707 .000 101
VAS	Pearson correlation Sig (2tailed)N	.706 .000 101	1 101	.140 .162 101	.261 .009 101	.442 .000 101	.660 .000 101
ESR	Pearson correlation Sig (2tailed)N	.390 .000 101	.140 .162 101	1 101	.375 .000 101	.442 .000 101	.080 .000 101
CRP	Pearson correlation Sig (2tailed)N	365 .000 101	.261 .009 101	.375 .000 101	1 101	.288 .004 101	.283 .005 101
Swollen joint	Pearson correlation Sig (2tailed)N	622 .000 101	.442 .000 101	.442 .000 101	.288 .004 101	1 101	.283 .005 101
Tender Joint	Pearson correlation Sig (2tailed)N	.707 .000 101	.660 .000 101	.080 .000 101	.283 .005 101	.283 .005 101	1 101

Conclusion: DAS-28 is mostly evaluated by ESR, and it represents 40% of the final score, other component as tender joints represents 35%, and swollen joints 15%. The Final score determines if we continue or change treatment.

There are important changes in the total score, especially in ESR and tender joint, given the fact that high scores yield to unexpected leaps from remission to activity and thus determine the efficiency or inefficiency of the treatments. Therefor we should be careful, because when it comes to our daily clinical practice swollen joints carry a heavier weight as an objective activity marker of the disease. In our trial we found that there is no suitable correlation between VAS and swollen joint, nor between swollen joint and ESR. The strong correlation from VAS and tender joints is consequently where one should take in account elements that alter the patient's perception because this will elevate the DAS-28 value. So, in spite of being regularly used, we should not account this evaluation as a simple value.

Reference 1: Kolarz B, Podgorska D, Podgorski R. Insights of rheumatoid arthritis biomarkers. 2021 May;26(3):185-195
Reference 2: Janet E Pope, Ernest H Choy. C-reactive protein and implications in rheumatoid arthritis and associated comorbidities. Semin Arthritis Rheum2021 Feb;51(1):219-229

Disclosure of Interest: None Declared

Keywords: arthritis, Rheumatoid, DAS 28, Swollen, VAS

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Rheumatoid arthritis

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Association Of The Neutrophil/Lymphocyte, Platelet/Lymphocyte Ratio With Disease Activity In Patients With Rheumatoid Arthritis.

Araceli Chico Capote*[1], Yarilemnys Alonso León[1], Rolando Dayan Puente Carmona[1], Andres Felipe Otero Ruedas[1], Ana Lidia Moreira León[1]
[1]Rheumatology, Ameijeiras Brothers, Havana, Cuba

Has this paper been previously presented at another conference?: No

Background/Objectives: Introduction: Neutrophils, lymphocytes and platelets play an important role in the inflammatory process of Rheumatoid Arthritis (RA). Objective: Identify the association that exists between the ratio of neutrophils-lymphocytes (RN/L) and platelets-lymphocytes (RP/L). L) with disease activity.

Methods: Material and methods: A descriptive, cross-sectional study was carried out in patients with RA from the Rheumatology service of the “Hermanos Ameijeiras” Clinical-Surgical Hospital, during the period from January 2021 to January 2023. Demographic, clinical, and clinical inflammatory activity variables were considered. and by erythrocyte sedimentation rate (ESR), hematological counts of neutrophils (N), platelets (P) and lymphocytes (L) were determined. The relationship (R) between N and L and P and L was calculated and it was studied if these were associated with disease activity assessed by DAS28 and CDAI, as well as its association with clinical characteristics.

Results: Results: 703 patients were included. Neutrophil and platelet counts differed significantly between active and inactive patients ($p<0.021$ and $p<0.023$). RN/L and P/L differed significantly between active and inactive RN/L 2.8(±1.5) vs 2.6(±1.8) and RP/L 180.7(±81.2) vs 171.3 (±80.5) $p=0.002$ respectively. RN/L and P/L were associated with the presence of arthritis and morning stiffness RN/L 81 (40.9%) $p<0.001$ vs 86 (39.4%) $p<0.001$ and RP/L 22 (11, 1%) $p<0.003$ vs 24 (11%) 0.002.

Conclusion: ☐ In the study, the female sex, white skin color, with an average age of between the fourth and fifth decade of life and high schooling predominated.

☐ RN/L and P/L were associated with clinical characteristics of the disease.

☐ There was a correlation between RN/L and P/L with disease activity assessments by DAS28 and CDAI.

☐ RN/L and P/L were associated with disease activity.

Reference 1: Arabi H, Baba Z, Chekkouri FE, Mougui A, Bouchti EI. Is there a correlation between platelet/lymphocyte ratio and neutrophil/lymphocyte ratio and rheumatoid arthritis activity?. **Ann Rheum Dis [internet]. 2022** [cited 2023 Jul 9]; 4860:AB0269. Available from: https://doi.org/10.1136/annrheumdis-2023-eular.4860

Reference 2: Hachfi H, Sarraj R, Brahem M, *et al.* New inflammatory marker in rheumatoid arthritis: neutrophil/lymphocyte ratio (NLR). **Annals of the Rheumatic Diseases [Internet]. 2023** [cited 2023 July 07]; 82**:** Available from: https://ard.bmj.com/content/annrheumdis/82/Suppl_1/1322.1.full.pdf

Disclosure of Interest: None Declared

Keywords: Association Of The Neutrophil/lymphocyte, Platelet/lymphocyte Ratio With Disease Activity

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Rheumatoid arthritis

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Oral Health Awareness, Dental Habits And Dental Referral Request In Patients With Rheumatoid Arthritis

Francisco Javier Torres-Quintanilla[*1], Angel Kevin Garza-Elizondo[1], Janett Carmen Luzmila Riega-Torres[1], Jesus Alberto Cardenas-De-La-Garza[2], Dionicio Angel Galarza-Delgado[1]
[1]Rheumatology, [2]Dermatology, Hospital Universitario "Dr. Jose Eleuterio Gonzalez", UANL, Monterrey, Mexico

Has this paper been previously presented at another conference?: No

Background/Objectives: Rheumatoid arthritis (RA) patients have a higher incidence of periodontal disease. High RA activity is associated with periodontitis, tooth loss and low oral health (OH) related quality of life. The aim of this study is to determine the awareness of OH impact in the rheumatologic condition among RA patients and their dental habits and needs.

Methods: Cross-sectional, comparative, study in a single outpatient Rheumatology clinic. Patients fulfilling 2010 ACR/EULAR criteria classification for RA were enrolled consecutively. Demographic, disease and comorbidities data were collected. Self-perceived OH was assessed with the Geriatric/General Oral Health Assessment Index Spanish Version (GOHAI-SP) survey. Data from dental habits, previous dental referral from rheumatologist and dental referral request from the patient were collected in a survey. Qualitative and quantitative variables were compared using Chi-square and Mann-Whitney U test respectively. A *p*-value ≤0.05 was considered significant.

Results: A total of 322 patients were included: 175 (54.3%) were aware of the OH impact in RA and 147 (45.7%) were not. Patients with OH awareness had previous orientation and recommendation for dental referral by the rheumatologist more frequently (78.3% vs 6.8%, p <0.001) and attend dental consultations more often. Patients with no OH awareness request dental attention more frequently (91.1% vs 70.8%, p <0.001) after taking the survey. Full results are shown in table 1.

Table 1:

Characteristics	OH awareness (n=175)	No OH awareness (n=147)	*p*
Age (years), median (p25 - p75)	54 (44 - 62)	54 (45 - 54)	NS
Female, n (%)	165 (94.3)	136 (92.5)	NS
Disease duration (years), median (p25 - p75)	6 (2 - 12)	5 (2 - 10)	NS

GOHAI-SP score, median (p25 - p75)	55 (49 - 59)	54 (48 - 59)	NS
Previous dental referral, n (%)	**137 (78.3)**	**10 (6.8)**	**<0.001**
Dental consultations per year, median (p25 - p75)	**2 (0 - 2)**	**0 (0 - 1)**	**<0.001**
Tooth brushing per day, median (p25 - p75)	2 (2 - 3)	2 (2 - 3)	NS
Hypertension, n (%)	47 (26.9)	42 (28.6)	NS
Diabetes, n (%)	27 (15.4)	19 (12.9)	NS
Active smoking, n (%)	7 (4)	10 (6.8)	NS
Dental referral request, n (%)	**124 (70.8)**	**134 (91.1)**	**<0.001**

Conclusion: RA patients with OH awareness attend dental consultations more often, had previous OH orientation and referral from the rheumatologist more frequently and require less dental referral during rheumatologic assessment than those with no awareness. Most patients with no OH awareness seek dental attention after receiving information regarding its association with RA.

Disclosure of Interest: None Declared

Keywords: dental habits, oral health, rheumatoid arthritis

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Rheumatoid arthritis

PANLAR2024-1115

Association Between Albuminemia And The Derived Neutrophil/Lymphocyte Ratio In Patients With Rheumatoid Arthritis.

Araceli Chico Capote*[1], Roberto Iván Vaca Riofrío[1], Rolando Dayan Puente Carmona[1], Andres Felipe Otero Ruedas[1], Ana Lidia Moreira León[1]
[1]Rheumatology, Ameijeiras Brothers, Havana, Cuba

Has this paper been previously presented at another conference?: No

Background/Objectives: Introduction: Various evidences have shown that systemic inflammation and malnutrition could be associated with the disease activity of patients with rheumatoid arthritis (RA) and could contribute to the pathogenesis and progression of the disease. Objectives: Determine the association between albuminemia and the neutrophil/lymphocyte derived ratio with disease activity in patients with RA.

Methods: Material and Methods: A prospective, longitudinal, analytical study was carried out on 761 patients seen in the protocolized consultation of the Hermanos Ameijeiras Clinical Surgical Hospital, in the period between January 2019 and December 2021.

Results: Results: The study population was characterized by a predominance of female sex (88%), age 61 to 70 years (31%), white skin (57.2%), average level of education (49.8%), tendency to obesity (27.7%), time evolution of less than 10 years (54.7%) and moderate disease activity (50.5%). 72.0% had a high NL ratio. Albumin showed an inverse and significant correlation with erythrocyte sedimentation rate and C-reactive protein. Both elevated LN and albumin-to-RNL ratios were associated with worse disease activity.

Conclusion: - The study population was characterized by a predominance of the female sex, age of 61 to 70 years, white skin, average level of education, tendency towards obesity, evolution time of less than 10 years and moderate activity of the disease.

- Albumin showed correlation with erythrocyte sedimentation rate and C-reactive protein.

- The neutrophil/lymphocyte ratio and the albumin-RNL derivative were related to disease activity.

Reference 1: Chen S, Ying H, Du J, Zhu X, Shi J, Zhang Y, et al. The association between albumin-dNLR score and disease activity in patients with rheumatoid arthritis. Journal of Clinical Laboratory Analysis [Internet]. 2019 [citado sept 2021]; 33(3). Disponible en: https://www.ncbi.nlm.nih.gov/pmc/articles/ PMC6818584/

Reference 2: Koiwa M, Goto S, Takahashi K, Kamada T, Takai S, Nakamura H. Neutrophil/lymphocyte ratio in patients with rheumatoid arthritis treated with biological agents. Journal of Nippon Medical School [Internet]. 2016 [citado sept 2021]; 83(3):118-24. Disponible en: https://www.jstage.jst.go.jp/article/jnms/ 83/3/83_118/_article/-char/ja/

Disclosure of Interest: None Declared

Keywords: Association Between Albuminemia And The Derived Neutrophil/lymphocyte

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PANLAR 2024

Rheumatoid arthritis

PANLAR2024-1321

Clinical And Epidemiological Profile Of Rheumatoid Arthritis In Wayuu Patients From Colombia And Venezuela

Nataly Liduvina Beleño Epieyu[*1], Jairo Alberto Rojano Rada[2], Yosmel Ugas Mendoza[3], Danith Medina Bornachera[4], Karen Elena Mora García[4], Lizeth Chaparro Del Portillo[5], Erika Marcela Padilla Martinez[2], Jennyffer Vélez Martínez[6], Rosana Materano Blanco[7], Rita Magola Sierra Merlano[8]
[1]Guajira, Red de Investigación Colaborativa de Enfermedades Reumáticas del Caribe Colombiano, Riohacha, [2]Atlantico, Red de Investigación Colaborativa de Enfermedades Reumáticas del Caribe Colombiano, Barranquilla, Colombia, [3]Distrito Capital, Universidad Central de Venezuela, Caracas, Venezuela, Bolivarian Republic Of, [4]Magdalena, Red de Investigación Colaborativa de Enfermedades Reumáticas del Caribe Colombiano, Santa Marta, [5]Cesar, Red de Investigación Colaborativa de Enfermedades Reumáticas del Caribe Colombiano, Valledupar, [6]Córdoba, Red de Investigación Colaborativa de Enfermedades Reumáticas del Caribe Colombiano, Monteria, Colombia, [7]Zulia, Hospital Central de Maracaibo Dr Urquinaona, Maracaibo, Venezuela, Bolivarian Republic Of, [8]Bolivar, Red de Investigación Colaborativa de Enfermedades Reumáticas del Caribe Colombiano, Cartagena, Colombia

Has this paper been previously presented at another conference?: No

Background/Objectives: GENERAL OBJECTIVE

Clinical and epidemiological characterization of patients with rheumatoid arthritis belonging to the Wayuu community of Colombia and Venezuela who attended the rheumatology consultation of the Collaborative Research Network of Rheumatic Diseases of the Colombian Caribbean “RICER” and the Dr. Urquinaona Central Hospital of Maracaibo.

SPECIFIC OBJECTIVES

1. Describe the clinical characteristics of Colombian and Venezuelan Wayuu patients with rheumatoid arthritis.
2. Determine disease activity by quantifying the DAS 28 scale.
3. Establish the quality of life through the determination of the HAQ.
4. Compare the degree of disease activity and quality of life between the Colombian and Venezuelan Wayuu.

Methods: Descriptive cross-sectional, multicenter study with indigenous Wayuu patients over 18 years of age with rheumatoid arthritis, who attended the rheumatology consultation belonging to the Collaborative Research Network of Rheumatic Diseases of the Colombian Caribbean "RICER" and the Central Hospital of Maracaibo Dr. Urquinaona which met the 2010 ACR/EULAR classification criteria.

Results: The sample had an N= 46, 50% Colombian and 50% Venezuelan, with a predominance of the female sex in Colombia and Venezuela (86.9% and 91.3% respectively), 65.2% (n= 30) between 45 and 59 years of age, greater activity (moderate and high) and disability in Venezuela according to DAS 28 and HAQ, less disease control and variability in functional capacity in the age range between 45 and 59 years.

Image 1:

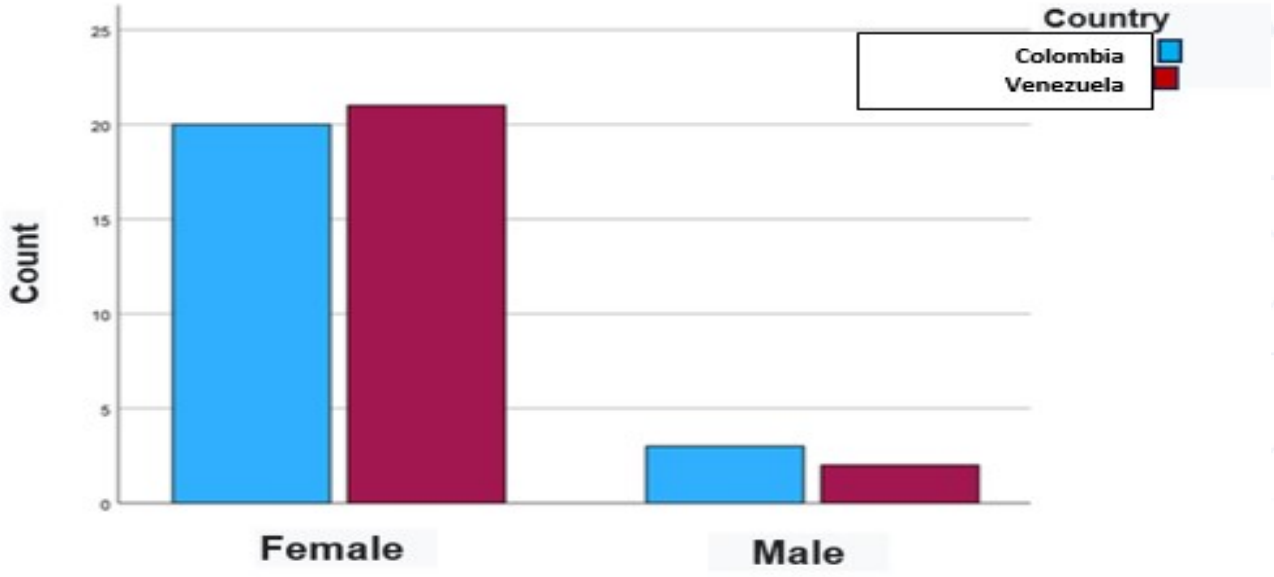
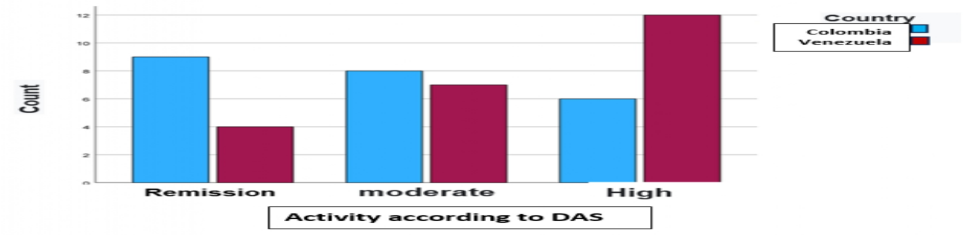


Image 2:



Conclusion: The Wayuu population with rheumatoid arthritis from Colombia and Venezuela shows clinical similarities; however, there was a predominance of high activity in the Venezuelan group, probably due to the difficulty of access to cDMARDs, which suggests strategies and care models that allow achieving remission objectives.

Reference 1: Hitchon C, Neil L, Peschken C, Robinson D, Woods A, El-Gabalawy H. Disparities in rheumatoid arthritis outcomes for North American Indigenous populations. International Journal of Circumpolar Health, 2023, 82 (1): 2166447. doi:10.1080/22423982.2023.2166447

Reference 2: Quintana R, Goñi M, Mathern N, Jorfen M, Conti S, Nieto R, Sanabria A, Prigione C, Silvestre A, Garcia V, Pons-Estel G, Cervera R, García C, Pelaez - Ballestas I, Alarcon G, Pons-Estel G. Rheumatoid arthritis in the indigenous qom population of Rosario,

Argentina: aggressive and disabling disease with inadequate adherence

to treatment in a community-based cohort study. Clinical Rheumatology, 37 (9), 2323-2330. doi.org/10.1007/s10067-018-4103-5

Disclosure of Interest: None Declared

Keywords: Rheumatoid arthritis, epidemiology, wayuu indigenous

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Rheumatoid arthritis

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Methotrexate-Induced Leukoencephalopathy In A Pacient With Rheumatoid Arthritis - Case Report

Camila Sten[1], Ingrid Moss[1], Julio Borges[1], Breno Bianchi[1], Carla Dionello[1], Ana Luisa Moreira[1], Angie Rivera*[1], Blanca Bica[1]
[1]rheumatology, Universidade federal do rio de janeiro, rio de janeiro, Brazil

Has this paper been previously presented at another conference?: Yes

Background/Objectives: Rheumatoid Arthritis (RA) can lead to various neurological conditions, with cervical myelopathy, resulting from cervical instability, and peripheral compressive neuropathies being the most common. However, it is also important to consider neurological manifestations secondary to the medications used in treating this condition. In this study, we present a clinical case of a patient who developed methotrexate (MTX)-induced leukoencephalopathy, a rare condition associated with the use of this medication.

Methods: case report

Results: Female patient, 70-year-old, diagnosed with RA since the age of 22, also followed up by the Neurology Service of a University Hospital due to a condition of chronic essential tremor associated with episodes of seizures. She was on subcutaneous MTX 20mg/week, Primidone 200mg/day, Gabapentin 600mg/day, Lamotrigine 400mg/day, and Venlafaxine 150mg/day. She was admitted to the hospital with mental confusion that began 3 months prior and had been progressively worsening, along with limb paresis, dysphagia, cognitive impairment, and psychomotor agitation. Extensive investigations ruled out infectious causes, electrolyte disturbances, or neoplasms. A head CT scan showed no acute ischemic changes but revealed an extensive periventricular microangiopathic lesion, which was later confirmed by an MRI of the head. Based on these findings, toxic leukoencephalopathy, likely induced by MTX use, was suspected. MTX was discontinued, folic acid was replaced, and after 4 weeks, a significant improvement in the patient's clinical condition was observed. A follow-up cranial MRI after 3 months showed partial improvement of the lesion.

Image 1:

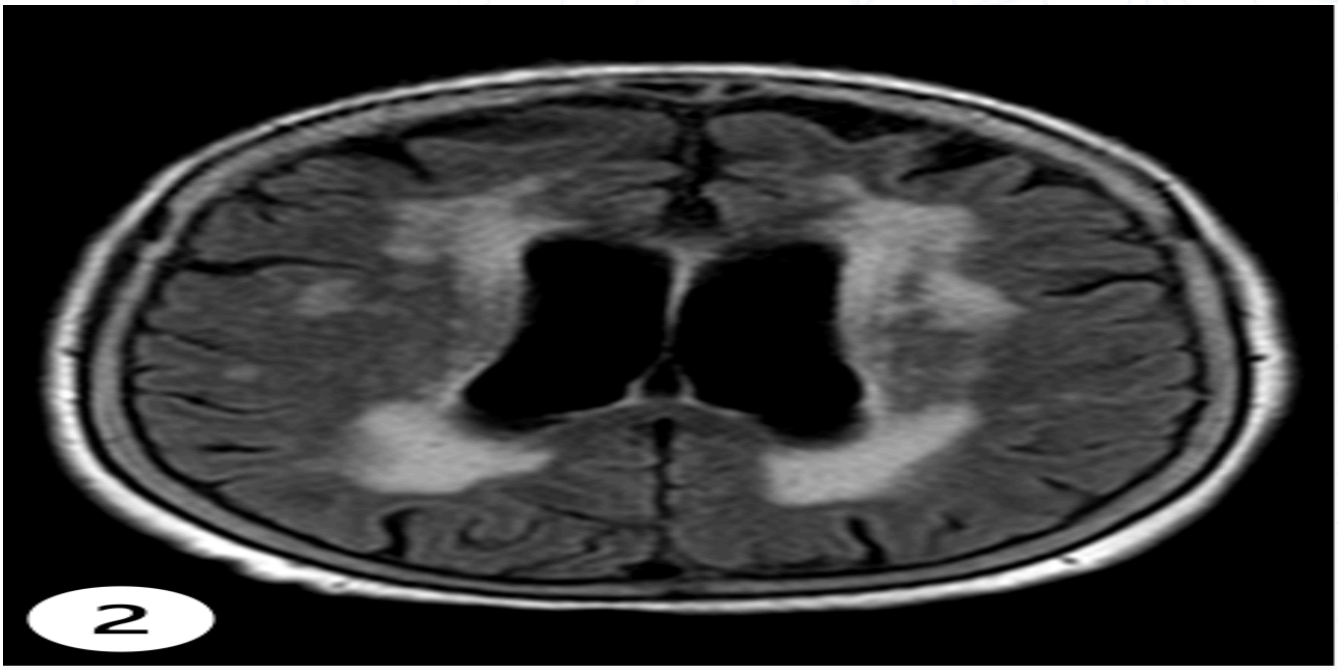
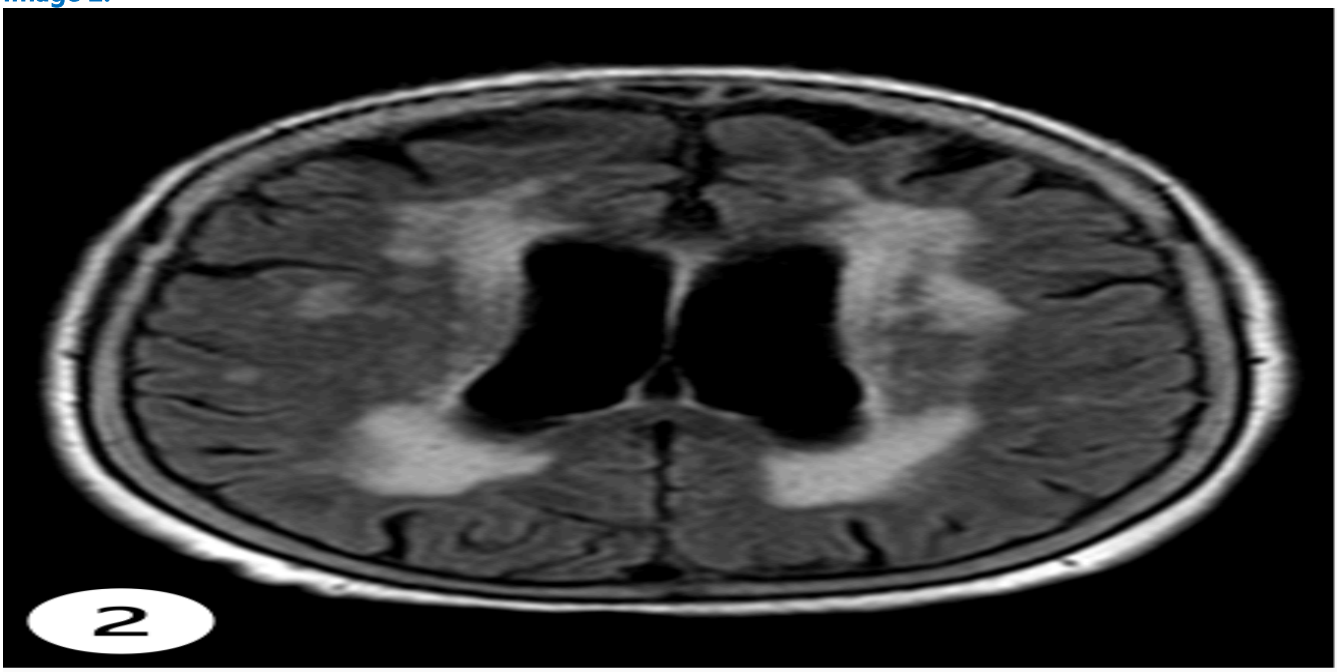


Image 2:



Conclusion: Upon reviewing the literature, it is observed that most reported cases of MTX-induced leukoencephalopathy occur in cancer patients undergoing chemotherapy with intravenous or intrathecal MTX. Although few cases have been described in RA patients using oral or subcutaneous MTX, it is a documented adverse reaction and should be considered. Notably, there is no specific treatment, most approaches involve discontinuing the medication, replacing folic acid, and, in some cases, using corticosteroids. It is important to highlight that, in some patients, the symptoms may regress, as seen

in the reported case. However, in other cases, symptoms persist, and brain damage may be irreversible. Therefore, proper surveillance and management are essential when dealing with this rare but significant complication of MTX treatment in RA patients.

Reference 1: Kougkas N, et al. Methotrexate inducedneurotoxicity in a patient with rheumatoidarthritis on rituximab therapy: a case-basedreview. Rheumatol Int. 2022 Oct;42(10):1849-1854. doi: 10.1007/s00296-022-05166-5. Epub2022 Jul 18. PMID: 35849191.

Reference 2: Matsuda M, et al. Leukoencephalopathy inducedby low-dose methotrexate in a patient withrheumatoid arthritis. Intern Med. 2011;50(19):2219-22. doi: 10.2169/internalmedicine.50.5552. Epub 2011 Oct 1. PMID: 21963744.

Disclosure of Interest: None Declared

Keywords: leukoencephalopathy, Methotrexate, rheumatoid arthritis

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Rheumatoid arthritis

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Periodontal Disease As A Risk Factor For Hypertension In Rheumatoid Arthritis

Lydia Silva Provinciali[*1], Victória Boëchat Feyo[2], Laura Silva Siano Rodrigues [2], Júlia Campos Fabri[3], Rafael De Oliveira Fraga[4], Viviane Angelina de Souza[4], Maria das Graças Afonso Miranda Chaves[2], Gisele Maria Campos Fabri[2], José Fabri Júnior [5]
[1]Faculdade de Odontologia , Faculdade de Ciências Médicas e da Saúde , [2]Faculdade de Odontologia , Universidade Federal de Juiz de Fora, [3]Faculdade de Medicina, Faculdade de Ciências Médicas e da Saúde , [4]Hospital Universitário , [5]Faculdade de Medicina, Universidade Federal de Juiz de Fora, Juiz de Fora, Brazil

Has this paper been previously presented at another conference?: No

Background/Objectives: Patients with rheumatoid arthritis (RA) face an elevated cardiovascular (CV) risk, with cross-sectional studies proposing the involvement of systemic inflammation in the pathophysiology of hypertension (HTN). This systemic inflammation may be triggered by periodontal disease (PD). Therefore, this study aims to provide a descriptive analysis of the incidence of PD and HTN in individuals with RA.

Methods: A cross-sectional study was conducted involving patients that met the American College of Rheumatology criteria for RA. The analysis encompassed a comprehensive review of medical records and a meticulous dental clinical evaluation. This dental evaluation also employed a computerized periodontal probing to obtain crucial periodontal parameters, such as pocket depth and probing (PDPS), bleeding on probing (BOP), and plaque index (PI).

Results: The analysis included 18 RA patients, averaging 59 years in age, comprising 83% (n=15) females and 17% (n=3) males, with 28% (n=5) being edentulous. It was observed that 12 (67%) patients exhibited PD. HTN was the most prevalent comorbidity, affecting 39% (n=7) of patients, among whom 3 also had PD and 4 were edentulous. Assessing mean values, patients diagnosed with PD (n=12) displayed average values for PI at 38%(80-2), BOP 52%(84-9), and the count of teeth with pocket depths exceeding 3.4mm in more than 2 probed sites varied from 5 to 28 (across 2 to 178 sites). Notably, 81% of patients displayed deep periodontal pockets in more than two assessed areas.In HTN patients, the range of probed sites with pockets greater than 3.4mm extended from 2 to 25. The patient with periodontal health did not have hypertension. Among 5 edentulous patients, only 1(20%) did not have hypertension. Tooth loss may be associated with previous periodontal disease.

Conclusion: These findings imply a notable prevalence of HTN and PD among patients with RA. These three conditions present physiopathological mechanisms associated with worse outcomes. Although the casual relation still needs to be investigated, dental evaluations have the potential to contribute and impact the prognosis of RA patients. Moreover, integrating arterial hypertension screening into routine dental clinic visits can bestow an important role upon dental care within the field of public health.

Disclosure of Interest: None Declared

Keywords: Hypertension, Periodontal diseases, rheumatoid arthritis

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PANLAR 2024

Rheumatoid arthritis

PANLAR2024-1351

Neutrophil-To-Lymphocyte And Platelet-To-Lymphocyte Ratio In Rheumatoid Arthritis And Its Association With Disease Activity

Cassiane Martina Ambrosi Reiter[*1], Nelzi Ferreira de Queiroz Junior[2], Maria Augusta da Silva Calonego[1], Thelma Larocca Skare[1]
[1]Faculdade Evangélica Mackenzie do Paraná, [2]Hospital Universitário Evangélico Mackenzie do Paraná, Curitiba, Brazil

Has this paper been previously presented at another conference?: Yes

Background/Objectives: Recently, the hypothesis that neutrophil-to-lymphocyte ratio (NLR) and platelet-to-lymphocyte ratio (PLR) could be used as equivalents or even replacing the inflammatory activity tests such as C-reactive protein (CRP) and erythrocyte sedimentation rate (ESR) in several clinical situations has become increasingly plausible. Rheumatoid arthritis (RA) is a chronic inflammatory and autoimmune disease in which the determination of inflammatory activity is essential for the correct treatment and to avoid long term structural damage. The objective of this analysis was to correlate the NLR and the PLR with disease activity in rheumatoid arthritis and determine whether they can be used as an indicator of disease activity.

Methods: A cross-sectional analysis of 223 patients with rheumatoid arthritis was performed. These patients had their medical records reviewed for clinical and epidemiological data, including complete blood count, CRP, ESR and rheumatoid factor (RF). Those with associated chronic inflammatory diseases, recent infections, severe osteoarthritis and underage patients were excluded. The NLR and PLR were calculated and correlated with disease activity measured by CDAI, SDAI and DAS 28.

Results: In the sample, 198 were females and 25 males, with mean age of 60 years old. The mean values of DAS-28 (ESR), DAS-28 (CRP), CDAI and SDAI were 3.1, 2.56, 6.0 and 7.6, respectively. It was found that PLR correlated with DAS 28 CRP (p=0.03) and CRP levels (p=0.03). Regarding the correlation between disease activity and NLR, DAS 28 (ESR), DAS 28 (CRP), CDAI and SDAI significant values were found with p = 0.001, 0.0008, 0.02 and 0.004 respectively. Furthermore, NLR was positively correlated with ESR and CRP p = 0.0004 and 0.0001, but not with hemoglobin, hematocrit and platelets (all p=ns).

Conclusion: In the studied sample, a correlation between NLR and PLR with disease activity was found. This suggests the possibility of using these parameters as indicators of disease activity and remission instead of CRP and ESR, if they are not available, or even because they represent a less expensive alternative.

Disclosure of Interest: None Declared

Keywords: Neutrophil / Lymphocyte Ratio, Platelet / Lymphocyte Ratio, Rheumatoid Arthritis

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PANLAR 2024

Rheumatoid arthritis

PANLAR2024-1205

Evaluation Of Gingival Crevicular Fluid And Disease Activity In Rheumatoid Arthritis: A Pilot Study

Victória Boëchat Feyo[*1], Lydia Silva Provinciali[2], Laura Silva Siano Rodrigues[1], Júlia Campos Fabri[3], Rafael de Oliveira Fraga[4], Viviane Angelina de Souza[4], Maria das Graças Afonso Miranda Chaves[1], Gisele Maria Campos Fabri[1]
[1]Faculdade de Odontologia, Universidade Federal de Juiz de Fora, [2]Faculdade de Odontologia, [3]Faculdade de Medicina, Faculdade de Ciências Médicas e da Saúde, [4]Hospital Universitário, Universidade Federal de Juiz de Fora, Juiz de Fora, Brazil

Has this paper been previously presented at another conference?: No

Background/Objectives: Shared physiopathological mechanisms between rheumatoid arthritis (RA) and periodontal disease (PD) drives scientific research given the potential for a reciprocal/bidirectional negative impact. Thus, this pilot study aims to quantitatively evaluate gingival crevicular fluid (GCF) in RA patients.

Methods: A cross-sectional study was conducted with patients with RA, based on the American College of Rheumatology criteria. Assessment tools included the Disease Activity Score questionnaire (DAS28) for disease activity, the Health Assessment Questionnaire (HAQ) for functional capacity, medical record analysis for clinical disease data, a clinical sheet employing a systematic dental evaluation protocol, and the Periotron device for GCF analysis, selecting the greatest probing pocket depth.

Results: 12 patients with RA were evaluated, with a mean age of 55 years, consisting of 83% (n=10) females and 17% (n=2) males. The gingival inflammation profile assessed through GCF revealed that 8% (n=1) had healthy gums, 17% (n=2) had mild inflammation, 58% (n=7) had moderately severe inflammation, and 17% (n=2) had very severe inflammation. Notably**,** among the 9 patients displaying moderately severe to very severe inflammation, 55% (n=5) had rheumatological disease activity (DAS28=3.46, 2.57-4.69)**.** Also, the 3 patients with healthy or mildly inflamed gums also exhibited disease activity (DAS28=3.04, 1.92-4.16). Within the subset of 9 patients with gingival inflammation, 44% (n=4) had moderate to severe functional impairment (HAQ=1.65, 1.25-2.125), while 25% (n=3)of those with healthy gums or mild inflammation showed altered functional capacity (HAQ=1.16, 0-1.875)**.** Out of the total, 8 (67%) were on conventional therapy with methotrexate or leflunomide, and 33% (n=4) on biological therapy with anti-TNF. The data indicate that 92% of the patients exhibited some degree of gingival inflammation, and, strikingly, all individuals using Anti-TNF exhibited moderate to severe gingival inflammation, while 42% (n=5) of patients on conventional therapy displayed this inflammation profile.

Conclusion: Despite the limited sample size, this study underscores the prevalence of moderate to severe gingival inflammation in RA patients. This information is significant as gingival inflammation is known to have systemic repercussions. Therefore, recognizing this connection is crucial, as controlling this inflammation may enhance the efficacy of medical treatment.

Disclosure of Interest: None Declared

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Keywords: Arthritis, Rheumatoid; Dentistry; Gingival Crevicular Fluid

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GLOBAL RHEUMATOLOGY BY PANLAR

PANLAR 2024

Rheumatoid arthritis

PANLAR2024-1216

Extraarticular Manifestations In Patients With Rheumatoid Arthritis In A Population Of The Colombian Caribbean

Jairo Rojano Rada[1], Nataly Beleño Epieyu [2], Lizeth Chaparro del Portillo [*3], Jennyffer Vélez Martínez [4], Rita Sierra Merlano [5], Danith Medina Bornachera [6], Karen Mora García [6], Erika Padilla Martínez [7]
[1]Sección Atlántico - Guajira, Red de Investigación Colaborativa de enfermedades reumáticas del Caribe Colombiano , Barranquilla, [2]Sección Guajira, Red de Investigación Colaborativa de enfermedades reumáticas del Caribe Colombiano , Riohacha, [3]Sección Cesar, Red de Investigación Colaborativa de enfermedades reumáticas del Caribe Colombiano , Valledupar, [4]Sección Cordoba , Red de Investigación Colaborativa de enfermedades reumáticas del Caribe Colombiano , Montería, [5]Sección Bolivar, Red de Investigación Colaborativa de enfermedades reumáticas del Caribe Colombiano , Cartagena, [6]Sección Magdalena, Red de Investigación Colaborativa de enfermedades reumáticas del Caribe Colombiano , Santa Marta, [7]Sección Atlántico , Red de Investigación Colaborativa de enfermedades reumáticas del Caribe Colombiano , Barranquilla, Colombia

Has this paper been previously presented at another conference?: No

Background/Objectives: General Objective

To determine the frequency of extra-articular manifestations in patients with rheumatoid arthritis in a population from the Colombian Caribbean.

Specific Objectives

Describe the sociodemographic, clinical, and biomarker characteristics of patients with rheumatoid arthritis.
Calculate disease activity by quantifying the DAS 28 scale and quality of life by determining the HAQ scale.
Establish the extra-articular manifestations present in patients with rheumatoid arthritis.

1. To correlate the range of DAS-28 and HAQ, serological biomarkers and acute-phase reactants, with respect to extra-articular manifestations.

Methods: A descriptive cross-sectional, multicenter study was conducted in patients over 18 years of age with rheumatoid arthritis who attended the consultation of rheumatologists belonging to the Collaborative Research Network of Rheumatic Diseases of the Colombian Caribbean "RICER", who met the 2010 ACR/EULAR classification criteria.

Results: The sample had an N=319, with a predominance of females of 92.2% (n=319). The Atlantic department had the largest sample with 44.2% (n=141). The mestizo ethnic group was 64.5% (n=206); 63% (n=201) do not smoke. A proportion of 44.5% (n=142) were overweight. ESR and CRP ranged from 28.0 ± 14.5 and 12.9 ± 30, respectively. The mean range of the DAS 28 was 4.1 ± 1.6, where the largest group was in high activity 39.2% (n=125), while the HAQ range was 0.97 ± 0.66, where 57.4% (n=183) expressed some degree of disability. 24.5% (n=78) had extra-articular manifestations, with anemia being the most representative (16.9% (n=54). It was observed that the group with extra-

articular manifestations had higher activity (53.8 % (n=42) (p = 0.021) and some degree of disability 80.3% (n = 57) (p = 0.004).

Image 1:

Table 1. General characteristics of the patients

Variable	n	%
Department		
Atlántico	141	44,2
Guajira	77	24,1
Magdalena	62	19,4
Bolívar	16	5,0
Cesar	8	2,5
Sucre	7	2,1
Córdoba	6	1,8
San Andrés	2	0,6
Sex		
Female	294	92,2
Male	25	7,8
Age (years)*	57,4 ± 12,9	
Ethnicity		
Mestizos	206	64,5
Caucasian	32	10
Afro	34	10,7
Indigenous	47	14,7
Smoking		
Doesn't smoke	201	63
Active	3	0,9
Exsmoker	58	18,2
Passive	57	17,9
Classification of the IMC		
Normal	109	34,2
Overweight	142	44,5
Obesity	68	21,3
PAS (mmHg)*	118,8 ± 75,8	
PAD (mmHg)*	75,8 ± 9,8	
VSG	28,0 ± 14,5	
PCR	12,9 ± 30,0	
DAS 28*	4,1 ± 1,6	
Range DAS 28		
Less remission 2,6	76	23,8
Low 2,6 - 3,2	44	13,8
Moderate 3,2 - 5,1	74	23,2
High + 5,1	125	39,2
HAQ*	0,97 ± 0,66	
Range HAQ		
Without disability	92	28,8
With disabilities	183	57,4
Extra-articular manifestation		
Yes	78	24,5
No	241	75,5
Type of manifestation**		
Anemia	54	16,9
Thrombocytosis	16	5,0
Interstitial Disease	11	3,4
Nodules Rheumatoid	11	3,4
Other	11	3,4

*Variable presented on average ± standard deviation.
** Multiple choice variable, its values do not add up to 100%.

Image 2:

Table 2. Extra-articular manifestations in patients

	Manifestation		No Manifestation		p
Variable	n	%	n	%	
Range DAS 28					0,021
Remission - 2,6	13	16,7	62	25,8	
Low 2,6 - 3,2	7	9,0	37	15,4	
Moderate 3,2 - 5,1	16	20,5	58	24,2	
High más 5,1	42	53,8	83	34,6	
Range HAQ					0,004
Without disability	14	19,7	78	38,2	
With disabilities	57	80,3	126	61,8	

Conclusion: It was evident that extra-articular manifestations in rheumatoid arthritis have a non-negligible representation and that the risk of expressing themselves could be related to those groups of patients with high disease activity and some degree of moderate to severe disability.

Reference 1: Cimmino MA, Salvarani C, Macchioni P, Montecucco C, Fossaluzza V, Mascia MT, Punzi L, Davoli C, Filippini D, Numo R. Extra-articular manifestations in 587 Italian patients with rheumatoid arthritis. Rheumatol Int. 2000;19(6):213-7. doi: 10.1007/pl00006853.

Reference 2: Guellec D, Cozien S, Ruyssen-Witrand A, Dieudé P, Saraux A. Prevalence and clinical significance of extra-articular manifestations at diagnosis in the ESPOIR cohort with recent-onset arthritis. Semin Arthritis Rheum. 2020 Jun;50(3):409-413. doi: 10.1016/j.semarthrit.2020.01.004.

Disclosure of Interest: None Declared

Keywords: Arthritis, Rheumatoid, extra-articular manifestations, Colombian Caribbean

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Rheumatoid arthritis

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Real Life Experience: Upadacitinib A Pharmacotherapeutic Alternative In Patients With Failure Of Other Biological Targets

Sebastian Giraldo[1], Eugenia Saldarriaga*[1], Yuli Alexandra Gomez[1]
[1]Reumatologia, Clinica Los Nogales, Bogota, Colombia

Has this paper been previously presented at another conference?: No

Background/Objectives: Janus kinase (JAK) inhibitors act on the Janus kinase/signal transducer and activator of transcription (JAK-STAT) pathway involved in both innate and adaptive immunity. JAK inhibitors act by reversibly suppressing JAK phosphorylation by occupying the ATP1 catalytic binding site. Although more selective JAK inhibitors may avoid the adverse effects associated with unblocked JAK isoforms, the implications of this selectivity for long-term safety remain unclear.

Methods: case report

Results: 12 patients with Rheumatoid Arthritis (RA), all of them being treated with Upadacitinib in monotherapy or in combination therapy, data collected from the RA outpatient consultation base in a level IV private clinic in Bogotá between 2021-2023 from a total of 2000 patients, average evolution of the disease 11.3 years, seropositives, with prior use of up to 3 conventional Dmards molecules (Dmardsc) and up to four therapies with Biological Dmards (Dmardsb); DAS28 in moderate to high disease activity (average 5.1); 10 women and 2 men, aged between 31 and 73 years (average 52 years) at the beginning of antiJAK therapy, 9 patients had use of steroids at intermediate doses (prednisolone < 7.5 mg/day),5 patients with erosive pattern, 3 with a history of ex-smoking.

Quarterly controls were carried out, the therapeutic goal defined as low activity or remission of the disease (DAS28 < 2.6) in 6 patients at three months, in 2 at six months, 1 patient after nine months of follow-up without cause and 1 patient after one year due to irregularity in the delivery of the medication. Two patients did not reach the therapeutic goal due to recent onset of treatment.

Regarding imaging follow-up, 1 patient who had erosions on both hands and feet, resolution of the erosive pattern on the hands one year later. The other four patients showed no change.

The optimization therapy was achieved in 5 patients, 1 of them reaching the goal in monotherapy. Regarding corticosteroid therapy, dose reduction was obtained in 4 patients, 2 of them with complete withdrawal, the rest of the patients receive minimum doses.

In the lipid profile, elevated LDL was documented in 10 patients and hypertriglyceridemia in 6, 2 of them requiring statin initiation.

Conclusion: Upadacitinib is a promising therapy in patients with poor prognostic factors (seropositivity, high clinimetry, failure to multiples therapies). It is recommended to carry out metabolic monitoring to intervene in cardiovascular risk factors if necessary

Disclosure of Interest: None Declared

Keywords: rheumatoid arthritis, safety and effectiveness, Upadacitinib

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GLOBAL RHEUMATOLOGY
BY PANLAR

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Rheumatology education

PANLAR2024-1061

Peer Educator Patients: A New Approach To Health Literacy For Patients With Rheumatoid Arthritis

Fernando Rodriguez-Florido[*1], Noralma Pinto-Florez[2], Gabriel-Santiago Rodriguez-Vargas[1], Pedro Rodriguez-Linares[1], Adriana Rojas-Villarraga[3], Pedro Santos-Moreno[4]
[1]Research department, Biomab - Center for Rheumatoid Arthritis, [2]Expert Patient, UniversitAR, [3]Research institute, Fundación Universitaria de Ciencias de la Salud FUCS, [4]Scientific direction, Biomab - Center for Rheumatoid Arthritis, Bogotá, Colombia

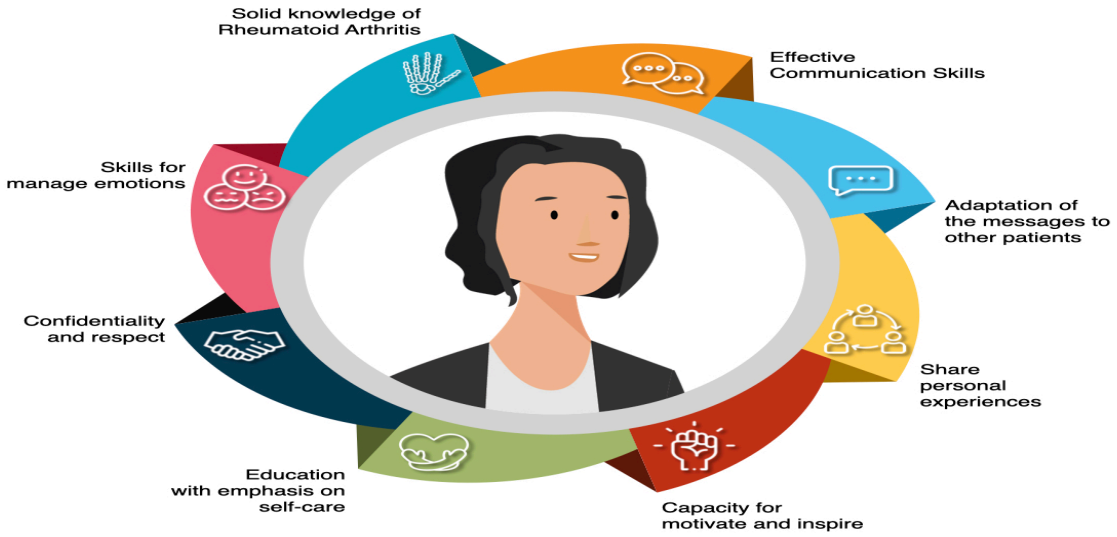
Has this paper been previously presented at another conference?: No

Background/Objectives: Health literacy is an essential component to the well-being of patients with rheumatoid arthritis (RA). This chronic autoimmune disease, which affects the joints and can have a significant impact on quality of life, requires a deep understanding of both the condition itself and the treatment options available. The relationship of patients with their peers allows them to share experiences, have emotional support, receive practical information, increase self-care awareness and adherence to treatment. The aim of this study was to develop an educational interventions program for patients with RA, led by expert patients with the same diagnosis, and previously trained for this purpose.

Methods: A review of the literature on health education for patients by their patient peers was conducted, and subsequently a training program was designed aimed at patients with RA who had previously participated in a multicomponent educational program and were certified as expert patients. The purpose of this strategy was to achieve social appropriation of knowledge, in which patients will participate in interventions led by their peers, the expert patients.

Results: A program has been developed focused on enhancing knowledge about rheumatoid arthritis, as well as improving communication skills, the ability to motivate and inspire, emotional management, and connection with health resources and institutions. These expert patients, now trained as mentors to other patients, have been certified as "Patient Educator Peers" (PEP) (see Figure 1). PEPs will have the ability to educate, guide and provide support to other patients who share the same health condition, promoting healthy lifestyles and facilitating communication between patients and their medical teams.

Image 1:



Conclusion: Peer patient education allows patients receiving education to connect with a common experience, promote supportive environments and exchange of information, which may not be achieved with patient education by health professionals.

Disclosure of Interest: F. Rodriguez-Florido: None Declared, N. Pinto-Florez: None Declared, G.-S. Rodriguez-Vargas: None Declared, P. Rodriguez-Linares: None Declared, A. Rojas-Villarraga: None Declared, P. Santos-Moreno Grant / Research support with: Abbvie, Abbott, Biopas- UCB, Bristol, Janssen, Pfizer, Roche, Sanof, Speakers Bureau with: Abbvie, Abbott, Biopas- UCB, Bristol, Janssen, Pfizer, Roche, Sanof

Keywords: Health literacy, Patient education, rheumatoid arthritis

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PANLAR 2024

Rheumatology education

PANLAR2024-1333

Challenges And Opportunities: Analysis Of Knowledge About Rheumatoid Arthritis In Primary Care Physicians.

Sonia Sandy Sapag Durán[1], Joseline Neisa Quiroz Almaraz [*2], Ana Maria Sapag Duran[2], Tatiana Rosario Maida Vargas[3], Sandra Patricia Echazú Román[4], David Glover Oliva Chávez[3], Pathy Angelica Angulo Cordero[2], Carla Giovana Quiroz Chipana[5], Javier Lopez Villa[6], Vivian Eliana Duran Chavez[7], Evelin Montenegro Suarez[7], Walter Henry Morales Oliva[3], Alberto Nogales[2], Karol Larisa Castellon Mendieta[2]
[1]Centro de Especialidades en Reumatología, [2]Hospital Japonés, [3]Instituto Boliviano de Reumatología, [4]Clínica Foianini, Santa Cruz, [5]Hospital Roberto Galindo, Pando, [6]Caja de Caminos, [7]Hospital San Juan de Dios, Santa Cruz, Bolivia, Plurinational State Of

Has this paper been previously presented at another conference?: No

Background/Objectives: **BACKGROUND.**Rheumatoid arthritis (RA) is a chronic systemic inflammatory disease that affects about 1% of the world's population. RA is not a benign process. Delay in diagnosis and timely treatment is related to structural damage and long-term functional disability. Primary health care is the first contact that patients with arthritis have with the public care system, so knowledge about rheumatoid arthritis, early arthritis, window of opportunity, diagnosis and treatment by primary care physicians is essential to prevent the progression of this disease. **OBJECTIVE:** To describe the level of knowledge about rheumatoid arthritis in primary care physicians.

Methods: Observational, descriptive, cross-sectional study. Instrument: Knowledge survey conducted prior to ongoing training in early rheumatoid arthritis, with the participation of general practitioners from the primary health system. Non-probability sampling.

Results: A total of 43 knowledge surveys were analyzed with13-item, which 8 refer to the disease and 5 to personal experience with patients with arthritis and the system for RA referral and counter-referral. The median age was 35 years (23-49). 83.7% did not correctly define RA, 32.6% did not know that the absence of joint deformity did not exclude diagnosis, 86% did not know the concept of a therapeutic window, 11.6% did not know that rheumatoid arthritis can have negative antibodies, 44% did not consider RA as a malignant disease, 42% did not know that the disease requires intensive treatment with disease-modifying drugs, 88% do not know the criteria for referral to rheumatology, 67% do not know the definition of early arthritis, 50% do not consider themselves capable of performing an adequate rheumatological examination, 74% consider the current referral and counter-referral system deficient, and 84% want to receive specialized training in rheumatoid arthritis and other rheumatic diseases.

Conclusion: There is a high level of ignorance in primary care about basic concepts of rheumatoid arthritis. Continuous theoretical and practical training programs on this disease should be carried out for primary care physicians.

Disclosure of Interest: None Declared

Keywords: educational, primary care and rheumatology, rheumatoid arthritis

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Rheumatology education

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Preconception Education In Patients With Systemic Lupus Erythematosus (Sle): A Cross-Sectional Observational Study In The Chilean Female Population.

Ignacia Durán[*1], Francisca Sabugo[1], Annelise Goecke[1], Hector Gatica[1]
[1]Reumatologia, Hospital Clinico Universidad de Chile, Santiago, Chile

Has this paper been previously presented at another conference?: No

Background/Objectives: Objective
SLE is an autoimmune disease that mainly affects women of childbearing age. Pre-pregnancy counseling is crucial to enhance awareness of risks and optimize pregnancy outcomes. The actual information and counseling regarding reproductive health are unknown. In a cohort of women with SLE aged 18 to 45, monitored in the Rheumatology outpatient clinic of the Clinical Hospital of the University of Chile, we conducted a survey with questions aimed at identifying information and understanding perceptions regarding Reproductive Health and Pregnancy.

Methods: Method:
A digital questionnaire developed by the authors consisting of 22 questions organized into 5 items: I) Gestation, II) Contraception, III) Information source, IV) Medications and disease activity, and V) Personal perception.

Results: Results: A total of 120 patients answered the questionnaire. Of the respondents, 56% of women considered "not having received information" about Reproductive Health and Pregnancy. In 69% who "receive information," the rheumatologist was the one providing it. There is a trend of a higher number of gestational losses in "uninformed" women. The deleterious effect of Methotrexate was more frequently considered in those "uninformed" and non-users of the drug. At least one-third of Hydroxychloroquine and Azathioprine users who were "informed" considered their use contraindicated during pregnancy. None of the Leflunomide and Cyclophosphamide users considered these drugs contraindicated during pregnancy. 31% of respondents do not use any contraceptive method, and the majority continue using medications contraindicated during pregnancy.

Conclusion: Conclusions: Negative feelings and emotions are more representative when discussing or thinking about SLE and pregnancy. Counseling at the time of diagnosis and by the rheumatologist was preferred. The results of this study emphasize the importance of timely preconception education and counseling by healthcare professionals and raise questions about whether the information provided has been correct or understood by the patients.

Disclosure of Interest: None Declared

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Keywords: Pregnancy, Reproductive health., systemic lupus erythematosus

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GLOBAL RHEUMATOLOGY
BY PANLAR

PANLAR 2024

Rheumatology education

PANLAR2024-1507

Unilicar, Interactive Virtual Campus

Gina Sicilia Ochoa Galeano[*1], Ana María Arredondo G[1], Carlos Toro [2]
[1]Atlántico, Fundación LICAR, Barranquilla, [2]Valle, Fundación LICAR, Cali, Colombia

Has this paper been previously presented at another conference?: No

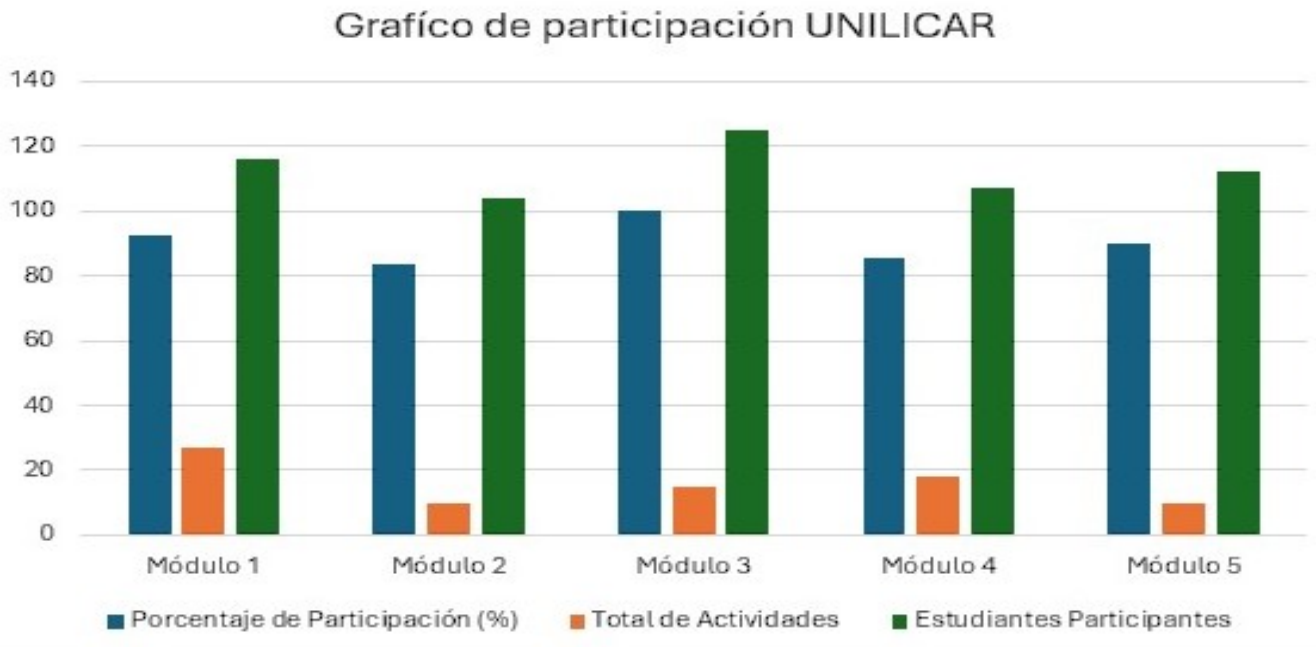
Background/Objectives: Continuos training through courses, workshops, self-care, self-management and self-control webinars, in order to educate the Rheumatic comunity (patients, Caregivers, Users and Health professionals) from Panamerican countries through an interactive virtual platform at your preference time asynchronically and synchoronously.

Methods: By June 1st 2023, we started an interactive 6 Modules/Topics course on "The Power of Sustained Clinical Remission in Rheumatic Diseases" where each one of the users settle their own weekly measurements objetives in order to adopt healthy selfcare habits by continuous support from health care professionals, caregivers and other expert patients, making easier for them to finish the minimum 21 days objetives challenge, among other activies to study and learn.

Results: We got 120 Users, with a constant participation between 85-95% (among patients, patient leaders, caregivers and healthcare professionals).

Despite being a "pilot test" in Barranquilla, Colombia, 13 countries more participated such as Argentina, Mexico and Chile. In these countries, eight pathologies stood up: Rheumatoid Arthritis, Lupus, Vasculitis and Juvenile Idiopathic Arthritis. We also reached out 4,220 people on Facebook and 431 on Youtube by onlive transmission.

Image 1:



Conclusion: Althought its is a new platform of distance/virtual education in the rheumatic community, it had a great acceptance (100%) especially from Rheumatic patients, the satisfaction survey marked all the items approving platform/application's expansion to more pathologies. In the beginning there were just 45 users, and up to this date there are more than 205 active users in the campus, allowing them to share, review and consult they learning.

Disclosure of Interest: None Declared

Keywords: educational, health related-quality of life, Patient education

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Rheumatology education

PANLAR2024-1527

Comparative Social Media Analysis Of Global Rheumatology Societies

Carlo Vinicio Caballero Uribe[*1], Juan Arzuza[2]
[1]Universidad del Norte, [2]CEO Inteligencia Viral, Barranquilla, Colombia

Has this paper been previously presented at another conference?: No

Background/Objectives: In the era of digital connectivity, the online presence of medical societies plays a pivotal role in community engagement. This study evaluates the social media performance of prominent global rheumatology societies, namely PANLAR, ACR, EULAR, APLAR, and AFLAR. Focusing on key platforms—Facebook, Instagram, LinkedIn, Twitter, and YouTube—the analysis aims to uncover insights into follower counts and engagement strategies.

Methods: Data collected from January 1 to December 13, 2023, provides a comprehensive overview of follower counts across various social media platforms. This study employs a quantitative approach, emphasizing the cumulative impact of each society's digital footprint.

Results: The following table presents individual and cumulative follower counts:

Table 1:

Society	Facebook	Instagram	LinkedIn	Twitter	YouTube	Total Followers
PANLAR	37,000	6,000	1,000	7,000	2,000	53,000
ACR	26,000	2,000	12,000	33,000	3000	76,000
EULAR	15,000	5,000	8,000	20,000	4,000	52,000
APLAR	4,000	500	100	2,000	17	6,617
AFLAR	700	70	N/A	N/A	N/A	770

Conclusion: PANLAR emerges as a society with one of the largest digital communities in social networks , totaling 53,000 followers across key platforms, particularly excelling on Facebook and Instagram. The study provides objective insights for societies to enhance their digital presence and community building in the social media era.

Disclosure of Interest: None Declared

Keywords: Global Rheumatology Societies, Rheumatology Societies, Social Media

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GLOBAL RHEUMATOLOGY
BY PANLAR

PANLAR 2024

Rheumatology education

PANLAR2024-1353

Vaccination Prevalence At Risk Patients With Rheumatic Diseases

Joseline Neisa Quiroz Almaraz [1], Karol Larisa Castellon Mendieta[*1], Ana Maria Sapag Duran[1], Sonia Sandy Sapag Durán[3], Tatiana Rosario Maida Vargas[2], Sandra Patricia Echazú Román[4], David Glover Oliva Chávez[2], Yelixza Yoysi Alvarado Cayami[1], Carla Giovana Quiroz Chipana[5], Vivian Eliana Duran Chavez[6], Cinthia Coral Cristaldo Id[7], Edson Ocampo Clavijo[8]
[1]Hospital Japonés, [2]Instituto Boliviano de Reumatología, [3]Centro de Especialidades en Reumatología, [4]Clínica Foianini, Santa Cruz, [5]Hospital Roberto Galindo, Pando, [6]Hospital San Juan de Dios, [7]MedicalCenter, [8]Caja Nacional de Salud, Santa Cruz, Bolivia, Plurinational State Of

Has this paper been previously presented at another conference?: No

Background/Objectives: BACKGROUND: Vaccines are essential at preventing infections in patients with chronic rheumatic pathologies, particularly in those with autoimmune diseases, immunosuppressed or older adults. OBJECTIVE: To evaluate the prevalence of vaccination in at-risk patients with rheumatic diseases.

Methods: Observational, descriptive, cross-sectional, multicenter study, in four public and private health care centers in Santa Cruz, Bolivia, consecutive non-random sampling. Patients ≥ 18 years with vaccination recommendations were included according to national programs and/or international guidelines EULAR, 2019: Autoimmune disease and/or comorbidity and/or ≥ 65 years of age.

Results: 109 patients indicated for vaccination were included, 94 women (86%), average age 59 years (18-90 years). Only 27% had graduate degree, 15.6% higher technical degrees, 36.7% middle school, and 25% elementary. The majority had a medium-low socioeconomic level (75%) and 25% high level. 63.3% had an autoimmune rheumatic disease, the majority had RA (44.9%), SLE 11%, spondyloarthritis (3.6%), scleroderma 0.9%. 44% had associated comorbidities, most of them Arterial Hypertension (32%), followed by type 2 diabetes mellitus (9.1%). 35.7% were using an immunosuppressive agent and 38.5% corticosteroids. The average dose of corticosteroids was 5.8 mg/day (0-75 mg). Only 17.4% had a complete schedule for COVID-19 (4 doses), 12.8% had pneumococcal vaccine, none were vaccinated for hepatitis B virus, 47.7% had the annual influenza vaccine and 61.4% had the tetanus vaccine.

Conclusion: Vaccination for COVID-19, anti-pneumococcal, and hepatitis B is very low; Likewise, less than half of the patients received an annual influenza vaccine. It is essential to carry out surveillance tasks and encourage patients to comply with national vaccination programs.

Disclosure of Interest: None Declared

Keywords: Infection, Vaccination rheumatic disease

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PANLAR 2024

Sjogren's and other systemic autoimmune diseases

PANLAR2024-1157

Description Of The Clinical, Histopathological And Immunohistochemical Characteristics Of Patients With Sicca Syndrome With Minor Salivary Gland Biopsy And Focus Score ≥1.

Andrés Lamos*[1], Santiago Rivadeneira[1], Juan Pablo Castañeda - González[2], Alejandro Escobar[1], Ana María Arredondo[1], Jairo Cajamarca - Barón[1, 2], Héctor Cubides[1], José Fernando Polo - Nieto [3], Claudia Ibáñez[2], Gabriel Rodríguez - Vargas [4], Rafael Parra - Medina[2], Juan José Capasso [3], Adriana Rojas - Villarraga[2]
[1]Rheumatology, [2]Research Institute, [3]Pathology, Fundación Universitaria de Ciencias de la Salud (FUCS), Hospital de San José, [4]Research department, Biomab IPS, Bogotá, Colombia

Has this paper been previously presented at another conference?: No

Background/Objectives: There is no standardization of minor salivary gland biopsy (MSGB) in patients with Sjögren's syndrome (SS) for accurate interpretation of immunohistochemistry (IHC) related findings. IHC could characterize the phenotype of lymphocytes present in an MSGB and be useful in defining prognosis. The aim was to describe the histopathological and IHC variables in patients with sicca syndrome and MSGB with a focus score (FS) ≥1.

Methods: Retrospective observational study of patients with sicca syndrome. The clinical, histopathological and IHC characteristics of MSGB were described using red (CD8 T cells) and brown (CD4 T cells) chromogen-based staining. CD20:CD3 and CD4:CD8 markers were obtained using Easy Scan Pro 6 -MOTIC® and QuPath® software. Descriptive statistics: qualitative variables (Chi2 or Fischer's exact test) and quantitative variables (according to normality).

Results: 28 patients with sicca syndrome and MSGB with FS ≥1 were analyzed; 16 patients had SS (8 with polyautoimmunity) and 12 without SS. 5 had sicca syndrome without defined disease and 7 had autoimmune rheumatic diseases other than SS. The presence of atrophy was significantly greater in autoimmune diseases other than SS and in SS cases with polyautoimmunity ($p<0.05$). All samples were positive for the 4 IHC biomarkers (Figure 1). When patients with SS and other autoimmune diseases were compared with respect to MSGB and IHC findings, the majority presented a CD20:CD3 ratio ≤ 2:1, as well as a CD4:CD8 ratio ≤ 2:1, with no statistically significant differences between the two groups.

Image 1:

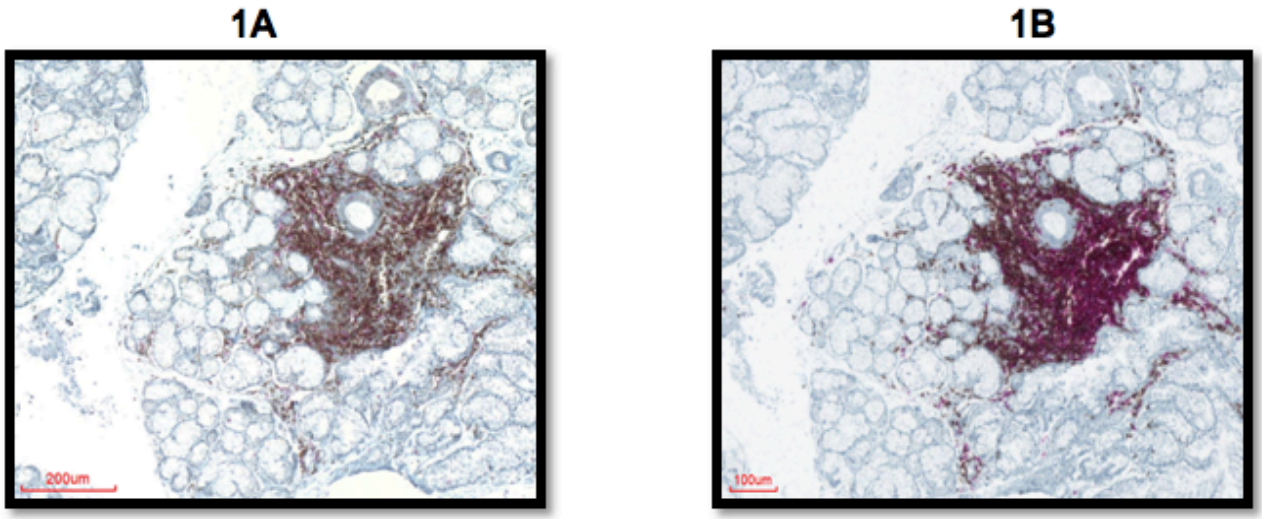

Figure 1. Immunohistochemistry. 1A, TCD4+/TCD8+ lymphocytes determined by CD4:CD8 (CD4, brown; CD8, red). 1B, TCD8+ lymphocytes determined by CD20:CD3 (CD20, red; CD3, brown).

Conclusion: Histopathologic and IHC findings were analyzed in Colombian patients with sicca symptoms, mainly diagnosed with SS. The predominant IHC ratios were CD20:CD3 ≤ 2:1 and CD4:CD8 ≤ 2:1. A higher frequency of glandular atrophy was observed in patients with SS and polyautoimmunity as well as in patients with other autoimmune diseases. These findings represent a novel contribution to the understanding of this disease in the Latin American population and may help to refine subphenotypes based on biopsy results.

Disclosure of Interest: None Declared

Keywords: Biopsy, Immunohistochemistry, Sjögren syndrome

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PANLAR 2024

Sjogren's and other systemic autoimmune diseases

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Association Between Climatological Conditions And Cutaneous Manifestations In Lupus Patients From The Spanish Rheumatology Society Lupus Registry (Relesser) And Argentine Rheumatology Society Lupus Registry (Relessar) Cohort

Raúl Menor-Almagro[*1], Mercedes Argentina García[2], Iñigo Rúa-Figueroa[3], Guillermo Javier Pons-Estel[4], Alejandro Muñoz-Jiménez[5], María Galindo-Izquierdo[6], Jaime Calvo-Alén[7], Antonio Fernández-Nebro[8], Alejandro Olivé-Marqués[9], Manuel Megías Casas[10], Bernardo Pons-Estel[4], José María Pego-Reigosa[11]
[1]Rheumatology, Hospital de Jerez, Jerez, Spain, [2] Hospital Interzonal General de Agudos San Martín, La Plata, Argentina, [3]Hospital Dr. Negrín, Las Palmas de Gran Canaria, Spain, [4]Grupo Oroño-Centro Regional de Enfermedades Autoinmunes y Reumáticas (GO-CREAR), Rosario, Argentina, [5]Hospital Universitario Virgen del Rocío, Sevilla, [6]Hospital 12 de Octubre, Madrid, [7]Hospital de Araba, Araba, [8]Hospital Universitario Carlos Haya, Málaga, [9]Hospital Germans Trias i Pujol, Badalona, [10]Departamento de Meteorología Canal Sur Televisión, Sevilla, [11]Complexo Hospitalario Universitario de Vigo, Vigo, Spain

Has this paper been previously presented at another conference?: No

Background/Objectives: Climatological conditions and ethnicity impact on the course of the disease in systemic lupus erythematosus patients. We carry out a study to analyze cutaneous manifestations in SLE patients from Argentina and Spain.

Methods: Patients data from Spanish Rheumatology Society Lupus Registry (RELESSER) and Argentina Rheumatology Society Lupus Registry (RELESSAR) were retrospectively analyzed for presence of cutaneous lesions (alopecia, photosensitivity, malar rash, discoid lesions and subacute lesions). RELESSER-T and RELESSAR-T are multicenter hospital registries, with retrospective cross-sectional collection of data about patients with SLE attending Spanish and Argentinian rheumatology services. Data about climatological conditions were provide by the NASA power data access viewer.

Results: A total of 5604 patients were included, median age 44.6±15.3, 90.4 % female. Current smokers were 28,9%. The study from RELESSAR patients there were no differences for ethnic groups. Other climatological, biological and clinical data are shown in table 1. In the multivariable model, the presence of cutaneous lesion were significantly associated with Ultraviolet Index OR 1.310 (95% CI:1.221-1.406 p=0,002), anti DNA OR 1.375 (95% CI:1.168-1.619 p=0.039) and antiphospholipid antibodies OR 1.316 (95% CI:1.135-1.526 p=0.000). Negative associations were observed between females OR 0.358 (95% CI:0.293-0.437 p=0.000), latitude OR 0.993 (95% CI:0.989-0.997 p=0.000), and antimalarial drugs OR 0.439 (95% CI:0.342-0.563 p=0.000).

Table 1: Table 1. Climatological and clinical/laboratory variables

	No cutaneous manifestation N 997	Cutaneous manifestation N 4607	p value
Ultraviolet Index, mean daily±SD	4,9±1,01	5,3±1,1	0,000
Ultraviolet B radiation W/m2, mean daily±SD	0,23±0,04	0,26±0,28	0,000
Latitude, mean±SD	28,4±0,85	16,4+0,50	0,000
Humidity, mean monthly±SD	68,8±7,74	68,6±8,15	0,402
Arthritis, n (%)	735(79)	3533(82)	0,670
Renal disorder, n(%)	278(28)	1515(33)	0,002
Oral ulcers, n(%)	151(15)	2234(48)	0,000
Haematological, n(%)	768(77)	3415(74)	0,056
Hypocomplementemia, n(%)	709(71)	3559(77)	0,000
Anti DNA, n(%)	715(72)	3098(67)	0,005
Antiphospholipid antibodies, n(%)	397(40)	1512(33)	0,000
Anti-Ro/Anti-La, n(%)	293(29)	1767(17)	0,000
Glucocorticoids treatment (ever), n(%)	816(82)	3940(86)	0,013
Antimalarial drugs (ever), n(%)	697(70)	3857(84)	0,000

Conclusion: In the current analysis, taking RELESSAR and RELESSER data together, we observe positive association between higher ultraviolet radiations and skin lesion and negative association with living in southern hemisphere latitudes.

Reference 1: Influence of Solar Radiation in Cutaneous Manifestations of Lupus: Data from the Gladel Cohort [abstract]. Arthritis Rheumatol. 2016; 68
(suppl 10).

Disclosure of Interest: None Declared

Keywords: lupus erythematosus, systemic

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PANLAR 2024

Sjogren's and other systemic autoimmune diseases

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Neurological Manifestations In Patients With Sjögren's Disease At A University Hospital In Amazonas

Samuel Elias Basualto Dias*[1], Natalia Seixas de Melo[1], Beatriz Espindola Paiva[1], Clarissa Ruas Yasuda[1], Eduardo Yasuda[1], Marcos Mavignier Sousa Dias[1], Naomy Tavares Cisneros[1], Anna Paula Sampaio Maciel[1], Barbara Seabra Carneiro[1], Sandra Lucia Euzebio Ribeiro[1]
[1]Universidade Federal do Amazonas, Manaus, Brazil

Has this paper been previously presented at another conference?: No

Background/Objectives: Sjögren's disease is a chronic autoimmune inflammatory disease known for its manifestations of dry mouth and eyes, caused by the involvement of salivary and lacrimal glands. However, extraglandular manifestations, especially neurological, may be present in patients and present even before dry symptoms, being often neglected at the time of diagnosis. The objective of this research is to evaluate the frequency of neurological manifestations of the Central Nervous System (CNS) and Peripheral Nervous System (PNS) in patients diagnosed with Sjögren's Disease at a university hospital in Amazonas.

Methods: Cross-sectional, descriptive study, evaluating patients in follow-up at a university hospital. Patients diagnosed with Sjögren's Disease were included, using the criteria of the American College of Rheumatology/European League Against Rheumatism Classification Criteria 2016. The epidemiological data and neurological manifestations present were analyzed. This research is approved by the Research Ethics Committee.

Results: Of the 39 patients included, 97.4% were female. The mean age is 50,29±12,08 years. Out of the total, 7 patients (17.9%) present PNS involvement: Peripheral sensory-motor polyneuropathy (57.1%), Sensory peripheral polyneuropathy (28.6%) and 14.3% present another non-ESSDAI manifestation (neuropathy of fine fibers, dysautonomia, among others). Regarding CNS involvement, 10.3% of the patients included had some type: Central cranial nerve involved (1, 25.0%), Vasculitis with transient ischemic attack (TIA) or stroke (1, 25.0%), Transverse myelitis (1, 25.0%), Seizures (2, 50.0%), other non-ESSDAI manifestation (1, 25.0%).

Conclusion: It can be analyzed that the most common neurological manifestations affect the PNS. The data collected corroborates some studies already carried out regarding the rates of neurological manifestations. However, the need for a better assessment of patients with Sjögren's disease regarding neurological disorders is reinforced, whose rates still remain with significant disparities, whether due to the presence of clinically unanalyzed manifestations or being asymptomatic.

Disclosure of Interest: None Declared

Keywords: Epidemiology, Neurologic manifestations, Sjögren's Disease

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Sjogren's and other systemic autoimmune diseases

PANLAR2024-1393

Prevalence Of Depressive Symptoms In Hispanic Patients With Systemic Sclerosis In The Rheumatology Department Of Hospital Docente Padre Billini, Dominican Republic

Teresandris Polanco Mora*[1], Andreina Martinez[1], Diana Carolina Garcia[1], Rodamin Ambiorix Alvarez Santana[1], Lucia Perez Rodriguez[1], Ingrit Mercedes[1], Lory Concepcion[1], Edral Rodriguez[1], Ismely Paulino Izquierdo[1], Tirso Valdez Lorie[1], Rafael Alba Feriz[1], Roberto Muñoz Louis[1]
[1]Reumatologia, Hospital Docente Padre Billini, Santo Domingo, Dominican Republic

Has this paper been previously presented at another conference?: No

Background/Objectives: Systemic sclerosis (SSc) is a rare autoimmune connective tissue disease with multi-organ involvement, fibrosis and vasculopathy associated with psychosocial comorbidity.[1,2] Depression is a common comorbidity in patients with SSc, but the prevalence varies greatly depending on the tool used to identify depressive symptoms.[1] Patients are at risk of depression because of the disabling, disfiguring and painful course of the disease.[3] The prevalence of depressive symptoms among hispanic SSc patients is limited. In this study, we aim to determine the prevalence of depressive symptoms among hispanic SSc patients using Patient Health Questionnaire (PHQ-9) scores.

Methods: A cross-sectional, descriptive, observational study was conducted. All participants were >18 years of age, and fulfilled the 2013 American College of Rheumatology / European League Against Rheumatism Classification for SSc, without a mood disorder diagnosis at the moment of the interview. Patients were screened for depressive symptoms with PHQ-9 by personal and telephone interviews from April 20 to June 5, 2023. Data was analyzed with Pandas v1.5.0 in Python v3.11.0.

Results: The prevalence of depressive symptoms among 41 hispanic patients diagnosed with SSc (65.85% limited, 34.15% diffuse and 2.44% sine scleroderma) in the Rheumatology Department of Hospital Docente Padre Billini was 60.98%. Of the participants, 29.27% had mild depressive symptoms, 17.07% had moderate depressive symptoms, 12.20% had moderately severe depressive symptoms, and 2.44% had severe depressive symptoms. The majority of participants were female (92.68%), with a mean age of 55.27 years. The mean BMI was 24.15, the mean disease duration was 10.73 years and the mean Rodnan score was 11.39. The most common SSc type was limited SSc (65.85%), and the most common antibodies were anti-centromere (24.39%) and anti-topoisomerase 1 (Scl-70) (12.20%). Approximately half of the participants (56.10%) had interstitial lung disease, and most participants (82.93%) were adherent to their treatment. The majority of participants were also single (36.59%), unemployed (51.22%), had a college education (36.59%), and had a low income (70.73%).[4]

Image 1:

Table 1. Clinical characteristics of participants, by PHQ-9 score

Characteristic	All participants	Depressive Symptoms				
		None-Minimal (n=16)	Mild (n=12)	Moderate (n=7)	Moderately Severe (n=5)	Severe (n=1)
Gender						
Female	38 (92.68%)	14 (34.15%)	11 (26.83%)	7 (17.07%)	5 (12.20%)	1 (2.44%)
Male	3 (7.32%)	2 (4.88%)	1 (2.44%)	0 (0)	0 (0)	0 (0)
Age	55.27 (±15.78)	52.56 (±14.43)	57.41 (±16.74)	59.57 (±10.37)	52.20 (±26.26)	58
BMI	24.15 (±4.0)	24.52 (±3.30)	25.84 (±4.57)	21.80 (±3.01)	21.28 (±3.60)	29
Disease Duration	10.73 (±6.60)	11.00 (±8.07)	9.33 (±2.77)	14.43 (±9.05)	9.20 (±2.39)	5
Rodnan Score	11.39 (±12.60)	8.94 (±10.15)	11.67 (±10.90)	11.29 (±12.66)	10.80 (±14.75)	51
SSc Type						
Limited	26 (65.85%)	9 (21.95%)	8 (19.51%)	6 (14.63%)	3 (7.32%)	0 (0)
Diffuse	14 (34.15%)	6 (14.63%)	4 (9.76%)	1 (2.44%)	2 (4.88%)	1 (2.44%)
Sine Scleroderma	1 (2.44%)	1 (2.44 %)	0 (0)	0 (0)	0 (0)	0 (0)
Antibodies						
None	20 (48.78%)	7 (17.07%)	6 (14.63%)	5 (12.20%)	2 (4.88%)	0 (0)
Anti-centromere	10 (24.39%)	5 (12.20%)	3 (7.32%)	1 (2.44%)	1 (2.44%)	0 (0)
Anti-topoisomerase 1 (Scl-70)	5 (12.20%)	2 (4.88%)	1 (2.44%)	0 (0)	1 (2.44%)	1 (2.44%)
ANA	4 (9.76%)	2 (4.88%)	2 (4.88%)	0 (0)	0 (0)	0 (0)
Anti-RNA Polymerase III	1 (2.44%)	0 (0)	0 (0)	0 (0)	1 (2.44%)	0 (0)
Anti-topoisomerase 1 (Scl-70) and Anti-RNA Polymerase III	1 (2.44%)	0 (0)	0 (0)	1 (2.44%)	0 (0)	0 (0)
Interstitial Lung Disease						
Yes	23 (56.10%)	10 (24.39%)	6 (14.63%)	4 (9.76%)	2 (4.88%)	1 (2.44%)
No	18 (43.90%)	6 (14.633%)	6 (14.63%)	3 (7.32%)	3 (7.32%)	0 (0)
Capillaroscopic Pattern						
Late	14 (34.15%)	5 (12.20%)	3 (7.32%)	4 (9.76%)	1 (2.44%)	1 (2.44%)
Active	10 (24.39%)	3 (7.32%)	5 (12.20%)	1 (2.44%)	1 (2.44%)	0 (0)
Normal	9 (21.95%)	3 (7.32%)	4 (9.76%)	1 (2.44%)	1 (2.44%)	0 (0)
Early	8 (19.51%)	5 (12.20)	0 (0)	1 (2.44%)	2 (4.88%)	0 (0)
Treatment Adherence						
Yes	34 (82.93%)	15 (36.59%)	10 (24.39%)	5 (12.20%)	3 (7.32%)	1 (2.44%)
No	7 (17.07%)	1 (2.44%)	2 (4.88%)	2 (4.88%)	2 (4.88%)	0 (0)

Image 2:

Table 2. Demographic characteristics of participants, by PHQ-9 score

Characteristic	All participants	Severity of depressive symptoms				
		None-Minimal (n=16)	Mild (n=12)	Moderate (n=7)	Moderately Severe (n=5)	Severe (n=1)
Civil Status						
Single	15 (36.59%)	6 (14.63%)	3 (7.32%)	3 (7.32%)	2 (4.88%)	1 (2.44%)
Domestic Partnership	12 (29.27%)	5 (12.20%)	6 (14.63%)	1 (2.44%)	0 (0)	0 (0)
Married	7 (17.07%)	3 (7.32%)	2 (4.88%)	1 (2.44%)	1 (2.44%)	0 (0)
Widowed	5 (12.20%)	1 (2.44%)	1 (2.44%)	1 (2.44%)	2 (4.88%)	0 (0)
Divorced	2 (4.88%)	1 (2.44%)	0 (0)	1 (2.44%)	0 (0)	0 (0)
Academic Level						
College	15 (36.59%)	6 (14.63%)	7 (17.07%)	1 (2.44%)	1 (2.44%)	0 (0)
High School	14 (34.15%)	6 (14.63%)	3 (7.32%)	4 (9.76%)	1 (2.44%)	0 (0)
Basic	11 (26.83%)	4 (9.76%)	2 (4.88%)	2 (4.88%)	2 (4.88%)	1 (2.44%)
None/Illiterate	1 (2.44%)	0 (0)	0 (0)	0 (0)	1 (2.44%)	0 (0)
Employment Status						
Unemployed	21 (51.22%)	5 (12.20%)	5 (12.20%)	7 (17.07%)	4 (9.76%)	0 (0)
Employed	17 (41.46%)	10 (24.39%)	5 (12.20%)	0 (0)	1 (2.44%)	1 (2.44%)
Retired	2 (4.88%)	1 (2.44%)	1 (2.44%)	0 (0)	0 (0)	0 (0)
Disabled	1 (2.44%)	0 (0)	1 (2.44%)	0 (0)	0 (0)	0 (0)
Monthly Income*						
DOP 0 - 40,001 (USD 720 - 900)	29 (70.73%)	10 (24.39%)	7 (17.07%)	6 (14.63%)	5 (12.20%)	1 (2.44%)
≥DOP 40,001 (USD 720)	12 (29.27%)	6 (14.63%)	5 (12.20%)	1 (2.44%)	0 (0)	0 (0)

*The national poverty line in the Dominican Republic is DOP 43,645.21 (USD ~790).[4]

Conclusion: The prevalence of depressive symptoms among SSc hispanic patients is high. PHQ-9 is a useful tool for the screening of depressive symptoms and may be used routinely in patients with SSc in the clinical setting.

Reference 1: Cui Y, Ming J, Guo L, et al. *Prevalence of Depression in Systemic Sclerosis: A Systematic Review and Meta-Analysis*. In Review; 2022. doi:10.21203/rs.3.rs-1775017/v1

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Keywords: Depresión, esclerodermia, Esclerosis sistemica

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Sjogren's and other systemic autoimmune diseases

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Systemic Sclerosis And Cardiac Compromise: A Real Challenge

Andrea Cabra[*1], Jorge Lechuga[1], Javier Cajas[1], Diana Ochoa[1]
[1]Cundinamarca, Universidad Nacional de Colombia, Bogota, Colombia

Has this paper been previously presented at another conference?: No

Background/Objectives: Systemic Sclerosis (SSc) and its cardiac involvement in SSc covers a wide spectrum disorders.

Methods: A 64-year-old male patient with diffuse SSc, arterial hypertension, diabetes was hospitalized for dyspnea during 2 months. On physical exam, he had Raynaud's phenomenon, and systolic murmur in mitral and pulmonary foci. Autoimmunity showed positive anti-Scl70: 120.5 IU/L, anti-Ro: 1234 IU/L, anti-La: 91IU/L. A troponin set was positive (initial = 0.033 IU/L-control = 0.034 IU/L, delta = 3%). Echocardiogram showed: hypertrophic cardiomyopathy (CMH), adequate biventricular function, preserved LV ejection fraction (LVEF) and mild tricuspid regurgitation with pulmonary artery systolic pressure 48 mmHg. A coronary-arteriography showed no significant lesions, and high-resolution CT showed usual interstitial pneumonia. Cardio-resonance imaging showed (image A) asymmetric thickening of the left ventricle with predominance of the basal-anteroseptal segment, mesocardial enhancement of an ischemic pattern in the same segment and in the basal lateral segment (b) and mid-inferior crypts at the end of diastole (c) and anterior systolic motion of the mitral valve, mild mitral regurgitation and signs of left ventricular outflow tract obstruction (d), dilation of the main trunk of the pulmonary artery with a diameter of 34 mm and signs of right ventricular hypertrophy, related changes with microvascular compromise, HTP, and HCM in probable relation to systemic sclerosis. As a therapeutic strategy, he received nifedipine and due to pulmonary and cardiac involvement, the initiation of cyclophosphamide was considered.

Results: Although some forms of cardiac involvement have been described in SSc, such as myocardial fibrosis, or microvascular damage, an association between SSc and HCM has been recognized. Other cardiac hypertrophic findings are left ventricular hypertrophy and septal hypertrophy. Cardiac MR has allowed data not only on inflammation, perfusion and fibrosis, but also on cardiomyopathy. The SSc-HCM relationship may be based on genes such as HLA-DR3, which has been found in both pathologies. Some endophenotypes have been described in HCM such as cellular transformation, or hyperplasia, and within these, autoimmunity has been described (anti-HLA17).

Image 1:

Image a. Cardiac MRI images. Short axis Steady-state free precession (SSFP) **b.** three chamber view SSFP show asymmetrical thickening of the basal-anterior and basal-anteroseptal myocardium (arrow) **c.**Two chamber view SSFP demonstrating mid-inferior crypts in end-diastole. (dotted arrow) **d.**Three chamber view SSFP show left ventricular outflow tract (LVOT) obstruction with systolic anterior movement of the mitral valve (SAM) (red arrow).

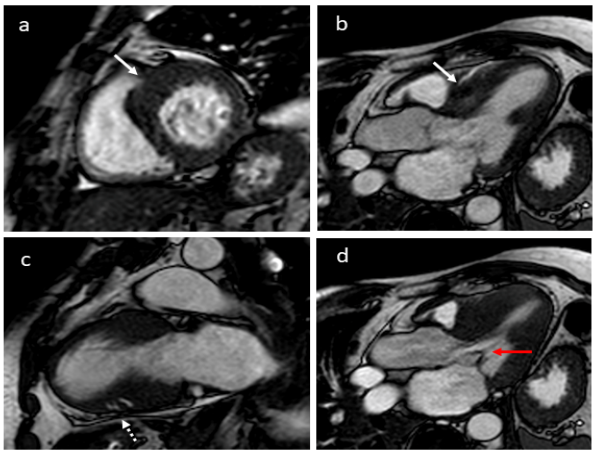
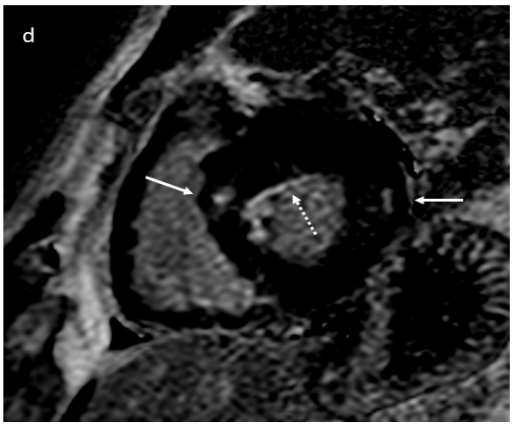


Image 2:

Image d. Mid myocardial dense late gadolinium enhancement (LGE) in basal-anteroseptal and basal-lateral segments. There is also lineal subendocardial LGE in basal anterior and anteroseptal segments with no coronary artery distribution, in this case representing microvascular disease, this LGE pattern has been described in systemic sclerosis.



Conclusion: Cardiac involvement treatment in SSc is complex. Generally, is reported aspirin, prednisone, calcium channel blockers, 5-phosphodiesterase inhibitors, cyclophosphamide, mycophenolate. mofetil and some experiences with nintedanib (1,2)

Reference 1: Wangkaew S, Prasertwitayakij N, et al. Predictors and survival of cardiomyopathy determined by echocardiography in Thai patients with early systemic sclerosis. Sci Rep 2023; 13: 6893

Reference 2: Ninagawa K, Kato M, et al. Beneficial effects of nintendanib on cardiomayopathy in patients with systemic sclerosis: a pilor study. Rheumatol 2023; 62 (7): 2550-2555

Disclosure of Interest: None Declared

Keywords: cardiac manifestations, cardiomyopathy, systemic sclerosis

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PANLAR 2024

Sjogren's and other systemic autoimmune diseases

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Clinical And Serological Characteristics Of Systemic Sclerosis, Descriptive Study In A Rheumatology Center In Bogota, Colombia.

Juan Camilo Hurtado [*1,2], Marta Juliana Mantilla [1], Ruben Dario Mantilla [1]
[1]Rheumatology, Center of Dermatology and Rheumatology (FUNINDERMA), Bogotá, Colombia, [2]Rheumatology, Internal Medicine Interest Group (IMIG), Rheumatology Subgroup, National University of Colombia, Bogota, Colombia

Has this paper been previously presented at another conference?: No

Background/Objectives: The aim of this study was to determine the demographic, clinical, and immunologic characteristics of patients with systemic sclerosis (SSc) in a rheumatologic center in Bogotá, Colombia.

Methods: A retrospective descriptive study of medical records review in patients with SSc who met the 2013 EULAR/ACR classification criteria in a rheumatology outpatient center in Colombia, between 2014 and 2020. Demographic, clinical, and serological data were obtained. Data were processed with the IBM SPSS 28 statistical package.

Results: • A total of 106 patients were included. 99 (93.4%) were female, with a female to male ratio of 14:1; the mean age at the diagnosis was 53.5 ± 12.8 years.

• The mean age at the symptom's onset was 49,2 ± 11.7 years. 82 (77.4%) had limited SSc (lcSSc) and 24 (22.6%) had diffuse SSc (dcSSc).

• Raynaud's phenomenon was the most frequent initial manifestation (50%), followed by articular compromise (17.3%), respiratory symptoms (4.1%), hand edema (4.1%), skin thickening (4.1%), and calcinosis (1.9%) (Figure 1)

• Respiratory symptoms were the initial symptom in 18.2% of patients with dcSSc and none with lcSSc.

• Anti-centromere antibodies were the most frequently reported (62.3%), followed by anti-topoisomerase (10.4%).

• Of the 11 patients with anti-topoisomerase antibodies, 8 (72.7%) had dcSSc and 3 (27.3%) had limited variety. Of the 66 patients with anti-centromere antibodies, 58 (87%) had lcSSc and 8 (12.1%) had diffuse variety.

• For pulmonary manifestations, 17 of 106 patients had interstitial lung disease (ILD), of which 15 (88.2%) had dcSSc and the remaining were lcSSc (Figure 2). In all patients with ILD a pattern of nonspecific interstitial pneumonia (NSIP) was reported. Usual interstitial pneumonia (UIP) was not documented.

Conclusion: In this descriptive study, sociodemographic and clinicopathologic characteristics were found like those published in the literature. The most frequent initial manifestation was Raynaud's phenomenon. Anti-centromere antibodies were more frequently observed in lcSSc and anti-topoisomerase antibody was the most frequent in dcSSc. ILD was more frequent in patients with dcSSc and all cases had a pattern of nonspecific interstitial pneumonia (NSIP).

Reference 1: Allanore Y, Simms R, Distler O, et al. Systemic sclerosis. Nat Rev Dis Primers. 2015;1:15002.

Reference 2: Calderon LM, Pope JE. Scleroderma epidemiology update. Curr Opin Rheumatol. 2021;33(2):122-127.

Disclosure of Interest: None Declared

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Keywords: intersticial lung disease, systemic sclerosis

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PANLAR 2024

Sjogren's and other systemic autoimmune diseases

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Organizing Pneumonia As The Initial Presentation Of Sjogren's Syndrome

Diana Carolina Moreno Jimenez[*1], Manuela Rubio Rivera[1,2]
[1]Valle del Cauca, Artmedica, [2]Valle del Cauca, Hospital Universitario del Valle, Cali, Colombia

Has this paper been previously presented at another conference?: No

Background/Objectives: Sjögren's syndrome is an autoimmune disease characterized by injury to glandular epithelium generating dry symptoms such as xerostomia and xerophthalmia. About 40% of patients may present extraglandular involvement, mainly at the hematological, pulmonary, and joint systems; however, in the initial presentation of Sjögren's syndrome, the extraglandular compromise is rare. The objective is to report a case of Sjögren's syndrome who debuted with interstitial pulmonary disease (organizing pneumonia), and then multiple systemic affectations.

Methods: Medical history review

Results: A 57-year-old male patient with progressive dyspnea until MRC 3 due to organizing pneumonia. Etiological studies reveal low levels of complement, without others immunoserological markers. Sjögren's syndrome was suspected by the findings in chest CT and a minor salivary gland biopsy was performed. Result was positive for Sjögren's syndrome, with a Chisholm Mason classification 4/4 and Focus Score 2.85. Dry symptoms, bilateral parotidomegaly, inflammatory arthralgias and constitutional symptoms (fever, weight loss of 10 kg and nocturnal diaphoresis), appears a few weeks later. Monoclonal gamma peak and positive immunofixation was detected but hematolymphoid neoplasia studies were negative. Monoclonal gammopathy of undetermined significance (MGUS) was diagnosed. He was initially treated with high-dose oral steroids with gradual decrease of dose, azathioprine, and hydroxychloroquine and subsequently with rituximab. The patient had a very good clinical response to all the symptoms and had improvement of respiratory function and tomographic findings.

Image 1:

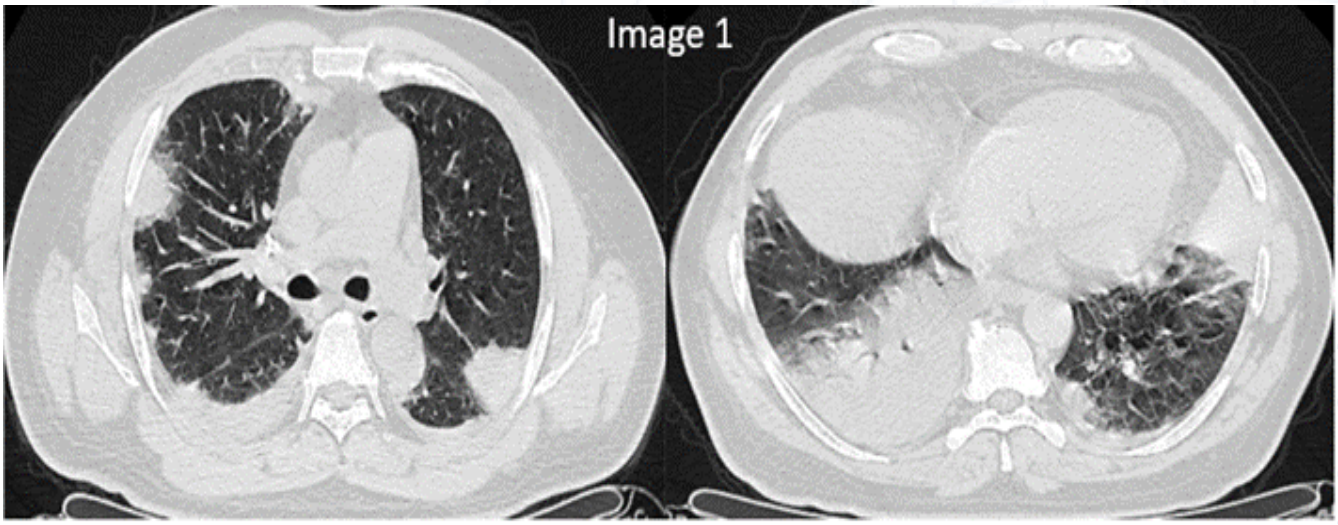

Image 1. Chest CT in lung window. Axial cuts at different levels. November 2021. Multilobar consolidation in upper and lower right lobe, left lower lobe and lingula. Bilateral pleural effusion with right predominance

Image 2:

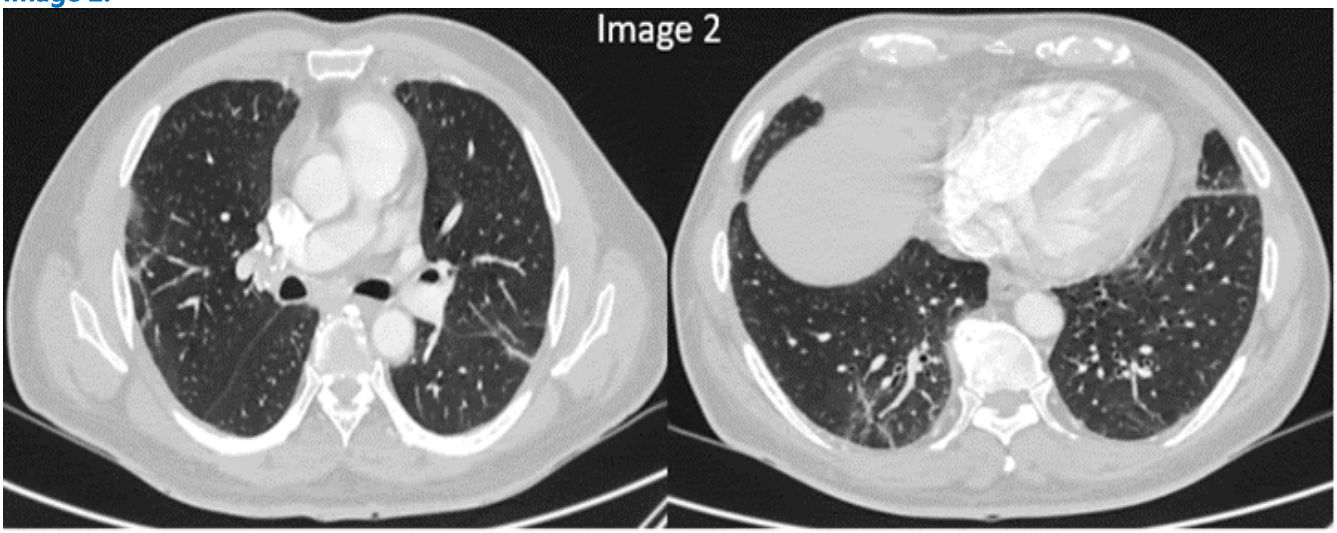

Image 2. Chest CT in lung window. Axial cuts at different levels. August 2022. Almost complete resolution of the findings is observed, with some residual cylindrical bronchiectasis in the medial segment of the right lower lobe.

Conclusion: Prevalence of pulmonary interstitial involvement in Sjögren's syndrome is approximately 10%, and it may be the initial manifestation of the disease, even in the absence of dry symptoms, although it is not the usual presentation. In the pulmonary interstitial disease study, tomographic pattern of organizing pneumonia should include the Sjögren's syndrome as an etiologic differential diagnosis. Complement reduction is a strong predictor for extra glandular

involvement in Sjögren's syndrome. Reduction of autoimmune disease activity with immunosuppressive therapy is the first line treatment for pulmonary interstitial compromise.

Reference 1: Joy GM, Arbiv OA, Wong CK, Lok SD, Adderley NA, Dobosz KM, Johannson KA, Ryerson CJ. Prevalence, imaging patterns and risk factors of interstitial lung disease in connective tissue disease: a systematic review and meta-analysis. Eur Respir Rev. 2023 Mar 8;32(167):220210

Reference 2: Santiago Auteri, María L. Alberti, Martin E. Fernández, Guadalupe Blanco, Mercedes Rayá, Gabriela Guman, María C. Garbarino, Orlando Gabriel Carballo, Fabián Caro. Occult primary Sjögren Syndrome in patients with interstitial pneumonia with autoimmune features. Autoimmun. Rev. 19 (2) (2020 Feb) 102447

Disclosure of Interest: None Declared

Keywords: Interstitial lung disease, Organizing pneumonia, Sjögren

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Sjogren's and other systemic autoimmune diseases

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Connective Tissue Diseases And Pulmonary Hypertension. "When Multidisciplinary Work Impacts Prognosis"

Maria Josefina Molina[*1], Virginia Carrizo Abarza[1], Fernando Manuel Villalobos[1], Tomas Leonardo Vanegas Rodriguez [2], Pablo Alcantara Costas Margnano[2, 3], Paul Vargas[2, 3], Nicolas Maximiliano Silva Croome[3], Guillermina Sorasio[2], Nicolas Caruso[2], Adrian José Lescano[2, 3], Alejandro Nitsche[4]
[1]Servicio de Reumatología, [2]Servicio de Cardiología , Centro Gallego de Buenos Aires, [3]Servicio de Cardiología , Sanatorio La Trinidad Quilmes, [4]Servicio de Reumatología, Hospital Alemán, Buenos Aires, Argentina

Has this paper been previously presented at another conference?: Yes

Background/Objectives: Patients with pulmonary arterial hypertension (PAH) associated connective tissue diseases (CTD) represent a subgroup with poor prognosis.

Objective: To determine and compare demographic, clinical, hemodynamic, risk stratification of mortality, and treatments in our population of patients diagnosed with PAH-CTD versus PAH-Non-CTD.

Methods: Observational, consecutive, cross-sectional and multicenter study. 201 patients with a confirmed diagnosis of PAH by right heart catheterization (RHC) were included. Patients with PAH-CTD were classified as group A and without CTD as group B. We evaluated:demographic and clinical features, heart failure, functional class (FC WHO), 6-minute walk test (6MWT), echocardiographic variables, hemodynamics parameters, risk stratification of mortality and treatment 6 months ahead from RHC. Statistical analysis: frequencies, means or medians. The t-test, Chi2, Fisher and Wilcoxon for continuous or categorical variables and the normality of the sample. A p-value <0.05 was assigned statistical significance.
Results: Of the 201 patients with PAH, 54 (27%) had PAH-CTD and 147 (73%) had PAH-Non-CTD. In the overall population, mean age was 61 ± 17 years, 67% women, history of heart failure in 60%. Hemodynamic profile: RAP 9.6 ± 4.8 mmHg, mPAP 42.5 ± 15 mmHg, PVR 7.4 ± 5UW and CI 2.7 ± 0.7 l/min/mt2.

6MWT 356 ± 12.2 mts. Of the 54 patients with PAH-CTD, 72% were diagnosed with SSc, 11% with systemic lupus erythematosus, 9.2% with rheumatoid arthritis, 3.9% with mixed connective tissue disease, and 3.9% with Sjögren's syndrome. Table 1 shows the differences between the variables evaluated in both groups of patients. There was no statistically significant difference in heart failure, FC WHO III/IV, 6MWT and the different treatments.

Table 1:

Variables	PAH-CTD (Group A) n=54	PAH-Non CTD (Group B) n=147	*p* value
Mean age (SD), years	53 (13)	58.9 (14)	0.03

Male, %	9	23	0.01
mean RAP (SD), mmHg	8.3 (0.6)	10 (0.4)	0.046
mean PVR (SD), Wu	7.2 (0.6)	8.5 (0.5)	0.188
mean mPAH (SD), mmHg	39.9 (1.9)	45.8 (1.4)	0.02
Low stratified risk, %	36	19	0.03
PDEi-5, %	28.0	29.4	0.9
ERA, %	63.4	65.9	0.7
PC, %	28.8	29.4	0.9

Conclusion: Our patients with PAH-CTD were more frequent female, younger, with better hemodynamic profile, better right ventricular function, and lower risk stratification at baseline. In PAH-CTD, the better hemodynamic profile observed in our cohort could be due to an effective multidisciplinary management with a systematic screening of diagnosis and definition of treatment.

Disclosure of Interest: None Declared

Keywords: pulmonary arterial hypertension, systemic sclerosis

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Sjogren's and other systemic autoimmune diseases

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Prevalence Of Comorbidities In Sjögren'S Disease

Beatriz Espindola Paiva[1], Eduardo Yasuda[1], Clarissa Ruas Yasuda[1], Natalia Seixas de Melo[1], Samuel Elias Basualto Dias[1], Anna Paula Sampaio Maciel[1], Naomy Tavares Cisneros[1], Marcos Mavignier Sousa Dias[1], Barbara Seabra Carneiro[1], Sandra Lúcia Euzébio Ribeiro[* 1]
[1]Federal University of Amazonas, Manaus (AM), Brazil

Has this paper been previously presented at another conference?: No

Background/Objectives: Patients with Sjögren's Disease (SD) are at increased risk of developing comorbidities. The objective is to evaluate the prevalence of comorbidities in patients with primary Sjogren's Disease in Manaus-AM.

Methods: Longitudinal epidemiological study (cohort). Inclusion criteria: Diagnosis of SD according to 2002 American-European Consensus Group and 2016 ACR-EULAR Classification Criteria for primary Sjogrën's Syndrome.

Results: Of the 39 patients recruited, 38 were analyzed (age, 50±12 years); female, 97.4%; ESSDAI (EULAR Sjögren's syndrome (SS) disease activity index), 9.03 (mean±SD); SSDDI (Sjogren's Syndrome Disease Damage Index), 1.89 (mean±SD); ESSPRI (EULAR Sjogren's Syndrome Patient Reported Index), 4.43 (mean±SD). The most frequently associated comorbidities are: fibromyalgia and regional pain syndromes, 28.9%; systemic arterial hypertension and anxiety, 23.7%; depression, 21.1%; hypothyroidism, 18.4%; dyslipidemia and obesity, 15.8%; diabetes, 10.5%.

Conclusion: Among patients with SD, we found a high prevalence of comorbidities and their risk factors. Underlining the clinical complexity of this pathology, which may influence the manifestation or management of SD. Finally, the need for a multidisciplinary approach is highlighted, recognizing the importance of early identification and effective management of comorbidities to optimize the quality of life and prognosis of these patients, through a holistic view in clinical practice, aiming for personalized and embracing care.

Disclosure of Interest: None Declared

Keywords: Comorbidities, Epidemiology, Primary Sjogrën's Disease

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Sjogren's and other systemic autoimmune diseases

PANLAR2024-1402

Systemic Sclerosis Preceded By Interstitial Lung Disease After A Second Sars-Cov2 Infection. Case Report.

Juan Pretelt[*1], Jose Salas[1], Ricardo Rodríguez[1]
[1]Reumatología, Organización Clínica General del Norte, Barranquilla, Colombia

Has this paper been previously presented at another conference?: No

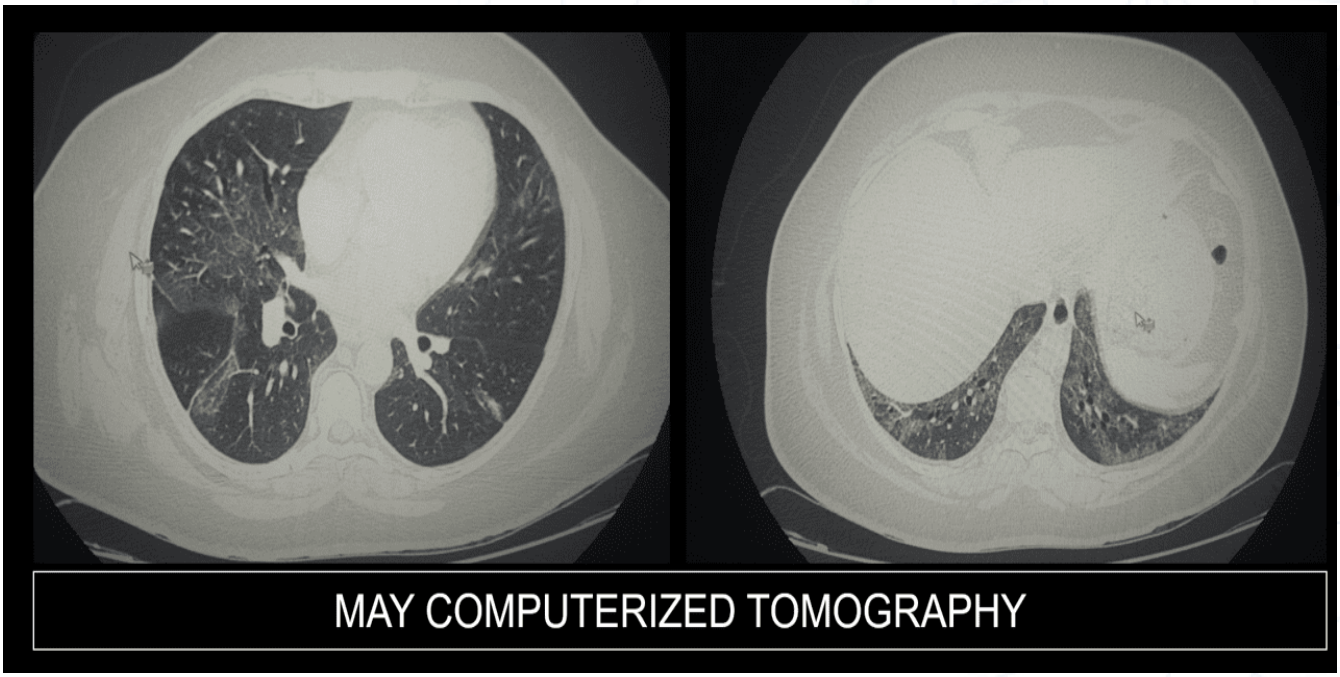
Background/Objectives: To report a case of systemic sclerosis whose initial manifestation is interstitial lung disease following a second infection by SARS-CoV2.

Methods: Case report.

Results: 43-year-old woman, with obesity classified as grade 3 and a diagnosis of type 2 diabetes mellitus, presents in November 2022 a SARS-Cov2 infection confirmed by polymerase chain reaction and again in February 2023 has a new confirmed infectious event. During consultation, respiratory symptoms persisted, accompanied by velcro rales in both lung bases, so a CT scan of the chest on 05/03/2023 was indicated, reporting pulmonary fibrosis, traction bronchiectasis in lower lobes, ground glass opacification, interstitial infiltrates in upper and middle lobes, giving a diagnosis of non-specific interstitial pneumonia. The patient was evaluated by rheumatology 1 month later finding data of sclerodactyly of recent onset in both proximal interphalangeal joints; paraclinical tests showed positive ANA 1/640 (DNA topoisomerase I pattern), anti-ScL 70 109 U/mL, negative anti-centromere, anti-LA, anti-RO, anti-RNP and anti-SM antibodies, CRP 39 mg/dL, complement C3 1. 9 g/L and C4 0.37 g/L.

Based on clinical, laboratory and imaging findings, a diagnosis of systemic sclerosis with pulmonary involvement as initial manifestation is considered and immunomodulatory management with mycophenolate is indicated, also in conjunction with pneumology a diagnostic of severe pulmonary hypertension is made, and medical management started. Currently, in November 2023, the patient presented partial improvement of symptoms progressively and underwent chest imaging which showed radiological persistence of pulmonary involvement.

Image 1:



Conclusion: We present a case where lung damage is the initial expression of systemic sclerosis. After clinical resolution of a second SARS-CoV2 infection the patient developed lung lesions compatible with non-specific interstitial pneumonia following the development of established pulmonary damage, clinical evidence of scleroderma was supported by subsequent paraclinical findings, opening debate whether the viral infection was a possible trigger of the disease or a coincidental finding. This case illustrates an uncommon presentation of this autoimmune disease involving first the lungs.

Disclosure of Interest: None Declared

Keywords: interstitial lung disease, Sars-cov2 Infection, systemic sclerosis

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PANLAR 2024

Sjogren's and other systemic autoimmune diseases

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Pulmonary Hypertension In Patients With Early Systemic Sclerosis Or Without Scleroderma

Luis J. Cajas[* 1, 2], Carolina Torres[3]
[1]Reumatología, Universidad Nacional de Colombia, Bogotá, [2]Hospital Universitario Nacional, Bogota, [3]Neumología, Universidad Nacional de Colombia, Bogotá, Colombia

Has this paper been previously presented at another conference?: No

Background/Objectives: Pulmonary hypertension (PH) is a significant cause of morbidity and mortality in patients with systemic sclerosis (SSc), presenting various etiologies. SSc manifests even before cutaneous involvement (early SSc) or, in some cases, does not develop (SSc without scleroderma). Cases of PH have been reported even in early stages of the disease. This study aims to determine the prevalence of PH in these patients and to identify its causes and risk factors.

Methods: Data from a cohort of SSc patients in Bogotá, Colombia, were analyzed, excluding those with cutaneous sclerosis. Those meeting the ACR/EULAR criteria were considered as SSc without scleroderma (ssSSc), while those not meeting these criteria but meeting the VEDOSS criteria were considered as early SSc (eSSc). High probability of PH was considered when the pulmonary systolic pressure was greater than 39 mmHg or the peak tricuspid regurgitation velocity (PTRV) was >3.4 m/s, with a PASP between 33 and 39 mmHg or PTRV between 2.9 and 3.4 m/s, combined with two other suggestive findings of PH. PH was classified as type 2 if left ventricle ejection fraction <50%, coronary disease, or moderate to severe diastolic dysfunction; type 3 if extensive interstitial disease on tomography >20%, forced vital capacity (FVC) <70%, or DLCO<60%; type 4 if embolism-related abnormalities were detected on scintigraphy or tomography. Patients not meeting these criteria were classified as type 1 PH. We search for the proportion of patients with PH and risk factors associated.

Results: Out of a total of 353 patients, 71 (20%) had early SSc, and 51 (14.4%) had SSc without scleroderma. Table one details the population characteristics and their differences. The prevalence of PH was 26%, with 25% in eSSc-ILD and 27% in ssSSc (see table 2). 72% and 50% were classified as group 1 in each category. Two patients were classified as group 2 and 3, but no patients with type 4 PH were found. There was no relationship found between gender, years of Raynaud's, digital ulcers, telangiectasias, or other clinical or antibody variables with the presence of PH, especially the presence of anti-centromere antibodies (p=0.5) and abnormalities in capillaroscopy (p=0.96), both in all PH groups and exclusively in type 1 group.

Image 1:

Table 1. Characteristics of the population

Variable	Total N=122	Early SSc N=71	ssSSc N=51	p
Women	117 (96%)	67(94%)	50(98%)	0,13
Age in years(SD)	57(14,8%)	57 (14,9%)	57,8 (14,9)	0,73
Years of Raynaud (SD)	9 (7,8)	7,7 (6,7)	10,7 (9)	0,04
Puffy fingers (%)	67	38	93	<0,001
Ulcers(%)	14,8	10	21,5	0,07
Telangiectasias (50%)	50	23	92	<0,001
Calcinosis (%)	7,3	2,8	13,7	0,02
Arthritis (%)	46,2	50,7	40	0,24
Dyspnea (%)	38,5	35,2	43,1	0,37
Reflux symptoms(%)	60,8	51,4	74	0,01
Capillaroscopy (%)				
Normal	27,5	38,9	5,1	
Early	39,1	33,3	44,5	
Active	27,5	22,2	33,3	
Late	5,8	5,5	6	
Abnormal	40,9	30,9	54,9	0,008
Auto antibodies (%)				
Centrómero	67,1	61,9	75,5	0,14
SCL-70	8,2	7	9,8	0,58
ANAS	24,5	32,3	13,7	0,01

ANAS: Antinuclear antibodies, SD: Standard deviation, SSc: Systemic sclerosis, ssSSc: sin scleroderma systemic sclerosis

Image 2:

Table 2.Frequencies and Types of Pulmonary Hypertension

	Total N=32	Early SSc N=18	ssSSc N=14	p
Pulmonary hypertension (%)	32(26,2)	18 (25,3)	14 (27,4)	0,79
PASP mmHg (SD)	48,3 (14,6)	52 (14,3)	43,7(14)	0,14
Type 1 PH (%)	10 (31)	4 (22)	6 (42,8)	0,21
Type 2 PH (%)	4 (12,5)	2 (14,2)	2 (11,1)	0,78
Type 3 PH (%)	12 (37,5)	13 (72,2)	7 (50)	0,19
PSAP mm Hg (DE)	35,7 (14)	36,2 (17)	35,1 (17)	0,74

PASP: Pulmonary artery systolic pressure, PH: Pulmonary hypertension, SSc: Systemic sclerosis, ssSSc: sin scleroderma systemic sclerosis

Conclusion: PH can occur or is highly probable in approximately a quarter of patients, in early stages of the disease or in the absence of cutaneous involvement, showing a variety of etiologies. No associated risk factors were identified.

Reference 1: J Avouac, J Fransen, UA Walker, V Riccieri, V Smith, C Muller, et al. Preliminary criteria for the very early diagnosis of systemic sclerosis: results of a Delphi Consensus Study from EULAR Scleroderma Trials and Research Group. Ann Rheum Dis 2011;70:476–481

Reference 2: M. Osman. **Diagnosis of pulmonary arterial hypertension preceding the confirmation of systemic sclerosis in a patient with Raynaud's phenomenon.**

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Disclosure of Interest: None Declared

Keywords: early, pulmonary hypertension, systemic sclerosis

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Sjogren's and other systemic autoimmune diseases

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Cognitive Impairment And Systemic Sclerosis, Associated Factors

Araceli Chico Capote[*1], Ana Karen Ramírez Cueva [1], Rolando Dayan Puente Carmona[1], Andres Felipe Otero Ruedas[1]
[1]Rheumatology, Ameijeiras Brothers, Havana, Cuba

Has this paper been previously presented at another conference?: No

Background/Objectives: Introduction: Cognitive impairment (CD) is one of the neurological disorders described in systemic sclerosis (SS). Objective: Determine the presence of CD in patients with SSc and its associated factors.

Methods: Material and Methods: A cross-sectional and descriptive study was carried out on 60 patients with a diagnosis of SSc, treated during the period from July 2021 to April 2022 in the Rheumatology service of the “Hermanos Ameijeiras” Clinical Surgical Hospital.

Results: Results: 91.7% were female, with a mean age of 43.5 ± 13.3 years, 71.7% with white skin, 31.3% university students and 75% from urban origin. Sclerosis diffuse was present in 65%. CD was identified in 23.3%. The mean duration of the disease was significantly longer in patients with deterioration (15.2 ± 8.8 vs. 7 ± 6.2 years), as well as the moderate and severe degree of depression. The type of sclerosis, clinical manifestations, comorbidities and the Medsger disease severity index were not related to the presence of CD.

Conclusion: 1. The DC found in patients with SSc was not significant.

2. In the group of patients studied, the female sex, white skin, high level of education and urban origin predominated.

3. DC was not associated with the type of sclerosis.

4. DC showed an association with a longer duration of the disease.

5. DC was related to the degree of depression.

6. DC was not related to the disease activity severity index.

Reference 1: Gamal RM, GhandourAM, Zidan M, Galal MA. Evaluation of brain changes in systemic sclerosis (SSc) patients using two different techniques of MRI: is it really worthy? ReumatolClín.2021;17(3):132-6. DOI: https://doi.org/10.1016/j.reuma.2019.07.001.

Reference 2: Groseanu L, Gudu T, Balanescu A, Bojinca V, Opris D, Saulescu I, et al. FRI0256 significance of cognitive impairment in systemic sclerosis. Post Present [Internet]. 2016 [cited 2021 Oct 12];75 (Suppl2). Available from: http://dx.doi.org/10.1136/annrheumdis-2016-eular.5190.

Disclosure of Interest: None Declared

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Keywords: Cognitive Impairment

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PANLAR 2024

Sjogren's and other systemic autoimmune diseases

PANLAR2024-1512

Edematous Dermatomyositis, Report Of A Case

Walter Vallejo[*1]
[1]hospital britanico, buenos aires, Argentina

Has this paper been previously presented at another conference?: No

Background/Objectives: Edematous dermatomyositis (DME) is an entity that has very few reported cases, mostly associated with severe and refractory DM, presenting generalized or localized negative Godet edema in the limbs. Edema is related to vascular permeability in relation to immune complex deposits, complement activation and vascular endothelial damage that leads to muscle microinfarcts that contribute to the presence of edema, evident in imaging studies, in this case in MRI T2 hyperintensity. /STIR

Methods: Patients with this variant were searched in the literature, This variant can also occur in polymyositis, with this entity being first described in 1883. Until 2014, there were only 19 described cases of DME, recognized as a sign of severe disease, only 5 associated with neoplasms.

Results: A 25-year-old female presented with erythematous, scaly facial rash with involvement of the nasolabial fold, extensor region of the upper limbs, plaques in the MCP and PIF, erythema with periungual peeling, and annular erythematous lesions on the chest for 2 months.

Initially preserved muscle strength.

laboratory: normal RFA and muscle enzymes, negative FAN.

Facial skin biopsy: focal interface dermatitis with dermal mucinosis.

Dorsal skin biopsy: interface dermatitis with mild perivascular and periadnexal lymphocytic infiltration. CD123 (-) immunostaining.

Topical treatment was started due to a suspected diagnosis of Dermatomyositis. After a month she developed asthenia and myalgia, she consulted Rheumatology and proximal muscle weakness was evident (MMT 8 146/150). Capillaroscopy was performed with ACTIVE SD pattern. He was started on hydroxychloroquine 400 mg and meprednisone 40 mg/day. Due to lack of skin response and progressive proximal weakness, she was hospitalized. Pulses were started with methylprednisolone 3g cumulative dose and then oral steroids, methotrexate 20mg sc weekly was added.

(EULAR/ACR 2017) score 8.2: MII defined.

(Bohan and Peter 2/5). Possible.

Table 1: .

Image 1:

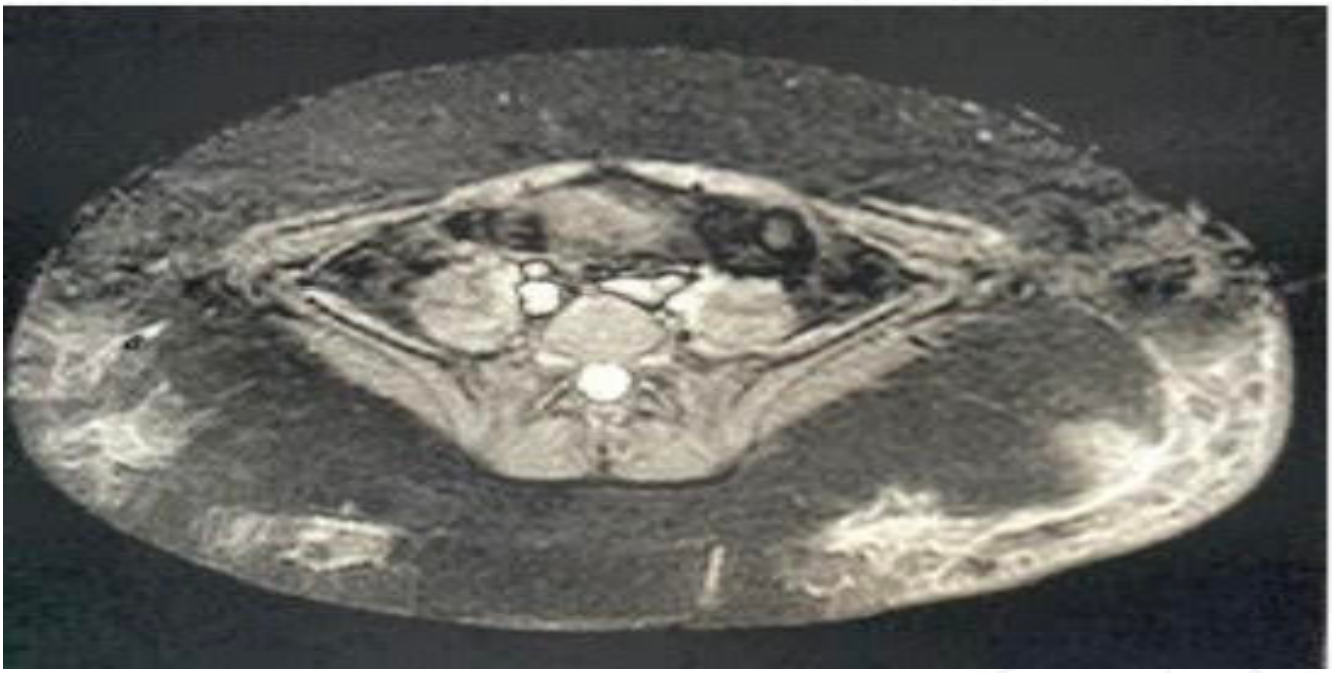
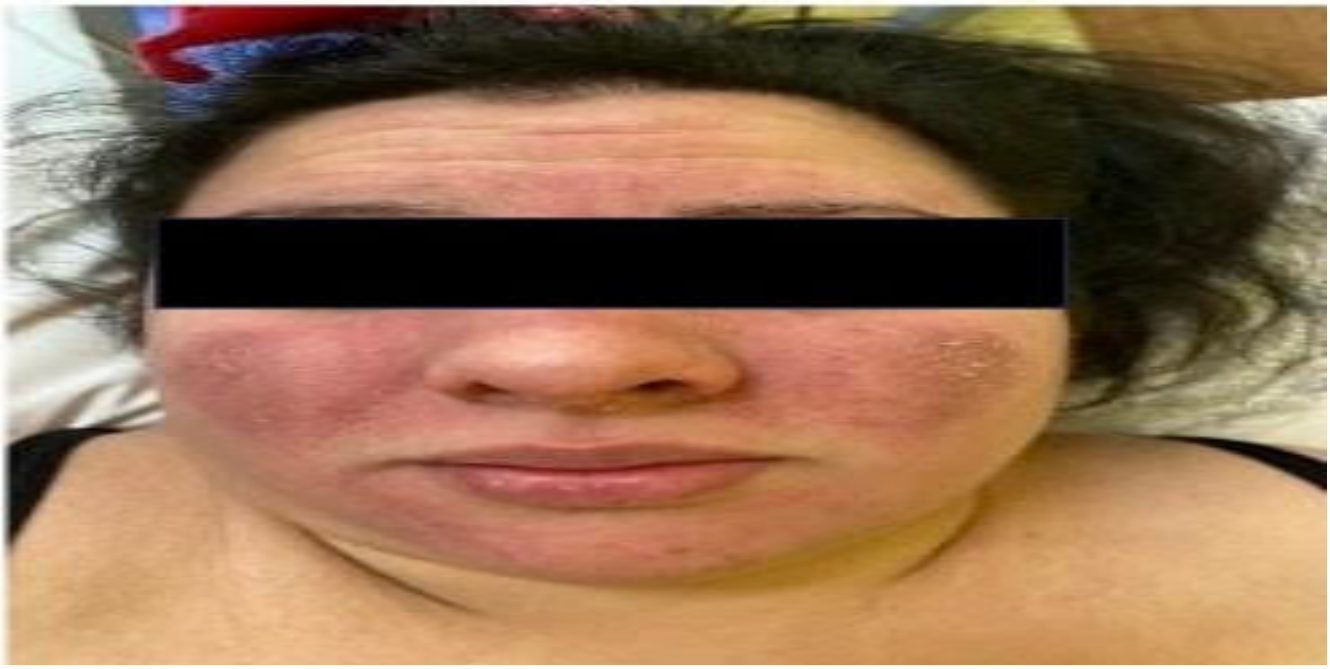


Image 2:



Conclusion: This case is presented given the rarity of DME presentation. In our patient, the clinical muscle involvement was mild, with a slight elevation of muscle enzymes, coinciding with some reports in the literature. MR images allowed us to recognize this variety, which is related to severe cases.

Reference 1: [1] Milisenda JC, Doti PI, Prieto-González S, Grau JM. Dermatomyositis presenting with severe subcutaneous edema: five additional cases and review of the literature. Semin Arthritis Rheum 2014;44:228—33.

Reference 2: Goussot R,et al.Dermatomyosite œdémateuse sévère. Ann Dermatol Venereol (2015), http://dx.doi.org/10.1016/j.annder.2015.10.59

Disclosure of Interest: None Declared

Keywords: dermatomyositis, Edematous Dermatomyositi

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PANLAR 2024

Sjogren's and other systemic autoimmune diseases

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Mixed Connective Tissue Disease Treated With Certolizumab Pegol - A Case Report

Flávia Luiza Marin[*1], Victor Nogueira Clementoni[2]
[1]Clínica Médica, Unioeste, Francisco Beltrão, [2]Clínica Médica, Unidep, Pato Branco, Brazil

Has this paper been previously presented at another conference?: No

Background/Objectives:

Introduction

Some rheumatological diseases have their diagnosis dependent on internationally developed and accepted criteria for their classification. Particularly mixed connective tissue disease (MCTD) has its criteria presented in Table 1. Its current treatment does not consist of immunobiological medications.

Objective

To report a case of MCTD and effective treatment with Certolizumab pegol, an anti-TNFα biologic.

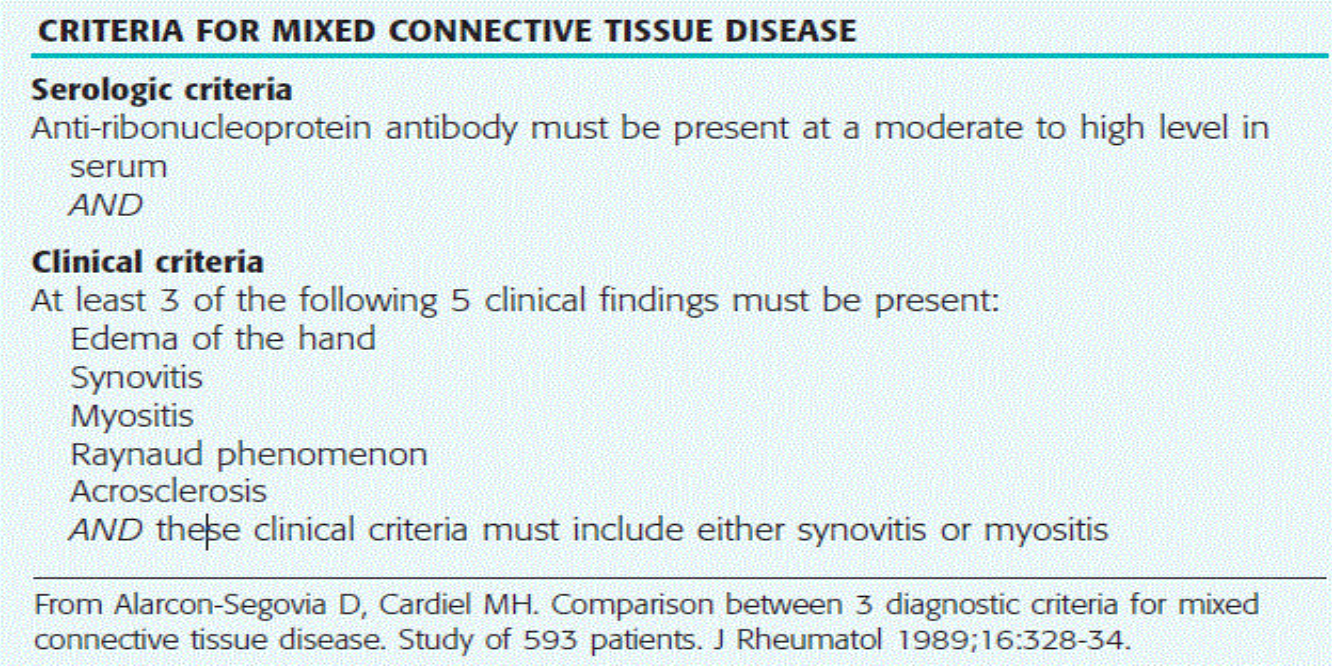
Methods: Medical record review.

Results: Case report

Male, 45 years old, white, baker, controlled hypothyroidism, chronic complaining of myalgia and diffuse inflammatory arthralgia, recurrent oral ulcer, hand edema and symmetric polyarthritis of small joints. Nuclear ANA 1/320 thick speckled, elevated erythrocyte sedimentation rate and C-reactive protein (CRP), and positive anti-RNP = 135 U (strongly positive) repeated and confirmed. Serology for HIV, hepatitis B and C and syphilis, rheumatoid factor, anti-Smith, anti-double-stranded DNA, lupus anticoagulant, IgG and IgM anticardiolipins, C3 and C4 were within normal limits. The chest x-ray and transthoracic echocardiogram were normal. Treatment for chronic arthritis began with nimesulide and methotrexate 25 mg/week subcutaneously and the need for association with hydroxychloroquine 400 mg/day. After one year, active arthritis and CRP persisted, so hydroxychloroquine was replaced by leflunomide 20mg/day. The patient developed nausea and vomiting, AST and ALT levels were 5 times higher than the upper reference value, diagnostic of drug-induced hepatitis. Methotrexate was reduced to 15 mg/week and leflunomide was replaced by Certolizumab pegol, a dose used as in rheumatoid arthritis (RA). After 6 months, the patient was very satisfied, with no arthritis, controlled oral ulcer, complete

resolution of medical hepatitis and normalized inflammatory tests. For evaluation, the RA disease activity index, DAS-28: 1.6, was used and methotrexate was suspended. He has currently been using Certolizumab as monotherapy for more than 1 year and has good control of the disease.

Image 1:



CRITERIA FOR MIXED CONNECTIVE TISSUE DISEASE

Serologic criteria

Anti-ribonucleoprotein antibody must be present at a moderate to high level in serum

AND

Clinical criteria

At least 3 of the following 5 clinical findings must be present:

- Edema of the hand
- Synovitis
- Myositis
- Raynaud phenomenon
- Acrosclerosis

AND these clinical criteria must include either synovitis or myositis

From Alarcon-Segovia D, Cardiel MH. Comparison between 3 diagnostic criteria for mixed connective tissue disease. Study of 593 patients. J Rheumatol 1989;16:328-34.

Conclusion: This case highlights the need for individualized management in rheumatology. Furthermore, use the knowledge acquired in more studied diseases, such as RA, with the aim of optimizing treatment in diseases that lack specific treatments. In the report, polyarthritis was the biggest complaint and was therefore prioritized for treatment. The DMTC needs an updated guideline and with this report we want to contribute to new possible therapies.

Reference 1: HOCHBERG,M.C.etal.Reumatologia.6ªed.EditElsevier,2016,p.2156-66.

Disclosure of Interest: None Declared

Keywords: anti-TNFα, Certolizumab Pegol, Mixed Connective Tissue Disease

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PANLAR 2024

Sjogren's and other systemic autoimmune diseases

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Our Experience In The 5 Years At Neuro-Sjögren

Alejandra Rollano Perasso[*1], Mauricio Alberto Jimenez Garnaut[1], Belen Maria Virasoro[1], Damian Duartes Noe[1], Andrea Gomez[1]
[1]CABA, Hospital Britanico, Buenos Aires, Argentina

Has this paper been previously presented at another conference?: Yes

Background/Objectives: To discribe in our Neuro-Sjögren population: clinical characteristics, results, of complementary studies used in its approach, avaluation of activity, damage, treatment insttitude and outcomes.

Methods: Single-center, cross-selectional study. The local pSS database updated since 2028 (ACR EULAR-2016 clasification criteria) was analyzed performing a sub-analysis of patients whit Neuro-Sjögren (ANS-CNS-PNS involment). The diagnostic approach was carried out in a multidisciplinary manner (neurologistc, imagiing specialists, rheumatologists). Disease activity was evaluated by ESSDDAI, the degree of disability by RANKINm, a predictor of SSDDI damage. Whitin the complementary studies, LP, MRI, EGM, QST, evoked potentials, gastric empyting, Till Test and biopsy were requuested. Regarding treatment total, partial, absent response and recurrence were evaluated.

Results: Data from the database of patients whit ppSS whit active follow-up were evaluated; of a total of 50 patients, 10 (20%) presented Neuro-Sjögren. The most frequent involvement was SNP (80%) and it was associated whit autonomic involvement in 20%. The main clinical manifestations of PNS involvement were paresthesias, sensory hypoesthesia/ataxia, sensory ganglionopathy, and fine fiber alterations. ANS alterations were evidenced by orthostatic hypotension and gastroparesis.

Regarding laboratory studies, they presented FAN (+) Mottled 80%, antiRo 50%, antiLa 30%, RF 20%, hypergammaglobulinemia 50%.The EMG showed sensory motor axonal neurophaty in 80% and the QST showed small fiber dysfunction in 20%.

The patients pressented ESDDAI activity score values of 4 (0-13) an SSDDI damage index of 2 (1-5), the pre-treatment mRS disability was 2 (1-4) and post-trearment 1.5 (1-5).

The treatment established according to neurological involvement.

Conclusion: In our studies we found a prevalence of Neuro-Sjögren's of 20%.

The most frequent involvement was of the PNS.

Screening for ANS involvement is a dignostic challenge that requires specific complementary studies that are not always in routine practice.

In our experience, a slight improvement in disability was observed whit the treatment instituted. Gie the small sample, no conclusions can be drawn regarding the therapeutic reponse.

Disclosure of Interest: None Declared

Keywords: None

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Sjogren's and other systemic autoimmune diseases

PANLAR2024-1319

Secondary Systemic Sclerosis To Breast Implants; An Unusual Case Of Foreign Body-Induced Infmatory Reaction: Case Report.

Andres Eduardo Yoli Garrido.[*1], Jose Salas Siado[1], luis blanco castiblanco[1], Deissy Noriega Anguila[1], Carmen Ariza Tamara[1], Ricardo Rodríguez Camargo.[2]
[1]atlantico, unversidad metropolitana de barranquila, [2]atlantico, universidad libre seccional barranquilla, barranquilla, Colombia

Has this paper been previously presented at another conference?: No

Background/Objectives: Systemic sclerosis is a systemic autoimmune disease characterized by thickened skin and involvement of other organ systems like esophagus, intestine, heart, kidneys, and lungs.Reported instances of autoimmunity after silicone breast implants include Sjögren's syndrome, systemic lupus erythematosus, Still's disease, undifferentiated connective tissue disease, and others. Among these various autoimmune conditions, 12.5% were reported to be associated with silicone implants. However, systemic sclerosis specifically linked to silicone breast implants remains very rare, with only six published studies identified in the MEDLINE database. These studies include four cohort studies, two case series, and two case reports

Methods: Analysis and review of the patient's medical history was carried out.

Results: CASE PRESENTATION: A 36-year-old female patient presented to the rheumatology consultation with a history of breast augmentation surgery in 2020, reports that 2 years ago approximately presented pustular maculo lesions, in trunk hands and feet, these lesions were associated with chronic fatigue, asthenia, and adynamia, followed later by changes in skin turgor and decreased elasticity, predominantly in the arms, face, and with sclerodactyly, n physical examination, we observed limited oral opening, facial periciliary hypochromia with malar hyperchromia, dry skin with fine peeling. Thickened, dry upper limb skin with loss of elasticity. Laboratory tests revealed ANA positivity with a nucleolar pattern at 1/640 titer, SCL-70 IgG positivity (>20), elevated VSG and CRP, and skin biopsy findings consistent with homogenized eosinophilic dermis with sclerosis foci and mild perivascular chronic inflammatory infiltrate. Based on these findings, we diagnosed systemic sclerosis secondary to biopolymers and initiated treatment with immunosuppressive medication and recommended surgical extraction of the biopolymers

Image 1:

Figura 1 (A)Pericillary hypochromia with malar hyperchromia, dry skin with fine peeling is observed. (B) Fingers with evidence of extension limitation; hyperchromic punctate lesions are also observed on the fingertips (Arrows).

Conclusion: Systemic sclerosis secondary to biopolymers implantation is exceptionally uncommon, and despite the fact that a significant association large cohort studies haven't definitively established a causal link, case reports suggest a possible causal relationship, so autoimmunity after an IBG should be in the mind of the physician who treats patients with this surgical procedure.

Disclosure of Interest: None Declared

Keywords: Systemic sclerosis, scleroderma, silicone breast implants,

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PANLAR 2024

Spondyloarthritis

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Are There Differences In Juvenile-Onset And Adult-Onset Axial Spondyloarthritis? Subanalysis Of The Prespax Study

Emilce Schneeberger*[1], Gustavo Citera[1], Enrique Soriano[1], Rodrigo García Salinas[1], Julieta Gentiletti[1], Luis Somma[1], Leandro Carlevaris[1], Analía Dellepiane[1], María Martire[1], Diego Vila[1], Belén Videla García[1], Agustín García Ciccarelli[1], Verónica Bellomio[1], Mercedes García[1], María Correa[1], Hernán Maldonado Ficco[1], Laura Galván[1], Emma Civit[1], Dora Pereira[1], Edson Velozo[1], Marcos Borgia[1], María Martínez[1], Gretel Rausch[1], Osvaldo Cerda[1], Mariana Espindola Echazu[1], Mario Goñi[1], María Elena Calvo[1], José Maldonado Cocco[1], Samanta Malm-Green[1], Marcos Rosemffet[1], María Gálvez Elkin[1], Ingrid Petkovic [1], Rafael Roselli[1], Tomás Cazenave[1], Roberto Baez[1], Emilio Benavente[1], Agustina Casabona[1], Facundo Vergara[1], Gabriela Salvatierra[1], Fernando Dal Pra[1], Cecilia Castel del Cid[1], Jesica Gallo[1], Ariana Ringer[1], Clarisa Sandobal[1], María Spinetto[1], Carlos Wiederhold[1], Raúl Sueldo[1], Luciana González Lucero[1], Tatiana Barbich[1], Alejandro Ezquer[1], Matías Benavente[1], Maximiliano Machado Escobar[1], Rodolfo Pérez Alamino[1], Griselda Redondo[1], María Barrionuevo[1], Zaida Bedran[1], María Cusa[1], Laura Di Lorenzo[1], María Dondio[1], Andrea Dorazio[1], Paula González[1], Vicente Juárez[1], María Lara[1], Cecilia Pisoni[1], Darío Scublinsky[1], Carolina Isnardi[1], Marianela Adrover[1], María Goizueta[1], Carolina Iturralde[1], Darío Mata[1], María Saint Martin[1], Virginia Carrizo Abarza[1], María Brance[1], Amelia Granel[1], Nora Mathern[1], Marcos Méndez[1], Silvina Nasi[1], Úrsula Paris[1], Gisela Pendón[1], Norma Robles de Garrone[1], Claudia Pena[1], Mariana Benegas[1], Emilio Buschiazzo[1], Catherine Crow[1], Ana Curti[1], María Delgado[1], Pablo Maid[1], Cristián Moreno[1], Marina Rebon[1], Javier Yauri Quinto[1], María Gamba[1], Alejandro Benítez[1], Claudia Peón[1], Ramiro Gómez[1], Agustina Alfaro[1], Eliana Blanco[1], Patricia Castillo[1], Karina Cogo[1], Carla Gobbi[1], Emmanuel Guerra[1], Francisco Guiñazu[1], Simón Gusis[1], Carla Matellan[1], Jorge Musuruana[1], Meliana Pereyra Stanley[1], Ivanna Rojas Tessel[1], Julia Romero[1], Sebastián Sahores[1], Verónica Savio[1], María Zalazar[1], Alejandro Brigante[1], Diana Dubinsky[1], Antonio Chemez[1], Mario Cousseau[1], María De La Vega[1], María Maliandi[1], Raúl Marchegiani[1], Ana Pereyra[1], Juan Quintero[1], Claudia Sa[1], Álvaro Sanabria[1], Adriana Seewald[1], Marcela Velázquez[1], Lucía Zarate[1], María Bertolaccini[1], Ana Sirera[1], Adriana Testi[1], Mariana Lagrutta[1], Matías Palombo[1], Mariela Araujo[1], Cecilia Asnal[1], Ana Cappuccio[1], Alicia Eimon[1], Ana Ledesma[1], Alejandro Martínez Muñóz[1], Melina Negri[1], Estela Rivero[1], Gonzalo Rodríguez Falabella[1], Luis Rodríguez[1], Mónica Sacnun[1], María Sosa[1], Héctor Tamashiro[1], Rosana Trobo[1], María Zapata[1], Ana Barbaglia[1], Graciela Rodríguez[1], Daniel Fernández[1], Santiago Catalán Pellet[1], Antonio Catalán Pellet[1], Romina Nieto[1], Rosana Quintana[1], Demelza Yucra Bobarin[1], Fernanda Abadie[1], Valeria Aquino[1], Alfredo Arturi[1], Andrea Baños[1], Rodrigo Blas[1], Pablo Finucci Curi [1], Oscar Gut[1], Fernanda Guzzanti[1], Cristián Quiróz[1], Fabián Risueño[1], Fernando Sommerfleck[1], Leandro Ferreyra Garrott[1], Gelsomina Alle[1], Javier Rosa[1], María Acosta Felquer[1], Rodolfo Alvarado[1], Nicolás Marin Zucaro[1], Josefina Marín[1], Marina Scolnik[1], Johana Zacariaz Hereter[1], Paula Corbalan[1], Nadia Cuadranti[1], Guillermo Py[1], Santiago Agüero[1], Carlos Ascimani Peña[1], Paula Avendaño[1], Gabriela Caballero[1], Andrea Conforti[1], Mercedes De La Sota[1], Ida Exeni[1], María Gallardo[1], Catalina Gómez[1], Julio Got[1], Claudia Morales[1], Alicia Munarriz[1], Oscar Pera[1], Adrián Salas[1], Etel Saturansky[1], Ernesto Toledo[1], Natalia Zamora[1], Marcos Baravalle[1], Mariano Palatnik[1], Vanesa Cosentino[1], Vanesa Bejarano[1], Carolina Aimo[1], Sandra Montoya[1], María Izaguirre Germain[1], Marina Micelli[1], Eduardo Kersberg[1], Paula Alba[1], María Argento[1], Cecilia Avatte[1], José Azula[1], Ramiro Barron[1], Ignacio Bazzalo[1], María Borgia[1], Eleonora Bresan[1], Micaela Cosatti[1], Cecilia Costa[1], María Crespo Espindola[1], Alexia Cristofari[1], Marcela Colazo[1], María D´Amico[1], Claudio Fecchio[1], Graciela Grosso[1], Cruz Lascano[1], María Lázaro[1], Malvina Pizio[1], Luciano Pompermayer[1], Cristina Prigione[1], Paula Pucci[1], Cinthya Retamozo[1], Fernando Salinas[1], Andrea Smichowski[1], Mario Solla[1], Dardo Spessot[1], Horacio Venarotti[1], Gabriela Villarreal[1], María Yacuzzi[1], Silvia Zarate[1], Ana Costi[1], Maximiliano Fenucci[1], Gladys Bovea Castelblanco[1], Leila Abbas[1], Carla Pappalardo[1], María Pissani Delgado[1], Leonardo Naftal[1], Julieta Morbiducci[1], Aixa Merce[1], Anastasia Secco[1], María Tamborenea[1], Natalia Herscovich[1], Lía Ingolotti[1], Marta Mamani[1], Félix Romanini[1], María Aguirre[1], Leandro Aliaga[1], 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Kohan[1], Nicolás Lloves Schenone[1], Julieta Milanesio[1], María Miretti[1], María Molina[1], Soledad Oporto Nuñez[1], Florencia Pierini[1], Juan Raggio[1], Martín Riopedre[1], María Rodríguez[1], Silvina Rodríguez[1], Leandro Saavedra[1], Carla Saucedo[1], Juan Soldano[1], Yessika Soria Curi[1], María Stancich[1], Alicia Vara de Kenny[1], Bernardo Pons-Estel[1], Guillermo Pons-Estel[1], Rosa Serrano Morales[1], Mariana Pera[1], Josefina Gallino Yanzi[1], Marianela Mauri[1], María Schmid[1], Juan Vinicki[1], María Castro[1], Paola Avila[1], Oscar Rillo[1], Liliana Vargas Rojas[1], Gustavo Nasswetter[1], Mariana Caubet[1], Ana Lizarraga[1], Eduardo Mysler[1], Claudia Helling[1], María Santiago[1], Guillermo Tate[1], Patricio Tate[1], Graciela Betancur[1], Sabrina Argüello[1], María Papagno[1], Alejandro Abalo[1], Adrián Estévez[1], Jorge Velasco[1], Juan Albiero[1], Eduardo Albiero[1], Romina Calvo[1], Sergio Paira[1], Susana Roverano[1], Alberto Ortiz[1], Miguel Perandones[1], María Antoniol[1], Juan Sevillano Gutiérrez[1], Carlos Perandones[1], Carla Achilli[1], Carolina Aeschlimann[1], Aníbal Alba Guillín[1], Pablo Arturi[1], Valeria Arturi[1], Nora Aste[1], Andrea Ayala[1], Carmen Baied[1], Daniela Battaglia[1], Federico Benavídez[1], Guillermo Bennasar[1], Alfredo Borgia[1], Ana Caminer[1], Javier Cavallasca[1], Federico Ceccato[1], Vanesa Cruzat[1], Sabrina Cuadros[1], María De La Torre[1], Guillermo De Olloqui[1], Maricel Della Maggiora[1], Federica Garignani[1], María Haye Salinas[1], Jimena Hogrefe[1], Leticia Ibañez Zurlo[1], Gisela Kluwak[1], María Larroude[1], Adriana López Cabanillas[1], Mario Macaudier[1], Carla Maldini[1], Lorena Mendiburo[1], Gabriela Mora[1], Eduardo Musri[1], Cintia Pereyra[1], María Pérez Rodríguez[1], Julieta Picchi[1], Norberto Quagliato[1], Daniela Rebiglione[1], Gustavo Rodríguez Gil[1], Vanesa Romero[1], Javier Rubins[1], María Sánchez[1], Marco Sandi Rosales[1], Patricia Santaella[1], Eliana Serrano[1], Sidney Soares de Souza[1], Víctor Tamaño[1], Natalia Vassarotto[1], Malena Viola[1], Hugo Zerbi[1], Cintia Otaduy[1], Pablo Astesana[1], Rodrigo Ferreyra Dillon[1], Mariano Gottero[1], Rodrigo Águila Maldonado[1], Fernando Arizpe David[1], Lucila García[1], Eduardo Mussano[1], Laura Onetti[1], Marcelo Audisio[1], Isaac Cadile[1], Raúl Jurado[1], Maximiliano Bravo[1], Erika Catay[1], Guillermo Berbotto[1], María Conte[1], Julieta Daniele[1], Boris Kisluk[1], Diego Marino[1], María Alessio[1], Carla Alonso[1], María Bedoya[1], Ramiro Berruezo[1], Daniel Bottone[1], María Castaños Menescardi[1], Graciela Castelli[1], Gonzalo Crespi[1], Natalia Cucchiaro[1], Alberto Decaro[1], Rodolfo Dip[1], Daniela Domingo[1], Vanesa Duarte[1], Nauan Fara[1], María Gazzoni[1], Silvina Giménez[1], Mariana Guardia[1], Mara Guinsburg[1], Milena Hancevic[1], Romina Hassan[1], Mónica Heredia[1], Gladys Herrera[1], Julio Hofman[1], María Lencina[1], María León[1], María López Meiller[1], Yanina López Oliva[1], Priscila Marcaida[1], Raúl Martínez[1], Maite Mayer[1], Susana Mazza[1], Fernando Melo[1], Sebastián Muñóz[1], Roxana Murciano[1], Alejandro Nitsche[1], Bárbara Pérez Cepas[1], Juan Pirola[1], Ramiro Puerta Franchi[1], Laura Raiti[1], Graciela Remondino[1], Mirtha Sabelli[1], María Sánchez Alcover[1], Pierina Sansinanea[1], Carlos Santos[1], Verónica Saurit[1], Lucía Degioanni[1], Cecilia Álvarez[1], Diego Baenas[1], Elisa Novatti[1], Alejandro Alvarellos[1], Francisco Caeiro[1], Santiago Scarafia[1], Gladys Seleme[1], María Severina[1], Sabrina Tedesco[1], Magalí Travaglia[1], Adriana Troha[1], Sergio Valdéz[1], María Velloso[1], Silvia Papasidero[1], Joan Dapeña[1], Javier Flores Trejo[1], Juan Bande[1], María Medina[1], José Caracciolo[1], María Stessens[1], Gustavo Casado[1], Cecilia Romeo[1], Víctor Caputo[1], Diego Viola[1], Carmen Funes Soaje[1], Emilia Cavillon[1], Nidia Meras[1], Natalia Morales de Ravelli[1], Gisela Subils[1], Alejandra Babini[1], Federico Paniego[1], Raúl Paniego[1], Horacio Berman[1], Alberto Berman[1], Alberto Spindler[1], Walter Spindler[1], Gustavo Medina[1], Ana Battaglia[1], Leila Muñoz[1], Luis Sánchez Freytes[1], Ana Bertoli[1], María López Pérez[1], José Sironi[1], Belén Virasoro[1], María Gómez[1], Vanesa Castro Coello[1], Leonor Ibañez[1], Alberto Allievi[1], María Alonso López[1], Belén Barrios[1], María Bersano[1], Iván Borgia[1], Gabriela Bortolotto[1], Raúl Ceitlin[1], Flavia Chiardola[1], Mónica Diáz[1], Carolina Dieguez[1], Fernando Eraña[1], Natalia Estrella[1], Sebastián Fernández Nacul[1], Marina Fornaro[1], María Gaona[1], Luciana Garay[1], Graciela Gómez[1], Noelia Hojberg[1], Silvina Hourcle[1], Manuela Laffont[1], Sheyla Leal Castro[1], Romina Lim[1], Analía Longo[1], Jorge López[1], Aurelia Luissi[1], Gisela Luna[1], Pablo Maldonado[1], Patricia Marczuk[1], Natalia Mariasch[1], Ivana Miranda[1], María Morales[1], Alberto Orden[1], Eduardo Pavia[1], Nicolás Pérez[1], Eugenia Picco[1], Alan Raschia[1], Mónica Regidor[1], Mariano Rivero[1], Armín Rodríguez Ramírez[1], Carmela Roque[1], Juan Scali[1], Priscila Serravalle[1], Nadia Benzaquén[1], Julia Riera[1], Daniel Siri[1], Cristián Troitiño[1], Mónica Uemura[1], Sofía Vélez[1], Gisele Verna[1], Fernando Villalobos[1], Verónica Wernicke[1], Sabrina Porta[1], Daniel Sevilla[1], Marcelo Abdala[1], María Cortese[1], Juan Crema[1], Juan Ruffino[1], Yamila Chichotky[1], José Velasco Zamora[1], Alejandra Rollano Perasso[1], Mauricio Jiménez[1], Damián Duartes Noé[1], Guillermo Bartel[1], Andrea Gómez[1], Cecilia Zaffarana[1], Jaime Villafañe Torres[1], Geofredo Earsman[1], Hugo Laborde[1], Alberto Gallacher[1], María Acevedo[1], Mariana Aciar[1], Carla Airoldi[1], Ignacio Carrillo[1], Cristián Chimenti[1], Natalia Colombero[1], Francisco Colombres[1], Isidro Cuello[1], Sabrina Veiga[1], Marina Dalpiaz[1], Rodolfo Fernández Sosa[1], Eduardo Gamburd[1], Mariana García Sauco[1], Viviana Gervasoni[1], Pamela Giorgis[1], Claudia Krupa[1], Gustavo Lancioni[1], César Ledesma Campanini[1], María Leguizamon[1], Carmen Lizondo[1], Liliana Lorenzón[1], Ana Marcos[1], María Marengo[1], Tatiana Martínez Valda[1], Liliana Martínez[1], Mariano Montiel Bertone[1], Roberto Movia[1], Sandra Navarro[1], Ana Olea[1], Silvina Pérez[1], Natalia Perrotta[1], Luis Picco[1], Romina Quiróz[1], María Quispe Villanueva[1], Fany Rosman[1], María Salcedo[1], Gabriela Sánchez[1], Mariano Santillán[1], María Sattler[1],

María Sebastiano[1], Yohana Tissera[1], Alberto Torres[1], María Trapp[1], Juan Vandale[1], Christian Waimann[1], Rómulo Wong[1], Pamela Yujra Ventura[1], Susana Visentini[1], Celin Caballero[1], Yung Chi Ju[1], Gonzalo Pacheco[1], Ingrid Strusberg[1], Erica Bortni[1], Cintia Lastra[1], Liliana Morales[1]
[1]Rheumatology, Sociedad Argentina de Reumatología , Buenos Aires, Argentina

Has this paper been previously presented at another conference?: Yes

Background/Objectives: To evaluate the prevalence of the juvenile onset form of axSpA in adult patients with this diagnosis and to compare the characteristics of this variant with the rest of axSpA patients.

Methods: All rheumatologists in the country who care for adult patients were invited to participate through an invitation by different media. Patients ≥18 years of age with a diagnosis of axSpA according to ASAS 2009 criteria and/or NYm criteria were included. Those patients who had not consulted within the previous year were contacted to verify follow-up. The period for patient inclusion was 12 months. The variables to be recorded were: socio-demographic, disease duration and diagnostic delay, type, subtype and features of axSpA and complementary studies (*HLA-B27*, x-ray and MRI of sacroiliac joints). *Statistical analysis:* Descriptive statistics. Chi square and Fisher exact tests, Student T test and multiple logistic regression analysis

Results: 4093 patients with axSpA were registered, of which 190 patients (4.6%) had juvenile onset. The prevalence of juvenile axSpA in adult patients in Argentina was 6 cases per 1,000,000 inhabitants. Comparing the sociodemographic and clinical characteristics between 190 patients with axSpA of juvenile onset and 3903 of adult onset, the juvenile variant had significantly higher frequency of males (77.9% vs 57.4%, p= 0.0001) and family history of SpA (21.6% vs 14.8%, p= 0.017), a lower probability of marriage (33.2% vs 65%, p= 0.0001) and, as expected, younger age [36.3 ±13.7 vs 50.2 ±13.6, p= 0.0001] and longer disease duration [21.9±14.3 vs 2.9±10.4, p= 0.0001]. Additionally, we observed a significantly higher frequency of HLA-B27 (76.6% vs 62.9%, p= 0.0001), peripheral arthritis (85.3% vs 67.1%, p= 0.0001), enthesitis (65.8% vs 58.2%, p= 0.04), and uveitis (22.9% vs 15.6%, p= 0.01), and a significantly lower frequency of non radiographic axSpA (25.3% vs 38.8%, p= 0.0001), psoriasis (4.7% vs 30%, p= 0.0001), and IBD (1.6% vs 5.2%, p= 0.025) in juvenile onset axSpA. The variables that remained independently associated with juvenile-onset axSpA in the multivariate analysis were the presence of peripheral arthritis [OR: 2.98 CI95% 1.75-5.08] and the absence of psoriasis [OR: 0.087 CI95% 0.021-0.360].

Conclusion: Juvenile-onset axSpA is characterized by greater peripheral joint involvement and a lower frequency of psoriasis compared to adult-onset axSpA.

Special collaboration: Aguilar G. Image specialist.

Disclosure of Interest: None Declared

Keywords: juvenile spondyloarthritis, spondyloarthrtis

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Access To Advanced Therapies In Axial Spondyloarthritis In Latin America, Data From The Panlar-Espalda Registry.

Rodrigo Nicolas Garcia Salinas[*1], Fernando Sommerfleck[2], Diego Vila[3], Daniel Palleiro[4], Daniel Fernandez Avila[5], Julio Cesar Cassasola Vargas[6], Yelena Sanchez[7], Dora Candia Zuniga[8], Nicolas Marin Zucaro[9], Lorena Brance[10], Wilson Bautista Molano[11]

[1]Hospital Italiano de La Plata, La Plata, [2]Sanatorio Julio Mendez, [3]Hospital Virgen del Carmen, Buenos Aires, Argentina, [4]Instituto Nacional de Reumatologia, Montevideo, Uruguay, [5]Hospital San Ignacio, Colombia, Colombia, [6]Hospital General de México, "Dr.Eduardo Liceaga", Mexico, Mexico, [7]Hospital General Portoviejo del Instituto Ecuatoriano de Seguridad Social (IESS), Ecuador, Ecuador, [8]Hospital Regional Primero de Octubre ISSTE, Fuerzas Armadas, Mexico, Mexico, [9]Hospital Italiano de Buenos Aires, Buenos Aires, [10]Centro de enfermedades óseas, Rosario, Argentina, [11]Santa Fé de Bogotá, Bogoto, Colombia

Has this paper been previously presented at another conference?: No

Background/Objectives: Access to advanced treatments in Latin America (LATAM) poses challenges due to various socioeconomic factors. The ESPALDA registry was established by the PANLAR SpA study group with the objective of gathering data specific to our region. The primary aim of this study is to describe the frequency of advanced therapy utilization in axial Spondyloarthritis (axSpA) and analyze the characteristics of the patients receiving such treatments.

Methods: We included consecutive patients aged ≥18 years with axSpA (ASAS 2009 criteria) from Argentina, Uruguay, Chile, Venezuela, Mexico, Colombia, and Ecuador. Recorded data encompassed demographic information, age at symptom onset, disease duration, disease-related symptoms, and comorbidities. Clinical and therapeutic aspects of the disease were documented at baseline, and specific questionnaires to assess disease activity (ASDAS/BASDAI) and functional capacity (BASFI) were administered. Additionally, we recorded erythrocyte sedimentation rate (ESR) in mm/h, C-reactive protein (CRP) in mg/dl, HLA B27 status, X-rays, and, if necessary, MRI of the sacroiliacs.

Results: A total of 191 patients were recruited, with a mean age of 46 years (SD 12.6), and 54.5% were male (cohort characteristics were previously presented in abstracts). Of the total patients, 49% (95% CI: 42-56) were on advanced therapy (following NSAID failure) at the baseline visit, with TNF blockers accounting for 80%, iL17 for 15%, and Jaki for 5%. Ten percent of patients were in their second line of treatment. The characteristics of patients under advanced treatment (only the significant ones and disease activity) are detailed in Figure 1. Notably, the majority of patients on advanced treatment exhibited radiological axSpA, were HLA-B27 positive, and demonstrated increased peripheral involvement (arthritis and enthesitis). Surprisingly, more than 50% of patients without advanced therapies still presented disease activity (BASDAI > 4). In multivariate analysis, the characteristics independently associated with the use of advanced therapy were smoking (OR 2.8, 95% CI: 0.2-6.5) and HLA-B27 positivity (OR 4, 95% CI: 1.7-9).

Image 1:

Features	Advanced Therapy YES	Advanced Therapy NO	p
Smoke %	40	20	0.005
HLA-B27+ %	67	48	0.009
X-ray + (NY)%	70	54	0.03
Sacroiliac maneuvers %	62	42	0.02
BASDAI, mean (SD)	4.3 (1.9)	3.8 (1.9)	0.1
Presence of arthritis %	28	13	0.01
Presence of enthesitis %	42	28	0.04
ASDAS, mean (SD)	2.2 (1)	2.4 (1)	0,1
BASDAI >4%	62	53	0.2

Conclusion: In our region, the frequency of advanced therapy use in axSpA is 50% (lower than other cohorts). Patients under these treatments tend to exhibit a more "typical" severe disease profile, including radiographic evidence and peripheral manifestations. Even with disease activity (BASDAI > 4), a high subset of patients remains without these advanced therapies.

Disclosure of Interest: None Declared

Keywords: real-world evidence, Spondyloarthritis, treatment

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How Latam Adapts To The New Definitions Of Axial Spondyloarthritis. Three Analyzes Of The Panlar-Espalda Registry.

Rodrigo Nicolas Garcia Salinas[*1], Fernando Sommerfleck[2], Diego Vila[3], Daniel Palleiro[4], Daniel Fernandez Avila[5], Amada Barcia[6], Dora Candia Zuniga[7], Julio Cesar Cassasola Vargas[8], Nicolas Marin Zucaro[9], Lorena Brance[10], Wilson Bautista Molano[11]

[1]Hospital Italiano de La Plata, La Plata, [2]Sanatorio Julio Mendez, [3]Hospital Virgen del Carmen, Buenos Aires, Argentina, [4]Instituto Nacional de Reumatologia, Montevideo, Uruguay, [5]Hospital San Ignacio, Colombia, Colombia, [6]Hospital General Portoviejo del Instituto Ecuatoriano de Seguridad Social (IESS), Ecuador, Ecuador, [7]Hospital Regional Primero de Octubre ISSTE, Fuerzas Armadas, [8]Hospital General de México, "Dr.Eduardo Liceaga", Mexico, Mexico, [9]Hospital Italiano de Buenos Aires, Buenos Aires, [10]Centro de enfermedades óseas, Rosario, Argentina, [11]Santa Fé de Bogotá, Bogoto, Colombia

Has this paper been previously presented at another conference?: No

Background/Objectives: In recent years, traditional definitions of Ankylosing Spondylitis have faced challenges due to advancements in diagnostic techniques, particularly MRI. These developments have led to the inclusion of a higher proportion of women and a lower prevalence of HLA-B27. Objective: to estimate the prevalence of male individuals, HLA-B27 positivity, and radiographic axial Spondyloarthritis (r-axSpA) within the PANLAR-ESPALDA cohort.

Methods: This study encompassed the consecutive enrollment of patients aged 18 years or olde with axSpA (ASAS 2009). Patients were recruited from Argentina, Uruguay, Chile, Venezuela, Mexico, Colombia, and Ecuador. Data collection involved recording demographic information, age at symptom onset, disease duration, disease-related symptoms, and comorbidities. Clinical and therapeutic details were documented at baseline, accompanied by the administration of specific questionnaires assessing disease activity (ASDAS/BASDAI) and functional capacity (BASFI). Laboratory parameters, including erythrocyte sedimentation rate (ESR) in mm/h, C-reactive protein (CRP) in mg/dl, HLA-B27 status, X-rays, and, when necessary, sacroiliac MRI, were also recorded.

Results: A total of 191 pats. were enrolled, with cohort characteristics previously summarized in abstracts. The frequency of male sex, HLA-B27 positivity, and r-axSpA was observed as 54%, 55%, and 59%, respectively. Statistically significant differences within each group are illustrated in Figure 1. In the three multivariate analyses, independent associations were identified: Male sex correlated with fewer years of education (OR: 0.87, 95%CI: 0.7-0.9) and increased sacroiliac involvement in X-rays (OR: 4.5, 95%CI: 2-9). HLA-B27 positivity was associated with bone bridges on MRI (OR: 9, 95%CI: 1.4-59) and the use of biological treatment (OR: 2.9, 95%CI: 1.1-8). For r-axSpA, the presence of erosions on MRI was independently associated (OR: 4.5, 95%CI: 1.4-14).

Image 1:

Features	Male	Fem	p	HLA-B27 pos	HLA-B27 neg	p	rx-axSpA	nrx-axSpA	p
Age assessment, mean (SD)				41 (11)	50 (11)	0.001			
Male %							31	70	0.001
Years of study, average (SD)	12.3 (3.4)	13.6 (3.1)	0.007				12 (3.3)	14 (3)	0.005
Age of onset of low back pain mean (SD)				32 (12)	44 (12)	0.001			
Delay to diagnosis, median (IQR) months							61 (19-143)	36 (10-121)	0.04
Smoking %				24	39	0.03			
Uveitys %				13	4	0.04			
Psoriasis %				9	38.2	0.0001			
HLA-B27+ %							70	42	0.005
SI + x-Ray	77	40	0.001	71	46	.0.005			
SI MRI: edema				47	71	0.001	70	50	0.04
SI MRI: erosions							75	33	0.0001
SI MRI: bone bridges	29	2	0.001	25	2.1	0.0001	32	3.2	0.001
Pain in chest %							13	30	0.03
VAS pain, mean (SD)				5 (2.7)	6 (1.8)	0.03	6 (2.4)	7 (2.1)	0.02
BASDAI, mean (SD)	3.7 (1.7)	4.3 (1.9)	0.03						
Presence of enthesitis %				43	27	0.02			
CRP elevation >5 mg/L	19	38	0.04	21	48	0.001	38	21	0.01
ESR 1 h, mean (SD)	17.5 (12)	20.6 (11.5)	0.01						
Biological Treatment%				62	40	0.004	53	32	0.02

Conclusion: Within our regional context, the prevalence of male individuals and r-axSpA approximates 50%, aligning with other cohorts utilizing the axSpA concept based on the ASAS 2009 criteria. Our study identified a lower prevalence of HLA-B27 compared to European cohorts. The distinctive characteristics observed align with findings from other cohorts reported in the literature. These insights contribute to a deeper understanding of the evolving landscape in the diagnosis and characterization of axSpA, emphasizing the importance of regional variations in disease patterns.

Disclosure of Interest: None Declared

Keywords: axial spondyloarthritis, real-world evidence, Spondyloarthritis

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Self-Assessment Of Depression In Ankylosing Spondylitis Patients With Neuropathic Pain

Ivan Kedyk[1], Mykola Stanislavchuk[*1]
[1]Internal medicine №1, National Pirogov Memorial Medical University, Vinnytsya, Vinnytsya, Ukraine

Has this paper been previously presented at another conference?: No

Background/Objectives: The presence of neuropathic pain (NP) in ankylosing spondylitis (AS) is an aggravating factor that worsens the clinical course, reduces the quality of life and functioning of patients, complicates treatment, and leads to changes in the psycho-emotional sphere. The aim of the study was to investigate the features of self-assessment of depression in AS patients with and without NP and the relationship of depression with disease activity, functional capacity of patients, health status and severity of NP.

Methods: In according to the principles of biomedical ethics, 142 patients with AS were clinically examined using The Zung Self-Rating Depression Scale, the Leeds neuropathic pain assessment scale (LANSS), the diagnostic questionnaire for neuropathic pain (DN4), the Standardized Evaluation of Pain (StEP), Bath AS Functional Index (BASFI), Bath AS Metrology Index (BASMI), Bath AS Disease Activity Index (BASDAI), AS Disease Activity Score (ASDAS), Health Assessment Questionnaire (HAQ). Among the examined, two groups were distinguished: with NP (12 or more points according to LANSS, and 4 or more points according to DN4) - 48 patients, and without NP - 94 patients.

Results: The value of self-assessment of depression in all patients was 51.5±11.9 points, which corresponds to mild depression, in patients without NP it was 48.1±13.1 points, which is close to the upper limit of the normal value, and in patients with NP - 58.1±4.6 points, which corresponds to mild depression, closer to moderate. In 28.9% of all patients with AS, self-assessment value corresponded to the absence of depression signs, in 45.1% - mild depression, in 26.0% - moderate depression. 41.5% of patients with AS without NP had no depression, 40.4% had mild depression, and 18.1% had moderate depression, while 4.2% of patients with NP had no signs of depression, mild depression detected in 54.3%, moderate in 41.7%. Significant correlations were found between the depression and LANSS ($rS=0.505$, $p<0.001$), DN4 ($rS=0.474$, p.0.001), BASDAI ($rS=0.382$, $p<0.01$), BASFI ($rS=0.317$, $p<0.001$), StEP ($rS=0.283$, $p<0.01$), ASDAS-ESR ($rS=0.244$, $p<0.01$), HAQ ($rS=0.198$, $p<0.05$) and BASMI ($rS =0.169$, $p<0.05$).

Conclusion: AS is accompanied by mild depressive manifestations, which are significantly more pronounced in patients with NP. The level of depression directly correlated with disease activity, functional disability, and NP.

Disclosure of Interest: None Declared

Keywords: Depression, Neuropathic pain, Spondyloarthritis

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PANLAR 2024

Spondyloarthritis

PANLAR2024-1240

Prevalence Of Hla-B27 In A Cohort Of Patients With Axial Spondyloarthritis Under Biological Treatment In Uruguay

Nelly Cardona Vasquez[*1], Michelle Fuseau[1], Daniel Palleiro[1]
[1]Reumatología, Instituto Nacional de Reumatología, Montevideo, Uruguay

Has this paper been previously presented at another conference?: No

Background/Objectives: The HLA-B27 antigen is a biomarker in spondyloarthritis (SpA). Its prevalence varies globally, being lower in Latin America. The objective was to determine the prevalence of HLA-B27 in patients with axial spondyloarthritis (axSpA) under biological treatment in the population at the Fondo Nacional de Recursos (FNR) del Uruguay and to evaluate its association with other variables.

Methods: A descriptive cross-sectional study was conducted using the data obtained from the FNR database from 26/11/2013 to 21/11/2022. Patients were classified according to ASAS criteria into axSpA and peripheral spondyloarthritis (pSpA). Those who met characteristics of both types were classified as mixed spondyloarthritis.

Results: 556 cases of axSpA were identified in the FNR database. Of these, 21.9% had axSpA. The majority of axSpA cases were male (63.9%). Ankylosing Spondylitis (AS) was the most frequent subtype and had a higher prevalence in men (odds ratio [OR] 2.9; 95% confidence interval [CI]: 1.3–6.4; p=0.006). The frequency of HLA-B27 in patients with axSpA according to the SpA subtype is shown in Figure 1. In patients with axSpA, HLA-B27 positivity was significantly more frequent in AS (69.0%; p=0.001) and in those with a higher Erythrocyte Sedimentation Rate [ESR] (median 18.5; interquartile range [IQR]: 25; p=0.043). In contrast, the majority of patients with psoriatic arthritis had HLA-B27 negative (81.0%; p<0.001). Differences are shown in Table 1.

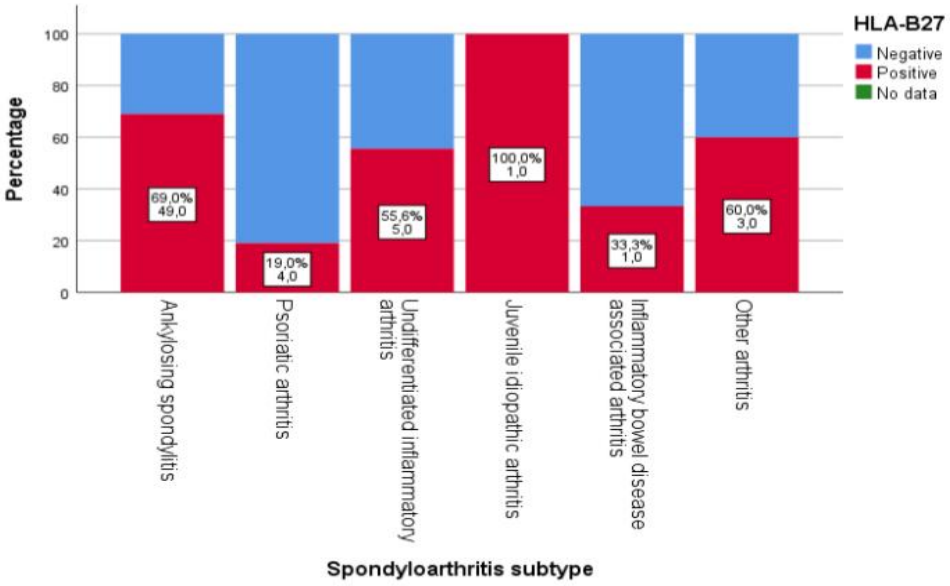
Table 1:

Table 1. Differences between patients with axial spondyloarthritis according to HLA-B27.

	HLA-B27 positive	HLA-B27 negative	*p* value
Age at diagnosis, median (IQR)	34 (19,75)	35 (11)	0,554
Male sex, n (%)	43 (58,9)	30 (41,1)	0,627
Ankylosing spondylitis, n (%)	49 (69,0)	22 (31,0)	**0,001**
Psoriatic arthritis, n (%)	4 (19,0)	17 (81,0)	**<0,001**
Undifferentiated arthritis, n (%)	5 (55,6)	4 (44,4)	1

Juvenile idiopathic arthritis, n (%)	1 (100,0)	0 (0,0)	1
Disease-associated arthritis Inflammatory bowel, n (%)	1 (33,3)	2 (66,7)	0,575
Other arthritis, n (%)	3 (60,0)	2 (40,0)	1
VES, median (IQR)	18,5 (25)	10 (24)	**0,043**
CRP, median (IQR)	6,7 (11,5)	3,2 (9,8)	0,171
CRP, C-reactive protein; interquartile range, IQR; VES, erythrocyte sedimentation rate			

Image 1:



Conclusion: The study highlights the high prevalence of HLA-B27 in patients with axSpA at the FNR in Uruguay. Patients with axSpA are more likely to be HLA-B27 positive compared to other subtypes of SpA. This was particularly observed in men with an elevated ESR.

Acknowledgment: Dr. Alicia Ramagli, Dr. Abayuba Perna, and the FNR

Disclosure of Interest: None Declared

Keywords: Epidemiology, HLA-B27, Spondyloarthritis

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Spondyloarthritis

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Prevalence Of Nephrolithiasis In Patients With Axial Spondyloarthritis: Its Association With Demographic, Clinical Variables And Metabolic Parameters.

Emilce Schneeberger*[1], Pamela Giorgis[1], Julieta Goldenberg[1], Andrea Bravo[1], Brian Roldán[1], Alejandro Ezquer[1], Gustavo Citera[1]
[1]Rheumatology, Instituto de Rehabilitación Psicofísica, Buenos Aires, Argentina

Has this paper been previously presented at another conference?: Yes

Background/Objectives: Our group previously reported a high frequency of nephrolithiasis in patients with spondyloarthritis (axSpA). Although there are several theories, its physiopathogenesis is unknown.

To evaluate the prevalence of kidney stones in patients with axSpA and to identify associated variables.

Methods: This was a cross-sectional study, including consecutive patients ≥18 years old with AxSpA according to ASAS 2009 and/or NYm 1984 criteria. Sociodemographic variables, comorbidities, disease characteristics, disease duration and treatment were recorded. Questionnaires on disease activity (BASDAI), functional capacity (BASFI) and quality of life (ASQoL) were administered. Complete laboratory (8 hours of fasting): conventional routine, acute phase reactants (ESR, CRP), uric acid, intact PTH, 25(OH) vitamin D_3, calcium, ionic calcium, phosphate and ionogram in plasma and calcium, phosphate, uric acid, oxalate, citrate, magnesium, sodium, uric acid in 24-hour urine sample and deoxypyridinoline and calcium/creatinine indices. PH and urinary sediment. Simple radiography of the urinary tree (x ray) and renal ultrasound (US). SASDAS-ERS index was calculated. *Statistical analysis:* Descriptive statistics. Univariate and multivariate analysis.
Results: We included 68 patients, mean age 46.6 years (SD 11.9), 80.9% men, mean disease duration 17.9 years (SD 11.1). Non-radiographic AxSpA 10 patients (14.7%). A total of 14/68 (20.6%) patients had nephrolithiasis (7 by US, 2 by x ray, and 5 by both). The presence of kidney stones was significantly associated with the presence of: hypernatriuria (>220 meq/l) [35.7% vs 9.3%, p= 0.025] and hypocitraruria (<350 mg/day) [35.7% vs 9.4%, p= 0.027] and lower levels of magnesuria [78.2 ±23.2 vs 99.1 ±40.1, p= 0.016]. They also had a higher BMI [30.4 ±5.5 vs 26.9 ±5.6, p= 0.038] were more frequently obese [57.1% vs 22.2%, p= 0.019] and they had a trend towards greater frequency of glucocorticoid treatment [21.4% vs 3.7%, p= 0.055]. The presence of hypocitraturia [OR: 8.02, 95% CI 1.16-55.29], hypernatriuria [OR: 25.1, 95% CI 2-309.6] and lower levels of magnesuria [OR: 0.97, 95% CI 0.94-0.99] remained associated with nephrolithiasis in the multivariate model.

Conclusion: Our study confirms a high prevalence of nephrolithiasis in patients with axSpA. The presence of hypernatriuria, hypocitraturia and hypomagnesuria were associated with this disorder.

Disclosure of Interest: None Declared

Keywords: axial spondyloarthritis, nephrolithiasis

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Spondyloarthritis

PANLAR2024-1530

Axial Spondyloarthritis Registry Of Panlar, 2024 Report (Espalda Panlar Registry). Broadening The View.

Fernando Sommerfleck[*1], Rodrigo Garcia Salinas[2], Diego Villa[3], Daniel Palleiro[4], Daniel Fernandez Avila[5], Julio Cesar Cassasola Vargas [6], Yelena Sanchez[7], Dora Candia Zuniga [8], Nicolas Marin Zucaro[9], Lorena Brance[10], Wilson Baustista[11]
[1]Sanatorio Julio Mendez, [2]Hospital Italiano de La Plata, [3]Hospital Virgen del Carmen, Buenos Aires , Argentina, [4]Instituto Nacional de Reumatologia, Uruguay, Uruguay, [5]Hospital San Ignacio, Colombia, Colombia, Colombia, [6]Hospital General de México, "Dr.Eduardo Liceaga", Mexico, Mexico, [7]Hospital General Portoviejo del Instituto Ecuatoriano de Seguridad Social (IESS), Ecuador, Ecuador, [8]Hospital Regional Primero de Octubre ISSTE, Fuerzas Armadas,, Mexico, Mexico, [9]Hospital Italiano Buenos Aires, Buenos Aires , [10]Centro de enfermedades óseas, Rosario, Argentina, [11]Fundación Santa Fé de Bogotá, Bogota, Colombia

Has this paper been previously presented at another conference?: No

Background/Objectives: **Introduction:** The ESPALDA registry was created by the PANLAR Spondyloarthritis study group with the aim of generating data from our region. Objective: To describe the most relevant clinical, laboratory and imaging findings reported in the ESPALDA registry with the inclusion of more countries.

Methods: Consecutive patients ≥ 18 yrs. old with axial Spondyloarthritis (ASAS 2009 criteria) were included from centers from Argentina, Uruguay, Chile, Venezuela, Mexico, Colombia and Ecuador. We recorded demographic data, age at onset of symptoms, duration of disease, disease-related symptoms, and comorbidities. Clinical and therapeutic aspects of the disease were collected prospectively. Specific questionnaires to determine disease activity (ASDAS/BASDAI), functional capacity (BASFI), were performed. Erythrocyte sedimentation rate (ESR) in mm/h and C-reactive protein (CRP) in mg/dl, HLA B27 and panoramic X-rays of the pelvis and if necessary, MRI of the sacroiliacs were recorded. Sacroiliitis grades were scored according to New York criteria.

Results: 191 patients were recruited. The mean age was 46 years (SD 12.6), 54.5% male, the mean age of onset of low back pain was 39 years (SD 13), and the mean delay to diagnosis was 78 months (DS), Twenty five percent had a family history of SpA and 55% had positive HLA-B27. Twenty percent of the patients had peripheral arthritis, 34% enthesitis, 20% psoriasis, 8.4% uveitis and inflammatory bowel disease 5%. Smoking was observed in 30% of the patients. Mean (SD) for: BASDAI 4 (1.9), ASDAS 2.3 (1), BASFI 4.5 (1.7), MASES 1.2 (1.9), VAS pain 6 (2.3) and VAS night pain 5 (2.6). 59% had radiographic compromise according to NY criteria. In relation to the MRI, 76% of the patient had any lesion and 65% had edema lesion. 49% received biological therapies (80% TNFi 15% IL17i and 5% Jaki).

Conclusion: In this second report of the ESPALDA registry we have expanded the number of participating countries, we can observe a lower proportion of HLA-B27 in our region; the other general characteristics were comparable with other axSpA cohorts. The delay in diagnosis continues to be a problem, being in our cohort of 78 months.

Disclosure of Interest: None Declared

Keywords: real-world evidence, Registry, Spondyloarthritis

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Spondyloarthritis

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Clinical And Pharmacological Results Related To The Implementation Of A Transdisciplinary Care Model In A Cohort Of Patients With Ankylosing Spondylitis In A Health Institution In Colombia

Juan David Wilches Wilches Gutierrez[1], Andres Julian Higuera Rodriguez[1], Juan David Hernandez Lopez[*1], Diana Rocio Arias Osorio[1]
[1]IPS Especializada, Bogotá D.C., Colombia

Has this paper been previously presented at another conference?: No

Background/Objectives: Understanding and demonstrating how the intervention of a transdisciplinary care program influences the determinants of health and the achievement of results in patients with Ankylosing Spondylitis is essential to rethink care models and therapeutic objectives. This pioneering model proposes methodologies centralized in the patient and her environment to improve clinical results and optimize the use of biological therapy. This research aims to describe the results of disease activity and use of biological therapy in a population diagnosed with Ankylosing Spondylitis, after the implementation of a transdisciplinary care model for patients with ankylosing spondylitis.

Methods: Retrospective observational descriptive study aimed at describing the clinimetric and behavioral results of the use of biological therapy

Results: Considering the date of implementation of the model and the final follow-up date, a 14% reduction in the use of biological therapy was achieved despite the fact that the population showed a growth of 35 patients (56%). The descriptive analyzes allow us to establish that from the sixth month of intervention, an average clinimetry result below 4.0 was obtained, suggesting control of the disease activity; this value continued with a tendency towards reduction in subsequent months.

Image 1:

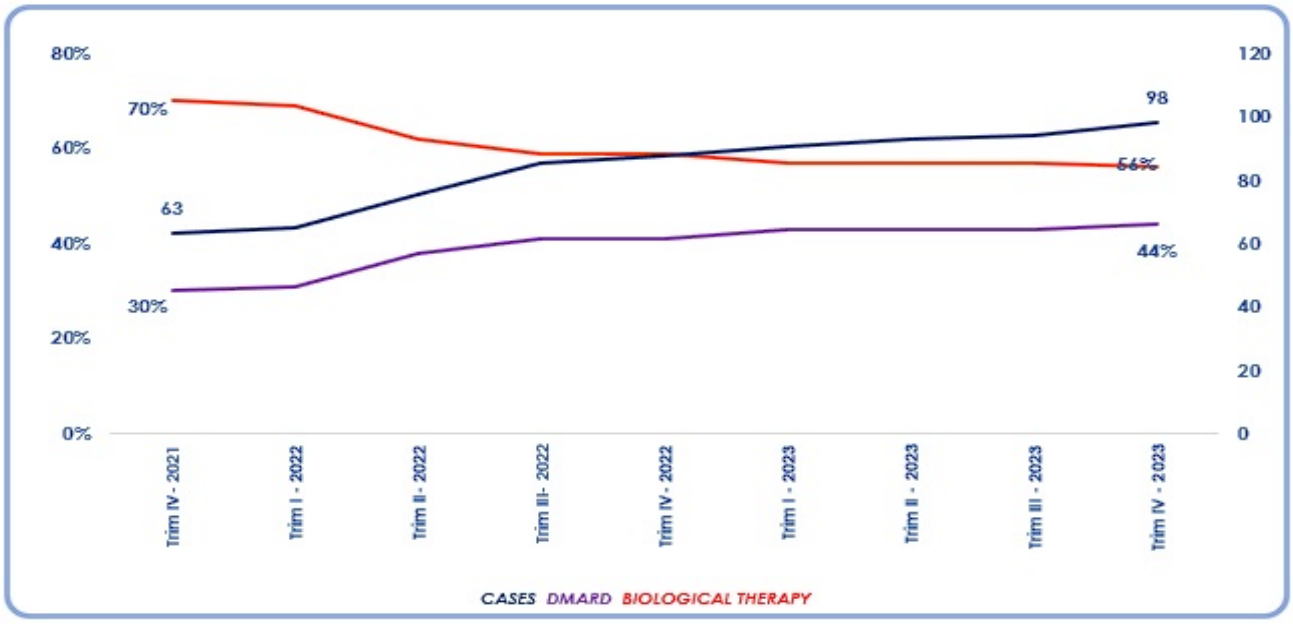
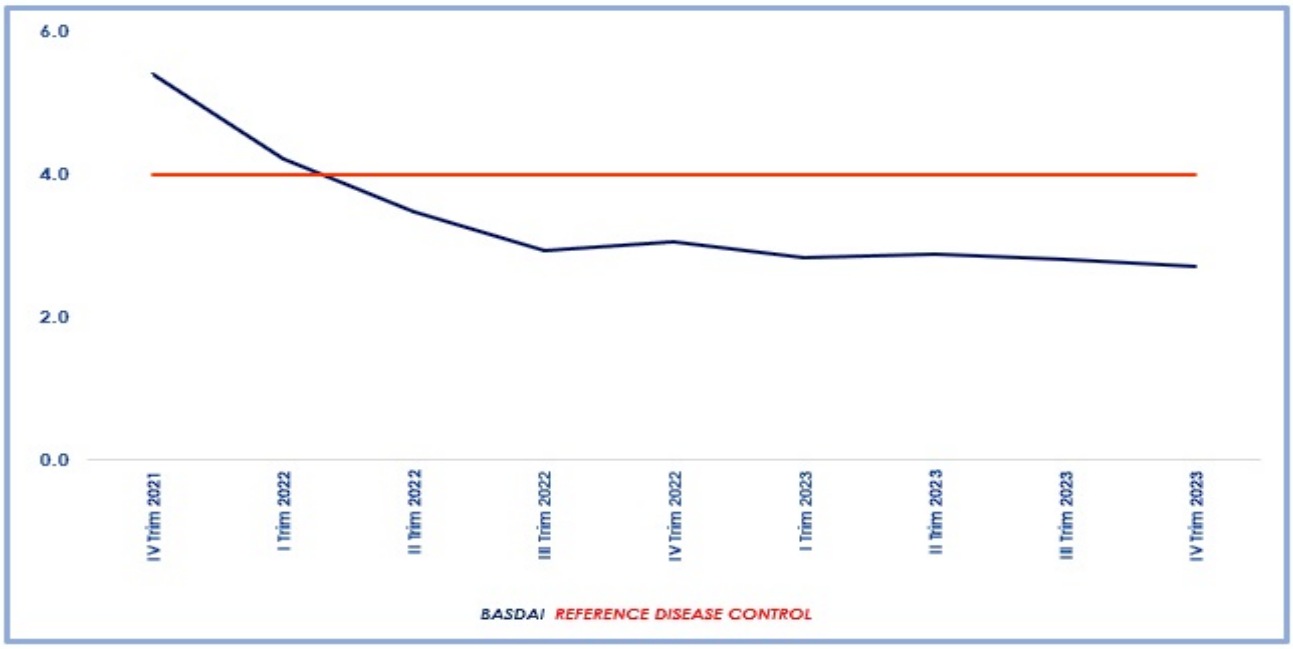


Image 2:



Conclusion: The implementation of transdisciplinary models adjusted to the particular needs of the population allows timely access to health services and technologies, contributing to the control of disease activity, associated with a containment of the use of biological therapy that could be associated with the containment of the health spending despite population growth. This care model allows us to propose that comprehensive interventions in high-cost pathologies are an alternative to improve health outcomes and sustainability.

Reference 1: Hwang, M. C., Ridley, L., & Reveille, J. D. (2021). Ankylosing spondylitis risk factors: a systematic literature review. *Clinical Rheumatology, 40*, 3079–3093

Reference 2: Li, X., Yu, W., Jia, Z., Li, J., Liu, Y., & Yang, J. (2023). Frontiers of ankylosing spondylitis research: an analysis from the top 100 most influential articles in the field. *Clinical and Experimental Medicine, 23*, 3019–3040.

Disclosure of Interest: None Declared

Keywords: Ankylosing Spondylitis, Use Biological Therapy, Disease Control

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Spondyloarthritis

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Educational Needs In People With Axial Spondyloarthritis In Argentina. Preliminary Data

Leandro Ferreyra Garrott[*1], Victoria Martiré[2], Mariana Benegas[3], Fernando Sommerflek[3], Hernan Maldonado Ficco[4], Carla Airoldi[5], Luciana Casalla[6], Aixa Lucia Mercé[7], Natalia Zamora[8], Emilio Buschiazzo[9], Javier Rosa[1]
[1]Rheumatology unit, Hospital Italiano de Buenos Aires , CABA, [2]Rheumatology unit, Hospital San Roque de Gonnet,, La Plata, [3]Rheumatology unit, Sanatorio Dr Julio Mendez, CABA, [4]Rheumatology unit, Hospital San Antonio de Padua de Río Cuarto, Rio Cuarto, Córdoba, [5]Rheumatology unit, Hospital Provincial de Santa Fé, Santa Fé, [6]Rheumatology unit, Genea Centro Médico, [7]Rheumatology unit, Hospital General de Agudos Bernardino Rivadavia, CABA, [8]Rheumatology unit, HIGA San José, Pergamino, Buenos Aires , [9]Rheumatology unit, Hospital Señor del Milagro, Salta, Argentina

Has this paper been previously presented at another conference?: No

Background/Objectives: Furthermore than developing recommendations about pharmacological treatment, the clinical guidelines for the management of AxSpA highlight the importance of educating people with this diagnosis, thus generating patients empowerment to achieve control of their disease, for this, its important to recognize the characteristics of the disease that patients need to know.

Methods: People over 18 years of age, with a diagnosis of AxSpA, were invited to complete the SpENAT questionnaire (Health Education Questionnaire for patients with Spondyloarthritis), which contains 39 items, grouped into 7 domains: pain management, movement, feelings, disease process, treatments, self-help measures and support systems. It has a total score of 0 to 156, with higher scores representing greater educational needs.

Results: 62 patients with axial spondyloarthritis completed the SpENAT. 42 (67.7%) were male, mean age 45.3 (sd 1.55), 41 (66.1%) with Spa No Rx, with disease duration 130.7 months (sd 17) and the delay to diagnosis was 58.7 months (sd 9.8). 36 (58.1%) had ASDASpcr in low activity or remission.

95.16% (59) considered that they need to know more about their illness. 71% (44) want to have a lot or all the information about their illness

There were no significant differences in the total result of the questionnaire according to sex, AS vs SPa noRX, time of diagnosis or time of illness.

Table 1: Table 1: SpENAT Result

Domain	
Pain management	
Movement	
Feelings	

Disease process	
Treatments	
Self-help measures	
Support systems	
TOTAL	

Conclusion: This is the first study in this country on educational needs in SPaAx. The most relevant items were the disease process, pain management, movement and self-care.

Reference 1: Marques ML, Ferreira RJO, Machado PM, Marques A, da Silva JAP, Ndosi M. Educational needs in people with ankylosing spondylitis and psoriatic arthritis: a cross-sectional study. Clin Exp Rheumatol. 2020 Mar-Apr;38(2):282-288. doi: 10.55563/clinexprheumatol/eyyx5h. Epub 2019 Jul 22. PMID: 31365330.

Disclosure of Interest: None Declared

Keywords: axSpA, educational, Spondyloarthritis

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Spondyloarthritis

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Prevalence Of Comorbidities In Spondyloarthritis

Eduardo Yasuda[1], Beatriz Espindola Paiva[1], Clarissa Ruas Yasuda[1], Natalia Seixas de Melo[1], Samuel Elias Basualto Dias[1], Lucas de Sousa Martins[1], Nathália Tenório de Holanda Cabral Costa[1], Ana Lúcia da Silva Hernandes[1], Amanda Edwards Borba[1], Marcos Mavignier Sousa Dias[1], Naomy Tavares Cisneros[1], Anna Paula Sampaio Maciel[1], Barbara Seabra Carneiro[1], Sandra Lúcia Euzébio Ribeiro[*1]
[1]Federal University of Amazonas, Manaus, Brazil

Has this paper been previously presented at another conference?: No

Background/Objectives: Patients with spondyloarthritis (SpA) are at increased risk of developing comorbidities. The objective is to investigate the prevalence of comorbidities in patients with SpA.

Methods: Retrospective descriptive study. Patients who met the SpA classification criteria of The Assessment of Spondyloarthritis International Society (ASAS), 2009, of both genders, aged 18 years or over. Data collected: Demographics, disease characteristics (activity, severity, treatment), comorbidities (cardiovascular, infectious, cancer, gastrointestinal, pulmonary and psychiatric disorder).

Results: Of the 152 patients recruited, 134 were analyzed (age, 49±14); male, 51.9%; HAQ (Health Assessment Questionnaire) 0.73±0.76; current or past use of NSAIDs, 42%; current or past use of corticosteroids, 16%. The most frequently associated comorbidities are: systemic arterial hypertension, 31.3%; diabetes mellitus, 18.7%; obesity, 4.2%; fibromyalgia, 10.4%; anxiety, 7.5% and depression 3%. Furthermore, 48.5% had no comorbidities.

Conclusion: The analysis revealed a complex interconnection between the presence of comorbidities and factors such as disease activity, severity and specific treatments. Hypertension and diabetes mellitus stand out as the most common, highlighting the importance of early identification and effective management for comprehensive care. However, almost 50% of these patients did not present any of the comorbidities. With this, we would like to emphasize the need for a multidisciplinary approach for a better quality of life and prognosis.

Disclosure of Interest: None Declared

Keywords: Comorbidities, prevalence, Spondyloarthritis

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Spondyloarthritis

PANLAR2024-1215

Factors Related To Low Bone Mineral Density In Patients With Spondyloarthropathies.

Melissa Rodríguez U.[*1,2], Marianny M. Castillo[1], Catherine Rodríguez Tejada[1], Yori Roque[2], Esthela Loyo[1], Carmen María Tineo Rodríguez[1], Greysi Díaz[1], Glenny Paulino Acevedo[1], Alexandra Molina Díaz[1], Daniel JImínez Gutiérrez[1]
[1]Rheumathology, Hospital Regional Universitario José María Cabral y Báez, [2]Pontificia Universidad Católica Madre y Maestra, Santiago, Dominican Republic

Has this paper been previously presented at another conference?: No

Background/Objectives: To identify determinants related to low bone mineral density in patients with spondyloarthropathies.

Methods: A descriptive, observational, prospective, and cross-sectional study was carried out during the period of August to December 2022. The study focused on patients with spondyloarthropathies who attended the Department of Rheumatology and Clinical Immunology in Santiago City, Dominican Republic. Demographic, clinical, serological, treatment, and imaging study data were collected. Qualitative and quantitative variables were cross-referenced, and statistical significance was determined using the Chi-Square test and Pearson Correlation Test. Statistically significant differences were considered at p-values ≤ 0.05.

Results: A total of 129 patients were evaluated, of which only 33 patients met the inclusion and exclusion criteria. Among these, 55% were female, with a dominant age range of 46-60 years. The majority (97%) were diagnosed with axial spondyloarthritis, and 63.6% were HLA-B27 positive. Lumbar spine osteopenia and hip osteopenia were observed in 42.4% and 39.4% of patients, respectively. Higher hip bone density was found in 36.4% of patients in disease remission, measured by the BASDAI scale (p = 0.016). Similarly, high values of C-reactive protein and erythrocyte sedimentation rate were associated with a higher incidence of hip osteoporosis (p = 0.04 and 0.002, respectively).

Table 1:

	BASDAI										
	Remission		Low Activity		Moderate Activity		High Activity		Very High Activity		p
	N	%	n	%	n		%	n	%	n	
Normal	12	36.4	4	12.1	1	3.0	1	3.0	0	0	**0.016**

Hip Bone Mineral Density	Osteopenia	3	9.1	2	6.1	4	12.1	3	9.1	1	3.0
	Osteoporosis	0	0	0	0	0	0	2	6.1	0	0

	Hip Bone Mineral Density			
	Normal	**Osteopenia**	**Osteoporosis**	**p**
C Reactive Protein (mg/L)	1.6	10.41	30.02	**0.042**
Erithrocyte Sedimentation Rate (mm/1h)	17	28.21	74	**0.002**

Conclusion: In patients with spondyloarthropathies, low disease activity measured by the BASDAI scale were associated with normal hip bone mineral density and high values of C-reactive protein and erythrocyte sedimentation rate were associated with a higher incidence of osteoporosis.

Disclosure of Interest: None Declared

Keywords: Osteopenia, Osteoporosis, Spondyloarthritis

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GLOBAL RHEUMATOLOGY BY PANLAR

PANLAR 2024

Systemic lupus erythematosus

PANLAR2024-1005

Male Gender, Educational Level, Disease Activity, Prednisone Daily Dose And Previous Medical Adherence Are Predictive Of Medical Adherence In Systemic Lupus Erythematosus Patients. Data From The Almenara Lupus Cohort

Manuel F. Ugarte-Gil[*1,2], Rocío Gamboa-Cárdenas[1,2], Victor Pimentel-Quiroz[1,2], Cristina Reátegui-Sokolova[1,3], Claudia Elera-Fitzcarrald[1,4], Mariela Medina[1,5], Zoila Rodriguez-Bellido[1,6], Cesar Pastor-Asurza[1,6], Risto Perich-Campos[1,6], Graciela S. Alarcón[7,8]
[1]Rheumatology Department, Hospital Guillermo Almenara Irigoyen. EsSalud, [2]Grupo Peruano de Estudio de Enfermedades Autoinmunes Sistémicas, Universidad Científica del Sur, [3]Unidad de Investigación para la Generación y Síntesis de Evidencias en Salud, [4]Facultad de Ciencias de la Salud, Universidad San Ignacio de Loyola, [5]Instituto de Investigaciones en Ciencias Biomédicas, Universidad Ricardo Palma, [6]School of Medicine, Universidad Nacional Mayor de San Marcos, Lima, Peru, [7]Marnix E. Heersink School of Medicine, The University of Alabama at Birmingham, Alabama, United States, [8]School of Medicine, Universidad Peruana Cayetano Heredia, Lima, Peru

Has this paper been previously presented at another conference?: Yes

Background/Objectives: Poor medical adherence has been reported to be associated with several negative outcomes in systemic lupus erythematosus (SLE) patients, such as increased disease activity and damage accrual. However, the predictive factors of medical adherence have been only scarcely evaluated overall, and particularly in Latin American populations.

Methods: One hundred and twenty-four patients who were taken at least one medication, and who had at least two visits between October 2022 and September 2023, members of the Almenara Lupus Cohort were included. Medical adherence was ascertained using the Compliance Questionnaire on Rheumatology (CQR); it ranges from 0 to 100, higher scores indicate better adherence. Potential predictive factors of medical adherence were gender, age at diagnosis, educational level (in years), socioeconomic status, disease duration, PROMIS general self-efficacy, PROMIS self-efficacy for managing chronic conditions, depressive symptoms (ascertained with the PHQ9), anxiety (ascertained with the GAD7), health-related quality of life (Physical and Mental Component Summary of the SF-36), Carlson comorbidity index, disease activity (ascertained with the SLEDAI-2K), damage (ascertained with the SLICC/ACR damage index, SDI), prednisone daily dose, antimalarial e immunosuppressive drugs use, number of drugs currently used. Generalized estimated equations were done; all potential predictive factors were ascertained at the first visit as well as the CQR; the outcome was the CQR in the subsequent visit. A multivariable model was done using a backward selection procedure with an alpha to stay in the model of 0.05.

Results: 293 visits from 124 patients were included, 116 (93.5%) were women with a mean age at diagnosis of 35.2 (12.6) years. Mean CQR at baseline was 75.9 (13.6) and at the end of follow-up was 76.4 (12.4). In the multivariable model, male gender (B= 8.18; standard error (SE)= 2.32; p<0.001), a higher educational level (B= 0.88; SE= 0.23; p<0.001), disease activity (B=0.34; SE= 0.16; p=0.029) and daily prednisone dose (B=0.35; SE=0.08; p<0.001) as well as previous medical adherence (B=0.27; SE= 0.12; p=0.027) are predictive of better medical adherence.

Conclusion: Male gender, higher educational level, disease activity, daily prednisone dose and previous medical adherence are predictive of better medical adherence. Further studies are needed to define the best strategies to improve medical adherence in SLE patients.

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Systemic lupus erythematosus

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Evaluation Of Accrual Damage In Patients With Systemic Lupus Erythematosus: Comparison Of Data From The National Cross-Sectional And Prospective Lupus Registry

Lucila Garcia[1], Joan Manuel Dapeña[*2], Carla Gobbi[3], Rosana Quintana[4], Paula Alba [5], Susana Roverano[6], Analia Alvarez [7], Cesar Graf[8], Cecilia Pisoni[9], Alberto Spindler[10], Catalina Gómez [11], Heber Matías Figueredo [12], Silvia Papasidero[13], Raúl Paniego [14], Maria Celina de la Vega [15], Emma Civit [16], Luciana González Lucero [17], Victoria Martire [18], Rodrigo Maldonado Aguila[1], Sergio Gordon [19], Marina Micelli [20], Romina Nieto [21], Gretel Rausch [22], Vanina Gongora [23], Agustina Damico[24], Diana Dubinsky[25], Alberto Orden[26], Johana Zacariaz[27], Julia Romero[28], Mariana Pera[1], Mario Goñi[29], Oscar Rillo[30], Roberto Báez[31], Valeria Arturi[1], Andrea González[32], Florencia Vivero[33], María Eugenia Bedoya[34], Marcela Schmid[35], Victor Caputo[36], Maria Silvia Larroude[37], Nadia Dominguez[20], Graciela Gomez[38], Graciela Rodriguez[1], Josefina Marín[27], Victoria Collado[38], Marisa Jofren[29], Zaida Bedran[39], Ana Curti[40], Maria Victoria Gazzoni[41], Judith Sarano[39], Pablo Finucci Curi[23], Romina Rojas Tessel[42], Maira Arias Saavedra[20], María Emilia Sattler[43], Maximiliano Machado Escobar[44], Pablo Artesana[45], Úrsula París[39], Juan Manuel Vandale[33], Maria Julia Santa Cruz[13], Bernardo Pons-Estel[4], Paula Corbalan[46], Lucia Margarita Mendoza Martinez[13], Gesolmina Alle[27], Bettina Sardi[1], Maitén Sarde [1], Florencia Gordillo [16], Guillermo Pons-Estel[4], Mercedes García[1]
[1]Hospital Interzonal General De Agudos General San Martín, La Plata, [2]Sanatorio Dr. Julio Méndez, Buenos aires , [3]Sanatorio Allende, Córdoba, Córdoba , [4]Centro Regional de Enfermedades Autoinmunes y Reumáticas (CREAR), Rosario , [5]Hospital Cordoba, Cordoba , [6]Hospital J.M. Cullen, Santa Fé, [7]Hospital Penna , Buenos aires , [8]Centro Médico Mitre, Paraná, [9]Centro de Educación Médica e Investigaciones Clínicas "Norberto Quirno" (CEMIC), Buenos aires , [10]Centro de Investigaciones Médicas , Tucumán , [11]Hospital Central Formosa , [12]Hospital de Alta Complejidad Pte. Juan Domingo Perón, Formosa, [13]Hospital General de Agudos Dr. Enrique Tornú, Buenos aires , [14]Centro Pampeano de Reumatología y Rehabilitación (CEPRER), Santa Rosa , [15]Hospital Argerich , Buenos aires , [16]Hospital del Carmen , Godoy Cruz , [17]Hospital Padilla , Tucumán , [18]Hospital Italiano , La Plata , [19]Hospital Interzonal General de Agudos "Dr. Oscar E. Alende", Mar del Plata , [20]Hospital General De Agudos José María Ramos Mejía, Buenos aires , [21]Hospital Provincial Rosario , Rosario , [22]Consultorio privado , Río Grande, [23]Hospital San Martín, Paraná, [24]Hospital Naval Puerto Belgrano, Bahia Blanca, [25]Hospital Clínicas, [26]Hospital Aeronáutico Central, [27]Hospital Italiano , Buenos aires , [28]Clínica Alvear, San Juan , [29]Centro De Especialidades Médicas Ambulatorias De Rosario, Rosario , [30]Hospital General De Agudos Dr. Ignacio Pirovano, [31]Hospital General Roca, [32]Hospital Eva Perón, Buenos Aires , [33]Hospital Privado De La Comunidad, Mar del Plata , [34]Hospital San Martin , Paraná, [35]Hospital Ángela Iglesia De Llano, Corrientes, [36]Sanatorio Juncal, [37]Consultorio Privado, [38]Instituto De Investigaciones Médicas Alfredo Lanari, Buenos Aires, [39]Hospital Escuela De Agudos Dr. Ramón Madariaga, Posadas, [40]Hospital Luis Carlos Lagomaggiore, Mendoza, [41]Hospital Nacional De Clínicas, Cordoba , [42]Hospital Señor Del Milagro, salta, [43]Granadero Baigorria, Hospital Escuela Eva Perón, Santa Fe, [44]Hospital Eva Perón, Tucuman , [45]Sanatorio Allende, Cordoba , [46]Hospital Ángel C. Padilla, Tucumán, Argentina

Has this paper been previously presented at another conference?: Yes

Background/Objectives: Adequate control of disease activity and early therapeutic interventions can minimize damage in Systemic Lupus Erythematosus (SLE) [1-2]

Objective: to describe and compare damage in patients with SLE from the national cross-sectional and prospective registries of the Argentine Society of Rheumatology (RELESSAR) and to assess associated factors.

Methods: A cross- sectional study was performing using two national lupus registries: the cross-sectional (RELESSAR-CS) and the prospective (RELESSAR-P) ones. Data from 1648 patients across 67 centers were analyzed, with 9-year

difference between both initiatives. Sociodemographic data, clinical manifestations, hospitalizations, activity and damage scores in patients with less than 5 years of SLE evolution were analysed. Statistical analysis: Descriptive statistics, Chi2, Fisher, Student's t, or Wilcoxon tests as appropriate. Univariate/multivariate logistic regression identified factors associated with accrual damage.

Results: Data were collected from RELESSAR-CS (n=1515) and the basal visit of RELESSAR-P (n=133). Cumulative damage was evaluated by domain (Table 1). Patients with <5 years of evolution from both registries were compared (Table 2): patients who belonged to RELESSAR-CS were younger (p=0.002), had longer diagnosis delay (p<0.001), and lower use of rituximab (p<0.001). No difference in accrual damage was found. Patients with (n=311) and without cumulative damage (n=428) from both registries were compared. Patients with SLICC/SDI ≥1 were older (36[26-47] vs 31[25-41], p<0.001) and showed more frequency of male sex (14% vs 9%, p=0.046) and mestizos (58% vs 44%, p<0.001), and lower educational level (12[10-15] vs 12[11-15], p=0.019). Additionally, they exhibited higher SLEDAI activity (2 [0-6] vs 1 [0-4], p=0.008) and increased use of MTX (26% vs 18%, p=0.021), CYC (38% vs 21%, p<0.001), and MMF (27% vs 19%, p=0.021). They had a higher rate of hospitalizations (64% vs 44%, p<0.001) and infections (18% vs 9%, p<0.001). Age, mestizo ethnicity, SLEDAI, and the use of MTX and CYC were independently associated with damage.

Image 1:

Table 1. Cumulative Damage in Cross-Sectional and Prospective Registries of Systemic Lupus Erythematosus

		RELESSAR-P (N=133)	RELESSAR-CS (N=1515)
Domains of the SLICC-SDI Index	• Renal	**11 (8.3%)**	96 (6.3%)
	• Musculoskeletal	10 (7.5%)	**355 (23.4%)**
	• Neuropsychiatric	9 (6.8%)	173 (11.4%)
	• Ocular	6 (4.5%)	150 (9.9%)
	• Pulmonary	6 (4.5%)	97 (6.4%)
	• Cardiovascular	5 (3.8%)	131 (8.6%)
	• Peripheral Vascular System	5 (3.8%)	91 (6.0%)
	• Premature Gonadal Insufficiency	3 (2.3%)	30 (2.0%)
	• Gastrointestinal	2 (1.5%)	20 (1.3%)
	• Cutaneous	1 (0.8%)	109 (7.2%)
	• Cancer	0 (0%)	51 (3.4%)
	TOTAL	**52 Events**	**1303 Events**

***SLICC-SDI** = Systemic Lupus International Collaborating Clinics/American College of Rheumatology Damage Index*

Image 2:

	RELESSAR-CS Patients with less than 5 years of evolution (N=656)	RELESSAR-P Patients with less than 5 years of evolution (N=101)	P-value
Age at last visit Median [Q1, Q3]	32.5 [25.1, 43.2]	37.0 [29.0, 50.0]	0.002
Female sex	581 (88.6%)	88 (87.1%)	0.153
Race			0.003
Afro Latinoamerican	7 (1.07%)	2 (1.98%)	
Amerindio	54 (8.23%)	11 (10.9%)	
Caucasic	273 (41.6%)	21 (20.8%)	
Other	8 (1.22%)	2 (1.98%)	
Mestizo	314 (47.9%)	65 (64.4%)	
Delay in diagnosis Median [Q1, Q3]	5.50 [2.10, 13.1]	0 [0, 1.00]	<0.001
Educational level Median [Q1, Q3]	12.0 [10.0, 15.0]	12.0 [11.0, 15.0]	0.167
Socioeconomic status			0.001
Low/Medium-low	342 (52.1%)	50 (49.5%)	
Medium	262 (39.9%)	41 (40.6%)	
Medium high	52 (7.93%)	6 (5.94%)	
SLEDAI Score Median [Q1, Q3]	2.00 [0, 4.00]	1.00 [1.00, 1.00]	0.155
Methotrexate	127 (21.0%)	15 (24.2%)	0.667
Antimalarials	590 (97.2%)	33 (97.1%)	1
Azathioprine	155 (25.7%)	17 (27.4%)	0.882
Cyclophosphamide	165 (27.4%)	24 (34.3%)	0.280
Mofetil Mycophenolate	132 (22.0%)	20 (33.9%)	0.057
Rituximab	27 (4.52%)	6 (46.2%)	<0.001
Hospitalization	345 (52.6%)	57 (57.0%)	0.474
Serious Infection	76 (12.0%)	17 (17.3%)	0.193
SLICC/ SDI Score Median [Q1, Q3]	0 [0, 1.00]	0 [0, 1.00]	0.276

Conclusion: Musculoskeletal domain was affected less frequently in the prospective registry, which could be associated with lower frequency of avascular necrosis and lower use of corticosteroids. Age, mestizo ethnicity, SLEDAI, and the use of MTX and CYC were significantly associated with damage.

Reference 1: 1.Rua-Figueroa Fernández de Larrinoa Í, et al. Expert Opin Biol Ther. 2022 Jul;22(7):821-829.

Reference 2: 2. Bruce IN, et al. Ann Rheum Dis. 2015;74 (9):1706–1713].

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Allele Specific Gene Expression During Tolerance Induction On Dendritic Cells From Mexican Women With Systemic Lupus Erythematosus.

Ana Laura Hernández-Ledesma[*1], Sofía Salazar-Magaña[1], Evelia Coss-Navarrete[1], Karen Julia Nuñez-Reza[1], Diego Ramírez-Espinoza[1], Lizbet Tinajero-Nieto[2], Angélica Peña-Ayala[2], Estefania Valdez-Torres[3], María Vanessa Gordillo-Huerta[4], Guillermo Félix-Rodríguez[5,6], Gabriel Frontana-Vazquez[3], Florencia Rosetti[7], Selene L Fernández-Valverde[8], María Gutierrez-Arcelus[9], Deshiré Alpízar-Rodríguez[10], Alejandra Medina-Rivera[1]
[1]Laboratorio Internacional de Investigación sobre el Genoma Humano, Universidad Nacional Autónoma de México, [2]Hospital General Regional No. 1, IMSS, [3]Hospital General Regional No. 2, IMSS, [4]Hospital General Querétaro, ISSSTE, [5]Hospital Star Médica Querétaro, [6]Capitulo Reumatología, Querétaro, [7]Instituto Nacional de Ciencias Médicas y Nutrición Salvador Zubirán, México, Mexico, [8]University of New South Wales, Sydney, Australia, [9]Brigham and Women's Hospital, Harvard Medical School, Broad Institute, Massachusetts, United States, [10]Colegio Mexicano de Reumatología, México, Mexico

Has this paper been previously presented at another conference?: No

Background/Objectives: Systemic Lupus Erythematosus (SLE) is an autoimmune disease characterized by the loss of self-tolerance. Due to their ability to polarize the immune response towards an anti-inflammatory profile, tolerogenic dendritic cells (tolDCs) represent a potential therapeutic approach for SLE. Although genetic factors have proven to be key to SLE development, there is still scarce information underlying the involved genes and mechanisms. Allele-specific expression (ASE) can be used to identify gene regulatory mechanisms relevant in complex diseases. This study aims to characterize the ASE during tolerance induction on dendritic cells (DCs) from Mexican women with SLE

Methods: Volunteers were identified using the LupusRGMX. Blood and buccal swabs were collected. From blood, monocytes were isolated using Lymphoprep and a magnetic beads cell-enrichment kit. Cells were cultured in RPMI-1640 medium supplemented with GM-CSF and IL-4 for monocyte-derived dendritic cells (moDCs) and GM-CSF, IL-4 and IL-10 for tolDCs. On the 7th day imiquimod (IMQ) was added to induce maturation. Flow cytometry analysis, RNA and whole genome sequencing (WGS) have been performed. We performed differential gene expression, variant discovery and allele specific expression analyses

Results: Cells were obtained from 23 women with SLE and 10 controls. No differences were observed on surface markers associated with DCs differentiation between groups by flow cytometry. Upon comparison of RNA-seq data between patients and controls, we noted an upregulation of genes previously proposed as markers for SLE on monocytes, such as IFI44 and SIGLEC1; moreover, we saw an enrichment of genes associated to defense response and interferon-mediated signaling pathways. In the case of moDCs, BIVMS-ERCC5 and GAS6-AS1 genes were differentially expressed and upregulated in patient samples, these genes are associated with DNA repair and apoptosis clearance, and have been associated with autoimmune diseases. When comparing tolDCs from patients and controls we observed ABCG1 and

ABCA1 genes differentially expressed and upregulated, both encode TP-binding cassette transporters, which are involved in lipid metabolism, pathways enriched in tolDCs of SLE volunteers. Dysregulation of lipid metabolism has been associated with DC dysfunction and loss of tolerance

Conclusion: We observed differential expression of genes previously associated with SLE; further analyses will allow us to deepen the regulatory mechanisms involved in tolerance induction on DC

Disclosure of Interest: None Declared

Keywords: Allele specific expression, immune tolerance, systemic lupus erythematosus

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Lupus Nephritis And Response To Treatment In Latin America

Rosana Quintana[1], Romina Nieto[1], Diana Carolina Fernández Ávila1 Fernández Ávila[1], Rosa Serrano[1], Guillermina Harvey[2], Lucia Hernandez[1], Karen Roberts[1], Marina Scolnik[3], Carmen Funes Soaje Funes Soaje[4], Paula Alba[5], Verónica Saurit[6], Mercedes A García[7], Guillermo Berbotto[8], Verónica Bellomio[9], Wilfredo Patiño Grageda[10], Graciela Gómez[11], Cecilia Pisoni[12], Ana Malvar[13], Vicente Juarez[14], Nilzio A Da Silva[15], Odirlei Andre Monticielo[16], Henrique Ataide Ataide Mariz[17], Francinne Machado Ribeiro[18], Eduardo Borba[19], Luciana Parente[19], Edgard Torres[20], Oscar Neira[21], Loreto Massardo[22], Gustavo Aroca Martínez[23], Carlos A Cañas Davila[24], Gerardo Quintana López[25], Carlos Enrique Toro-Gutierrez[26], Mario Moreno[27], Andres Zuñiga[28], Miguel A Saavedra Salinas[29], Margarita Portela Hernandez[30], Hilda Fragoso Loyo[31], Luis Silveira[32], Ignacio García De La Torre[33], Carlos Abud Mendoza[34], Marcos Fonseca Hernández[34], Jorge A Esquivel Valerio[35], Isabel Acosta Colman[36], Jhonatan Losanto[36], Claudia Selene Mora Trujillo[37], Katiuzka Zuñiga Corrales[38], Roberto Muñoz Louis[39], Martin Rebella[40], Álvaro Danza[41], Manuel Ugarte-Gil[42, 43], Graciela S. Alarcón[44, 45], Urbano Sbarigia[46], Federico Zazzetti[47], Ashley Orillion[48], Guillermo Pons-Estel[* 49], Bernardo Pons-Estel[49]
[1]Internal Medicna, Centro Regional de Enfermedades Autoinmunes y Reumáticas (GO-CREAR), [2]Escuela de Estadística, Facultad de Ciencias Económicas y Estadística, Universidad Nacional de Rosario , Rosario, [3]Sección Reumatología,, Hospital Italiano de Buenos Aires,, Buenos Aires, [4]Hospital Italiano de Córdoba,, [5]Hospital Córdoba, [6]Hospital Privado Universitario de Córdoba, Cordoba, [7]Hospital HIGA San Martín, La Plata, [8]Unidad de Enfermedades Autoinmunes, Hospital Escuela Eva Perón, G.Baigorria, [9]Hospital Padilla, Tucumán, [10]Hospital General de Agudos J.M. Ramos Mejía, [11]Instituto de Investigaciones Médicas Alfredo Lanari, [12]CEMIC, Buenos Aires, [13]Hospital General de Agudos Dr. Juan A. Fernández, Buenos Aires, [14]Hospital Señor del Milagro, Salta, Argentina, [15]Hospital das Clinicas, Universidad Federal de Goias, Goias, [16]Hospital de Clínicas de Porto Alegre/Universidade Federal do Rio Grande do Sul, Porto Alegre, [17]Universidad Federal de Pernambuco, Pernambuco, [18]Hospital Universitario Pedro Ernesto, UERJ, Rio de Janeiro, [19]Hospital da Clinicas de Sao Paulo, [20]Universidad Federal São Paulo, Sao Paulo, Brazil, [21]Hospital del Salvador, Universidad de Chile, [22]Facultad de Medicina y Ciencia, Universidad San Sebastián,, Santiago, Chile, [23]Universidad Simon Bolivar, Barranquilla, [24]Fundación Valle del Lili, Unidad de Reumatología, Cali, [25]Facultad de Medicina, Universidad Nacional de Colombia, [26]Centro de Estudios de Reumatologia & Dermatologia SAS, Bogota, Colombia, [27]Rheumatology Service, Luís Vernaza Hospital, [28]Universidad Católica de Santiago de Guayaquil, Guayaquil, Ecuador, [29]División de Investigación en Salud, Hospital de Especialidades Dr. Antonio Fraga Mouret, CMN La Raza, IMSS, [30]Centro Médico Nacional Siglo XXI, [31]Instituto Nacional de Ciencias Médicas y Nutrición Salvador Zubirán, [32]Departamento de Reumatología, Instituto Nacional de Cardiología Ignacio Chávez, DF, [33]Depto. de Inmunología y Reumatología, Hospital General de Occidente y Universidad de Guadalajara, Guadalajara, [34]Hospital Central Dr. Ignacio Morones Prieto, SLP, [35]Servicio de Reumatología (CEAR). Hospital Universitario "Dr. José Eleuterio González". Universidad Autónoma de Nuevo León, Nuevo León, Mexico, [36]Hospital de Clínicas I, Asunción, Asunción, Paraguay, [37]Hospital Nacional Edgardo Rebagliatti Martins, [38]Hospital Cayetano Heredia, San Martin de Porres, Lima, Peru, [39]Hospital Docente Padre Billini, Santo Domingo, Dominican Republic, [40]Clínica Médica C, Hospital de Clínicas, UDELAR, [41]Grupo de Investigación de EAIS y Reumatológicas, Montevideo, Uruguay, [42]Servicio de Reumatología. Hospital Nacional Guillermo Almenara Irigoyen, EsSalud,, [43]Grupo Peruano de Estudio de Enfermedades Autoinmunes Sistémicas, Universidad Científica del Sur, Lima, Peru, [44]Division of Clinical Immunology and Rheumatology, The University of Alabama at Birmingham Marnix Heersink School of Medicine, Department of Medicine, Birmingham, Alabama, USA, Birmingham, United States, [45]Department of Medicine, School of Medicine, Universidad Peruana Cayetano, Heredia, lulinper, Peru, [46]Johnson & Johnson Innovative Medicine, Bruselas, Belgium, [47]Johnson & Johnson Innovative Medicine, Horsham, PA,, [48]Johnson & Johnson Innovative Medicine, Spring House, PA, USA, PA, United States, [49]Centro Regional de Enfermedades Autoinmunes y Reumáticas (GO-CREAR), Rosario, Argentina

Has this paper been previously presented at another conference?: No

Background/Objectives: To describe the rate of treatment response at 12 months in a cohort of SLE patients with active lupus nephritis (LN).

Methods: GLADEL 2.0 is an observational prevalent and incident cohort. Forty-four centers from 10 Latin-American countries enrolled patients ≥18 years old who fulfilled the 1982/1997 American College of Rheumatology (ACR) and/or 2012 Systemic Lupus International Collaborating Clinics (SLICC) classification criteria. Patients were categorized into 4 subsets according to the presence of LN. For this analysis, patients in Group III (prevalent and active LN) and IV (incident LN, onset <3 months with renal biopsy) and sufficient follow-up data at 12 months were included. Baseline demographics, clinical manifestations, disease activity (SLEDAI-2k) and SLICC/ACR Damage Index (SDI) and LN treatments were examined.

Partial and complete response according to EULAR/KDIGO were examined at 12 months: Complete Response Criteria (CRC): proteinuria <0.5 g/g measured as the urine protein to creatinine ratio (UPCR) from a 24-h urine collection; Partial Response Criteria (PRC): ≥50% reduction in UPCR from a 24-h urine collection and No Response (NR): <50% reduction in proteinuria.

Results: One-thousand eighty-one patients were enrolled in GLADEL 2.0 with 364 patients included in this analysis: 195 (53.5%) in group III and 169 (46.4%) in group IV. At the 12-month follow-up, 13/364 (3.5%) patients had died, 14/364 (3.8%) had been lost to follow-up and 28/364 (7.6%) had incomplete data; therefore, the calculation of renal response was carried out in the remaining 309 patients. Table 1 shows that patients who achieved renal response (complete or partial) had a shorter disease duration, greater use of pulse corticosteroids and IV cyclophosphamide, a lower chronicity index and all belonged to the LN incident group. When comparing complete vs partial response, patients who achieved complete response had lower baseline proteinuria and creatinine values, belonged to histological Class III and had lower SLEDAI.

Image 1:

Table 2. Partial, complete and no response at 12 months

	NR (n:110)	PRC+CCR (n:199)	p-value	PRC (n:47)	CRC (n:152)	p-value
Age at cohort entry (years), median (IQR)	31.1 (25.2, 37.8)	31.5 (25.2, 40.3)	0.555[1]	28.5 (23.7, 36.0)	32.1 (25.5, 42.4)	0.041[1]
Female, n (%)	96 (87.3)	166 (83.4)	0.366[1]	37 (78.7)	129 (84.9)	0.322[1]
Disease duration (months), median (IQR)	59.0 (12.0, 129.0)	27.0 (4.0, 104.0)	0.023[1]	23.0 (3.0, 102.0)	27.5 (4.0, 109.0)	0.378[1]
Education (years), median (IQR) (*)	13.0 (12.0, 16.0)	12.0 (11.0, 15.5)	0.184[1]	12.0 (11.0, 15.0)	12.0 (11.0, 16.0)	0.412[1]
Ethnic Group, n (%)			0.491[2]			0.506[2]
Caucasian	23 (20.9)	48 (24.1)		9 (19.1)	39 (25.7)	
Mestizo	76 (69.1)	138 (69.3)		37 (78.7)	101 (66.4)	
Amerindian	0 (0.0)	1 (0.5)		0 (0.0)	1 (0.7)	
Afro-Latin American	11 (10.0)	11 (5.5)		1 (2.1)	10 (6.6)	
Socioeconomic status, n (%)(**)			0.578[2]			0.531[2]
High/High-middle	17 (15.5)	35 (17.9)		6 (12.8)	29 (19.6)	
Middle	40 (36.4)	78 (40.0)		19 (40.4)	59 (39.9)	
Middle-low/Low	53 (48.2)	82 (42.1)		22 (46.8)	60 (40.5)	
Health insurance coverage (full), n (%)	62 (56.4)	107 (53.8)	0.717[1]	22 (46.8)	85 (55.9)	0.204[1]
Comorbidities****, n (%)**	45 (40.9)	79 (39.7)	0.835[2]	19 (40.4)	60 (39.5)	0.907[2]
LN Treatment, n (%)						
Prednisone or equivalent (orally)	91 (82.7)	179 (89.9)	0.067[2]	41 (87.2)	138 (90.8)	0.478[2]
Methylprednisolone bolus	37 (33.6)	88 (44.2)	0.069[1]	22 (46.8)	66 (43.4)	0.682[1]
AM	95 (86.4)	175 (87.9)	0.689[2]	40 (85.1)	135 (88.8)	0.494[2]
Azathioprine(**)	19 (17.9)	25 (12.6)	0.210[1]	3 (6.4)	22 (14.6)	0.140[1]
IV Cyclophosphamide(**)	94 (88.7)	189 (95.5)	0.026[1]	46 (97.9)	143 (94.7)	0.362[1]
Mycophenolate mofetil(**)	90 (84.1)	165 (83.3)	0.860[1]	40 (85.1)	125 (82.8)	0.708[1]
Tacrolimus(**)	19 (17.9)	19 (9.6)	0.036[1]	5 (10.6)	14 (9.3)	0.781[1]
Cyclosporin A(**)	1 (0.9)	2 (1.0)	0.955[1]	0 (0.0)	2 (1.3)	0.427[1]
Belimumab(**)	4 (3.7)	4 (2.0)	0.370[1]	3 (6.4)	1 (0.7)	0.014[1]
Rituximab(**)	15 (14.2)	14 (7.1)	0.045[1]	6 (12.8)	8 (5.3)	0.081[1]
Baseline proteinuria, gr/day, median (IQR)	1.9 (0.8, 4.2)	1.8 (1.2, 3.8)	0.445[1]	5.4 (3.4, 8.3)	1.2 (0.7, 3.1)	<.0001[1]
Baseline creatinine, mg/dl, median (IQR)	0.8 (0.7, 1.2)	0.9 (0.7, 1.2)	0.673[1]	1.1 (0.7, 1.9)	0.8 (0.7, 1.1)	0.007[1]
Renal histological class, n (%)						
Class II	5 (4.5)	12 (6.0)	0.583[1]	0 (0.0)	12 (7.9)	0.046[1]
Class III	22 (20.0)	55 (27.6)	0.137[1]	7 (14.9)	48 (31.6)	0.025[1]
Class IV	68 (61.8)	109 (54.8)	0.230[1]	34 (72.3)	75 (49.3)	0.005[1]
Class V	21 (19.1)	43 (21.6)	0.601[1]	13 (27.7)	30 (19.7)	0.249[1]
Activity index	10.0 (6.0, 25.0)	9.0 (6.0, 14.0)	0.208[1]	10.0 (7.0, 14.0)	9.0 (5.5, 15.0)	0.618[1]
Chronicity index	5.0 (2.0, 13.0)	3.0 (1.0, 7.0)	0.015[1]	3.0 (2.0, 6.0)	3.0 (1.0, 7.0)	0.737[1]
SLEDAI	12.0 (8.0, 18.0)	12.0 (8.0, 19.0)	0.237[1]	16.0 (12.0,21.0)	12.0 (8.0, 18.0)	0.005[1]
Baseline hypocomplementemia***, n (%)**	99 (90.0)	188 (94.5)	0.143[2]	45 (95.7)	143 (94.1)	0.662[2]
Anti-DNA positive, n (%)	91 (82.7)	180 (90.5)	0.140[2]	45 (95.7)	135 (88.8)	0.299[2]
GLADEL, Group n (%)			0.0005[1]			0.850[1]
Prevalent and active NL, n (%)	75 (68.2)	95 (47.7)		23 (48.9)	72 (47.4)	
Incident NL, n (%)	35 (31.8)	104 (52.3)		24 (51.1)	80 (52.6)	

NR: No Response; PRC:Partial Response Criteria ; CCR: Complete clinical response; LN: lupus nephritis; (*): missing data; ***At least one of the following C3 or C4 or CH50; ****At least one of the following: hypertension, diabetes and or current smoker; SLEDAI: Systemic Lupus Erythematosus Disease Activity Index; SDI: Systemic Lupus International Collaborating Clinics/American College of Rheumatology Disease Index; AM: Antimalarials; [1]Mann–Whitney U p-value; [2]Chi-Square/Fisher p-value.

Conclusion: Renal response was achieved in 64% of patients having their first episode of LN, with lower chronicity rates in the biopsy and a lower SLEDAI. Pulsed corticosteroids and IV cyclophosphamide continue to be the options chosen by treating physicians. More data in the follow-up will allow us to evaluate the persistence of this response over time and what factors may influence it.

GLADEL is a study group of PANLAR.

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Keywords: lupus nephritis, observational, treatment

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Systemic lupus erythematosus

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Trajectory Of 180 Female Patients With Lupus Nephritis In Colombia

Paola Quintero[*1], Paula Losada[2], Lina Serrato[2], Daniel Rodriguez[3], Juan Camilo Díaz[3], Ricardo Pineda[3], Gloria Vásquez[2]
[1]Internal Medicine, Hospital Serena Del Mar, Cartagena, [2]GICIG, Universidad de Antioquia, [3]Reumatología, Artmedica, Medellin, Colombia

Has this paper been previously presented at another conference?: No

Background/Objectives: Lupus nephritis (LN) remains a substantial cause of morbidity and death among patients with SLE. According to GLADEL cohort, LN accounts for 52% in Latin-America and 55% in Colombia. Nevertheless, the trajectory of the disease has not been yet established.

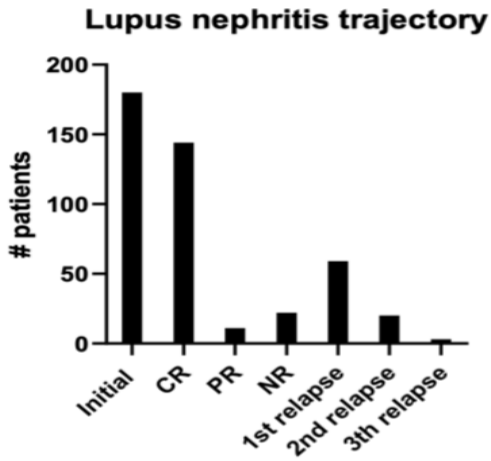
Methods: 180 female patients with LN were selected according to inclusion criteria from a rheumatology clinic in Medellin, Colombia (ArtMedica).Clinical, laboratory and histological characteristics, as their changes with induction and maintenance therapies and different outcomes were analyzed.

Results: Mean age 40.9 years, 96% mestizo and 3.3% afro-colombian. Mean age at diagnosis of SLE 26.9 years and LN 30.2. Mean creatinine at diagnosis 1.34 mg/dL and mean 24 h proteinuria 3.27 g/d. 8.3% debuted as rapidly progressive glomerulonephritis. Initial biopsy showed class IV in 34.4%, III 21.1%, V 18.3%, II 12.2%, mixed IV + V 11.7%. Their mean activity index was 4.96 and chronicity index was 1.7. 6.7% needed renal replacement therapy (RRT) at debut. For induction therapy 60% received high dose cyclophosphamide (hCyC), 4.5% low dose CyC, 33.1% mycophenolate (MMF), 1.3% MMF plus calcineurin inhibitors (CNI). Complete response was achieved in 78.6%, 7.8% had partial and 14.3% had refractory disease. After 6 months 3/12 still required RRT.

Refractory disease therapy was rituximab (RTX) (11/22), MMF (6/22) and hCyC (3/22). For maintenance 57.4% received MMF and 32.2% AZA. At least one relapse was observed in 32.8%, 34% relapsed twice and 15% had a third relapse. Mean creatinine in first relapse 1.8 mg/dL and mean proteinuria 3.34 g/d. Preferred induction therapies in first relapse were MMF (41%), hCyC (34%) and RTX(17%). Control biopsy was made in 21 patients, 42.8% remained and 84% with class II changed. Mean follow up time since LN diagnosis was 128 months (8-468), mean remission time was 90 months, mean current creatinine was 1 mg/dL and proteinuria 0.47 g/d. Currently 4 patients were in RRT and 1 had a kidney transplant.

Image 1:

Figure 1. Outcomes obtained during follow-up. Initial sample: 180 patients; CR: complete response after first induction: 144 patients; PR: partial response after first induction: 12 patients; NR: nonresponse after first induction: 22 patients; 1st relapse: 59 patients; 2nd relapse: 20 patients and 3rd relapse: 3 patients.



Conclusion: Most of patients had a class III and IV, 78.6% achieved a complete response. hCyC remains the preferred induction therapy. Long remission periods were observed in many patients. 12 patients required RRT at debut, at final follow-up 25 patients have a GFR under 60 according to CKD-EPI, 4 of them required RRT and 1 had a kidney transplant. Class II patients changed more frequently in control biopsies.

Reference 1: Almaani, S., Meara, A., & Rovin, B. H. (2017). Update on lupus nephritis. *Clinical Journal of the American Society of Nephrology*, *12*(5), 825-835.

Reference 2: Parikh, S. V., Almaani, S., Brodsky, S., & Rovin, B. H. (2020). Update on lupus nephritis: core curriculum 2020. *American Journal of Kidney Diseases*, *76*(2), 265-281.

Disclosure of Interest: None Declared

Keywords: induction therapy, lupus nephritis, trajectory

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Systemic lupus erythematosus

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Prevalence Of Pseudonormal Diastolic Function With Nocturnal Sleep Patterns In Patients With Systemic Lupus Erythematosus

Maria F. Elizondo-Benitez[*1], Andrea L. Guajardo-Aldaco[1], Jose R. Azpiri-Lopez[2], Dionicio A. Galarza-Delgado[1], Iris J. Colunga-Pedraza[1], Jesus A. Cardenas-DeLaGarza[1], Rosa I. Arvizu-Rivera[1], Valeria Gonzalez-Gonzalez[1]
[1]Rheumatology Department, [2]Cardiology Department, Hospital Universitario "Dr. José Eleuterio González", Universidad Autónoma de Nuevo León, Monterrey, Mexico

Has this paper been previously presented at another conference?: No

Background/Objectives: To identify the prevalence of pseudonormal diastolic function and its association with hours of nocturnal sleep in patients with SLE.

Methods: Cross-sectional, observational, and comparative study of women with SLE who met the 2019 ACR/EULAR classification criteria, over 18 years of age. Patients with a diagnosis of any overlapping syndrome, a history of major cardiovascular events (myocardial infarction, stroke, and heart failure), and pregnant individuals were excluded. The hours of sleep were defined through clinical history and were divided accordingly into two groups: less than 7 hours and more than 7 hours of nighttime sleep. A transthoracic echocardiogram was performed on all study patients by a board-certified cardiologist, blinded to clinical information. The pseudonormal diastolic function pattern was defined as mitral deceleration time >120 ms, E/E >6, and E: A between 0.8-2.1, according to the standards of the American Society of Echocardiography guidelines. The distribution between groups was evaluated with the Kolmogorov-Smirnov test. Comparisons were made with the Chi-square test or Fisher's exact test and Student's T-test or Mann-Whitney U test, as appropriate. A value of $p<0.05$ was considered statistically significant.

Results: 101 women with SLE were included, the mean age was 35.7 ± 12.5 years, and the median duration of the disease was 63.5 (20-120) months. The most prevalent cardiovascular risk factor was high blood pressure (38%). Patients with less than 7 hours of nighttime sleep had a higher prevalence of diastolic pseudonormal function compared to patients with more than 7 hours of nighttime sleep (77.7% vs 57.4%, *p= 0.02*) (Table 1).

Table 1: Table 1. Demographic characteristic

	SLE patients with <7 hours of sleep (n= 54)	SLE patients with >7 hours of sleep (n= 47)	*p-value*
Disease duration, months median (IQR)	54.0 (18.2-119.2)	72.0 (30.0- 126.0)	NS

SLEDAI, median (IQR)	8.0 (2.0-12.0)	8.0 (4.0-12.0)	NS
Pseudonormal diastolic function, n (%)	42 (77.7)	27 (57.4)	*0.028*

SLE, systemic lupus erythematosus; NS, not significant; SLEDAI, Systemic Lupus Disease Activity Index; IQR: interquartile range.

Conclusion: SLE patients with less than 7 hours of sleep show increased pseudonormal diastolic function, linked to adverse cardiac outcomes. A comprehensive approach to SLE management should prioritize sleep hygiene to enhance patients' quality of life and cardiovascular health.

Disclosure of Interest: None Declared

Keywords: Cardiovascular Disease, Prognosis, Sleep

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Systemic lupus erythematosus

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Herpes Zoster Infection In Patients With Systemic Lupus Erythematosus

Maria Lourdes Mamani Ortega[*1], Gina Campoverde[1], Aixa Mercé[1], Anastasia Secco[1]
[1]Hospital Rivadavia, Ciudad Autónoma de Buenos Aires, Argentina

Has this paper been previously presented at another conference?: Yes

Background/Objectives: Systemic Lupus Erythematosus (SLE) is a multiorgan autoimmune disease, characterized by clinical and immunological manifestations. Herpes Zoster (HZ) is the result of the reactivation of the latent Varicella Zoster Virus, which occurs relatively frequently in patients with SLE.

The objective of this study was to estimate the frequency of HZ infection in patients with SLE, the sociodemographic and clinical characteristics, disease activity and treatments at the time of infection.

Methods: Observational, descriptive, cross-sectional study. Patients with a diagnosis of SLE were included according to the ACR 1997, SLICC 2012 and/or ACR/EULAR 2019 criteria. Patients with other autoimmune rheumatic diseases were excluded, except Sjögren's Syndrome and Antiphospholipid Syndrome. A review of medical records and telephone contact was carried out to collect data abo the viral infection. Continuous variables were reported as mean and standard deviation (SD) or median and interquartile range (IQR), according to distribution and sample size. Categorical variables were reported as a percentage.

Results: 186 patients with diagnosis of SLE were included, the mean age in years was 39 (±13.88), 94% were women, 17% had some comorbidity, the most frequent being high blood pressure in 50% and Diabetes Mellitus in 37%. 15% (n:28) presented HZ. No significant differences were found regarding age, sex and comorbidities between those who had HZ and those who did not. The median duration of HZ infection was 10 days (IQR: 9-14). The location was in the trunk in 50% of the cases, followed by 21% in the extremities. 71% were receiving immunosuppressive treatment and 85% corticosteroid therapy at the time of infection; with a median prednisone dose of 20 mg/dl (IQR: 5-25). Most patients had an active disease, with a median SELENA-SLEDAI score of 6 (IQR: 4-7.5). 86% received antiviral treatment, 32% required hospitalized and 21% developed postherpetic neuralgia.

Conclusion: The frequency of HZ infection was lower than that reported in the literature. The majority had moderate disease activity, and more than half were receiving corticosteroids and immunosuppressants. We consider that our study is another contribution to greater knowledge of this infection in SLE patients, and implementation of preventive measures for this infection.

Disclosure of Interest: None Declared

Keywords: Herpes zoster, postherpetic neuralgia, systemic lupus erythematosus

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Systemic lupus erythematosus

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Intimate Partner Violence And The Experience Of Pain In Women With Systemic Lupus Erythematosus

Maria Fernanda Ortiz-Nuño*[1], Emmanuel Campos-Tinajero[1], Diana Paola Flores-Gutierrez[1], Jorge Antonio Esquivel-Valerio[1], Gisela Garcia-Arellano[1], Jesus Alberto Cardenas-de la Garza[1], Estefania Aguilar-Rivera[1], Dionicio Angel Galarza-Delgado[1], Griselda Serna-Peña[1]
[1]Rheumatology, Hospital Universitario "Dr. José Eleuterio González", Monterrey, Mexico

Has this paper been previously presented at another conference?: No

Background/Objectives: Pain is a common complaint in systemic lupus erythematosus (SLE). We aimed to evaluate the influence of intimate partner violence (IPV) on the perception of pain in women with SLE.

Methods: We conducted a cross-sectional study from september 2022 to september 2023 at a rheumatology clinic in Mexico. Inclusion criteria: women ≥ 18 years, diagnosis of SLE by EULAR/ACR 2019 criteria, ≥2 follow-up visits, with ≥1 intimate partner at any point in life. Exclusion criteria: diagnosis of other autoimmune diseases and those who did not consent to participate. IPV was evaluated with the Hurt, Insult, Threaten with Harm, and Scremed at (HITS) questionnaire and the Index of Spouse Abuse (ISA). The presence and severity of pain in the last 12 months were assessed with visual analog scales (VAS) ranging from 0 to 10: abdominal pain, joint or muscle pain, pain during urination, lower back pain, and headaches.

Results: We included 85 women with SLE, 24.4% (20) experienced IPV in the past year and 36.5% (31) in their lifetime. Most women reported headaches (n=67, 78.5%), followed by arthralgia/myalgia (n=65, 76.5%) and lower back pain (n=48, 56.5%). Lastly, abdominal pain (n=42, 49.4%) and pain during urination (n=11, 12.9%). No significant differences were found in the prevalence of pain between groups, but we observed higher severity of abdominal pain (p=0.012), joint or muscle pain (p=0.039), and lower back pain (p=0.036) in victims of IPV in the past year (table 1). The severity of abdominal pain (p=0.028) and joint or muscle pain (p=0.029) was also higher in victims of lifetime IPV.

Table 1: Table 1. Severity of pain in women who experienced and did not experience IPV

	Experienced IPV	Did not experience IPV	p
Past-year IPV, n = 82	n = 30	n = 52	
Abdominal pain, median (IQR)	4,5 (0-7,75)	0 (0-4)	**0,012**[1]

Joint or muscle pain, median (IQR)	5 (2,25-9,75)	2,5 (0,375-7)	**0,039**[1]
Pain during urination, median (IQR)	0 (0-0)	0 (0-0)	0,219
Lower back pain, median (IQR)	4 (0-7)	1 (0-3,25)	**0,036**[1]
Headache, median (IQR)	6,5 (3-8)	4 (1,75-7)	0,162
Lifetime IPV, n = 85	n = 31	n = 54	
Abdominal pain, median (IQR)	3 (0-6)	0 (0-4)	**0,028**[1]
Joint or muscle pain, median (IQR)	5 (2-9)	2 (0-7)	**0,029**[1]
Pain during urination, median (IQR)	0 (0-0)	0 (0-0)	0,600
Lower back pain, median (IQR)	3 (0-6)	1 (0-4)	0,209
Headache, median (IQR)	5 (2-8)	3,5 (1,75-6)	0,151

[1]Mann Whitney U Test

Conclusion: The history of violence in women with SLE could influence the severity of self-perceived pain. It is important to evaluate factors that could enhance pain and other clinical symptoms.

Disclosure of Interest: None Declared

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Keywords: intimate partner violence, pain, systemic lupus erythematosus

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Systemic lupus erythematosus

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One Year Experience With Anifrolumab For The Treatment Of Refractory Systemic Lupus Erythematosus

Jose Ramon Lamua Riazuelo[*1], María Laino Pineiro[2], Vicente Aldasoro Caceres[2]
[1]Rheumatology, Hospital Universitario del Henares, Madrid, [2]Rheumatology, Hospital Universitario de Navarra, Pamplona, Spain

Has this paper been previously presented at another conference?: No

Background/Objectives: Describe one of the longest national experiences of treatment with Anifrolumab

Methods: Clinical case report

Results: 43 year-old female , with a 2-year history of Systemic Lupus Erythemathosus (SLE) diagnosed with skin acute lesions, polyarthritis in hands and wrists with positive autoimmunity for antinuclear, anti-DNA, anti-RNP, anti-Sm and anti-SSA antibodies and complement consumption.

Treatment was started with Hydroxychloroquine 200mg twice daily and 15mg/day of prednisone.

In January 2021 patient required hospital admission due to pleural and pericardial effusion. Prednisone was increased to 45mg/day and treatment with subcutaneous Belimumab was proposed, showing no efficacy after 4 months.

Subsequently, the patient received treatment with mycophenolate up to 1.5g daily and two courses of 1g of Rituximab biweekly without clinical response.

Treatment with Anifrolumab (ANI) was started in October 2022; 300mg every 4 weeks.

So far, the patient has received 14 infusions of ANI with excellent tolerance. We have obtained the following results:

- At the skin level, complete disappearance of the acute lesions from the first infusion of ANI, with no flares

- At the joint level, resolution of the polyarthritis also from the first infusion with no recurrences, allowing complete discontinuation of Prednisone after the 3rd infusion.

- Laboratory tests: from the start of ANI, a normalisation of complement levels (Image 1) was observed and a marked reduction in anti-DNA (Image 2)

- Disease activity was measured using SLEDAI score showing a significant reduction from 10 to 2 points once ANI was initiated.

As an adverse effect, the patient developed Herpes Zoster after the 8th infusion of ANI, which made necessary to interrupt one of the programmed infusions but resolved with conventional treatment, without sequelae and did not require discontinuation of ANI.

No other adverse effects were observed and the patient maintains the treatment with excellent control of the disease without outbreaks and without the need for corticotherapy

Image 1:

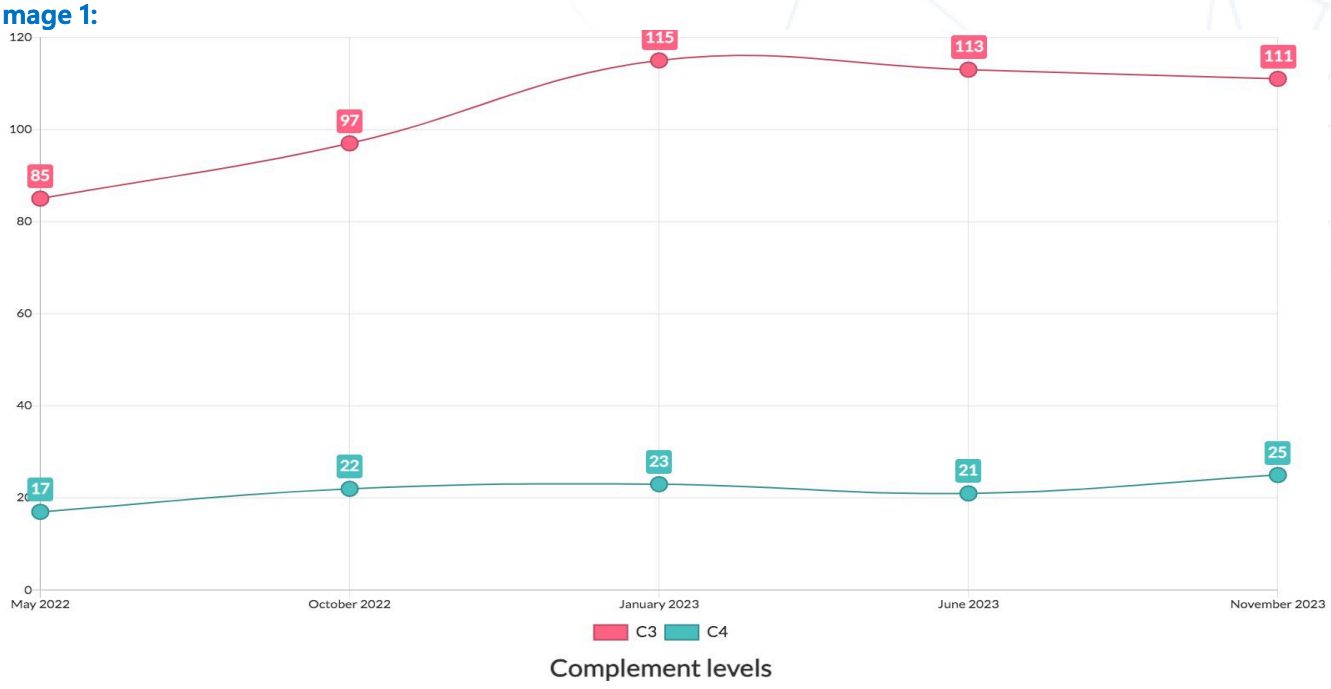
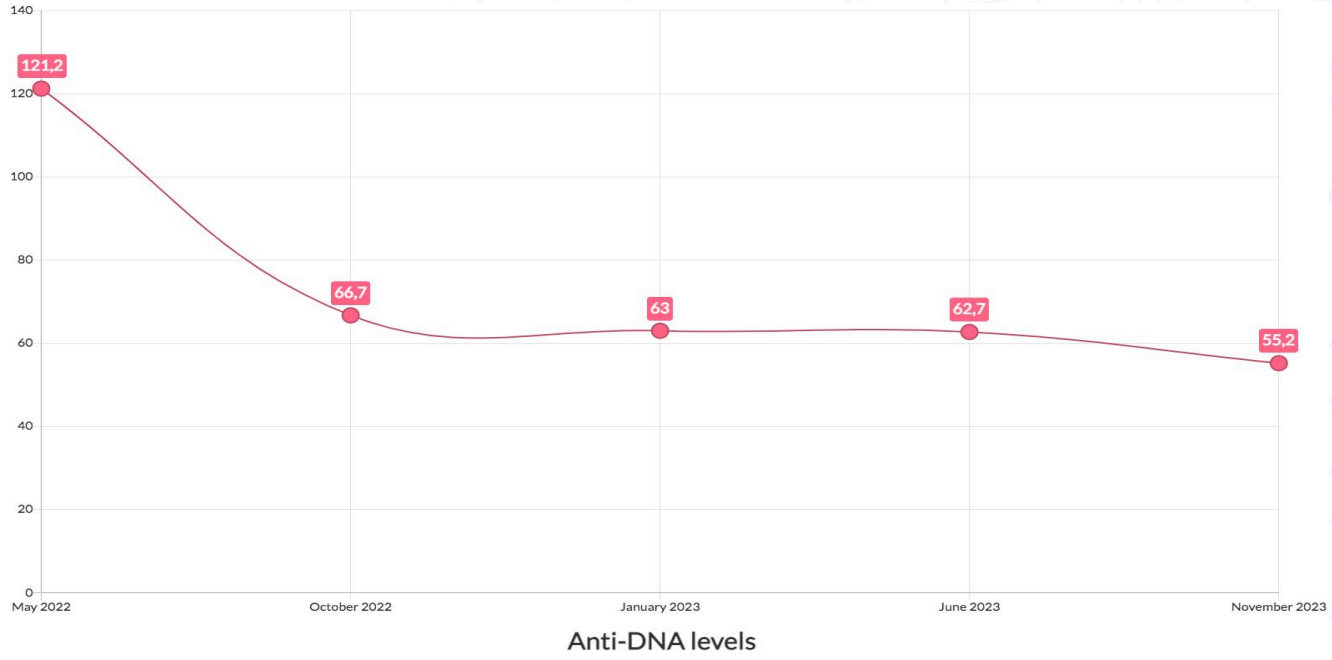


Image 2:



Anti-DNA levels

Conclusion: This case represents one of the first and longest experiences of treatment with Anifrolumab in our country. Anifrolumab is shown in our patient as an effective and safe long-term treatment achieving good control of the disease in a patient with systemic lupus erythematosus refractory to other therapies. Given the increased risk of developing Herpes Zoster, vaccination is highly recommended in patients who are going to receive this treatment.

Disclosure of Interest: None Declared

Keywords: Anifrolumab, lupus erythematosus, systemic

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Systemic lupus erythematosus

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Systemic Lupus Erythematosus Risk Probability Index (Slerpi) In A Real-Life Lupus Cohort

Diego Alves*[1], Nicolas Alvarado[1], Marina Scolnik[1], Javier Rosa[1]
[1]Hospital Italiano de Buenos Aires, CABA, Argentina

Has this paper been previously presented at another conference?: No

Background/Objectives: Diagnostic criteria for systemic lupus erythematosus (SLE) are lacking.

The ACR/EULAR 2019 and SLICC 2012 classification criteria are used in practice. SLERPI score was developed by machine learning to reduce diagnostic delay.

Objective: to compare proportion of patients meeting SLERPI vs ACR/EULAR 2019 and SLICC 2012 criteria in real-life SLE patients, before diagnosis by Rheumatology.

Methods: All SLE patients followed at a university hospital healthcare plan were retrospectively included from 2000 and 2022.

Electronic Medical records were reviewed identifying time of symptom onset, first medical speciality visited, dates of diagnosis and criteria fulfillment, total number of consultations, specialities visited before diagnosis, and SLICC damage at the end of follow-up.

Descriptive statistics were used for patients' characteristics. We calculated the proportion of patients who met SLERPI, ACR/EULAR 2019 and SLICC 2012 criteria, one month prior to rheumatology consultation. Multiple logistic regression analysis was used to evaluate damage risk factors.

Results: 62 patients were included; median age at diagnosis was 47.5 years (IQR 32.6-56), 89% were women, median follow-up after diagnosis 10 years (IQR 7.1-15).

Main symptoms before diagnosis were: arthralgia/itis 43.5%, skin lesions 6%, fever 13%, cytopenia 8%, asthenia 5%, altered urinary sediment 5%.

The first-consulted specialties were internal medicine (35%), family medicine (19%), rheumatology (16%), dermatology (14.5%), and orthopedics (5%).

The median number of visits before diagnosis was 6, with a median of 3 specialities.

Four weeks before rheumatology consultation, 18% of patients met SLERPI criteria (see figure n° 1), whereas only 9.7% met ACR/EULAR criteria and 8.1% SLICC criteria ($p < 0.01$).

Diagnostic delay for all patients was a median 12.3 weeks (IQR 5.9-25.9). In multivariate analysis, meeting SLERPI criteria before diagnosis did not correlate with lower SLICC-DI.

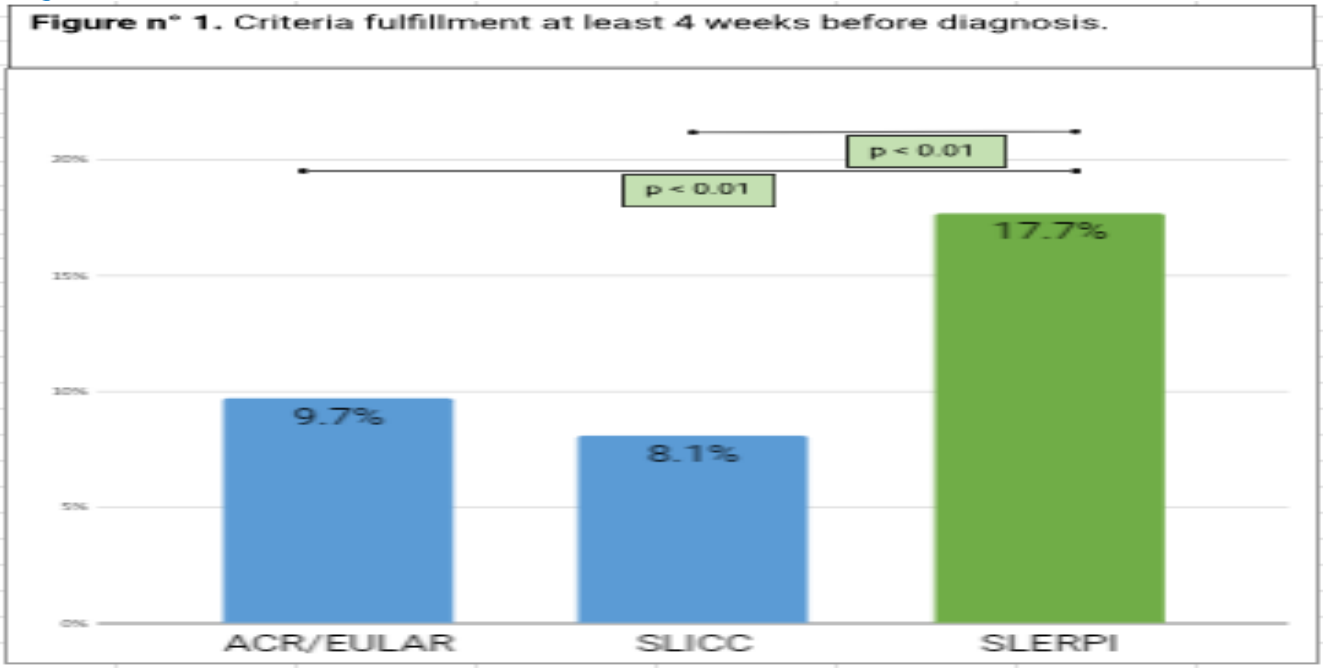
Image 1:

Table n° 1. General characteristics of patients.

Characteristics	Total (n=62)
Age at diagnosis, years, median (IQR)	47.5 (32.6-56)
Females, n (%)	55 (89)
Follow-up time before diagnosis, median, years (IQR)	10 (7.1-15)
Time from symptoms onset and diagnosis, weeks, median (IQR)	12.3 (5.9-25.9)
Time from first visit and diagnosis, weeks, median (IQR)	7.5 (2.5-20.9)
Time from symptoms onset and first rheumatology visit, weeks, median (IQR)	5.3 (2.4-15.5)
Total visits until diagnosis, median (IQR)	6 (4.0-11)
Total specialists visited before diagnosis, median (IQR)	3 (2.0-4.7)
First symptom, n (%) Arthralgia/itis Fever Skin lesions Cytopenias Asthenia Altered urinary sediment Others	27 (43.5) 8 (13) 10 (16) 5 (8) 3 (5) 3 (5) 6 (10)
First specialty visited, n (%) Rheumatology Internal medicine Family medicine Dermatology Orthopedics Others	10 (16) 22 (35.5) 12 (19) 9 (14.5) 3 (5) 6 (10)
In-patients diagnosis, n (%)	21 (34)
Fulfillment ACR/EULAR, n (%)	53 (85.5)
Fulfillment SLICC, n (%)	53 (85.5)
Fulfillment SLERPI, n (%)	58 (93.5)
SLEDAI at diagnosis, median (IQR)	6 (4-8)
SLICC damage index, median (IQR)	0 (0-2)

Image 2:

Figure n° 1. Criteria fulfillment at least 4 weeks before diagnosis.



Conclusion: SLERPI criteria were met earlier in a greater proportion of patients and their use by general physicians may lead to earlier referral and diagnosis.

Disclosure of Interest: None Declared

Keywords: SLE CRITERIA, SLERPI

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Systemic lupus erythematosus

PANLAR2024-1534

Impact Of Active Lupus Nephritis On The Quality Of Life Of Patients From A Latin American Lupus Cohort.

Romina Nieto[*1], Rosana Quintana[1], Diana Carolina Fernández Ávila[2], Rosa Serrano[1], Guillermina Harvey[3], Lucia Hernandez[1], Karen Roberts[1], Erika S. Palacios Santillan[4], Nidia Meras[5], Cintia Otaduy[6], Elisa Novatti[7], Valeria Arturi[8], Boris Kisluk[9], Luciana González Lucero[10], Eduardo Kerzberg[11], Nicolás Pérez[12], Cecilia Pisoni[13], Paola Pirruccio[14], María Elena Crespo[15], Ana Carolina Silva Montadon[16], Andrese Aline Gasparin[17], Angela Pimto Duarte [18], Laissa Cristina Alves Alvino[19], Eloisa Bonfa[20], Emily Figueiredo Neves Yuki[20], Lucas Victória de Oliveira Martins[21], Iris Guerra Herrera[22], Milena Mimica Davet[23], Lizeth Dayana De La Hoz Rueda[24], Andrés Cadena Bonfanti[24], Robert Rivera-Londoño [25], Paola Coral Alvarado[26], John Fredy Jaramillo[27], José Martínez[28], Reyna Elizabeth Sanchez Briones[29], Mario Pérez Cristóbal[30], Eduardo Martín Nares [31], Yaneli Juárez-Vicuña[32], Yelitza González Bello [33], Octavio Gonzalez[34], Leonardo Aguilar Rivera[35], Margarita Duarte[36], Patricia Langjahr[36], Wilkerson Pérez Medina[37], Armando Calvo[38], Teresandris Polanco[39], Carina Pizzarossa[40], Gonzalo Silveira[41], Cristina Reategui-Sokolova[42], Urbano Sbarigia[43], Federico Zazzetti[44], Ashley Orillion[45], Graciela S. Alarcón[46, 47], Guillermo Pons-Estel[1], Bernardo Pons-Estel[1]

[1]Centro Regional de Enfermedades Autoinmunes y Reumáticas (GO-CREAR), Rosario , Argentina, [2]Consultorios Médicos Colsanitas, Bogotá, Colombia, [3]Escuela de Estadística, Facultad de Ciencias Económicas y Estadística, Universidad Nacional de Rosario, Rosario , [4]Sección Reumatología, Hospital Italiano de Buenos Aires, Buenos Aires, [5]Hospital Italiano de Córdoba, [6]Hospital Córdoba, [7]Hospital Privado Universitario de Córdoba, Córdoba , [8]Hospital HIGA San Martín, La Plata, [9]Unidad de Enfermedades Autoinmunes, Hospital Escuela Eva Perón, Granadero Baigorria, [10]Hospital Padilla, Tucumán, [11]Hospital General de Agudos J.M. Ramos Mejía, [12]Instituto de Investigaciones Médicas Alfredo Lanari, [13]CEMIC, [14]Hospital General de Agudos Dr. Juan A. Fernández, Buenos Aires, [15]Hospital Señor del Milagro, Salta, Argentina, [16]Hospital das Clínicas, Universidade Federal de Goias, Goias, [17]Hospital de Clínicas de Porto Alegre/Universidade Federal do Rio Grande do Sul, Porto Alegre, [18]Universidade Federal de Pernambuco, Pernambuco, [19]Hospital Universitario Pedro Ernesto, UERJ, Rio de Janeiro, [20]Hospital das Clinicas HCFMUSP, Faculdade de Medicina, Universidade de São Paulo, [21]Universidade Federal São Paulo, San Pablo , Brazil, [22]Sección de Reumatología, Hospital del Salvador, Universidad de Chile, Santiago , [23]Clinical Laboratory Hospital Regional Libertador Bernardo O'Higgins, Rancagua, Chile, [24]Universidad Simón Bolivar, Barranquilla, [25]Fundación Valle del Lili, Unidad de Reumatología, Cali, [26]Facultad de Medicina, Universidad Nacional de Colombia. Hospital Universitario Nacional, [27]Centro de Estudios de Reumatología & Dermatología SAS, Bogotá, Colombia, [28]Servicio de Reumatología. Hospital Luís Vernaza, Guayaquil, Ecuador, [29]División de Investigación en Salud, Hospital de Especialidades Dr. Antonio Fraga Mouret, CMN La Raza, IMSS, [30]Centro Médico Nacional Siglo XXI, [31]Instituto Nacional de Ciencias Médicas y Nutrición Salvador Zubirán, [32]Departamento de Reumatología, Instituto Nacional de Cardiología Ignacio Chávez, CDMX, [33]Depto. de Inmunología y Reumatología, Hospital General de Occidente y Universidad de Guadalajara, Guadalajara , [34]Hospital Central Dr. Ignacio Morones Prieto, SLP , [35]Servicio de Reumatología (CEAR). Hospital Universitario "Dr. José Eleuterio González". Universidad Autónoma de Nuevo León,, Nuevo León , Mexico, [36]Hospital de Clínicas I, Asunción , Paraguay, [37]Hospital Nacional Edgardo Rebagliatti Martins, [38]Hospital Cayetano Heredia, Lima , Peru, [39]Hospital Docente Padre Billini, Santo Domingo , Dominican Republic, [40]Clínica Médica C, Hospital de Clínicas, UDELAR, [41]Grupo de Investigación de EAIS y Reumatológicas, Montevideo , Uruguay, [42]Servicio de Reumatología. Hospital Nacional Guillermo Almenara Irigoyen, EsSalud,, Lima, Peru, [43]Johnson & Johnson Innovative Medicine, Brussels, Belgium, [44]Johnson & Johnson Innovative Medicine, Horsham, PA, [45]Johnson & Johnson Innovative Medicine, Spring House, PA, [46]División of Clinical Immunology and Rheumatology, The University of Alabama at Birmingham Marnix Heersink School of Medicine, Department of Medicine, Birmingham , United States, [47]Department of Medicine, School of Medicine, Universidad Peruana Cayetano, Heredia, Lima, Peru

Has this paper been previously presented at another conference?: No

Background/Objectives: To evaluate health-related quality of life (HRQoL) in patients with active lupus nephritis LN at baseline and 12 months after treatment in relationship to the patients' renal response.

Methods: GLADEL 2.0 is an observational prevalent and incident cohort initiated in 2019. Forty-four centers from 10 Latin-American countries enrolled patients ≥18 years of age who fulfilled the 1982/1997 American College of Rheumatology (ACR) and/or the 2012 Systemic Lupus International Collaborating Clinics (SLICC) classification criteria for Systemic lupus erythematosus (SLE). These patients were from four different groups according to the presence or not of LN. For this analysis, patients in Group II (prevalent inactive LN), III (prevalent active LN) and IV (incident LN, onset < 3 months) and follow-up data at 12 months were included. Demographic, clinical manifestations, treatments, disease activity (SLEDAI-2k) and damage SLICC/ACR Damage Index (SDI) were examined. At baseline, HRQoL was assessed with the LupusQoL and compared by the presence of active or inactive LN. At 12 months, the LupusQoL was applied to the active LN patients as a function of their renal response. Partial and complete responses were defined according to EULAR/KDIGO: Complete clinical response (CCR): UPCR < 0.5 g/g; Partial Clinical Response Criteria (PRC): ≥50% reduction in UPCR and No Response (NR): <50% reduction in proteinuria. A descriptive analysis was performed.

Results: Of the 1081 patients included in the cohort, 651 patients with LN were evaluated (423 with active and 228 with inactive disease). The active LN patients were predominantly women [569 (87.4%)], younger at cohort entry, of lower socioeconomic status, exhibited higher levels of unemployment, and had a higher SLEDAI than patients with inactive LN. As to the baseline LupusQol, it was found to be worse in patients with active LN in all domains (table 1). At 12 months, however, no differences were found between those patients who achieved complete/partial renal response versus those who did not (table 2).

Image 1:

Table 1. LupusQoL Responses by domain at baseline in the GLADEL 2.0 Cohort Patients from the Different Groups

LupusQoL Domain	Total (n=651)	Groups II prevalent inactive LN (n=228)	Groups III + IV prevalent active + Incident LN (n=423)	*p* value
***Physical Health**, median (IQR)*	78.1 (56.3-93.8)	87.5 (71.9- 96.9)	71.9 (50.0-87.5)	<0.0001[1]
***Pain**, median (IQR)*	83.3 (58.3-100.0)	91.7 (75.0-100.0)	75.0 (50.0-91.7)	<0.0001[1]
***Planning**, median (IQR)*	83.3 (58.3-100.0)	91.7 (75.0-100.0)	75.0 (41.7-91.7)	<0.0001[1]
***Intimate Relationship**, median (IQR)*	100.0 (62.5-100.0)	100.0 (62.5-100.0)	75.0 (50.0-100.0)	0.001[1]
***Burden to others**, median (IQR)*	58.3 (25.0-83.3)	75.0 (41.7-91.7)	50.0 (16.7-75.0)	<0.0001[1]
***Emotional Health**, median (IQR)*	75.0 (50.0-87.5)	83.3 (62.5-95.8)	66.7 (45.8-83.3)	<0.0001[1]
***Body Image**, median (IQR)*	80.0 (55.0-100.0)	90.0 (70.0-100.0)	75.0 (50.0-95.0)	<0.0001[1]
***Fatigue**, median (IQR)*	68.8 (43.8-87.5)	81.3 (56.3-93.8)	62.5 (37.5-81.3)	<0.0001[1]

[1]Kruskal-Wallis p-value, LN: Lupus nephritis

Image 2:

Table 2. Evaluation of impact of achieving renal response on LupusQoL at 12 months in patients with active LN

	Total (N=328)	NR (N=113)	PCR+CCR (N=215)	*p* value
***Physical Health**, median (IQR)*	84.4 (68.8-93.8)	81.3 (65.6-93.8)	84.4 (68.8-93.8)	0.777[1]
***Pain**, median (IQR)*	83.3 (66.7, 100.0)	83.3 (66.7, 100.0)	83.3 (75.0, 100.0)	0.407[1]
***Planning**, median (IQR)*	83.3 (66.7, 100.0)	83.3 (66.7, 100.0)	83.3 (66.7, 100.0)	0.704[1]
***Intimate Relationship**, median (IQR)*	87.5 (75.0, 100.0)	87.5 (75.0, 100.0)	87.5 (62.5, 100.0)	0.948[1]
***Burden to others**, median (IQR)*	58.3 (33.3, 83.3)	58.3 (33.3, 83.3)	58.3 (33.3, 75.0)	0.657[1]
***Emotional Health**, median (IQR)*	77.1 (62.5, 91.7)	75.0 (50.0, 91.7)	79.2 (66.7, 87.5)	0.310[1]
***Body Image**, median (IQR)*	85.0 (70.0, 95.0)	85.0 (65.0, 100.0)	85.0 (70.0, 95.0)	0.629[1]
***Fatigue**, median (IQR)*	75.0 (56.3, 87.5)	75.0 (56.3, 90.6)	75.0 (56.3, 87.5)	0.938[1]

[1]Kruskal-Wallis p-value; NR: No Response; PRC: Partial Response Criteria ; CCR: Complete clinical response.

Conclusion: At baseline, active LN patients showed a worse QoL compared to those with inactive LN. However, at 12 months no differences were found between patients who achieve or did not achieve a renal response. Future analyses with a larger number of follow-up patients would be necessary to provide conclusive data.

GLADEL is a study group of PANLAR

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Pfizer, RemeGen, Sanofi and Werfen Diagnostics, B. Pons-Estel Grant / Research support with: speaker and/or advisor: AstraZeneca, GSK, Janssen

Keywords: lupus nephritis, observational, Quality of Life

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GLOBAL RHEUMATOLOGY
BY PANLAR

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Systemic lupus erythematosus

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Vitamin D Level In Female Patients With Systemic Lupus Erythematosus, Its Association With Bone Mineral Density

Sergii Shevchuk[1, 2], Tetiana Malovana[* 1], Liubov Marynych[1]
[1]Department of Internal medicine №2, National Pirogov Memorial Medical University, Vinnytsya, [2]Research Institute for Rehabilitation of Individuals with Disabilities (Educational and Scientific Treatment Facility), National Pirogov Memorial Medical University, Vinnytsya, Vinnytsya, Ukraine

Has this paper been previously presented at another conference?: No

Background/Objectives: The literature sources say that vitamin D insufficiency and deficiency is observed in 2/3 of patients and in every 5 patients with systemic lupus erythematosus (SLE), respectively. The causes of D hypovitaminosis in SLE patients could be renal disease, long-term use of glucocorticoids and sunscreeners, production of antibodies to vitamin D, etc. The results of recent studies suggest that vitamin D deficiency in SLE patients is closely associated with a low bone mineral density (BMD). Bone loss in SLE patients is thought to occur as a result of high osteoclast and low osteoblast activity caused by chronic inflammation. Still, all possible patterns of SLE association with vitamin D serum level and BMD need further study. The objective was to determine vitamin D levels in SLE female patients and evaluate their relationship to BMD.

Methods: The study population consisted of 90 female SLE patients at a median age of 45.28±1.06 years. Of them, 52 (57.8%) patients were fertile women, and the rest were postmenopausal women. The mean disease duration was 12.88±0.99 years. The vitamin D concentration was measured using the immunoenzymatic method and characterized as optimal (30–100 ng/ml), insufficient (20–30 ng/ml) and deficient (<20 ng/ml). The BMD was assessed using the dual-energy X-ray absorptiometry (DXA) technique at the level of a lumbar spine (L1-L4) and femoral neck.

Results: The vitamin D serum concentration was 18.30±0.92 ng/ml and 27.2±1.3 ng/ml in SLE female patients and in the control group, accordingly. 59 (65.6%) and 25 (27.8%) patients had vitamin D deficiency and insufficiency, respectively, and only 6 (6.7%) of them had the optimal vitamin serum level. In the control group, 10 (34.5%) individuals had normal 25(OH)D supply, while 10 (34.5%) and 9 (31%) subjects had vitamin D insufficiency and deficiency, respectively. The vitamin D status was strongly associated with a low BMD. For example, mean Z-score in the group of fertile women with vitamin D deficiency appeared to be 2.9 times (for the lumbar spine) and 5.9 times (for the femoral neck) lower than in the group of individuals with normal vitamin D status, while the BMD was 9.5-23.1% higher. Similar T-score results were obtained in postmenopausal women.

Conclusion: Both vitamin D deficiency and insufficiency are quite common with the Ukrainian SLE female patients. The vitamin B deficiency has been found closely associated with a low bone mineral density in this cohort of patients.

Disclosure of Interest: None Declared

Keywords: bone mineral density, Osteoporosis, systemic lupus erythematosus

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Systemic lupus erythematosus

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Comparison Of The Sle Risk Probability Index (Slerpi) Scale Against The European League Against Rheumatism/American College Of Rheumatology (Acr/Eular) And Systemic Lupus International Collaborating Clinics (Slicc) Criteria.

Juan Pablo Castañeda-González [*1], Silvia Alejandra Mogollón Hurtado [2], Adriana Rojas-Villarraga[1], Diana Guavita-Navarro[3], Laura Gallego-Cardona[3], Ana María Arredondo [3], Héctor Cubides[3], Claudia Ibáñez[1], Alejandro Escobar [3], Jairo Cajamarca-Baron[1, 3]
[1]Research Institute, Fundación Universitaria de Ciencias de la Salud – FUCS, Bogotá, [2]Intensive Care Unit, Hospital San Rafael, Tunja, [3]Rheumatology, Hospital de San José, Bogotá, Colombia

Has this paper been previously presented at another conference?: No

Background/Objectives: Timely diagnosis and proper recognition of Systemic Lupus Erythematosus (SLE) is essential to establish early management in inpatients and outpatients. In 2021, the SLE Risk Probability Index (SLERPI) was published, use a simple algorithm for early recognition of the disease. The aim of this study is to compare the European League Against Rheumatism/American College of Rheumatology (ACR/EULAR) classification criteria, the Systemic Lupus International Collaborating Clinics (SLICC) criteria and the SLERPI criteria in a cohort of Colombian patients with SLE and to analyze the correlations observed between their absolute scores.

Methods: A registry of SLE patients from two referral hospitals in Bogotá, Colombia was used. SLERPI, ACR/EULAR and SLICC scores were calculated for each patient and the correlations found between the scales were analyzed. The sensitivities of each were compared and associations between different clinical and paraclinical variables were calculated.

Results: Between 2016 and 2019, 146 patients diagnosed with SLE were registered. The median age was 36 years (interquartile range 26–51), and 82.2% were women. According to the SLERPI criteria, a high prevalence of antinuclear antibodies (92%), immunological disorders (71%) and arthritis (64%) were observed. The most used treatments were corticosteroids (87.6%) and chloroquine (67.8%) (See Table 1). A Spearman evaluation analysis was performed, with a moderately strong correlation (0.76 (p = 0.000)) between the SLERPI and ACR/EULAR scales, and very strong correlation 0.80 (p = 0.000) between the SLERPI and SLICC (see Figure 1).

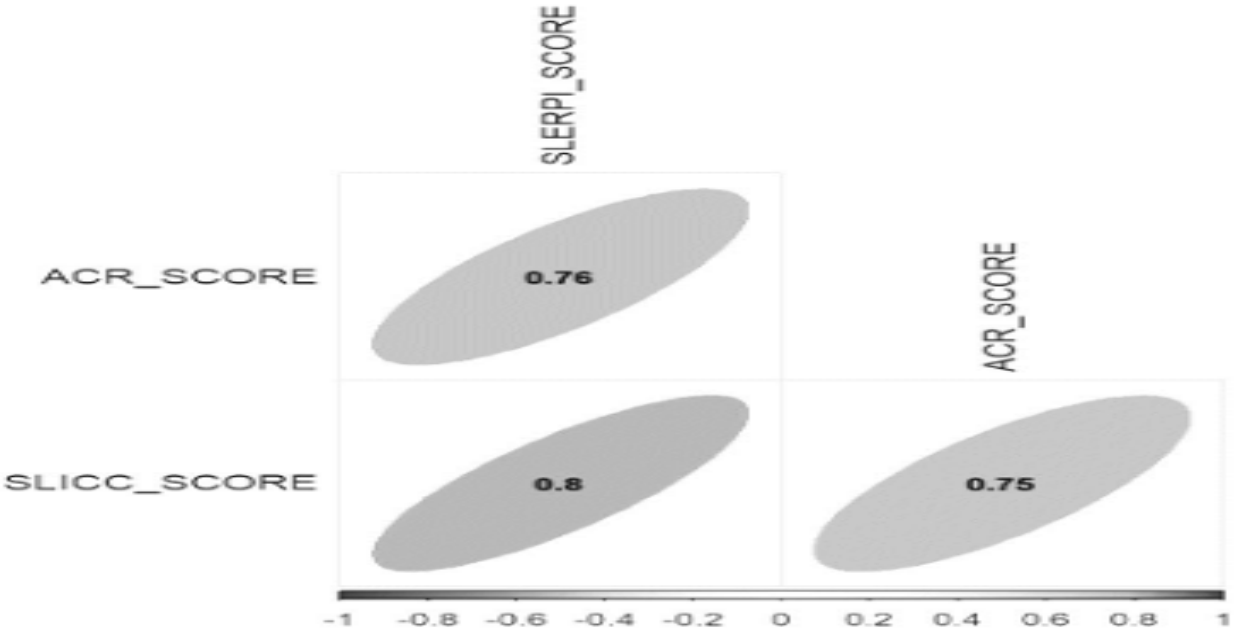
Table 1:

Characteristic	Population
Malar rash	19 (13)
Subacute Cutaneous Lupus	12 (8.2)

Alopecia	40 (27.4)
Mucosal ulcers	32 (21.9)
Arthritis	93 (63.7)
Serositis	33 (22.6)
Leucopenia < 4000/μL	35 (23.9)
Thrombocytopenia or Autoimmune Haemolytic Anaemia	63 (43.2)
Neurological disorder	24 (16.4)
Proteinuria (>500mg/24 hours)	49 (33.6)
ANA	135 (92.5)
Low C3 and C4	73 (50)
Immunological disorders	104 (71.2)
Interstitial Lung Disease	0
Corticosteroid	128 (87.6)

Chloroquine	99 (67.8)
Azathioprine	75 (51.4)
Hydroxychloroquine	45 (30.8)
Cyclophosphamide	36 (24.7)
Mycophenolate	30 (20.5)
Methotrexate	22 (15.0)
Biologic therapy	11 (7.5)

Image 1:



Conclusion: The SLERPI scale could be useful in the diagnosis of SLE, especially in early stages, given its good correlation with the other classification scales and its good sensitivity.

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Disclosure of Interest: None Declared

Keywords: diagnosis, lupus erythematosus, systemic, SLERPI

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Systemic lupus erythematosus

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Systemic Lupus Erythematosus In Pregnancy: A Latin American Perspective - A Systematic Review

Catalina Sanmiguel-Reyes[*1], Juan Esteban Bedoya-Loaiza[1], Jairo Cajamarca-Barón[1,2], Juan Pablo Castañeda-González[3], Saulo Molina-Giraldo [4], Claudia Ibañez[5], Langhorst Koen[6], Pieter Snelle[6], Adriana Rojas-Villarraga [3]
[1]Rheumatology, Fundación Universitaria de Ciencias de la Salud (FUCS), Hospital de San José, [2]Rheumatology, Research Institute, Fundación Universitaria de Ciencias de la Salud (FUCS), [3]Rheumatology, Research Institute, Fundación Universitaria de Ciencias de la Salud (FUCS), [4]Gynecology and Obstetrics, Fundación Universitaria de Ciencias de la Salud (FUCS), Hospital de San José, [5]Research, Research Institute, Fundación Universitaria de Ciencias de la Salud (FUCS), Bogotá, Colombia, [6]Rheumatology, Erasmus School of Medicine, Rotterdam, Netherlands

Has this paper been previously presented at another conference?: No

Background/Objectives: Several studies have examined important aspects of pregnancy in women with systemic lupus erythematosus (SLE), including treatment safety, obstetric complications, and maternal-fetal outcomes. However, there is few literature reviews for the Latin American population. This review evaluate characteristics of pregnant women with SLE, focusing on obstetric and fetal outcomes and disease progression through a systematic literature review (SLR) in Latin America.

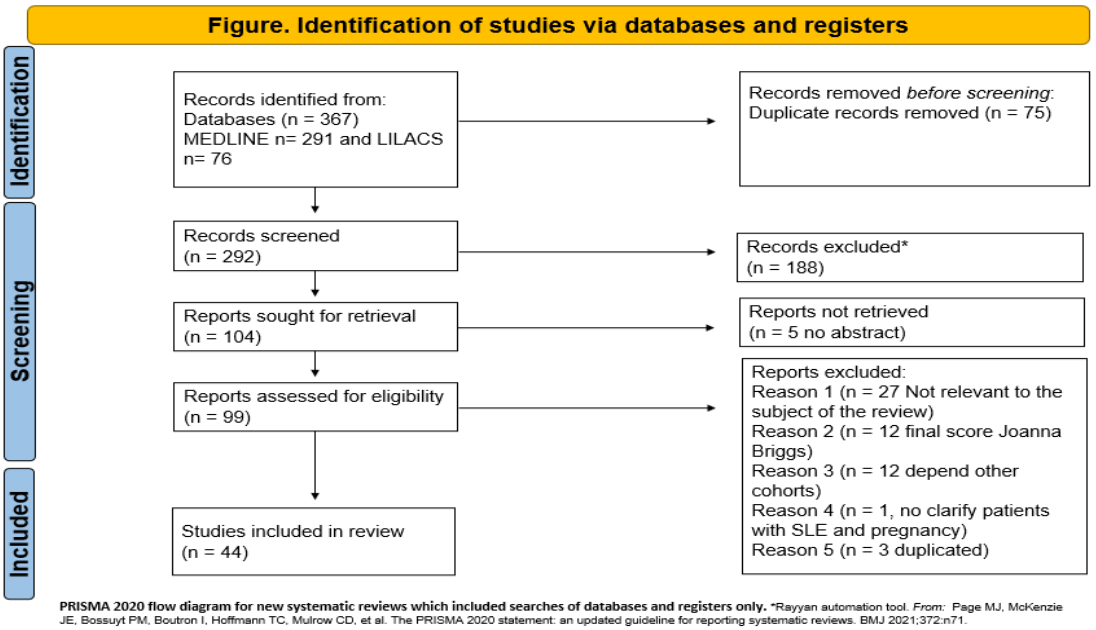
Methods: A literature search following the Preferred Reporting Items for Systematic Reviews and Meta-Analyses (PRISMA) methodology (PubMed, LILACS, SciELO, and the Virtual Health Library) up to December 2022 was made (PROSPERO CRD42023439168). The quality assessment was done with the Joanna Briggs Institute (JBI) Critical Appraisal tools. In addition, synthesis reports were prepared through the Synthesis Without Meta-analysis (SWiM) guide. The search focused on Latin American countries using MeSH terms for "systemic lupus erythematosus" and "pregnancy". No language, time period, or publication type restrictions were applied.

Results: Four key outcomes were analyzed across 44 articles (Figure) encompassing 1776 pregnant patients with SLE, providing insights into 2190 pregnancies. We examine maternal and fetal complications:

Maternal complications: Pregnancy increases the risk of disease flares, ranging from 35% to 85%. Women with SLE also have a higher risk of pre-eclampsia (14.5% to 18.8%) and renal involvement (45.7% to 68.5%). Other common complications include premature rupture of membranes, infection, and increased cesarean section rates. Several factors, including active disease prior to pregnancy, primigravida status, and high doses of prednisone, increase the risk of flares.

-Fetal complications: Pregnancy in SLE is associated with an increased risk of preterm delivery (33.9% to 38.1%), low birth weight (28% to 32%), and neonatal intensive care unit admission (26.9%). Factors such as active SLE during pregnancy, renal involvement, and pre-eclampsia contribute to an increased risk of fetal complications.

Image 1:



PRISMA 2020 flow diagram for new systematic reviews which included searches of databases and registers only. *Rayyan automation tool. *From:* Page MJ, McKenzie JE, Bossuyt PM, Boutron I, Hoffmann TC, Mulrow CD, et al. The PRISMA 2020 statement: an updated guideline for reporting systematic reviews. BMJ 2021;372:n71.

Conclusion: Pregnancy in Latin Americans with SLE is associated with an increased risk of complications. To ensure the best possible outcome, it's important for women with SLE to conceive only when their disease is in remission. During pregnancy, close monitoring is essential for early detection and management of potential flares. More research are needed to assess this population.

Disclosure of Interest: None Declared

Keywords: latin american, Pregnancy, SLE

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Systemic lupus erythematosus

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The Effect Of Past-Year Intimate Partner Violence On Quality Of Life In Women With Systemic Lupus Erythematosus

Maria Fernanda Ortiz-Nuño*[1], Emmanuel Campos-Tinajero[1], Diana Paola Flores-Gutierrez[1], Jorge Antonio Esquivel-Valerio[1], Gisela Garcia-Arellano[1], Jesus Alberto Cardenas-de la Garza[1], Estefania Aguilar-Rivera[1], Dionicio Angel Galarza-Delgado[1], Griselda Serna-Peña[1]
[1]Rheumatology, Hospital Universitario "Dr. José Eleuterio González", Monterrey, Mexico

Has this paper been previously presented at another conference?: No

Background/Objectives: The influence of violence has not been completely explored in systemic lupus erythematosus (SLE). We aimed to evaluate the effect of intimate partner violence (IPV) on quality of life in women with SLE.

Methods: We conducted a cross-sectional study from september 2022 to september 2023 at a rheumatology clinic in Mexico. We included women ≥18 years of age, diagnosed with SLE by EULAR/ACR 2019 criteria, with ≥2 follow-ups, and ≥1 intimate partner at any point in life. Women with other autoimmune diseases and those who didn't consent to participate were excluded. IPV was assessed with the Hurt, Insult, Threaten with Harm, and Scremed at (HITS) questionnaire and the Index of Spouse Abuse (ISA). Quality of life was assessed with LupusQoL.

Results: We included 85 women, with a median age of 36 years (IQR: 26-47.5). Prevalence by HITS of past-year IPV was 24.4% (20) and lifetime IPV was 36.5% (31) (figure 1). We observed a significant difference in the emotional domain (p=0.036) and total quality of life (p=0.018), between women exposed to IPV in the past year and those who weren't (table 1). Significant correlations were found between past-year HITS score and Physician Global Assessment (PGA) (rho=0.301, p=0.006), and lifetime HITS score with SLEDAI-2K (rho=0.277, p=0.010) and PGA (rho=0.329, p=0.002).

Table 1:

Quality of life of women who experienced and did not experience IPV

	Experienced IPV	Did not experience IPV	p
Past-year IPV, n = 82	n = 20	n = 62	
Physical domain, median (IQR)	80 (63.75-97)	92 (82.25-97.25)	0.063

Emotional domain, median (IQR)	72.5 (51.5-90.25)	83 (72.25-93)	**0.036**[1]
Body image, median (IQR)	70 (37-99)	90 (59-100)	0.122
Burden to others, median (IQR)	53 (20-86.75)	67 (47-93)	0.143
Sexual domain, median (IQR)	80 (22.5-90)	80 (40-100)	0.301
Total LupusQoL, mean (SD)	65.36 (±23.15)	75.94 (±14.62)	**0.018**[2]
Lifetime IPV, n = 85	n = 31	n = 54	
Physical domain, median (IQR)	83 (68.8-95)	92 (82.25-98)	0.058
Emotional domain, median (IQR)	81 (60-92)	82.5 (70-92.25)	0.411
Body image, median (IQR)	76 (40-100)	92 (59-100)	0.181
Burden to others, median (IQR)	67 (20-87)	60 (46.75-88.5)	0.486
Sexual domain, median (IQR)	80 (50-100)	80 (30-100)	0.731
Total LupusQoL, mean (SD)	70.23 (±20.55)	74.48 (±16.54)	0.300

[1]Mann Whitney U test

[2]Student's t-test

Image 1:

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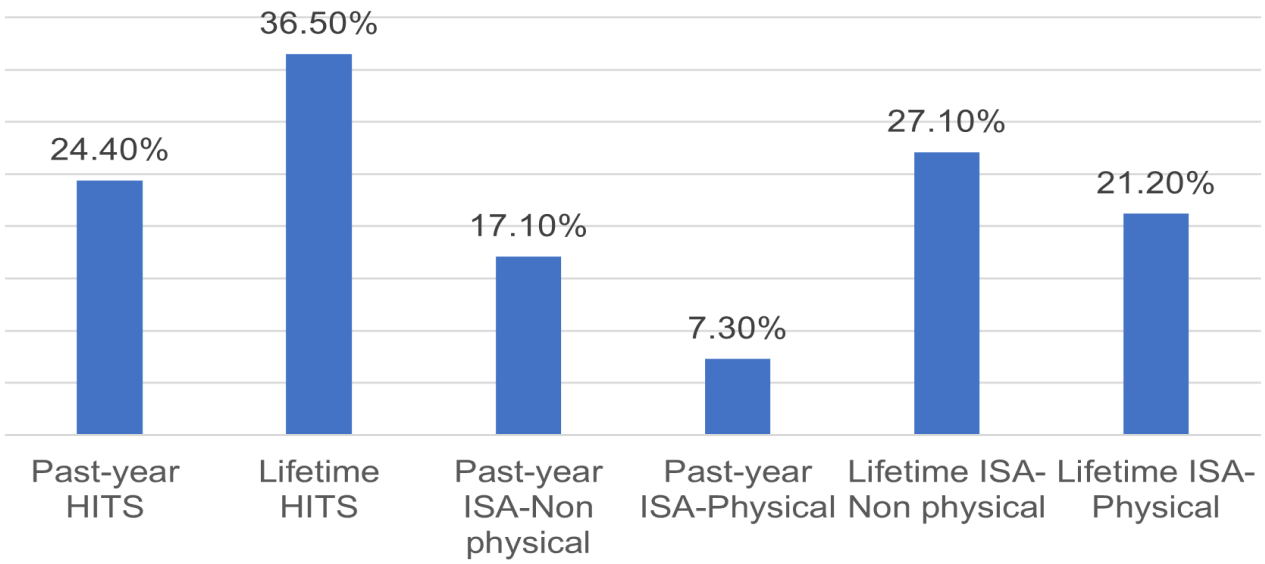
Figure 1. Prevalence of IPV, past-year and lifetime



Conclusion: In conclusion, 1 in 4 women with SLE were exposed to IPV in the previous year of this study. Being a victim of violence was associated with lower quality of life and worse disease activity. This highlights the proper assessment of psychosocial factors for better disease management.

Disclosure of Interest: None Declared

Keywords: intimate partner violence, Quality of Life, systemic lupus erythematosus

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Systemic lupus erythematosus

PANLAR2024-1103

Does End-Stage Renal Disease Reduce Lupus Flares?

Analía Sánchez Leguizamo[*1], Nadia Satera[2], Marina Scolnik[1], Javier Rosa[1]
[1]Rheumatology, [2]Nephrology, Hospital Italiano de Buenos Aires, Ciudad de Buenos Aires, Argentina

Has this paper been previously presented at another conference?: No

Background/Objectives: Previous reports have suggested that those patients with lupus nephritis (LN) and end-stage renal disease (ESRD) who enter renal replacement therapy (RRT), whether hemodialysis (HD) or peritoneal dialysis (PD), have decreased lupus activity.

The objective of this study was to determine the incidence of flares in patients with LN and ESRD and compare them in the 2 years before and after the start of RRT.

Methods: Patients with LN who had dialyzed or had been transplanted at a university hospital in Buenos Aires between 2000 and 2023 with at least two years of rheumatological follow-up, before and after the start of RRT, were identified. The incidence rate (IR) of non-renal Lupus (NRL) flares (measured by SLEDAI Flare Index and by BILAG) were calculated during the two years prior to admission to RRT and during the two years after.

Results: 25 patients were included. 88.0% women, with a mean age at the start of dialysis of 32.0 years (SD 10.9). Mean age at Lupus diagnosis was 23.1 years (SD of 9.3). The median time between Lupus diagnosis and ESRD was 8.3 years (IQR 2.8-12.3 years). Table 1 shows the demographic and laboratory characteristics, activity indexes, treatments and complications.

In 19 patients the RRT modality was HD, in 5 it was PD and one went to transplant directly. 15 patients were transplanted in the subsequent follow-up.

In the two years before starting RRT, 12 flares were identified by SLEDAI and 9 by BILAG in 23 patients; flares IR (by SLEDAI) was 0.26 per patient-year and 0.19 by BILAG. In the two years after RRT, 9 flares by SLEDAI and 7 by BILAG were reported; IR (SLEDAI) was 0.18 flares per patient year and 0.14 flares per patient year (BILAG). Incidence rates of flares before and after RRT were not significantly different (p= 0.26 when measured by SLEDAI and p=0.31 when using BILAG)

Flares occurred during HD (n=6) and during PD (n=3). The domains affected in the flares during dialysis were mucocutaneous (4), Gastrointestinal (3), Musculoskeletal (2), Cardiorespiratory (2), Hematological (2), and Neuropsychiatric (2). 4 of 9 of the flares were accompanied by a decrease in complement, and 2 with an increase in anti-DNA titers.

The median non-renal SLEDAI 2 years before starting RRT was 3.5 (2-6) and 2 years after RRT was 2 (0-4).

Image 1:

Patients with SLE and ESRD (n = 25)	
Demographic characteristics	
Female sex, n (%)	88.0%
Age at diagnosis of Lupus, years (SD)	23.1 years (SD 9.3)
Age at start of renal replacement therapy, years (SD)	32.0 years (SD 10.9)
SLE diagnosis time to ESRD, median (IQR)	8.3 years (2.5 - 12.3)
Laboratory Features	
FAN most frequent pattern, n (%)	Homogeneous nuclear, 15 (60%)
Anti Ro	7 (30.4%)
Anti La	2 (8.7%)
Anti Sm	9 (39.1%)
Anti RNP	8 (34.8%)
Anti DNA	15 (62.5%)
Low C3 (at some point)	20 (80.5%)
Low C4 (at some point)	10 (40.0%)
Associated SAF	6 (24.0%)
Non-renal activity	
SLEDAI non-renal 2 years pre- RRT, median (IQR)	3.5 (2-6)
Non-renal SLEDAI at baseline RRT, median (IQR)	2 (2-4)
Non-renal SLEDAI 2 years post-RRT, median (IQR)	2 (0 - 4)
Corticosteroid dose 2 years before RRT, prednisone in mg/day, median (IQR)	15 (8-37.5)
Corticosteroid dose 2 years after RRT, prednisone in mg/day, median (IQR)	5 (3-10)
Treatments	
Hydroxychloroquine at baseline RRT, n(%)	10 (45.4%)
Immunosuppressant at baseline RRT, DMARD/Biological, n(%)	12 (60.0%)
Immunosuppressant 2 years after RRT, n (%)	13 (52.0%)
Complications	

Image 2:

Patients with SLE and ESRD (n = 25)	
Dialysis access thrombosis, n (%)	6 (37.5%)
HD bleeding, n (%)	3 (18.7%)
Volume overload, n (%)	1 (6.2%)
Hemoperitoneum, n (%)	1 (6.2%)
Kidney transplant rejection, n (%)	6 (40%)
Re transplant, n (%)	2 (13.3%)
Death during follow-up, n (%)	7 (28%)

Conclusion: In this cohort of patients with SLE and initiation of RRT, disease flares do not significantly decrease after RRT.

Disclosure of Interest: None Declared

Keywords: flares, systemic lupus erythematosus, treatment

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Systemic lupus erythematosus

PANLAR2024-1413

Extensive Vasculitis Of Large Vessel As An Initial Manifestation Of Systemic Lupus Erythematosus

Angie Rivera*[1], Camila Sten.[1], Ana Moreira[1], Ingrid Moss[1], Julio Borges[1], Breno Bianchi[1], Carla Dionello[1], Blanca Bica[1]
[1]Rheumatology, Universidade Federal do Rio de Janeiro, Rio de Janeiro, Brazil

Has this paper been previously presented at another conference?: Yes

Background/Objectives: Systemic lupus erythematosus (SLE) is a complex autoimmune disease with multisystem involvement and heterogeneous in presentation, most often mimics a viral syndrome with constitutional symptoms accompanied more frequently by arthralgias/arthritis and cutaneous manifestations. Leukocytoclastic vasculitis is frequently seen in SLE, whereas medium and large vessel vasculitis in association with SLE is uncommon and, if present, is most described as involvement of a single vessel bed. In the literature it is limited to occasional case reports and only 2 large cohorts are mentioned. Clinical manifestation depends on the organ and the size of the vessel involved. Early recognition and, consequently, adequate treatment are crucial for the patient's prognosis

Methods: case report

Results: We report the case of a 37-year-old female patient, previously healthy, who presented, as an initial manifestation of SLE, extensive vasculitis of large vessels (left carotid artery, ascending and descending aorta and left femoral arteries), evident on CT angiography, with subsequent cutaneous manifestations, positive anti-dsDNA, anti-Sm, beta2glycoprotein IgM and IgG and lupus anticoagulant. The patient was treated with methylprednisolone, cyclophosphamide and azathioprine, with adequate response and currently without signs of activity.

Image 1:

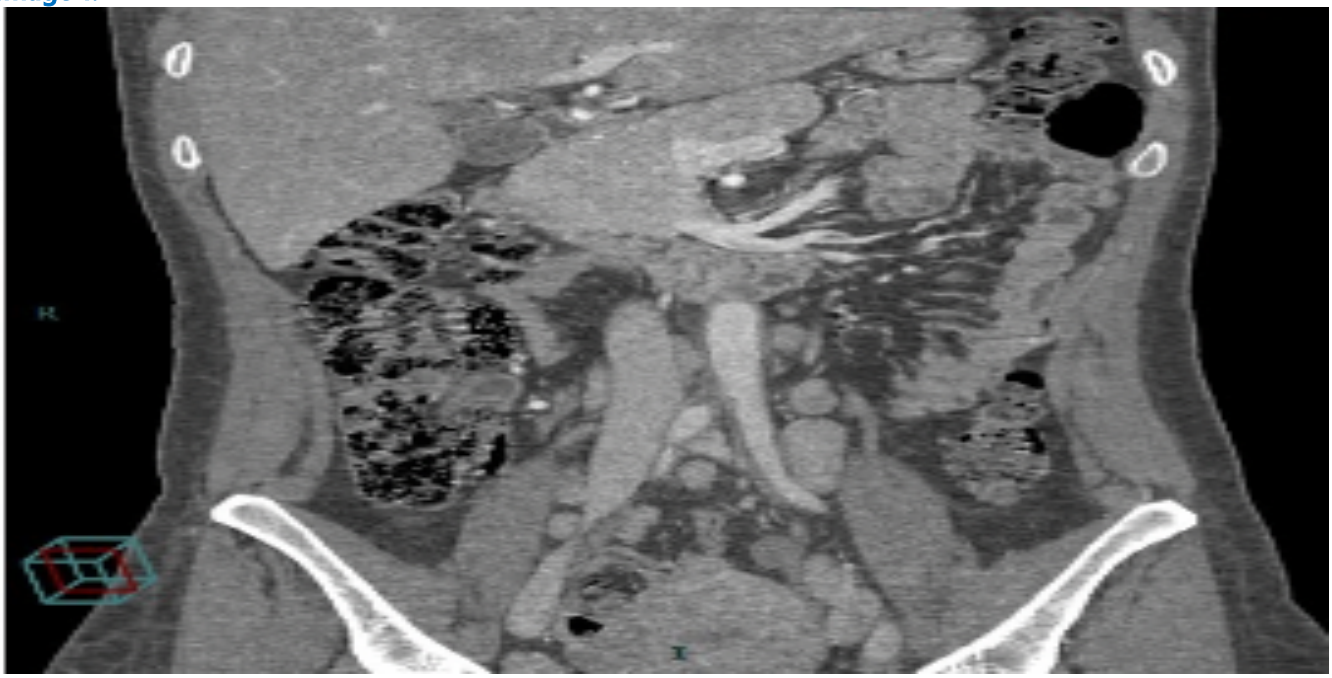
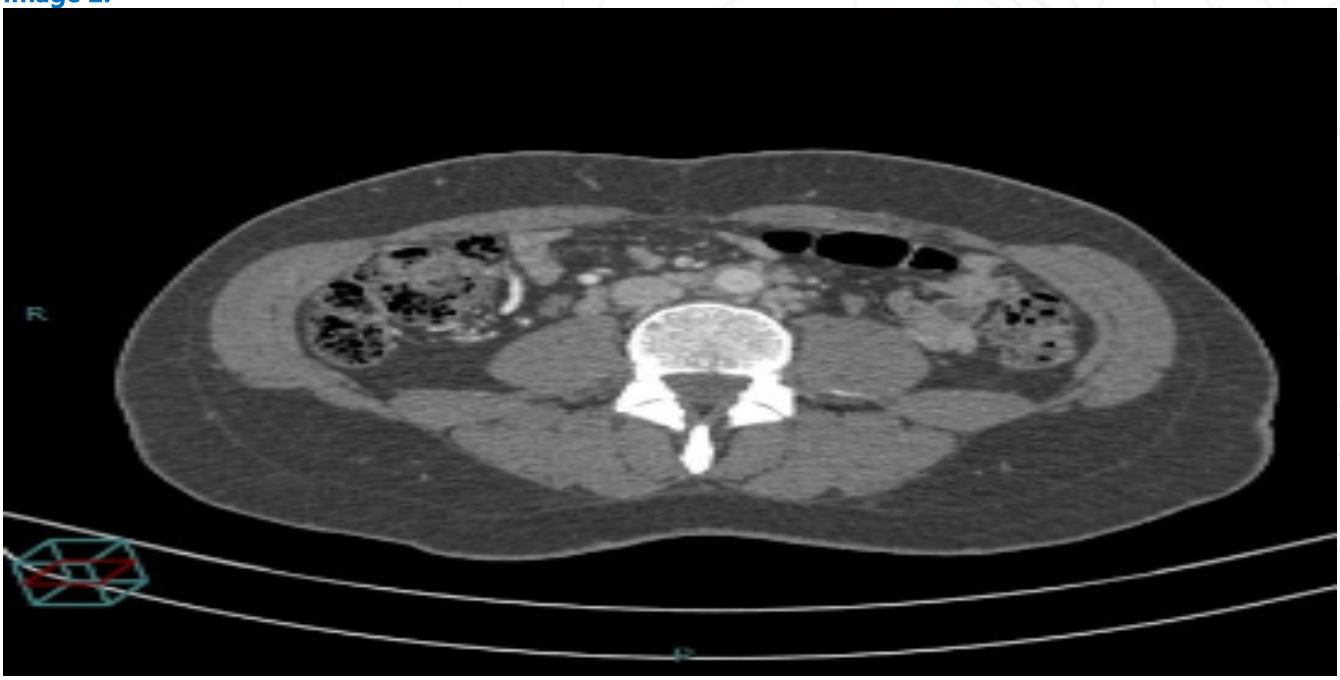


Image 2:



Conclusion: The diagnosis of SLE is always a challenge. In cases with unusual manifestations, clinical suspicion is indispensable. We do not have regional epidemiological data, the incidence data comes from the population of the United States; although data on gender, age, constitutional symptoms, and skin manifestations were of great value when it came to suspecting differential diagnoses and thus expanding the study with laboratory tests that ended up confirming lupus. This case highlights the heterogeneity of SLE and the importance of establishing differential diagnoses for proper treatment.

Reference 1: Kiriakidou, M., & Ching, C. L. (2020). Systemic Lupus Erythematosus. Annals of Internal Medicine, 172(11), ITC81–ITC96.doi:10.7326/aitc202006020

Reference 2: Kumar, N., Choudhary, N., Agarwal, G., Rizvi, Y., Kaul, B., & Ahlawat, R. (2007). Extensive Medium-Vessel Vasculitis With SLE. JCR: Journal of Clinical Rheumatology, 13(3), 140–142.doi:10.1097/rhu.0b013e318064e779

Disclosure of Interest: None Declared

Keywords: large vessels, systemic lupus erythematosus, vasculitis

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PANLAR 2024

Systemic lupus erythematosus

PANLAR2024-1380

Influence Of Smoking On Lupus Nephritis: A Retrospective Observational Cohort Study.

Gilka Tainat Martinez Bejarano[*1], Demelza Viviana Yucra Bobarin[1], Vanessa Viviana Castro Coello[1], Linda Vergel Orduz [1], Laura Julieta Sorrentino[1], Jorge Alejandro Brigante[1]
[1]Rheumatology, Sanatorio Guemes, Buenos Aires, Argentina

Has this paper been previously presented at another conference?: No

Background/Objectives: Lupus nephritis is a serious manifestation of SLE that affects 60% of patients. Smoking contributes to the loss of immune tolerance and the development of autoimmunity.At the renal level it produces hemodynamic alterations (increased blood pressure, renal vascular resistance) and non-hemodynamic alterations (activation of growth factors, endothelial injury, tubular cell toxicity, oxidative stress). Histologically it was related to thickening of the renal arterioles, glomerulosclerosis, fibrosis and tubular atrophy.

The aim was to evaluate the influence of smoking on the degree, activity and chronicity in lupus nephritis and systemic activity measured by SLEDAI 2k.

Methods: Retrospective observational cohort study. The electronic medical records were reviewed (01/2006-06/2023). Inclusion: >16 years with a diagnosis of SLE (EULAR/ACR2019 criteria) with lupus nephritis by biopsy with report of grade, activity and chronicity (WHO/ISN/RPS 2002 criteria). Variables: Demographics, smoking at the time of kidney biopsy, smoking load per pack/year, activity index by SLEDAI 2K at the time of kidney involvement.
Results: Of 153 patients, 58 (38%) presented lupus nephritis. 39/58 were included with complete data in the renal biopsy report, renal debut 16/39 (41%). Active smokers were 17/39 (43.59%), with median smoking load of 20 p/y (IQR 10-25). Both groups (smokers and non-smokers) were predominantly female 13 (76.47%) and 19 (86.36%). In the smoking group, the median age was greater at diagnosis of LN, 36 years (IQR 26-48) vs 25 years (IQR 22-40), p=0.06; the activity measured by SLEDAI 2k: 16(IQR 12-20) vs 2k: 8(IQR 6-12) p=<0.001. There were no differences between grade and chronicity, however, there was a greater trend in the renal activity index (table 1). In the multivariate analysis adjusted for age, there was also no association between renal biopsy findings and tobacco consumption.
Image 1:

Table 1. Baseline characteristics and differences in patients with lupus nephritis.			
LN (n=39)	**smokers**	**non-smokers**	**p-value**
LN n (%)	17 (43.59)	22 (56.41)	
Female n (%)	13 (76.47)	19 (86.36)	0.42
TBQ load p/y Md (IQR)	20 (10-25)	n/a	n/a
SLEDAI Md (IQR)	16 (12-20)	8 (6-12)	<0.001
Classification of lupus nephritis			
Class II n (%)	2 (11.76)	5 (22.73)	0.37
Class III n (%)	2 (11.76)	4 (18.18)	0.58
Class IV n (%)	11 (64.71)	11 (50)	0.35
Class V n (%)	2 (11.76)	2 (9.09)	0.78
Activity (ISN/RPS) Md (IQR)	14 (5-16)	5 (3-11)	0.06
Chronicity (ISN/RPS) Md (IQR)	1 (1-2)	0 (0-1)	0.09

Conclusion: Our data show that smoking patients did not present a difference in renal involvement compared to non-smoking patients. However, greater systemic activity was found in smoking patients.

Reference 1: Díaz-Coronado JC, et al. Clinical and sociodemographic factors associated with lupus nephritis in Colombian patients: A cross-sectional study. Reumatol Clin (Engl Ed). 2021 Jun-Jul;17(6):351-356.

Disclosure of Interest: None Declared

Keywords: lupus nephritis, smoking, systemic lupus erythematosus

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PANLAR 2024

Systemic lupus erythematosus

PANLAR2024-1251

Lupus Tracks. Is The Diagnosis Phenotype Maintained During Follow-Up?

Lina Serrato[*1], Paula Losada[2], Paola Quintero[3], Daniel Rodriguez[4], Juan Camilo Díaz[4], Ricardo Pineda[4], Gloria Vasquez[1]
[1]GICIG, [2]CCBB, Universidad de Antioquia, Medellín, [3]Internal Medicine, Hospital Serena del Mar, Cartagena, [4]Artmedica, Medellín, Colombia

Has this paper been previously presented at another conference?: No

Background/Objectives: Systemic lupus erythematosus (SLE) is an autoimmune disease characterized by periods of flare and remission, which should be the goal in these patients. The aim of this study was to assess the manifestations at diagnosis and flares and to follow the disease activity over 4 years in a cohort at a single center in Medellin.

Methods: Eighty females with SLE were randomly selected from Artmedica in Medellin. They were required to have at least 4 years of follow-up and a minimum of 5 visits during that period. Information at the time of diagnosis, admission, and follow-ups until 2023 were included, with an interval of at least 6 months between visits, 522 medical records were reviewed. Demographic data, clinical and immunological domains at diagnosis, antibodies, lab results, variations in activity, accrual organ damage and treatment at each visit were collected. To evaluate disease activity at the first, third and last visit, patients were classified into 6 groups: minimal disease activity (MDA), lupus low disease activity score (LLDAS), serologically active clinically quiescent (SACQ), active with treatment (AT), active without treatment (AWT), inactive with treatment (IT).

Results: The cohort consisted of 80 women with SLE, average age of 38.6 years, 86% mestizo and 6% Afro-Colombian. The average age at diagnosis was 28.9 years, and the average time with SLE at first visit was 8.6 years. The clinical domains at diagnosis were cutaneous (78.7%), arthritis (67%), hematologic (60%), and renal (35%). The prevalent domains during flares were immunological (68.2%) [anti-DNA/hypocomplementemia], cutaneous (46%), arthritis (28%), renal (19%), and hematologic (17.4%)(Fig 1).

Concern to disease activity in the first visit, 63.7% were classified as MDA, 15% LLDAS, 10% AT, 6% SACQ, 4% IT, 1% AWT, and at the fifth visit were 61% MDA, 26% LLDAS, 8% AT, 3% SACQ, 1% AWT, 1% IT (Fig 2). Fifty percent were adherent to antimalarials, 38.7% experienced some interruption in the 4 years of follow-up, and 11.2% were not on antimalarials. Comorbidities were presented in 80% of patients.

Image 1:

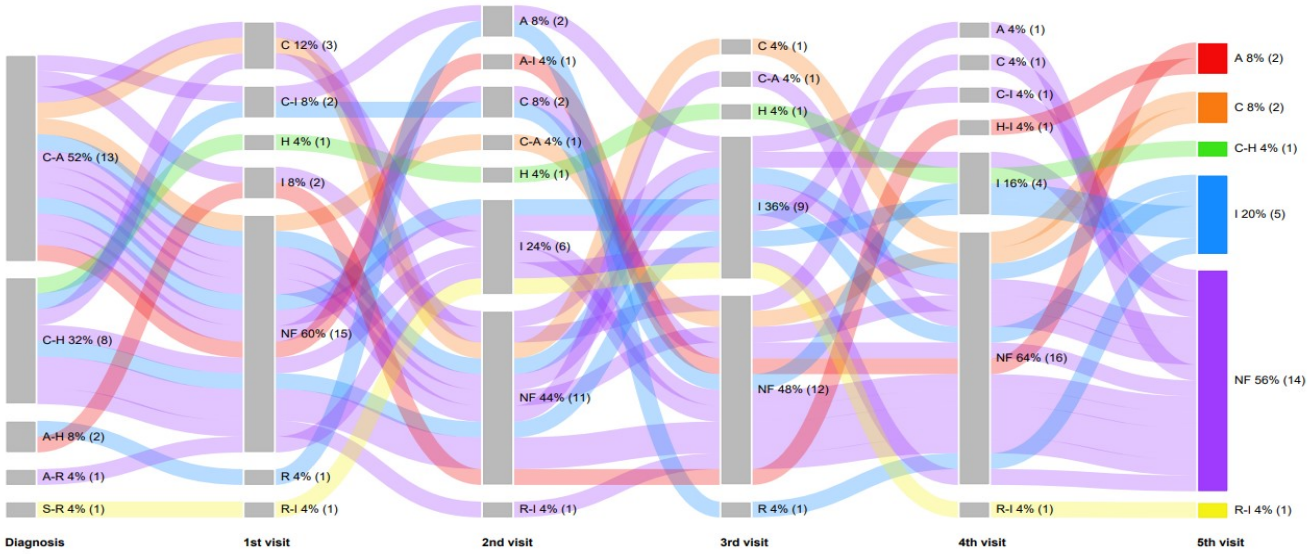

Figure 1. Frequency of clinical domains during the following. Five visits. Domains included: cutaneous (C), arthritis (A), hematological (H), serositis (S), nephritis(R), fever (Cs), neuropsychiatric (N) and immunological (I).

Image 2:

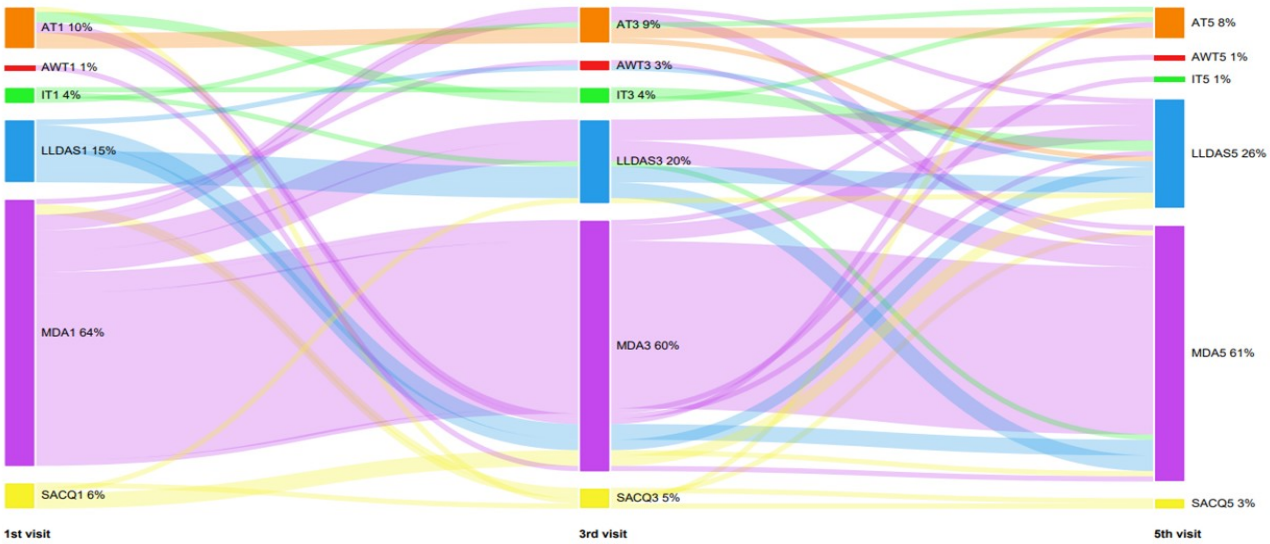

Figure 2. Frequency of the disease activity state during the following. Visit 1st, 3rd and 5th. Minimal disease activity (MDA), lupus low disease activity score (LLDAS), serologically active clinically quiescent (SACQ), active with treatment (AT), active without treatment (AWT), inactive with treatment (IT). The number indicates the visit.

Conclusion: Follow-up consultations show a tendency to flare in the same clinical domains at a diagnosis, the flares were characterized by the compromise of one domain. Only 21.2% remained in remission during the 4 years of follow-up, indicating that the majority of patients experienced at least one relapse. By the fifth visit, 87% reach MDA/LLDAS. The prevalent comorbidities highlight the high burden of autoimmunity.

Reference 1: Ugarte-Gil, M. F., Wojdyla, D., Pastor-Asurza, C. A., Gamboa-Cárdenas, R. V., Acevedo-Vásquez, E. M., Catoggio, L. J., García, M. A., Bonfá, E., Sato, E. I., Massardo, L., Pascual-Ramos, V., Barile, L. A., Reyes-Llerena, G., Iglesias-Gamarra, A., Molina-Restrepo, J. F., Chacón-Díaz, R., Alarcón, G. S., & Pons-Estel, B. A. (2018). Predictive factors of flares in systemic lupus erythematosus patients: data from a multiethnic Latin American cohort. *Lupus*, *27*(4), 536–544. https://doi.org/10.1177/0961203317728810

Reference 2: Miyawaki Y, Sada K, Asano Y, et al. Progressive reduction of serum complement levels: a risk factor for relapse in patients with hypocomplementemia in systemic lupus erythematosus. Lupus. 2018;27(13):2093-2100. doi:10.1177/0961203318804892

Disclosure of Interest: None Declared

Keywords: Clinical domains, Disease activity, Lupus flares

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Systemic lupus erythematosus

PANLAR2024-1448

Compliance With Quality Of Care Indicators In Patients With Systemic Lupus Erythematosus

Ana Pizzarossa*[1], María Josefina Camblor[1], María Josefina Esposto[1], María Eugenia Mendiburu[1], Alfonso Costa[1], Agustina Gallino[1], María Valentina Casal[1], Analía Cánepa[1], Andrea Queirolo[1], Santiago Moyano[1], Martín Rebella[1]
[1]Unidad de Enfermedades Autoinmunes Sistémicas, Hospital de Clínicas, Manuel Quintela, Montevideo, Uruguay

Has this paper been previously presented at another conference?: No

Background/Objectives: Background: Quality of care is receiving increased attention in systemic lupus erythematosus (SLE). This work corresponds to the first study in Uruguay that analyzes the quality of care in patients with SLE through the use of quality of care indicators. By identifying deficiencies in quality of care, the creation of evidence-based strategies can be facilitated, which can positively affect quality of life, activity, and disease progression.

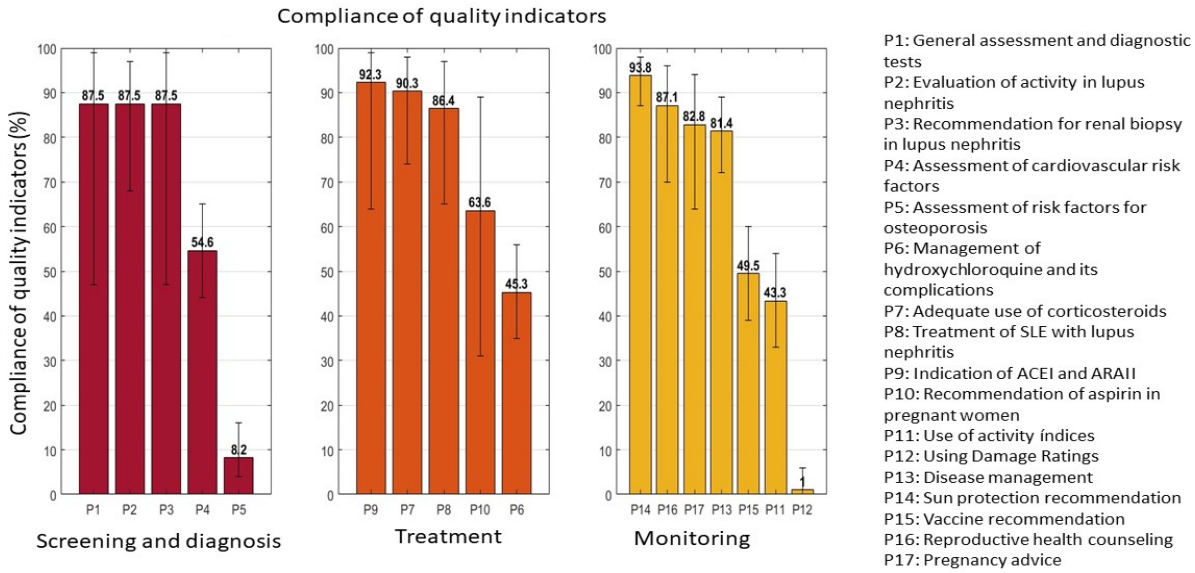
Objective: To evaluate compliance with quality of care indicators in patients with Systemic Lupus Erythematosus treated in the Systemic Autoimmune Diseases Unit of the Hospital de Clínicas “Dr. Manuel Quintela”, Montevideo, Uruguay in the period 01/2020 - 09/2023.

Methods: A descriptive, cross-sectional study was carried out. From a population of 182 patients treated in the Systemic Autoimmune Diseases Unit of the “Dr. Manuel Quintela” hospital, a sample of 97 patients was obtained who met the inclusion criteria (over 18 years of age, with a confirmed diagnosis of SLE, with a follow-up of at least 2 consultations at the UEAS, assisted in the period 01/2020 - 09/ 2023). Based on the information obtained from clinical records and telephone surveys, compliance with 17 quality indicators, based on the 2019 update of European League Against Rheumatism recommendations, was evaluated. The quality indicators were divided into 3 domains was evaluated: diagnosis - screening, treatment and monitoring.

Results: Of the 97 patients, the mean age corresponded to 48 ± 14 years, with a range between 20 and 77 years. 97.9% were female.94.8% of the total sample had a duration of the disease greater than 2 years.

The compliance of quality indicators is shown in figure 1.

Image 1:



Conclusion: High compliance with the variables related to the general assessment at the time of diagnosis, management of lupus nephritis, adequate use of corticosteroids and photoprotection was evident.

Taking into account the variables with lower compliance, it is recommended to emphasize the request for paraclinical cardiovascular risk factors and the systematic incorporation of activity and damage indices. At the same time, a lack of registration and heterogeneity was observed in the way the clinical history was recorded, so it is recommended to take measures to achieve standardized and uniform management of patients.

This study can be a starting point for interventions that improve clinical practice and for future research

Reference 1: Fanouriakis A, Kostopoulou M, Alunno A, Aringer M, Bajema I, Boletis JN, et al. 2019 Update of the EULAR recommendations for the management of systemic lupus erythematosus. Vol. 78, Annals of the Rheumatic Diseases. BMJ Publishing Group; 2019. p. 736 - 45.

Disclosure of Interest: None Declared

Keywords: compliance, quality of care indicators, systemic lupus erythematosus

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PANLAR 2024

Systemic lupus erythematosus

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Impact Of Disease Duration And Serology With Valvulopathy In Patients With Systemic Lupus Erythematosus

Maria F. Elizondo-Benitez[*1], Andrea L. Guajardo-Aldaco[1], Iris J. Colunga-Pedraza[1], Jose R. Azpiri-Lopez[2], Dionicio A. Galarza-Delgado[1], Jesus Alberto Cardenas-de la Garza[1], Rosa I. Arvizu-Rivera[1], Valeria Gonzalez-Gonzalez[1]
[1]Rheumatology Department, [2]Cardiology Department, Hospital Universitario "Dr. José Eleuterio González", Universidad Autónoma de Nuevo León, Monterrey, Mexico

Has this paper been previously presented at another conference?: No

Background/Objectives: To assess valvulopathy prevalence in SLE patients based on disease duration and seropositivity.

Methods: Cross-sectional study, including SLE patients aged over 18, meeting ACR/EULAR 2019 criteria. Exclusions: overlapping syndromes, major cardiovascular events, and pregnancy. Patients were categorized by disease duration (≤24 months and >24 months). A cardiologist, blinded to clinical information, conducted transthoracic echocardiograms to assess valvular alterations. Serology was obtained through laboratory exams. Group distribution was assessed using the Kolmogorov-Smirnov test. Comparisons were made using the Chi-square test or Fisher's exact test and the Student's T-test or Mann-Whitney U test. A *p*-value of £0.05 was considered statistically significant.

Results: 81 SLE patients (91.3% women, mean age 35.3 ± 12.3 years) were included. Many had moderate SLE-Disease Activity Index scores (32.9%). Tricuspid regurgitation prevalence showed no significant group differences. In a subanalysis, those ≤24 months post-diagnosis had higher mild tricuspid regurgitation (34.7% vs 6.5%, p=0.001), while those >24 months had more trivial regurgitation (30.4% vs 63.9%, p=0.010). No significant differences in aortic (43.4% vs 34.4%,p=0.12) and mitral (60.8% vs 47.5%,p=0.25) valve involvement. Sub-analysis of valve regurgitation and anti-Smith (p=0.06), anti-La (p=0.18), and anti-Ro (p=0.22) antibodies showed no significant associations.

Table 1: Table 1. Demographic characteristics.

	Patients SLE with £24 months (n= 23)	Patients SLE with >24 months (n= 58)	*p*-value
Aortic regurgitation, n (%)	10 (43.4)	20 (34.4)	NS
Tricuspid regurgitation, n (%)	14 (60.8)	40 (70.4)	NS

TR trivial, n (%)	7 (30.4)	36 (63.9)	**0.010**
TR mild, n (%)	8 (34.7)	4 (6.5)	**0.001**
Mitral regurgitation, n (%)	14 (60.8)	26 (47.5)	NS

SLE, systemic lupus erythematosus; TR, tricuspid regurgitation; NS, not significant; SLEDAI, *Systemic Lupus Erythematosus Disease Activity Index; SD, Standard deviation.*

Table 2. Prevalence of heart valve disease and seropositivity.

Characteristics	**SLE patients with valvulopathy (n= 62)**	**SLE patients without valvulopathy (n= 19)**	***p*-value**
Anti-Smith, n (%)	6 (9.6)	5 (26.3)	NS
Anti-La, n (%)	6 (9.6)	4 (21.0)	NS
Anti-Ro, n (%)	20 (32.2)	9 (47.3)	NS

SLE, systemic lupus erythematosus; NS, not significant.

Conclusion: Mitral valve disease is common in SLE patients, but our study highlights tricuspid valve regurgitation as the primary concern in our population. Echocardiography facilitates early detection for improved cardiovascular health prognosis.

Disclosure of Interest: None Declared

Keywords: Cardiovascular Disease, Prognosis, SLE

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PANLAR 2024

Systemic lupus erythematosus

PANLAR2024-1127

Hypovitaminosis D In Lupus Nephritis

Alicia Yupe Flores[*1], Emma Purón González[2], Jessica Santana Delgado[3], Gabriel Calderón de la Peña[4], Montserrat Ochoa de León [4], Elena Cervantes Ramírez[4], Eli Marisol Saldaña[4], Brissia Ceniceros Ruiz[4], Gloria Martínez Bonilla[4], Verónica González Díaz[4], Jefte Uribe Martinez[4], Sergio Cerpa Cruz[4]
[1]Reumatología, Hospital Multimédica, Guatemala, Guatemala, [2]Reumatología, Tecnológico de Monterrey, Monterrey, [3]Reumatología, Hospital Ángeles del Carmen, [4]Reumatología, Hospital Civil "Fray Antonio Alcalde", Guadalajara, Mexico

Has this paper been previously presented at another conference?: No

Background/Objectives: The prevalence of vitamin D deficiency is higher in patients with systemic lupus erythematosus (SLE) compared to the healthy population (1), and recent studies have observed a higher prevalence of hypovitaminosis D in patients with associated kidney disease (2). This deficiency has been proposed as a risk factor for a higher incidence and activity of autoimmune diseases. The present study aims to determine the prevalence of hypovitaminosis D and its correlation with clinical and renal activity and histopathological findings of renal biopsy in patients with SLE and lupus nephritis (LN).

Methods: Analytical cross-sectional study, in patients with SLE according to the 2019 ACR/EULAR criteria and LN by renal biopsy according to ISN/RPS of 2003. A measurement of disease activity was performed by SLEDAI 2K considering high activity > 4 points, and renal activity through 24-hour urine protein count, renal biopsy report, activity index and chronicity. Serum vitamin D levels were measured by ELISA (Human soluble 25-OH Vitamin D ELISA Kit Eagle Biosciences), considering hypovitaminosis D <30 ng/mL. The sample calculation was carried out with a statistical power of 85% requiring 24 patients. In the inferential analysis, the continuous variable of vitamin D levels was analyzed with the Student's T test. Categorical variables were analyzed with the Chi2 test or Fisher's exact test. The correlation analysis was performed using Pearson's coefficient and Kendall's Tau b for continuous and ordinal variables respectively. In all cases, bilateral statistics were performed with an alpha value <0.05. SPSS v21 software was used for data analysis and Graph Pad Prism software was used to create graphs.

Results: 24 patients with SLE were studied, 58% of the patients had hypovitaminosis D, of which there was a higher prevalence in patients with LN than in the SLE group without kidney disease 75% vs 42% (Table 1). Vitamin D level had a moderate negative correlation (Figure 1) with 24-hour urine protein count (r = - 0.594, p = 0.042) in patients with LN. In the renal biopsy lesions, 100% had rupture of the glomerular basement membrane and interstitial inflammation, followed by endocapillary hypercellularity in 91.7%, but none was specifically correlated to hypovitaminosis D.

Image 1:

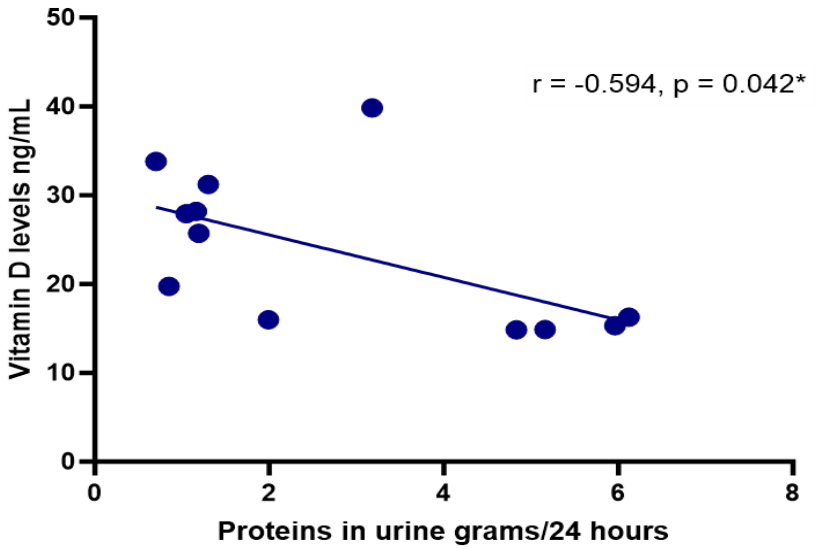

Figure 1: Correlation between vitamin D levels and 24-hour protein in urine collection in patients with lupus nephritis. * Pearson correlation coefficient.

Conclusion: Hypovitaminosis D has a higher prevalence in patients with lupus nephritis compared to patients with SLE without kidney disease. In patients with lupus nephritis, the greater the proteinuria, the greater the vitamin D deficiency.

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Disclosure of Interest: None Declared

Keywords: Hypovitaminosis D, lupus nephritis, SLE

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Systemic lupus erythematosus

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The Impact Of Active Lupus Nephritis On Work Productivity In Patients From A Latin American Lupus Cohort.

Romina Nieto[*1], Rosana Quintana[1], Diana Carolina Fernández Ávila[2], Rosa Serrano[1], Guillermina Harvey[3], Lucia Hernandez[1], Karen Roberts[1], Luis Catoggio[4], Gisela Subils[5], Carla Gobbi[6], Florencia Bordón[7], Pablo David Ibáñez Peña[8], Leonel Ariel Berbotto[9], María Constanza Bertolaccini[10], Diego O. Rinesi[11], María de los Ángeles Gargiulo[12], Cecilia Pisoni[13], Joaquín Martínez Serventi[14], Emilio Buschiazzo[15], Vitalina de Souza Barbosa[16], Odirlei Andre Monticielo[17], Carolina Albanez A Cunha Andrade[18], Francinne Machado Ribeiro[19], Eloisa Bonfa[20], Eduardo Borba [20], Emilia I. Sato[21], Alexis Peralta Bondi[22], Silvana Donoso[23], Gustavo Aroca Martínez[24], Hellen Medina[24], Alex Echeverri [25], Sebastian Molina-Ríos[26], Manuela Rubio[27], Rafael López[28], Mario Moreno[29], Olga Lidia Vera Lastra[30], Mario Pérez Cristóbal[31], Carlos Núñez Álvarez[32], Luis M Amezcua-Guerra[33], Ignacio García Valladares[34], Nahun García[35], Dionicio Angel Galarza Delgado[36], Marcos Vázquez[37], Astrid Paats Nicora[37], Jorge Napoleón Cieza Calderón[38], Ana Mabel Quiros Alba [39], Roberto Muñoz Louis[40], Carina Pizzarossa[41], Adriana Carlomagno[42], Rocío Gamboa[43], Urbano Sbarigia[44], Federico Zazzetti[45], Ashley Orillion[46], Graciela S. Alarcón[47, 48], Bernardo Pons-Estel[1], Guillermo Pons-Estel[1]
[1]Centro Regional de Enfermedades Autoinmunes y Reumáticas (GO-CREAR), Rosario , Argentina, [2]Consultorios Médicos Colsanitas, Bogotá, Colombia, [3]Escuela de Estadística, Facultad de Ciencias Económicas y Estadística, Universidad Nacional de Rosario, Rosario , [4]Sección Reumatología, Hospital Italiano de Buenos Aires, Buenos Aires, [5]Hospital Italiano de Córdoba, [6]Hospital Córdoba, [7]Hospital Privado Universitario de Córdoba, Córdoba , [8]Hospital HIGA San Martín, La Plata, [9]Unidad de Enfermedades Autoinmunes, Hospital Escuela Eva Perón, Granadero Baigorria, [10]Hospital Padilla, Tucumán, [11]Hospital General de Agudos J.M. Ramos Mejía, [12]Instituto de Investigaciones Médicas Alfredo Lanari, [13]CEMIC, [14]Hospital General de Agudos Dr. Juan A. Fernández, Buenos Aires, [15]Hospital Señor del Milagro, Salta, Argentina, [16]Hospital das Clínicas, Universidade Federal de Goias, Goias, [17]Hospital de Clínicas de Porto Alegre/Universidade Federal do Rio Grande do Sul, Porto Alegre, [18]Universidade Federal de Pernambuco, Pernambuco, [19]Hospital Universitario Pedro Ernesto, UERJ, Rio de Janeiro, [20]Hospital das Clinicas HCFMUSP, Faculdade de Medicina, Universidade de São Paulo, [21]Universidade Federal São Paulo, San Pablo , Brazil, [22]Sección de Reumatología, Hospital del Salvador, Universidad de Chile, Santiago , [23]Clinical Laboratory Hospital Regional Libertador Bernardo O'Higgins, Rancagua, Chile, [24]Universidad Simón Bolivar, Barranquilla, [25]Fundación Valle del Lili, Unidad de Reumatología, Cali, [26]Facultad de Medicina, Universidad Nacional de Colombia. Hospital Universitario Nacional, [27]Centro de Estudios de Reumatología & Dermatología SAS, Bogotá, Colombia, [28]Servicio de Reumatología. Hospital Luís Vernaza, [29]Universidad Católica de Santiago de Guayaquil, Guayaquil, Ecuador, [30]División de Investigación en Salud, Hospital de Especialidades Dr. Antonio Fraga Mouret, CMN La Raza, IMSS, CDMX, [31]Centro Médico Nacional Siglo XXI, CDMX, [32]Instituto Nacional de Ciencias Médicas y Nutrición Salvador Zubirán, CDMX, [33]Departamento de Reumatología, Instituto Nacional de Cardiología Ignacio Chávez, CDMX, Mexico , [34]Depto. de Inmunología y Reumatología, Hospital General de Occidente y Universidad de Guadalajara, Guadalajara , [35]Hospital Central Dr. Ignacio Morones Prieto, SLP, Mexico , [36]Servicio de Reumatología (CEAR). Hospital Universitario "Dr. José Eleuterio González". Universidad Autónoma de Nuevo León,, Nuevo León , Mexico, [37]Hospital de Clínicas I, Asunción , Paraguay, [38]Hospital Nacional Edgardo Rebagliatti Martins, [39]Hospital Cayetano Heredia, Lima , Peru, [40]Hospital Docente Padre Billini, Santo Domingo , Dominican Republic, [41]Clínica Médica C, Hospital de Clínicas, UDELAR, [42]Grupo de Investigación de EAIS y Reumatológicas, Montevideo , Uruguay, [43]Servicio de Reumatología. Hospital Nacional Guillermo Almenara Irigoyen, EsSalud,, Lima, Peru, [44]Johnson & Johnson Innovative Medicine, Brussels, Belgium, [45]Johnson & Johnson Innovative Medicine, Horsham, PA, [46]Johnson & Johnson Innovative Medicine, Spring House, PA, [47]División of Clinical Immunology and Rheumatology, The University of Alabama at Birmingham Marnix Heersink School of Medicine, Department of Medicine, Birmingham , United States, [48]Department of Medicine, School of Medicine, Universidad Peruana Cayetano, Heredia, Lima, Peru

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Has this paper been previously presented at another conference?: No

Background/Objectives: To evaluate work productivity (WP) and activity impairment (AI) in patients with active lupus nephritis (LN) at cohort entry and 12 months after treatment initiation according to their renal response.

Methods: GLADEL 2.0 is an observational prevalent and incident cohort. Forty-four centers from Latin-American countries enrolled patients ≥18 years of age who fulfilled the 1982/1997 American College of Rheumatology (ACR) and/or the 2012 Systemic Lupus International Collaborating Clinics (SLICC) classification criteria for SLE. Patients from different subsets of LN were enrolled. For this analysis, patients in Group II (prevalent inactive LN), III (prevalent active LN) and IV (incident LN) and 12-month follow-up data were included. Demographic, clinical manifestations, disease activity (SLEDAI-2k) and damage SLICC/ACR Damage Index (SDI) were examined. At baseline, WPAI scores stratified by the presence of active or inactive LN were compared. At 12 months, absenteeism, presenteeism, global work impairment in employed patients and AI in patients with active LN were compared according to their renal response. Renal responses were defined according to EULAR/KDIGO: Complete clinical response: UPCR < 0.5 g/g; Partial clinical response: ≥50% reduction in UPCR, No Response: <50% reduction in proteinuria. Descriptive analyses were performed.

Results: Of the 1081 patients included in the cohort, 651 with history of LN were evaluated (423 with active LN and 228 with inactive LN). Of the active LN patients, 369 (87.4%) were women, were younger at cohort entry, of a lower socioeconomic status, had a higher unemployment rate and a higher SLEDAI than patients with inactive LN. Of the LN patients, 257 (39.5%) were employed (salaried work) at cohort entry and were included in this analysis. Patients with active LN showed higher rates of impairment in the WPAI score with greater impact and lower WP in all domains than in patients with inactive LN (Table 1). At 12 months, there was no evidence of a positive impact on WP as measured by the WPAI in patients who achieved renal response (Table 2).

Image 1:

Table 1. Baseline Evaluation of Work Productivity with the WPAI in the GLADEL 2.0 SLE Cohort of Patients with Lupus Nephritis from Different Groups

WPAI	Total (N=257)	Groups II prevalent inactive LN (n=109)	Groups III + IV prevalent active + incident LN (n=148)	*p* value
Absenteeism[a] , Median (IQR)	0.0 (0.0-54.5)	0.0 (0.0-0.0)	26.5 (0.0-100.0)	<0.0001[1]
Presenteeism[b] , Median (IQR)	20.0 (0.0-60.0)	0.0 (0.0-30.0)	50.0 (0.0-80.0)	<0.0001[1]
Overall work impairment[c] , Median (IQR)	40.0 (0.0-89.6)	0.0 (0.0-34.4)	70.3 (21.4-100.0)	<0.0001[1]
	Total (N=651)	**Groups II prevalent inactive LN (n=228)**	**Groups III + IV prevalent active + incident LN (n=423)**	***p* value**
Activity impairment[d] , Median (IQR)	40.0 (10.0-70.0)	20.0 (0.0-50.0)	50.0 (20.0-80.0)	<0.0001[1]

[1]Kruskal-Wallis p-value;[a]time missed from work due to health; [b]impairment of productivity while working due to health; [c]due to health [d]impairment in activities of daily living outside of work due to health

Image 2:

Table 2. Evaluation of the Impact of Achieving Renal Response at 12 months on WPAI in Patients with Active Lupus Nephritis

	NR (N=26)	PRC+CCR (N=58)	Total (N=84)	*p* value
Absenteeism[a], Median (IQR)	0.0 (0.0- 20.0)	0.0 (0.0-0.0)	0.0 (0.0-6.3)	0.212[1]
Presenteeism[b], Median (IQR)	5.0 (0.0-30.0)	10.0 (0.0-30.0)	0.0 (0.0-30.0)	0.950[1]
Overall work impairment[c], Median (IQR)	20.0 (0.0-60.0)	10.0 (0.0-40.0)	10.0 (0.0-50.0)	0.465[1]
	NR N=75	**PRC+CCR N=150**	**Total N=225**	***p* value**
Activity impairment[d], Median (IQR)	30.0 (10.0-60.0)	20.0 (0.0-50.0)	30.0 (0.0-50.0)	0.075[1]

[1]Kruskal-Wallis p-value; NR: No Response; PRC:Partial Response Criteria ; CCR: Complete clinical response. [a]time missed from work due to health [b]impairment of productivity while working due to health [c]due to health [d]impairment inactivities of daily living outside of work due to health

Conclusion: Patients with active LN presented a greater impairment on WP compared to patients with inactive LN. There was no evidence of a positive impact on WP in patients who achieved a complete or partial renal response after 12 months of treatment. Future analyses with a larger number of patients being followed up would be necessary to provide more definitive data.

GLADEL is a study group of PANLAR

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Keywords: Latin American Lupus Cohort, lupus nephritis, work productivity

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Systemic lupus erythematosus

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Cumulative Damage And Associated Factors In Patients With Systemic Lupus Erythematosus

Araceli Chico Capote[*1], Miguel Hernán Estévez del Toro[1], Silvia Siham Mendoza Kunkar[1], Andres Felipe Otero Ruedas[1], Ana Lidia Moreira León[1]
[1]Rheumatology, Ameijeiras Brothers, Havana, Cuba

Has this paper been previously presented at another conference?: No

Background/Objectives: Introduction: Damage in patients with systemic lupus erythematosus (SLE) may be a product of the natural course of the disease or the treatment received. Objectives: Determine the frequency of damage and associated factors in patients with SLE.

Methods: Methods: An observational, longitudinal and retrospective study was carried out in the Rheumatology service of the “Hermanos Ameijeiras” Clinical-Surgical Teaching Hospital, including 700 patients with a diagnosis of SLE, treated from January 1989 to July 2022. Clinical characteristics and characteristics were determined. immunological conditions that at diagnosis were associated with the development of damage measured by the SLICC/ACR SDI instrument (Systemic Lupus International Collaborating Clinics/American College of Rheumatology Damage Index).

Results: Results: Damage was detected in 40.7% of cases, the most affected domains were: ocular, musculoskeletal and neuropsychiatric. Univariate analysis: age, duration, smoking, high blood pressure (HTN), diabetes mellitus, obesity, elevated creatinine and triglycerides, decreased C4 fraction, positive antiphospholipids, methylprednisolone pulses, cumulative dose of glucocorticoids, use of azathioprine, methotrexate, mycophenolate, cyclophosphamide and chloroquine were associated with the presence of damage. In the multivariate analysis, the variables that showed to be predictors of damage were: HBP [Odds Ratio (OR) = 1.91; 95% confidence interval (CI): 1.20-3.05; p = 0.007], decreased C4 fraction (OR = 6.65; 95% CI: 1.02-3.29; p = 0.047), antiphospholipid antibodies (OR = 2.14; 95% CI: 0.94- 4.91; p <0.001) and the use of methotrexate (OR = 3.74; 95% CI: 1.73-8.06; p = 0.012).

Conclusion: - Patients with SLE showed epidemiological characteristics described for the disease, with a high frequency of damage.

- The frequency of damage in patients with SLE is high, especially at the ocular, musculoskeletal and neuropsychiatric levels.

- In patients with HTN there is a greater probability of having damage from the disease.

- The probability of damage is greater in patients with a longer duration of the disease, creatinine and C4 fraction, as well as positivity for antiphospholipid antibodies.

- The use of methotrexate is related to a greater probability of damage.

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Keywords: Cumulative Damage

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Systemic lupus erythematosus

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Characterization Of A Colombian Multicenter Cohort Of Lupus Nephritis: The Lunch Study

Andrés Hormaza[*1], Tania Guzmán[1], Liliana Vallecilla[1], Roger Figueroa[1], David Del Castillo[2], Luz Marina Mejía[2], Daniel G. Fernández-Ávila[3], Ana M. Arredondo[4], Paul Mendez-Patarroyo[5,6], Gustavo Aroca[7], Elias Forero[8], Nataly Preciado[9], Carolina Duarte-Rey[9]
[1]Centro de Investigaciones Clínicas, Fundación Valle del Lili, [2]Unidad de Investigación e Innovación, Hospital Universitario del Valle Evaristo García, Universidad del Valle Cali, Calí, [3]Unidad de Reumatología, Hospital Universitario San Ignacio - Pontificia Universidad, [4]Centro de Investigaciones, Sociedad de Cirugía de Bogotá, Hospital de San José, [5]Centro de Estudios e Investigación en Salud, Hospital Universitario Fundación Santafé de Bogotá, [6]Facultad de Medicina, Universidad de Los Andes, Bogotá, [7]Centro de Investigación Clínica de la Costa, Clínica de la Costa, [8]Centro de Investigación Clínica, Centro Integral de Reumatología del Caribe, Barranquilla, [9]Medical Affairs, GlaxoSmithKline, Bogotá, Colombia

Has this paper been previously presented at another conference?: No

Background/Objectives: Lupus nephritis (LN) represents a severe form of glomerulonephritis, a consequence of systemic lupus erythematosus. Different studies in Colombia have described the sociodemographic and clinical characteristics of some institutions providing health services. The objective of the present study is to describe the sociodemographic and clinical characteristics of a group of patients from high complexity centers in Colombia over 6 years.

Methods: This study is a retrospective, longitudinal, multicenter, observational study (ID: 213332) of the demographic, economic, and clinical behavior of the Lupus Nephritis (LN) patients in Colombia from 2015 to 2020. All patients aged 12 years and older, with new or old confirmed diagnosis of Systemic Lupus Erythematosus (SLE) and Lupus Nephritis (LN) of high-complexity health centers in Colombia were included. The anonymized data were extracted from medical records between January 1, 2015, and December 31, 2020.

Results: Data from a total 280 patients were included (88.6% women), with a median age of 30 years. Arterial hypertension (82.1%) and heart failure (11.5%) were the most prevalent comorbidities. The patients were identified mostly in the intrahospital setting (50.4%). At inclusion the patients in the registry, most of patients demonstrated a G1 renal stage, as determined by their GFR (46.6%). Histopathology was the most commonly employed diagnostic tool (68.2%). A subset of patients (11.8%) entered the study during disease relapse. Most patients had positive ANAs (92.4%), positive anti-DNA (74.2%) and anemia (53.7%). Corticosteroids (83.9%) and Antimalarial drugs (72.9%) were the predominant therapeutic agents. Upon admission, mycophenolate was prescribed for 31.4% of patients, while cyclophosphamide was prescribed for 24.6% of them. Additionally, 6.4% required dialysis, while only one patient required renal transplant and 1.1% died over a 6-year follow-up period.

Conclusion: In this innovative multicenter study, we have effectively outlined the profile of the Colombian population in high complexity centers with lupus nephritis. The percentages of dialysis and kidney transplant requirements appear to be lower than what is described in the literature. These findings lay the necessary groundwork for a solid understanding of

the dynamics of this disease within our demographic context and factors that appear to favor its progression, to end-stage renal disease, renal transplant and death. This study (213332) received funding from GSK, Colombia.

Disclosure of Interest: None Declared

Keywords: cohort study, lupus erythematosus, systemic, lupus nephritis

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Systemic lupus erythematosus

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Factors Associated With Symptomatic Osteonecrosis Of The Hip In Patients With Systemic Lupus Erythematosus

Araceli Chico Capote[*1], Miguel Hernán Estévez del Toro[1], Mary Luisa Mora Quezada[1], Andres Felipe Otero Ruedas[1]
[1]Rheumatology, Ameijeiras Brothers, Havana, Cuba

Has this paper been previously presented at another conference?: No

Background/Objectives: Introduction: Osteonecrosis (ON) has been reported with different frequencies in patients with systemic lupus erythematosus (SLE), causing pain, disability and affecting quality of life. Objectives: Determine the frequency of symptomatic ON of the hip and identify factors associated with its presence.

Methods: Methods: An observational, longitudinal and retrospective study was carried out in the Rheumatology service of the “Hermanos Ameijeiras” Clinical Surgical Hospital, which included 649 patients with a diagnosis of SLE from January 1989 to December 2021.

Results: Results: 38 patients were identified (5 .9%) with symptomatic ON of the hips. Associated variables: male sex, duration of the disease, presence of facial erythema, arterial hypertension, renal alterations, cushingoid habit, greater number of classification criteria at diagnosis, higher score in the SLICC/ACR, anti beta 2 glycoprotein positive, use of more than 30 mg of prednisone daily, average daily dose and cumulative dose of glucocorticoids (GC) greater, use of pulses of methylprednisolone, immunosuppressants and biological therapies. Predictor variables: The longest duration of evolution, the highest average daily doses and the cumulative dose of glucocorticoid during the treatment of the disease.

Conclusion: 1. The epidemiological and clinical characteristics of the lupus patients included in the study are similar to those reported in the literature.

2. The frequency of symptomatic ON of the hip in patients is lower than that reported in other studies although it is within the range of presentation.

3. Male sex, duration of the disease, presence of facial erythema, high blood pressure, kidney disorders, Cushingoid habit, a greater number of classification criteria at diagnosis, higher SLICC/ACR score in the course of the disease, Positive anti beta 2 glycoprotein were associated with the presence of symptomatic ON of the hip in the patients.

4. The use of more than 30 mg of prednisone daily, higher average daily doses as well as higher cumulative doses of GC, methylprednisolone pulses, immunosuppressants such as azathioprine and cyclophosphamide, and biological therapies such as rituximab were associated with presence of ON.

5. The longer duration of the disease, the higher doses of GC, as well as the daily and cumulative average of the medication during the treatment of the disease, are predictive variables of the presence of ON.

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Reference 2: Hisada, R., Kato, M., Ohnishi, N., Sugawara, E., Fujieda, Y., Oku, K., et al. Antiphospholipid score is a novel risk factor for idiopathic osteonecrosis of the femoral head in patients with systemic lupus erythematosus. **2019;** 58:645-9. Disponible en: https://doi:10.1093/rheumatology/key365.

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Systemic lupus erythematosus

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Lupus Associated With Pulmonary Accelerated Silicosis : A Case Report

Luis J. Cajas[*1], Javier Correa[2], Giussepe Reyes[2], Andres Linares[2]
[1]Reumatología, Hospital Universitario Nacional, [2]Medicina Interna, Universidad Nacional de Colombia, Bogotá, Colombia

Has this paper been previously presented at another conference?: No

Background/Objectives: Silica exposure has been identified as a risk factor for systemic lupus erythematosus in patients with hematologic manifestations . We describe a case involving these two entities

Methods: A 39-year-old male patient, consulted for chronic inflammatory polyarthralgias, severe thrombocytopenia of 8000/mcL , leukopenia of 2000 /mcL, febrile syndrome and a tomographic pattern of micronodules of perilymphatic distribution (Fig 1).He commented on a history of occupational exposure suggestive of silicosis during the course of the patient. The patient undergoes several diagnostic tests, such as blood count, ionogram, coagulation, serology, direct fungal examination, respiratory filmarray, echocardiogram, and bone marrow biopsy, These were negative for infectious pathology and hematolymphoid neoplasia; autoimmunity studies are performed ENAS: Negative, Complement C3: 46 mg/dl, C4: 5.3 mg/dl, ANAs: Positive AC-1 ,1:1280, Anti DNAds:1:1280, The patient was diagnosed with systemic lupus erythematosus with hematological and joint involvement, treatment with glucocorticoid and steroid-sparing was initiated, with improvement of cytopenias, association of immunity disorder associated with a history of exposure to sandblasting was proposed.

Results: Studies have shown an association between occupational and agricultural exposure to silica and an increased risk of systemic lupus erythematosus. Silica exposure activates CD4+ T cells and may influence specific subtypes of systemic lupus erythematosus. Accelerated silicosis is a rare form of silicosis that can be fatal and has been linked to sandblasting because of the highest level of environmental contamination (Fig 2). In this case, a young man exposed to silica through sandblasting developed systemic lupus erythematosus. Silica exposure has been linked to the development of autoimmune diseases, including systemic lupus erythematosus (OR 3,49,IC 95%:1,24-9,38)(2).

Image 1:

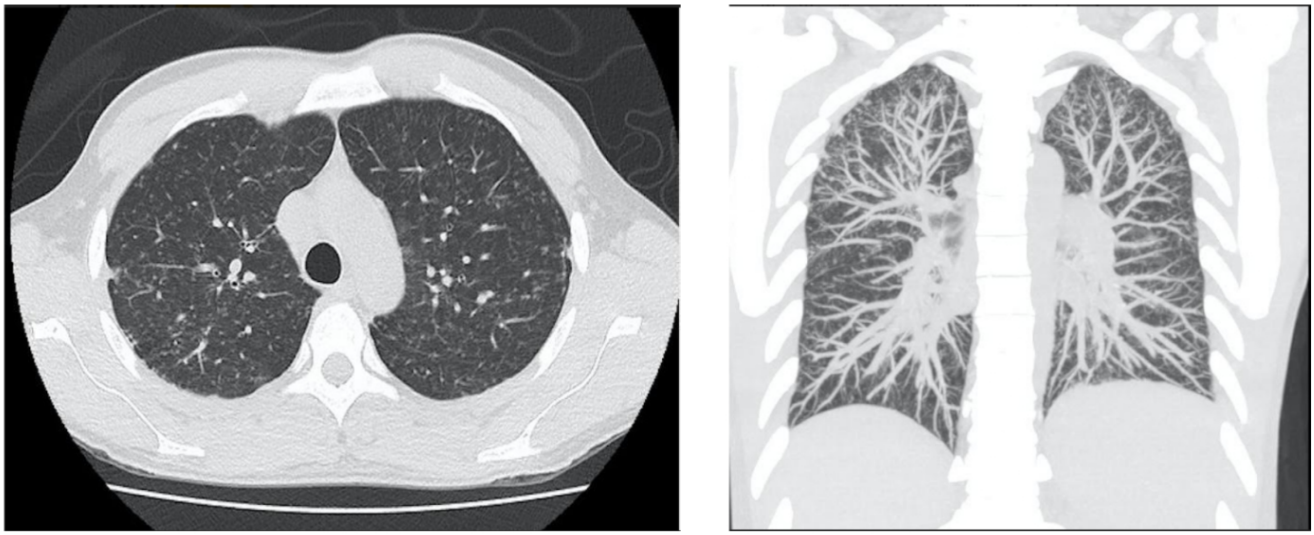

Figure 1. High-resolution chest tomography showing evidence of non-coalescent, perilymphatic distributed predominately apical micronodules

Image 2:

Figure 2. Photograph taken by the patient, showing the level of environmental contamination related to sandblasting used in the cleaning of metallic parts

Conclusion: It is important to consider occupational history in male patients with systemic lupus erythematosus.

Reference 1: Morotti A, Sollaku I, Catalani S, Franceschini F, Cavazzana I, Fredi M, Sala E, De Palma G. Systematic review and meta-analysis of epidemiological studies on the association of occupational exposure to free crystalline silica and systemic lupus erythematosus. Rheumatology (Oxford). 2021 Jan 5;60(1):81-91.

Reference 2: Blanc PD, Järvholm B, Torén K. Prospective risk of rheumatologic disease associated with occupational exposure in a cohort of male construction workers. Am J Med. 2015 Oct;128(10):1094-101.

Disclosure of Interest: None Declared

Keywords: lupus erythematosus, systemic, silicosis

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Systemic lupus erythematosus

PANLAR2024-1300

Evaluation Of Glucocorticoid Toxicity In Patients With Rheumatoid Arthritis And Systemic Lupus Erythematosus In An Institution In Venezuela

Jairo Rojano Rada[*1], carlos Porras Rojas [2]
[1]Comisión de Postgrado - Doctorado de Ciencias de la Salud, [2]Postgrado de Medina Interna, Universidad Central de Venezuela, Caracas, Venezuela, Bolivarian Republic Of

Has this paper been previously presented at another conference?: No

Background/Objectives: General Objective

To evaluate the glucocorticoid toxicity index in patients with rheumatoid arthritis and lupus attending the rheumatology outpatient clinic of the Dr. Miguel Pérez Carreño Hospital.

Specific Objectives

Determine sociodemographic and clinical characteristics
Classify the dose and time of use in the prescription of glucocorticoids.
To quantify the toxicity index of glucocorticoids.
To relate the effect of the glucocorticoid toxicity index range with respect to glucocorticoid use and quality of life using HAQ and SF12.

Methods: Type and design of the research

A descriptive, cross-sectional case study was conducted in patients with RA and SLE who attended the rheumatology consultation area.

Population and sample

The population consisted of patients with the pathologies under study who attended the Rheumatology and Bone Metabolism Unit (UIRMO) of the General Hospital of the Venezuelan Institute of Social Security (IVSS) Dr. Miguel Pérez Carreño (HMPC). An intentional, probabilistic sample of patients who met the inclusion criteria was considered as the study group

Results: Female predominance 90.6%. In RA, the predominant personal history was hypertriglyceridemia 18% ($p<0.003$), and SLE peripheral arterial disease, atrial fibrillation, chronic kidney disease and hypothyroidism ($p<0.05$). MTX (90%) was the most prescribed in RA and chloroquine in 84.7% of SLE. Prednisone was the most commonly used GC in both groups at 75%, the dose and time of use of GC in RA had a dose of 6 - 10 mg at 88%, with a time <3 years at 70%;

47.8% had doses ≥ 10 mg ≥for SLE, 69.5% had doses 10 mg for 4 years (p<0.05); The mean ITG score was 37.3 to 121.8 points in 50%, for SLE a score of ITG >97 was found, they presented a SLEDAI with moderate to high activity (p<0.05).

Image 1:

Table 1. Association between GTI scales and cortocoid intake.

TYPE OF CORTICOSTEROID				
		Scale GTI		p
		<97pts	>97pts	
Type of corticosteroid	Prednisone	33 (84,6%)	39 (92,9%)	0,282
	Deflazacort	4 (10,3%)	3 (7,1%)	
	Other	2 (5,1%)	0 (0,0%)	
DOSES OF CORTICOSTEROIDS				
		Scale GTI		
		< 97 pts	>97 pts	
Corticosteroid dosage	< 5 mg	5 (20,8%)	10 (43,5%)	0,161
	6 - 10 mg	7 (29,2%)	7 (30,4%)	
	> 10 mg	12 (50,0%)	6 (26,1%)	
TIME WITH CORTICOSTEROIDS				
		Scale GTI		
		< 97 pts	>97 pts	
Time of use of corticosteroids	<1 year	8 (21,6%)	14 (33,3%)	0,839
	1-3 years	8 (21,6%)	7 (16,7%)	
	4 o > years	21 (56,8%)	21 (50,0%)	

Image 2:

Table 2. Association between GTI scales and other indicators.

DAS28				
		Scale GTI		p
		<97pts	>97pts	
Arthritis Activity Index DAS28	Remission, in mild or moderate activity	6 (27,3%)	13 (48,1%)	0,115
	High Activity	16 (72,7%)	14 (51,9%)	
HAQ				
		Escala GTI		
		< 97 pts	>97 pts	
HAQ	No disability or Dis. low	14 (60,9%)	18 (66,7%)	0,161
	Dis. Moderate to high	9 (39,1%)	9 (33,3%)	
SLEDAI				
		Scale GTI		
		< 97 pts	>97 pts	
SLEDAI	Low Activity	11 (44,0%)	3 (14,3%)	0,030
	Moderate to high activity	14 (56,0%)	18 (85,7%)	
SF12				
		Scale GTI		p
		< 97 pts	>97 pts	
SF12	Average or less	12 (48,0%)	9 (42,9%)	0,774
	Greater than average	13 (52,0%)	12 (57,1%)	

Conclusion: The risk of adverse effects from GCs may be related to the time of use, and an increased risk of toxicity with doses above >7.5 mg/day of prednisone or equivalent

Reference 1: Miloslavsky EM, Naden RP, Bijlsma JW, et al. Development of a Glucocorticoid Toxicity Index (GTI) using multicriteria decision analysis. Ann Rheum Dis. 2017;76(3):543-546. doi:10.1136/annrheumdis-2016-210002.
Reference 2: Schultz H, Krogh B, Lommer P, Kryger A, Pedersen-Bjergaard U. Early incidence of glucocorticoid-induced diabetes in patients with brain tumors: a retrospective study of the first 7 days of treatment, Neuro-Oncology Practice, Vol 5, 2018, 170–175, doi.org/10.1093/nop/npx027.

Disclosure of Interest: None Declared

Keywords: Arthritis Rheumatoid. Lupus Erythematosus Systemic, Glucocorticoids,

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Systemic lupus erythematosus

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Predictive Factors Of Remission And Low Activity In Systemic Lupus Erythematosus.

Araceli Chico Capote[*1], Kelly Paola Espitia Cordero[1], Miguel Hernán Estévez del Toro[1]
[1]Rheumatology, Ameijeiras Brothers, Havana, Cuba

Has this paper been previously presented at another conference?: No

Background/Objectives: Introduction: Systemic lupus erythematosus (SLE) is a disease of multifactorial etiology and autoimmune pathogenesis. Objective: Determine predictors of remission and low activity in patients with SLE.

Methods: Material and Methods: Remission or low activity was considered (MEXSLEDAI between 0-5 with Prednisone ≤ equal to 7.5 mg or immunosuppressive drugs at maintenance doses). Not adequate control: (MEXSLEDAI: ≥ 6 with Prednisone >7.5 mg, immunosuppressive drugs with induction doses). Patients with at least two MEXSLEDAIs without adequate control two years prior were included and were followed between January 2017 and January 2022. The result was achieving low remission or activity for five years with two annual evaluations. To obtain predictor variables, a logistic regression analysis was performed.

Results: Results: Of 948 patients that constituted the universe, 402 did not have adequate control and were included in the sample, 270 (67.2%) achieving the objective and 132 (32.8%) not achieving it. The prognostic variables for remission or low activity were: white skin (OR: 1.973; Confidence interval (CI): 1.220- 3.192, p= 0.006), absence of oral ulcers (OR 1.650, CI: 1.013- 2.689 p= 0.044).), serositis (OR: 1.841; CI: 1.075- 3.153 p= 0.026), hematological alterations (OR: 1.802; CI 1.035- 3.135, p= 0.037), chronic kidney disease (OR: 16.522; CI: 1.206- 226.288, p= 0.036) and the non-use of immunosuppressive drugs (OR 1.776, CI: 1.093- 2.887 p= 0.020).

Conclusion: - Patients of advanced age and white skin color more frequently achieved the state of remission or low activity.

- There are clinical manifestations that are associated with the state of achieving remission or low activity of the disease.

- White skin color, the absence of oral ulcers, hematological manifestations or serositis, not having chronic kidney disease as a comorbidity and the non-requirement to use immunosuppressants to control the disease are predictors of achieving remission or low activity.

Reference 1: Van Vollenhoven R, Voskuyl A, Bertsias G, Aranow C, Aringer M, Arnaud L, et al. A framework for remission in SLE: consensus findings from a large international task force on definitions of remission in SLE (DORIS). Annals of the rheumatic diseases [Internet]. 2017 [citado agosto 2021]; 76(3):554-61. Disponible en: https://ard.bmj.com/content/76/3/554.short

Reference 2: Alarcon GS, Ugarte-Gil MF, Pons-Estel G, Vilá LM, Reveille JD, McGwin Jr G, et al. Remission and low disease activity state (LDAS) are protective of intermediate and long-term outcomes in SLE patients. Results from LUMINA (LXXVIII), a multiethnic, multicenter US cohort. Lupus [Internet]. 2019 [citado agosto 2021]; 28:423-6. Disponible en: https://journals.sagepub.com/doi/abs/10.1177/09612033 19826693

Disclosure of Interest: None Declared

Keywords: Factors Of Remission And Low Activity

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GLOBAL RHEUMATOLOGY
BY PANLAR

PANLAR 2024

Systemic lupus erythematosus

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Frequency Of Cardiac Manifestations In Patients With Systemic Lupus Erythematosus

Signorio Simón*[1], Mamani Ortega Maria Lourdes[1], Ramos Zey[1], Segovia Francisco[1], Morbiducci Julieta[1], Bejarano Vanesa[1], Secco Anastasia[1]
[1]Hospital Bernardino Rivadavia, Ciudad Autonoma de Buenos Aires, Argentina

Has this paper been previously presented at another conference?: Yes

Background/Objectives: Systemic lupus erythematosus (SLE) is a chronic, systemic autoimmune disease, heterogeneous in its presentation and evolution. The main causes of mortality are cardiovascular events, and within these manifestations, the most frequent are pericarditis and myocarditis.

Objectives

Describe the frequency and pattern of cardiac manifestations in patients with SLE.

Describe the disease activity at the time of the cardiac event and the treatments received.

Methods: Observational, descriptive, cross-sectional study, with retrospective data collection. Medical records of patients diagnosed with SLE according to ACR 1997/SLICC 2012 or EULAR/ACR 2019 criteria, follow up at the Rheumatology Unit of a public hospital from 2019 to the present were reviewed. Patients with other autoimmune rheumatic diseases were excluded except for antiphospholipid syndrome and/or Sjogren's syndrome. Activity was evaluated using the SELENA SLEDAI FLARE INDEX composite index. Continuous variables were described as mean and standard deviation (SD) or median and interquartile range (IQR), depending on distribution and sample size. Categorical variables were reported in percentages.
Results: 152 patients were included, 79% female, with a mean age of 29 years (SD: 11), median time of disease evolution of 24 months (IQR: 12-72). Of the total number of patients, 19 (12%) presented cardiovascular involvement, among which 13 (69%) had pericarditis, 2 (11%) pulmonary hypertension, 1 (5%) myocarditis, 1 (5%) myocarditis associated with pericarditis, 1 (5%) myocarditis with pericarditis and endocarditis and 1 (5%) myocarditis and pulmonary hypertension. Regarding the severity of the flare at the time of the cardiac event, 43% presented mild-moderate flare and 57% presented severe flare. In terms of treatment, 5% received less than or equal to 5 mg per day corticosteroid during the event, 16% received doses between 5 and 10 mg per day, 32% received >10 mg per day, and 47% received 1 mg/kg/day. The most frequently used immunosuppressive drugs were cyclophosphamide (63%) and azathioprine (26%).
Conclusion: The frequency of cardiovascular manifestations observed in our study is similar to that reported in the literature. Despite their low frequency, the importance of these manifestations is highlighted, given their potential severity.

Disclosure of Interest: None Declared

Keywords: cardiac manifestations, les, pericarditis

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Systemic lupus erythematosus

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Shrinking Lung Syndrome And Systemic Lupus Erythematosus

Karol Lariza Castellon Mendieta[*1], Ana Maria Sapag Duran[1], Sonia Sandy Sapag Duran[1], Yoysi Alvarado Cayami[1], Sandra Patricia Echazú Román[2], Tatiana Rosario Maida Vargas[3]
[1]Hospital Japones, [2]Clinica Foianini, [3]Instituto Boliviano de Reumatología, Santa Cruz, Bolivia, Plurinational State Of

Has this paper been previously presented at another conference?: No

Background/Objectives: BACKGROUND: Shrinking lung syndrome (SLS) is a rare manifestation of systemic lupus erythematosus (SLE) and is characterized by dyspnea, pleurisy, and progressive decrease in lung volumes on pulmonary function studies. It is characterized by presenting a restrictive ventilatory alteration and should be suspected in patients with SLE and dyspnea not attributable to other causes. We present a case of SLS in a young woman with a recent diagnosis of SLE and perform a review of the literature. OBJECTIVES. To describe a clinical case of Shrinking lung syndrome in a patient with SLE.

Methods: Clinical case review.

Results: A 23-year-old female patient was admitted with a three-month history of clinical symptoms initially characterized by papuloerythematous lesions on the gluteal area, thighs, and feet; to which is added one month prior to hospitalization, unquantified feverish sensation, polyarthralgias of small and large joints, and progressive dyspnea on medium effort associated with dry cough and pleurisy. Intermittently self-medicated with 20mg prednisone. Physical examination: fever 39ºC, malar rash in butterfly wings, papuloerythematous lesions on thighs, buttocks and feet, bibasilar pulmonary hypoventilation. Immunoserology: ANA positive in high titer (1/1024) with homogeneous pattern, anti-dsDNA positive, Anti-ENA negative, antiphospholipid antibodies negative; Cultures: negative. Chest x-ray: elevation of both hemidiaphragms and bibasal atelectasis. Prednisone 20 mg/day was started. The patient evolved with persistent fever and progressive dyspnea, so ANGIO CT of the chest was performed, which showed atelectasis and scant bibasilar pleural effusion, with spirometry compatible with severe restrictive type ventilatory alteration. With the diagnosis of active SLE, pleural serositis, SLS with persistent dyspnea, prednisone 60 mg/day was indicated, currently afebrile, without dyspnea and with dramatic improvement in 24 hours.

Conclusion: DISCUSSION: The LUMINA cohort reported a prevalence of SLS of 0.5% in patients with SLE. The universal symptom of SLS is dyspnea and up to 65% report pleuritic chest pain. Some patients may have a dry cough and fever. CONCLUSION: SLS is a rare entity with a potentially limiting prognosis, the clinician should be aware of it and include it in the differential diagnosis of patients with SLE who present unexplained dyspnea and/or chest pain, in order to consider the initiation or intensification of immunosuppressive treatment.

Disclosure of Interest: None Declared

Keywords: Shrinking Lung Syndrome, systemic lupus erythematosus

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Systemic lupus erythematosus

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Usefulness Of Hematological Variables To Detect Activity In Systemic Lupus Erythematosus

Araceli Chico Capote[*1], Elliot Iván Zendejas Morales[1], Miguel Hernán Estévez del Toro[1], Rolando Dayan Puente Carmona[1]
[1]Rheumatology, Ameijeiras Brothers, Havana, Cuba

Has this paper been previously presented at another conference?: No

Background/Objectives: Introduction: The neutrophil/lymphocyte (N/L) and platelet/lymphocyte (P/L) ratios have demonstrated potential usefulness in the assessment of activity in autoimmune diseases. Objective: To determine whether hemoglobin (Hb) values and N/L and P/L ratios are associated with disease activity in treated systemic lupus erythematosus (SLE) patients.

Methods: Material and methods: A descriptive cross-sectional study was carried out in a sample of 403 patients with SLE treated in the Rheumatology service of the “Hermanos Ameijeiras” Clinical Surgical Hospital between the months of July 2021 until December 2022, the activity was estimated Using the MEX-SLEDAI instrument, at that time Hb, neutrophils (N), platelets (P) and lymphocytes (L) values were quantified and the N/L and P/L ratios were estimated.

Results: Results: Both hemoglobin (Hb) values (p=0.007) and N/L (p<0.000) and P/L (p<0.000) ratios were associated with global disease activity. The N/L ratio was associated with renal (p<0.000) and hematological activity (p=0.027), the P/L ratio was associated with renal (p<0.000) and skin (p=0.046) manifestations. The N/L ratio > 3.0 had a sensitivity and specificity of 64.7% and 75.5%, and the P/L ratio > 169.7 had a sensitivity and specificity of 76.5% and 68.3% in diagnosing activity of the disease. The use of mycophenolate mofetil and cyclosporine A showed an association with N/L and P/L ratios.

Conclusion: - The patients with SLE in this study show epidemiological characteristics similar to those described in the literature, with high use of GC and antimalarials.

- The N/L and P/L ratio are associated with SLE activity, especially with renal and hematological manifestations, and offer cut-off points with acceptable predictive value for disease activity.

- The N/L ratio is related to the use of high doses of GC and antirheumatic drugs such as mycophenolate mofetil and cyclosporine A.

Reference 1: Targońska-Stępniak B, Zwolak R, Piotrowski M, Grzechnik K, Majdan M. The relationship between hematological markers of systemic inflammation (Neutrophil-To-Lymphocyte, Platelet-To-Lymphocyte, Lymphocyte-To-Monocyte Ratios) and ultrasound disease activity parameters in patients with rheumatoid arthritis. Journal of Clinical Medicine. 2020; 9(9), 2760. Disponible en: https://doi:10.3390/jcm9092760.

Reference 2: Weiming Yang, Xiaozhong Wang, Weiheng Zhang, Houqun Ying, Yanmei Xu, Jing Zhang. Neutrophil-lymphocyte ratio and platelet-lymphocyte ratio are 2 new inflammatory markers associated with pulmonary involvement and disease activity in patients with dermatomiositis. Clinica Chimica Acta. 2018; 465:11-6. Disponible en: https://doi:10.1016/j.cca.2016.12.007.

Disclosure of Interest: None Declared

Keywords: Usefulness Of Hematological Variables

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Systemic lupus erythematosus

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Lupus And Ultrasound A New Boy In Town: Multiorgan Lupus Assessment By Pocus

Santiago Gomez Jordan[*1], Samuel Jarava[1], Yuliana Ascencio Guzman[2], Jose Atilio Nuñez Ramos[1]
[1]Internal Medicine, Universidad Del Norte, Barranquilla, [2]Medicine, Clinica De La Mujer, Bogota, Colombia

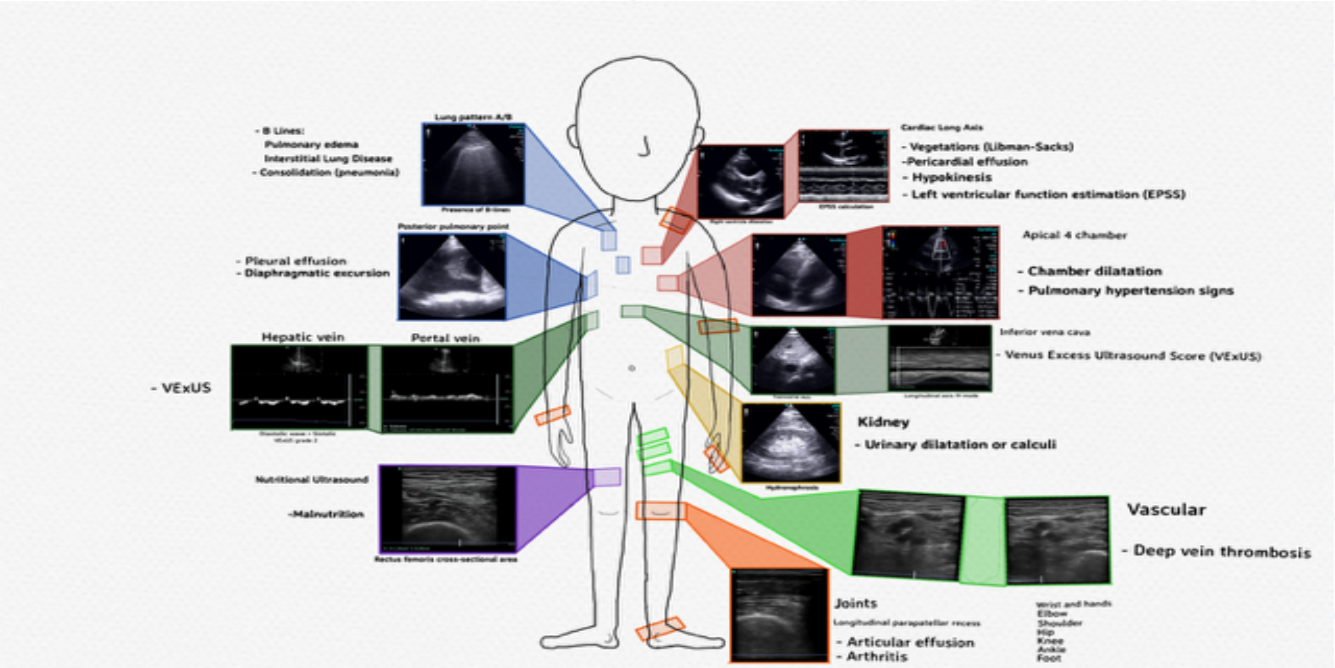
Has this paper been previously presented at another conference?: No

Background/Objectives: Background: Systemic lupus erythematosus (SLE) could affect multiple organs and has a wide range of clinical manifestations. In recent years the use of Point of Care Ultrasound (POCUS) has become more available and with strong evidence supporting its use. Ultrasound improves diagnosis accuracy and decreases time-to-decision, benefiting SLE patient evaluation in the emergency room. Objectives: Describe an ultrasound-based assessment and activity score of a patient with SLE presenting with dyspnea. A literature review concerning Systemic Lupus Erythematosus and POCUS was performed.

Methods: A 39 year-old woman with a 2-day of dyspnea, orthopnea and cough. She had a history of SLE with renal and cardiac complications treated with antimalarial, mycophenolate and prednisolone. The initial approach was focused on evaluating the overall clinical status and ruling out potentially life-threatening complications and activity of SLE. A multiorgan POCUS evaluation along with a physical exam was performed. She was tachycardic, high blood pressure and tachypneic. Cardiopulmonary assessment did not reveal crackles or murmurs, but she had bilateral B-lines with no pleural effusion. Cardiac parasternal ultrasound view showed hypokinetic left ventricle and severe impairment in systolic function, no pericardial effusion, no valvular vegetations or signs of pulmonary hypertension was observed. Venous Excess Ultrasound Score (VExUS) was 0 showing no tisular congestion. She did not have abdominal pain, free fluid or organ enlargement. Finally, there was no alopecia, oral ulcer or arthritis.

Results: The clinical findings, supported by the multiorgan POCUS assessment, allowed us to conclude that the current symptoms were a result of acute decompensated heart failure rather than the activity of SLE. Consequently, treatment was initiated with a loop diuretic. Hours later it was confirmed by elevated natriuretic peptide, negative C-reactive protein and normal complement, and a negative DNA binding days after. Resulting in symptomatic improvement, and home discharge.

Image 1:



Conclusion: Using multiorgan POCUS to the initial assessment of patients with SLE suspected activity could provide better and faster assessment of the cause of present illness. SLE complications and activity are better and faster evaluated through POCUS (Fig 1), improving the decision-making process. We suggest the creation of a multiorgan lupus assessment by POCUS as a core part to improve diagnosis and treatment.

Disclosure of Interest: None Declared

Keywords: Case report, lupus erythematosus, systemic, Ultrasound

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Systemic lupus erythematosus

PANLAR2024-1250

Impact Of Renal Manifestations On Lipid Profile In Systemic Lupus Erythemathosus

Andrea Lizbeth Guajardo Aldaco*[1], Maria F. Elizondo-Benitez [1], Dionicio A. Galarza-Delgado[1], Iris J. Colunga-Pedraza[1], Jose R. Azpiri-Lopez[2], Jesus A. Cardenas-de la Garza [1], Rosa I. Arvizu-Rivera[1], Valeria Gonzalez-Gonzalez[1]
[1]Rheumatology Department , [2]Cardiology Department , Hospital Universitario "Dr. José Eleuterio González", Universidad Autónoma de Nuevo León , Monterrey , Mexico

Has this paper been previously presented at another conference?: No

Background/Objectives: Renal functional parameters are associated with serum lipid levels, despite the kidney having no direct implications in its metabolism. We aimed to compare the prevalence of lipid profile alterations in patients diagnosed with systemic lupus erythematosus (SLE) with or without renal involvement.

Methods: We recruited patients who met the 2019 ACR/EULAR criteria for SLE. We considered an altered lipid profile as the presence of hypercholesterolemia defined as a total cholesterol (TC) >200.00 mg/dL, hypertriglyceridemia defined as triglycerides (TG) >150.00 mg/dL, high-density lipoprotein deficiency defined as high-density lipoprotein cholesterol (HDL-C) <40.00 mg/dL and/or low-density hyperlipidemia defined as low-density lipoprotein cholesterol (LDL-C)>100.00 mg/dL. We used the Chi-Square test, T-student, and U-Mann Whitney, as applicable. We considered a <0.05 as statistically significant.

Results: We recruited 93 patients who met the inclusion criteria, mostly women (91.4%). Renal involvement was reported in 34 patients (36.55%). We found that hypercholesterolemia was significantly more prevalent in the renal involvement group than in patients without renal involvement (20,6% vs 6,8%, =0,047). There was no significant difference between groups in the prevalence of altered TG (41.2% vs. 28,8%, $p=0.233$), HDL-C (26.5% vs. 28.8%, $p=0.880$), LDL-C (26.5% vs. 20.3%, $p=0.496$) (Table 1).

Table 1:

Table 1. Clinical characteristics

	SLE patients without renal involvement n=59	SLE patients with renal involvement n=34	p-value
Woman (n, %)	53 (89.8)	32 (94.1)	NS

Age, years, median (p25-p75)	28.50 (23.00-47.50)	38.00 (27.00-41.25)	NS
SLEDAI, median (p25-p75)	8.00 (2.00-12.50)	10.00 (6.00-12.00)	NS
Dyslipidemia (n, %)	33 (55.9)	20 (58.8)	NS
- Hypercholesterolemia (n, %)	4 (6.8)	7 (20.6)	**0.047**
- Hypertriglyceridemia (n, %)	17 (28.8)	14 (41.2)	NS
- HDL-C deficiency (n, %)	17 (28.8)	9 (26.5)	NS
- LDL-hyperlipidemia (n, %)	12 (20.3)	9 (26.5)	NS

SLE, systemic lupus erythematosus; SLEDAI, systemic lupus erythematosus disease activity index; TC, total cholesterol; TG, Triglycerides; HDL-C, HDL cholesterol; LDL-C, LDL cholesterol; SD, standard Deviation; NS, non-significant.

Conclusion: In our study, patients with renal involvement had a higher prevalence of hypercholesterolemia, which is associated with an increased cardiovascular risk in young adults. Therefore, monitoring and maintaining appropriate lipid profiles in SLE patients with renal involvement is crucial.

Disclosure of Interest: None Declared

Keywords: atherosclerosis, kidneys, Lipids

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Systemic lupus erythematosus

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Gender And Age-Related Peculiarities Of Lesions Of The Central And Peripheral Nervous System In Patients With Systemic Lupus Erythematosus

Tatiana Stepaniuk*[1], Sergii Shevchuk[1]
[1]Internal Medicine, National Pirogov Memorial Medical University, Vinnytsya, Ukraine

Has this paper been previously presented at another conference?: No

Background/Objectives: Neuropsychiatric lesions in patients with systemic lupus erythematosus (SLE) are a complex of neurological (damages of the central and peripheral nervous system) and mental disorders due to many pathogenetic mechanisms. The spectrum of these disorders can be determined not only by the course of the disease, but also by age, sex, socio-economic factors.

Methods: 96 patients with SLE, 7 (7.3%) men and 89 (92.7%) women, the average duration of the disease was 6.2±0.4 years, the average age was 37,5±0.9 years. The diagnosis of SLE was established on the basis of the EULAR/ACR 2019 criteria. To assess the neurological condition, the following were used: the Zung's depression self-assessment scale, the Spielberger's anxiety scale, the Montreal scale of cognitive function assessment, and the insomnia severity index.

Results: Lesions of the central nervous system were found in 69.8% of patients, while lesions of the peripheral nervous systems were found in 36.5% of people. In the spectrum of nervous system lesions, cognitive dysfunction (44.9%), anxiety (43.8%) and depressive (31.4%) disorders, headache (37.0%) prevailed in women, while in men polyneuropathy (42.8%), ischemic stroke (14.3%), TIA (14.3%) prevailed. With increasing age, the proportion of patients with headache, cognitive dysfunction, anxiety and depressive disorders increased. Cognitive dysfunction in the ≥ 45-year-old group was detected in 57.1% patients, in 40.0% and 38.4% young people. Anxiety disorders in the oldest age group were found in 14 patients (66.6%), in the young group in 21 patients (32.3%). Depressive disorders and headache were quite common in all age groups, but with increasing age, the proportion of patients with these manifestations was higher. Seizure disorders, stroke, TIA were more often detected at a young age. Sleep disorders were found in 100% of men and 97.6% of women. Insomnia of medium severity was most often diagnosed - in 57.1% of men and 45.8% of women. Severe insomnia occurred more often (22.5%) in women. With increasing age, there is a clear tendency to increase the number of patients with severe insomnia.

Conclusion: Nervous system lesions occur with high frequency in patients with SLE. In women, cognitive dysfunction, anxiety and depressive disorders, as well as severe insomnia are more often detected, in men - polyneuropathy, ischemic stroke, TIA. With increasing age, there is an increase in clinical manifestations of damage to the central and peripheral nervous system.

Disclosure of Interest: None Declared

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Keywords: insomnia, neuropsychiatric manifestations, systemic lupus erythematosus

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PANLAR 2024

Systemic lupus erythematosus

PANLAR2024-1359

Assessment Of Cardiac Function By Echocardiographicmethods In Asymptomatic Patients With Systemic Lupus Erythematosus

Cassiane Martina Ambrosi Reiter[*1], Thelma Larocca Skare[1], Carolina Mei Siqueira[1], Sonia Perreto[1], Thiago Alberto Fernandes Gomes Santos[2]
[1]Faculdade Evangélica Mackenzie do Paraná, [2]Hospital Universitário Evangélico Mackenzie do Paraná, Curitiba, Brazil

Has this paper been previously presented at another conference?: Yes

Background/Objectives: Systemic lupus erythematosus (SLE) is a chronic autoimmune disease. One of the important complications of this disease is the
cardiovascular damage which is most often asymptomatic or oligosymptomatic needing clinical surveillance to avoid its progression.
The objectives of this work were to study the prevalence of cardiac dysfunction in a local population with SLE and to verify whether the
degree of dysfunction is associated with the disease activity measured by the systemic lupus erythematosus activity index (SLEDAI).
Methods: We selected 19 patients asymptomatic from cardiovascular point of view diagnosed with SLE and who met the classification
criteria for SLE. These patients had their medical records reviewed for clinical and epidemiological data. Disease activity was
measured by SLEDAI and cardiac function was evaluated by transthoracic echocardiography
Results: The 19 patients studied were female, with a mean age of 41 years. The SLEDAI score ranged from 0–20, with median of 6
(moderate activity). An isolated case of mild pericardial effusion was detected. Regarding the correlation between disease activity
and the functional alterations, after correction of echocardiographic parameters for age and body mass index, only the ejection
fraction and left ventricular mass remained significant, with p = 0.02 and 0.03, respectively
Conclusion: Cardiac dysfunction could not be identified in the sample studied. Higher scores in the lupus activity index showed a correlation
with increased left ventricle mass and ejection fraction.

Disclosure of Interest: None Declared

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Keywords: Cardiac function tests, Left ventricle dysfunction, systemic lupus erythematosus

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PANLAR 2024

Systemic lupus erythematosus

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Early-Onset Systemic Lupus Erythemasus With High-Risk Apl Profile: Case Report.

Andres Eduardo Yoli Garrido.*[1], Jose Salas Siado[1], luis blanco castiblanco[1], Deissy Noriega Anguila[1], Carmen Ariza Tamara[1]
[1]atlantico, unversidad metropolitana de barranquila, barranquilla, Colombia

Has this paper been previously presented at another conference?: No

Background/Objectives: Systemic lupus erythematosus is a severe multisystem autoimmune disease, whose incidence and prevalence vary widely around the world; mainly affecting the female sex, with a 9:1 ratio with respect to men. The mean age of presentation ranges from 15 to 44 years, with a peak age of diagnosis between 29 and 35 years.

Methods: Analysis and review of the patient's medical history was carried out.

Results: CASE PRESENTATION: An 18-year-old woman, without any significant past medical history, with a clinical picture of approximately 5 years of evolution, consisting of recurrent fever, asthenia, adynamia, polyarthralgias predominantly in metacarpophalangeal joints, knees and ankles, accompanied by morning stiffness of more than one hour, which progressively improves during the day, In addition to maculo erythematous skin lesions, predominantly in lower limbs, as well as hair loss and malar erythema, consulting multiple times the emergency department, where positivity is documented for antinuclear antibodies, as well as, for lupus anticoagulant and antibodies anticardiolipin type IgM, Meeting the ACR/ EULAR 2019 criteria for early onset systemic lupus erythematosus, with high risk antiphospholipid profile for thromboembolic events, starting management with hydroxychloroquine, low-dose systemic corticosteroid and aspirin 100 mg day as primary antiplatelet prophylaxis.

Image 1:

NEW EULAR CLASSIFICATION CRITERIA/ACR OF SYSTEMIC LUPUS ERYTHEMATOSUS	
ENTRY CRITERIA	
Positive antinuclear antibodies ≥ 1/80 by indirect immunofluorescence by substrate of the HEP-2 cell line (at any time)	
Clinical	**Points**
Constitutional domains	
Fever	2
Cutaneous	
Non -scarring alopecia	2
Oral ulcers	2
Subagudo Cutaneous Lupus or Lupus Discoid	4
Acute cutaneous lupus	6
Arthritis domain	
Synovitis or pain in ≥ 2 joints with morning joint stiffness> 30 min	6
Neurological domain	
Delirium	2
Psychosis	3
Seizures	5
Serositis domain	
Pleural or pericardial effusion	5
Acute pericarditis	6
Hematologic domain	
Leukopenia	3
Thrombocytopenia	4
Autoimmune hemolysis	4
Renal domain	
Proteinuria> 0.5 mg/24	4
Class II or V lupus nephritis	8
Class III or IV lupus nephritis	10
Immunological domains	
Antiphospholipid antibodies	2
Anticardiolipin IgG > 40 GPL	
Anti B2GP1 IgG > 40 Uds	
Or lupus anticoagulant positive	
Complement	
C3 low or c4 low	3
C3 low and c4 low	4
Antibodies	
ANTI-dsDNA	6
Anti-SM	6

Conclusion: There are different clinical subgroups within the spectrum of systemic lupus erythematosus, corresponding to early onset 25% of the population in some series; in this case, the coexistence of antiphospholipid antibodies predicts strongly of prognosis and organ damage.

Disclosure of Interest: None Declared

Keywords: Antiphospholipid síndrome, Thrombosis, Systemic lupus erythematosus, Anticoagulants

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PANLAR 2024

Vasculitis and related diseases

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Effectiveness Of Janus Kinase Inhibitors In Giant Cell Arteritis. Study In Clinical Practice And Review Of The Literature.

Fernando López[1], Javier Loricera[1], Toluwalase Tofade[2], Diana Prieto-Peña[1], Susana Romero-Yuste[3], Eugenio De-Miguel[4], Anne Riveros-Frutos[5], Iván Ferraz-Amaro[6], Santos Castañeda[7], Eztizen Labrador-Sánchez[8], Olga Maiz[9], Elena Becerra[10], Javier Narváez[11], Eva Galíndez-Agirregoikoa[12], Ismael González-Fernández[13], Ana Urruticoechea[14], Sebastián Unizony[15], Ricardo Blanco[*1]

[1]Rheumatology, Hospital Universitario Marqués de Valdecilla, Santander, Spain, [2]Neurology, Massachusetts General Hospital, Boston, United States, [3]Rheumatology, Complejo Hospitalario Universitario de Pontevedra, Pontevedra, [4]Rheumatology, Hospital Universitario La Paz, Madrid, [5]Rheumatology, Hospital Universitario Germans Trias i Pujol, Badalona, [6]Rheumatology, Complejo Hospitalario Universitario de Canarias, Tenerife, [7]Rheumatology, Hospital Universitario La Princesa, Madrid, [8]Rheumatology, Hospital San Pedro, Logroño, [9]Rheumatology, Hospital Universitario de Donostia, San Sebastián, [10]Rheumatology, Hospital Universitario de Torrevieja, Alicante, [11]Rheumatology, Hospital de Bellvitge, Barcelona, [12]Rheumatology, Hospital Universitario de Basurto, Bilbao, [13]Rheumatology, Complejo Asistencial Universitario de León, León, [14]Rheumatology, Hospital Can Misses, Ibiza, Spain, [15]Immunology and Allergy Division, Massachusetts General Hospital, Boston, United States

Has this paper been previously presented at another conference?: Yes

Background/Objectives: The objective of this study is to evaluate the effectiveness of JAKi in GCA.

Methods: Real-world, retrospective clinical practice study of pt with GCA treated with JAKi. Outcomes assessed included disease relapse and safety. A literature search for other JAKi-treated GCA cases was conducted. We compared results of the previous baricitinib (BARI) study and the BARI recipients in our series.

Results: 34 pt (85% females, mean age, 72.2 years, relapsing disease 34 [100%]) that received JAKi . The initial JAKi was BARI (n=14), TOFA (n=10) and UPA (n=10) **(Table and Figure)**. After a median [IQR] follow-up of 9.5 [4.2-12.7] months, 64.7% pt achieved and maintained remission, and 35.3% discontinued the initial JAKi due to relapse (29.4%) or severe adverse events (5.9%) including liver dysfunction and dyspnea/palpitations. The 12 patients failing the initial JAKi were switched to an alternative [JAKi (n=4), biologic therapy (n=7) and azathioprine (n=1)]. The literature review identified another 21 GCA pt (17 females, mean age 74.2 y) treated with JAKi, mostly with BARI (n=18). Most of these pt benefited from JAKi therapy **(Table).** Pt in our series receiving BARI had longer disease duration (31 [12-51] vs 9 [7-21] months; p=0.001) and had received biologics (71% vs 6.7%; p<0.001) more frequently than those in the previous BARI study **(1)**.

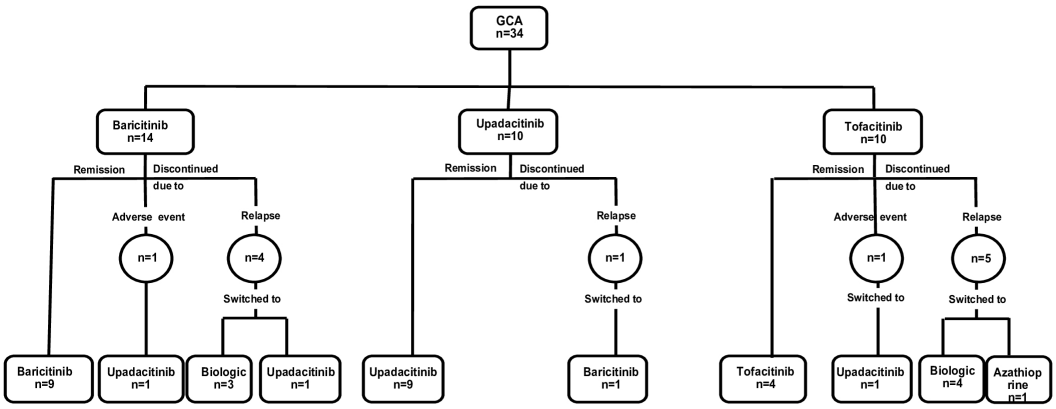
Table 1: TABLE. Current series and literature review of patients with GCA treated with JAKi.

Reference	Cases	Sex	Age,	JAKi	Previous csDMARDs	Previous bDMARDs	Follow-up (months),	Outcome

			mean±SD				mean±SD	
Herlihy.Br J Haematol.2019	1	F	75	RUXO	MTX, MPM	-	9	No data
Prigent.Clin Nucl Med.2021	1	F	76	BARI	MTX	TCZ	12	Clinical improvement
Camellino.Ann Rheum Dis.2022	3	F (3)	74±11.5	BARI(3)	MTX(2), HCQ (1),SSZ(1),CyA(1), MPM (1)	TCZ(2)	8.5±4.9; no date(1)	Clinical improvement (1); no data (2)
Koster.Ann Rheum Dis. 2021	15	F(11), m(4)	72.4±7.2	BARI(15)	MTX (2), CYP (1)	SIRU(1)	11.3±2.3	Clinical improvement (13);no improvement(1);no data (1)
Sanada. Rheumatology (Oxford).2022	1	Female	72	UPA	SSZ	-	7.5	Clinical improvement

Current series	34	Female (29), male (5)	72.2±7.8	BARI(14), TOFA(10), UPA(10)	MTX (20), HCQ (3), LFN(1)	TCZ(26),SARI(3),ABA (8), ADA(2), USTE(2)	9.7±7.2	Clinical improvement (22); no improvement(10)

Image 1:



Conclusion: JAKi could be effective in GCA, including patients failing other immunosuppressive therapies. The results of an ongoing phase 3 randomized controlled trial are awaited to confirm or rule out this observation.

Reference 1: Koster MJ, et al. Ann Rheum Dis. 2022

Disclosure of Interest: None Declared

Keywords: None

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Vasculitis and related diseases

PANLAR2024-1438

Defining Clinical Subgroups Of Patients With Relapsing Polychondritis: A Latent Class And Decision Tree Analysis In Two Independent Cohorts

Marcela Ferrada[*1], Banerjee Shubhasree[2], Carol Mcalear[2], Peter Merkel[2], Peter Grayson[2,3]
[1]Rheumatology, University of Maryland, Baltimore, [2]Rheumatology, University of Pennsylvania, Pensylvania, [3]Rheumatology, National Institute of Arthritis and Musculoskeletal and Skin Diseases Institutes of Skin, Bethesda, United States

Has this paper been previously presented at another conference?: No

Background/Objectives: Multiple factors contribute to diagnostic delay in patients with relapsing polychondritis (RP), including disease heterogeneity. Using latent class analysis (LAC), phenotypic subgroups have been identified in a prospective cohort of patients with RP. [1] Identifying these subgroups can help clinicians to recognize patterns of organ involvement, facilitating prompt diagnosis and treatment. We aimed to validate previously identified clinical subgroups using LAC and develop a decision tree algorithm to accurately predict assignment of individual patients to these subgroups.

Methods: Patients ≥ 18 years old with a diagnosis of RP. All patients had a dynamic chest computerized tomography (CT) and audiometry. LAC was conducted in two independent prospective cohorts using the following variables: arthritis, tracheomalacia, bronchomalacia, subglottic stenosis, ear damage, nose damage, eye inflammation, and sensorineural hearing loss. Ear damage was defined by thickening of the cartilage or cauliflower ear. Nose damage was defined by saddle nose deformity or nasal septal perforation. Tracheomalacia and bronchomalacia were defined as ≥ 50% airway collapse on dynamic chest CT. Optimization of latent class models was performed using Bayesian information criterion (BIC) and Akaike information criterion (AIC). Decision tree analysis was performed to predict latent class group status.

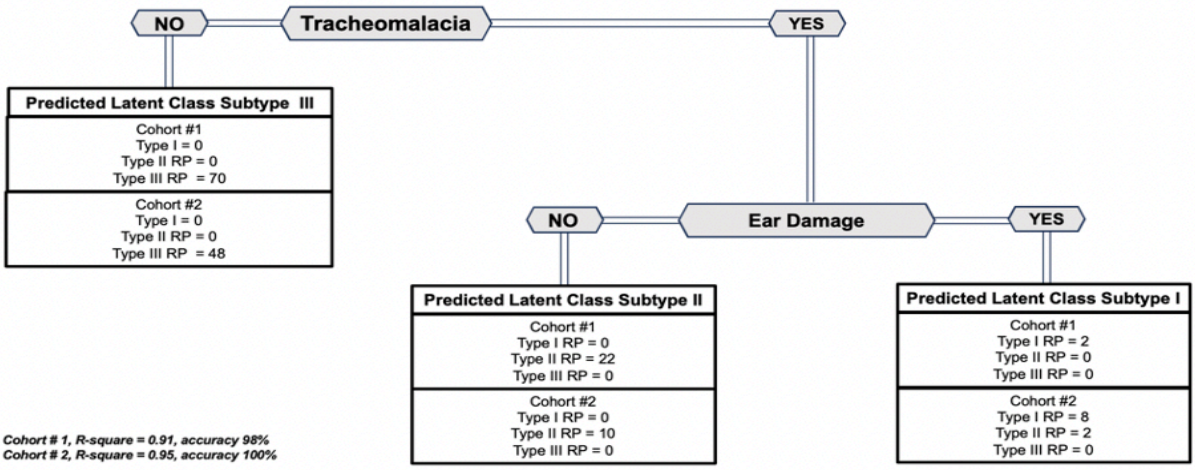
Results: 162 patients with RP were included in this study. Cohort #1 included 102 patients: 92 (90%) females; 93 (91%) Caucasians; median age 48 years (IQR= 38-59). Cohort #2 included 60 patients: 52 (86%) females; 52 (86 %) Caucasians; median age 44 years (IQR=38-52).

Three clinical subgroups were identified by LAC in each cohort: Type 1 was characterized by ear damage, nose damage and subglottic stenosis, Type 2 was characterized by tracheomalacia and bronchomalacia, and Type 3 was characterized by absence of tracheomalacia.

Tracheomalacia and ear damage were the two critical variables found on the decision tree that predicted latent class assignment in both cohorts. In cohort #1, the accuracy was 98% (R-square = 0.91) and in cohort #2 the accuracy was 100% (R-square=0.95). **Figure 1**

Image 1:

Figure 1. Decision tree analysis to classify patients with relapsing polychondritis into three subgroups defined by latent class analysis.



Conclusion: This study corroborates the existence of previously identified clinical subtypes of RP. Tracheomalacia and ear damage effectively categorize patients into these subgroups. These findings support the potential use of this subgrouping in clinical practice and clinical research design.

Reference 1: . Ferrada M, Rimland CA, et al. Defining Clinical Subgroups in Relapsing Polychondritis: A Prospective Observational Cohort Study. *Arthritis Rheumatol*. Aug 2020;72(8):1396-1402. doi:10.1002/art.41270

Disclosure of Interest: M. Ferrada: None Declared, B. Shubhasree: None Declared, C. Mcalear: None Declared, P. Merkel Consultant with: Kyverna, Q32, Sparrow, ArGenx, Cabaletta, CSL Behring, Dynacure, HiBio, Janssen, Novartis, NS Pharma, Regeneron, Vistera, AbbVie, Amgen, AstraZeneca, Boeringher-Ingelheim, Bristol-Myers Squibb, GlaxoSmithKline, InflaRx, Takeda., P. Grayson: None Declared

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PANLAR 2024

Vasculitis and related diseases

PANLAR2024-1528

Refractory Cystoid Macular Edema Due To Behçet'S Disease: Comparison Of Adalimumab, Infliximab And Certolizumab

Martín Varillas[1], Fernando López[*2], Nuria Barroso[3], Lara Sánchez[2], Ivan Ferraz[4], Ricardo Blanco[2]
[1]Rheumatology, Hospital de Laredo, Laredo, [2]Rheumatology, Hospital Universitario Marqués de Valdecilla; IDIVAL, Santander, [3]Rheumatology, Hospital Puerta del Mar, Cádiz, [4]Rheumatology, Hospital Universitario de Canarias, Canarias, Spain

Has this paper been previously presented at another conference?: No

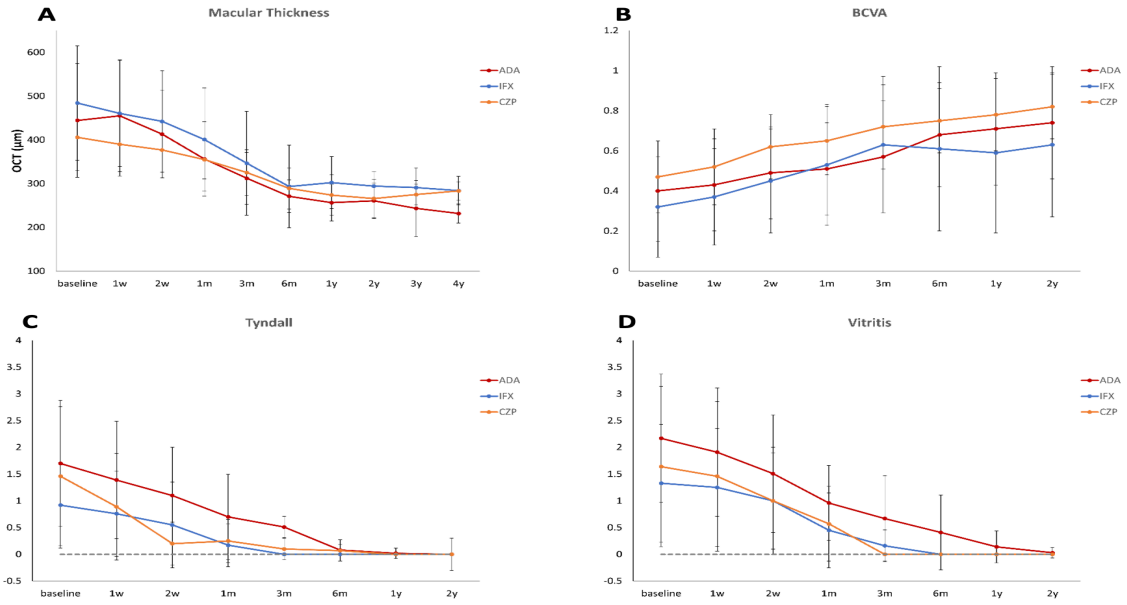
Background/Objectives: **Introduction/background**: Cystoid macular edema (CME) is the leading cause of blindness in non-infectious uveitis including Behcet disease (BD).

Objectives: to compare effectiveness and safety of Adalimumab (ADA), Infliximab (IFX) and Certolizumab (CZP) in CME refractory to BD.

Methods: Multicenter study of patients with CME (OCT>300µm) secondary to BD refractory to glucocorticoids (GC) and at least 1 conventional immunosuppressant. From baseline to 2 years, evolution of macular thickness (µm), visual acuity (BCVA), anterior chamber (AC) cells, vitritis and GC-sparing effect was analyzed with ADA, IFX an CZP.
Results: 50 patients (78 eyes) were evaluated; with ADA (n=25), IFX (n=15) and CZP (n=10). There were no significant differences in demographic data. The CZP group had a significantly longer time from diagnosis to drug initiation (75 [36-120] vs 30 [12-82] vs 15 [8-60] months; p=0.04) and had received a greater median [IQR] number of biological treatments (2 [0.75-3] vs 0 [0-0] vs 0 [0-0]) than ADA and IFX groups. In CZP group, ADA and IFX were used previously in 7 patients. ADA was used in combined therapy in 64%, IFX in 66.7% and CZP in 70% of patients (p=0.94).

A rapid and maintained improvement in macular thickness was observed after 2 years of follow-up in three groups with no statistically significant difference between them (**FIGURE**). Improvement in BCVA, AC cells, vitritis and a GC-sparing effect was also observed. No serious adverse events were observed.

Table 1: FIGURE: Rapid and maintained improvement following the onset of ADA, IFX and CZP.
Image 1:



Conclusion: ADA, IFX and CZP are effective and safe in refractory CME due to BD. CZP appears effective even in patients with inadequate response to ADA and/or IFX.

Disclosure of Interest: None Declared

Keywords: Behcet disease, Certolizumab, Uveítis

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Vasculitis and related diseases

PANLAR2024-1295

Demographic And Clinical Characteristics Of Patients With Anca-Positive Vasculitis In A Colombian University Hospital Over An 18-Year Period: 2005-2023

Camila Borda Samper*[1], Santiago Bernal-Macías[1], Maria Claudia Díaz[1], Ángela Ardila[2], Marcela Ibañez[1], Sergio Iván Hernández-Velásquez[1], Laura Montoya-Sánchez[1], Martin Rondón[1], Daniel Gerardo Fernández-Ávila[1]
[1]Rheumatology, Pontificia Universidad Javeriana, [2]Rheumatology, Hospital Universitario San Ignacio, Bogotá, Colombia

Has this paper been previously presented at another conference?: No

Background/Objectives: Vasculitides associated with anti-neutrophil cytoplasmic antibodies (ANCA) are entities characterized by low prevalence, high morbidity, and mortality. AAV includes three entities; granulomatosis with polyangiitis, microscopic polyangiitis, and eosinophilic granulomatosis with polyangiitis. In Latin America, there are limited registries detailing patients with these conditions. The aim of our study is to describe the demographic and clinical characteristics, as well as morbidity and mortality, of individuals with AAV in our Hospital.

Methods: This cross-sectional descriptive study was conducted at a university hospital in Bogotá, Colombia. It included patients older than 18 years of age, admitted between January 1, 2005, and August 31 of 2023, who fulfilled the American College of Rheumatology (ACR) classification criteria for AAV. 191 patients where included. Patients were categorized into distinct groups based on organ involvement. Treatment regimens were documented. Data was managed using Redcap. This study received approval from the Ethical and Investigation Committee of our institution. This study was sponsored by Asoreuma.

Results: We included 191 patients in our study. Most of them where women 59.7%, with an average age of 54.6 years.

Table 1:

	Total	MPA	GPA	EGPA
No of ptes	191	108	75	8
pANCA	96(50.3)	75(69.4)	15(20)	6(75)
cANCA	63(33)	11(10.2)	51(68)	1(12.5)
PR3	29(15.2)	9(8.3)	20(26.7)	0
MPO	49(25.7)	44(40.7)	4(5.3)	1(12.5)
Mortality	20(10.5)	11(10.2)	9(12)	0
Clinical Characteristics				
Alveolar Hemorraghe	60 (31.4)	36 (33.3)	24 (32)	0

Lung nodule	39 (20.4)	13 (12)	25 (33.3)	1(12.5)
ILD	16 (8.4)	14 (13)	0	2(25)
Chronic asthma	25 (13.1)	10 (9.3)	13 (17.3)	2(25)
Scleritis	17 (8.9)	4 (3.7)	13 (17.3)	0
Purpuric lesions	23(12)	13(12)	8(10.7)	2(25)
Myalgias	32 (16.8)	17 (15.7)	14 (18.7)	1 (12.5)
Arthralgias	47 (24.6)	24(22.2)	22(29.3)	1(12.5)
Fever	28 (14.7)	13 (12)	13(17.3)	2(25)
Weight Loss	74(38.7)	45(41.7)	27(36)	2(25)
Sinusitis	31 (16.2)	5(4.6)	24(32)	2(25)

Conclusion: In this AAV cohort of Colombian patients, female sex predominated. Microscopic polyangiitis was the most frequent AAV, and MPO-ANCA was the most frequent antibody. Renal and pulmonary manifestations where the most frequent clinical features. Our mortality rate persists lower than literature. The data from this cohort is similar to findings in other series.This research significantly contributes to the field of vasculitis in Latin America by constituting one of the largest cohorts in the region after the Peruvian registry of Quiroz et al. and one of the largest registry globally so far.

Reference 1: Fernández-Ávila DG et al, Demographic and clinical characteristics of patients with ANCA-positive vasculitis in a Colombian University Hospital over a 12-year period: 2005-2017. Rheumatol Int. 2020 Aug;40(8):1283-1290. Epub 2020 Jun 20.

Reference 2: Ochoa CD, et al (2009) Epidemiology of primary vasculitis in Colombia and its relation with reported for latin america. Rev Colomb Reumatol 16(3):248–263

Disclosure of Interest: None Declared

Keywords: ANCA associated vasculitis, Colombia, Epidemiology

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PANLAR 2024

Vasculitis and related diseases

PANLAR2024-1327

Aortic Aneurysms In Aortitis Related To Giant Cell Arteritis Treated With Tocilizumab. A Multicenter Cohort Of 196 Patients

Fernando López[1], Javier Loricera[1], Carmen Secada[1], Adrián Martin[1], Santos Castaneda[2], Clara Moriano[3], Javier Narvaez[4], Vicente Aldasoro[5], Olga Maiz[6], Rafael Melero[7], Paloma Vela[8], Susana Romero-Yuste[9], Eugenio De Miguel[10], Eva Galíndez-Agirregoikoa[11], Jesús C. Fernández-López[12], Iván Ferraz-Amaro[13], Julio Sánchez[1], Jose Luis Callejas[14], Patricia Moya[15], Ricardo Blanco[*1]

[1]Rheumatology, Hospital Universitario Marqués de Valdecilla, Santander, [2]Rheumatology, Hospital Universitario La Princesa, Madrid, [3]Rheumatology, Complejo Asistencial Universitario de León, León, [4]Rheumatology, Hospital de Bellvitge, Barcelona, [5]Rheumatology, Complejo Hospitalario de Navarra, Navarra, [6]Rheumatology, Hospital Universitario de Donosti, San Sebastián, [7]Rheumatology, Complexo Hospitalario Universitario de Vigo, Vigo, [8]Rheumatology, Hospital General Universitario de Alicante, Alicante, [9]Rheumatology, Complejo Hospitalario Universitario de Pontevedra, Pontevedra, [10]Rheumatology, Hospital La Paz, Madrid, [11]Rheumatology, Hospital de Basurto, Bilbao, [12]Rheumatology, y, Hospital Universitario Juan Canalejo, La Coruña, [13]Rheumatology, Complejo Hospitalario Universitario de Canarias, Tenerife, [14]Unit of Systemic Autoimmune Diseases, , Hospital San Cecilio, granada, [15]Rheumatology, Hospital de la Santa Creu I Sant Pau, Barcelona, Spain

Has this paper been previously presented at another conference?: Yes

Background/Objectives: To date, usefulness of tocilizumab (TCZ) in aortic aneurysms due to GCA has not been evaluated. The aim was to assess its effectiveness in prevention of development of aneurysms and their impairment if present.

Methods: Observational, multicenter study of 196 patients with aortitis related to GCA treated with TCZ. Patients were diagnosed with GCA accordingly to ACR criteria, and/or positive biopsy of temporal artery, and/or presence of imaging techniques consistent with LVV. Patients were divided into two subgroups: a) with, and b) without aortic aneurysms

Results: We studied 196 (148 women/48 men; mean age 71.3±9.5 years) patients with GCA-aortitis treated with TCZ. Aortic aneurysms were present in 10 of 196 (5%) patients. Main general features shown in TABLE 1. After a mean follow-up of 25±19 months, none of the GCA-aortitis patients without aneurysm at TCZ initiation developed any aneurysm. Aneurysms were more frequently located in thoracic segment (n=5; 50%). Early surgery was required in 5 cases at TCZ initiation, and the usefulness of TCZ in these cases could not be assessed. From the remaining 5 patients, 3 patients experienced aneurysm growth despite TCZ therapy and surgery was required during follow-up.

Table 1:

	Overall N=196	GCA-aortitis with aneurysm (n=10)	GCA-aortitis without aneurysm with imaging test (n=95)	p
General features	71.3± 9.5	68.1±9.7	67.7±9.4	0.840

Age (mean±SD)	148/ 48 (75.5)	7/3(70)	71/24(75)	0.500
Female/Male (% of female), n	7 [2-18.7]	2 [3-15]	9 [3-18]	0.509
Positive TAB, n (%)	56 (50)	2 (29)	26 (46)	0.434
Clinical phenotype of GCA				
Extra-cranial, n (%)	70 (36)	6 (60)	38 (40)	0.188
Mixed, n (%)	126 (64)	4(40)	57(60)	0.188
Cardiovascular risk factors				
High blood pressure, n (%)	112 (57)	8 (80)	53 (56)	0.151
Dyslipidemia, n (%)	103 (53)	7 (70)	52 (55)	0.320
Diabetes, n (%)	26 (13)	1 (10)	12 (14)	0.627
Previous or current smoking history, n (%)	20 (10)	2 (20)	13 (14)	0.451
Ischemic manifestations				
Visual involvement, n (%)	16 (8)	2(20)	5 (5)	0.133
Headache, n (%)	74 (38	2(20)	34 (36)	0.258
Jaw claudication	27 (14)	0 (0)	9 (9)	0.375
Systemic manifestations				
Fever, n (%)	24 (12)	2 (20)	8 (8	0.208
Constitutional syndrome, n (%)	87 (44)	5 (50)	39 (41)	0.309
PmR, n (%)	131 (67)	4 (40)	60 (63)	0.226
Acute phase reactants				
ESR, mm/1st hour, median [IQR]	32 [14-54]	36 [12.5-97.5]	26 [13-48]	0.162

CRP (mg/dL), median [IQR]	1.5 [0.6-3.4]	3.2 [1.1-10.4]	1.4 [0.6-2.3]	0.000

Conclusion: In this study, TCZ didn´t seem to prevent impairment of preexisting aneurysms. It could however prevent development of new aneurysms

Disclosure of Interest: None Declared

Keywords: None

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PANLAR 2024

Vasculitis and related diseases

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Anca Associated Vasculitis: Clinical Characteristics And Prognostic Factors In A Retrospective Cohort In A Developing Country.

Nicolas Piatigorsky Grinberg[*1], Sorrentino Laura Julieta[1], Gomez María Gimena[1], Jorge Alejandro Brigante[1]
[1]Rheumatology, Sanatorio Güemes, buenos aires, Argentina

Has this paper been previously presented at another conference?: No

Background/Objectives: ANCA-associated vasculitis (AAV) poses a clinical challenge, given its low prevalence and the scarcity of high-quality evidence. Physicians often rely on observational studies, especially in developing countries where prospective studies may be challenging to conduct. This study aims to provide insights into the clinical practices and challenges of managing cANCA and pANCA subtypes in a developing country

Methods: Patients diagnosed with cANCA and pANCA-associated vasculitis between January 2019 and December 2021 were included. Data on demographics, comorbidities, smoking status, clinical manifestations, treatment regimens, and outcomes were collected. Assessment tools included the Charlson comorbidity index (CCI), Five Factor Score (FFS), and Birmingham Vasculitis Score (BVAS).

Results: A total of 21 cANCA-positive and 12 pANCA-positive patients were included. The mean age of presentation was 54.2 years for cANCA and 66.7 years for pANCA, with a slight female predominance in both groups. Notably, all pANCA-positive patients were positive for myeloperoxidase, while only 71.4% of cANCA patients were proteinase-3 positive. Comorbidity assessment using CCI revealed 9.5% of cANCA and 25% of pANCA patients with CCI≥4. Pulmonary involvement was observed in 47.6% of cANCA patients and 54.4% of pANCA patients, while renal involvement was present in 51% and 83.3%, respectively. Cyclophosphamide was the most used induction therapy (51.7%), followed by EV methylprednisolone (19%). For pANCA patients, 66.7% received cyclophosphamide as induction therapy. Clinical outcomes revealed that 19% of cANCA patients required intubation, with a 15.8% mortality at 90 days, and a 5.6% readmission rate. Among pANCA patients, 41.7% required intubation, with a 50% mortality at 90 days and a 50% readmission rate.

Conclusion: Our study provides insights into the diverse clinical practices in a developing country. While its observational nature introduces limitations like potential selection bias and retrospective data collection, it serves as a strength in reflecting the reality of AAV management in a resource-constrained setting. The scarcity of evidence from such environments underscores the significance of our findings, urging a tailored approach to clinical decision-making.

Disclosure of Interest: None Declared

Keywords: ANCA associated vasculitis, observational, VASCULITIS

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Vasculitis and related diseases

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Pulmonary Artery Aneurysm Due To Behçet'S Disease: Hughes Stovin Syndrome – Case Description

Cassiane Martina Ambrosi Reiter[*1], Adriano Reinaldo Timm[2], Nicole Kovalhuk Borini[1], Thelma Larocca Skare[1]
[1]Faculdade Evangélica Mackenzie do Paraná, [2]Hospital Universitário Evangélico Mackenzie, Curitiba, Brazil

Has this paper been previously presented at another conference?: Yes

Background/Objectives: Behçet's disease is a vasculitis that may affect vessels of any size whose diagnosis is only clinical which brings difficulties to its recognition. When the disease presents with classic findings such as oral ulcers, genital ulcers, panuveites and skin lesions such as patergia, it is easily recognized. However, in atypical situations, diagnosis can be difficult and the disease may take time to be recognized. A variant of Behçet's syndrome is the so-called Hughes Stovin syndrome, in which pulmonary aneurysms and thromboses, in general, of large vessels are observed. This text describes the case of a man who presented with a pulmonary aneurysm in which the possibility of Hughes Stovin syndrome was considered.

Methods: Case Report

Results: A 47-year-old man sought the service complaining of cough and hemoptysis. He was hospitalized for ten days with a diagnosis of community-acquired pneumonia; on this occasion a rapid test for tuberculosis was negative and CT angiography showed no foci of bleeding. He was treated with antibiotics with good response, but seven days after discharge he returned for new episodes of cough with hemoptysis. Bronchoscopy with biopsy was performed and showed only focal lymphocytic inflammation; negative for neoplasia. After 9 months, he returned to the hospital reporting maintenance of hemoptysis with weekly episodes, but in a smaller volume than the initial picture. Laboratory tests performed at this time showed no anemia and elevation of inflammatory markers. Sputum cultures and hemocultures were negative. Echocardiogram showed only moderate aortic reflux. On this occasion, a pet-scan was performed that showed saccular aneurysm of the pulmonary artery in the right lower lobe, subsegmental thrombosis of the upper lobe of the left lung. There was also an increase in uptake in the oral mucosa and in the topography of epididymis. With these findings, the patient was questioned about symptoms suggestive of Behçet's disease and remembered having recurrent oral ulcers and an episode of genital ulcer. Arteriography confirmed the presence of an aneurysm associated with pulmonary arteriovenous fistula of the right inferomedial arterial branch. With a diagnosis of Behçet's disease, the patient was treated with high-dose glucocorticoids and cyclophosphamide and was followed by thoracic surgery.

Conclusion: As a final message, the authors would like to emphasize that Behçet's disease should be remembered in patients presenting with pulmonary aneurysm.

Disclosure of Interest: None Declared

Keywords: Behcet disease, Hemoptysis, Pulmonary aneurism

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Vasculitis and related diseases

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Anca-Negative Vasculitis Posterior To Sars-Cov-2 Infection

David Saavedra[*1], Mariana Pérez [2], Valeria Márquez [1], Ana Humanez [1], Luis Guzman [3], Marco Anaya[4], Francisco Villadiego[1]
[1]Atlántico , [2]Atlantico, Universidad del Norte, Barranquilla, [3]Bolivar, Hospital Serena del Mar, Cartagena, [4]Atlántico , Colombiana de trasplantes - Clinica portoazul, Barranquilla, Colombia

Has this paper been previously presented at another conference?: No

Background/Objectives: **Background**: Currently, cases of anti-neutrophil cytoplasmic antibodies (ANCAs) positive vasculitis post COVID-19 have been reported. Rheumatology International Journal evidenced that some patients who consulted the hospital due to ANCA vasculitis had a history of SARS-CoV-2 infection, the majority with positive MPO and crescentic necrotizing glomerulonephritis (1). However, there are few cases of ANCA-negative vasculitis secondary to previous SARS-CoV-2 infection supported by renal biopsy.

Objective: Describe a case of microscopic polyangiitis (MPA) with negative ANCAs secondary to prior SARS-CoV-2 infection in Barranquilla, Colombia.

Methods: A 56-year-old feminine with antecedent of mild SARS-CoV-2 infection diagnosed with antigenic test 1 month before she consulted the urgency due to clinical condition of 15 days of evolution characterized by the appearance of purpuric skin lesions with macroscopic hematuria. Normal vital signs, except high blood pressure. Physical exam showed generalized purpuric skin lesions with hemorrhagic-necrotic zones (Figure 1). Hemogram with moderate normocytic normochromic anemia and leukocytosis, high CRP, Hepatitis B, HIV, ANAs and cryoglobulins were negative, normal coagulation, C3 and C4, macroscopic hematuria, acute renal lesion, non-nephrotic proteinuria that rapidly exacerbated, and imagenology without alterations. Hence, renal biopsy and metilpredinisolone were indicated, and nephrology with preliminary biopsy report ordered cyclophosphamide. The biopsy reported diffuse mesangiocapillary proliferative glomerular lesion with focal extracapillary proliferation at least 50% of the glomeruli, neutrophilic and fibrinoid vasculitis of interstitial small and medium vessels (Figure 2), and p and c ANCA patterns were negative in indirect immunofluorescence and ELISA.

Results: MPA with negative ANCAs posterior to SARS-CoV-2 infection was the final diagnosis, considering clinical data and biopsy. Currently, she receives azathioprine and prednisolone in remission of renal disease.

Image 1:

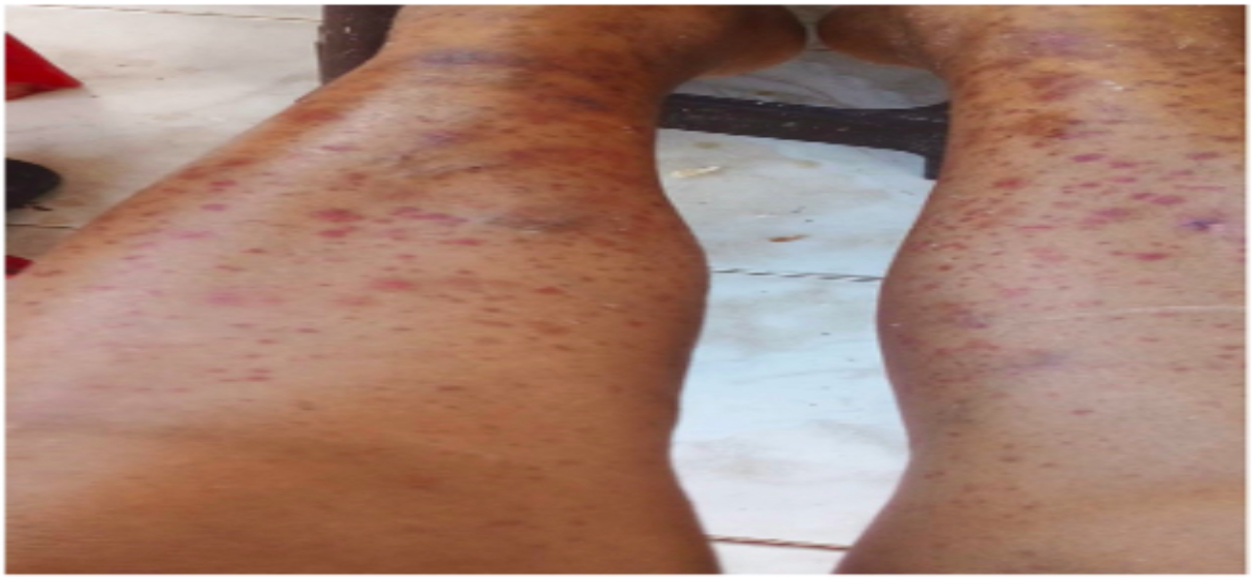

Figure 1. Purpuric skin lesions.

Image 2:

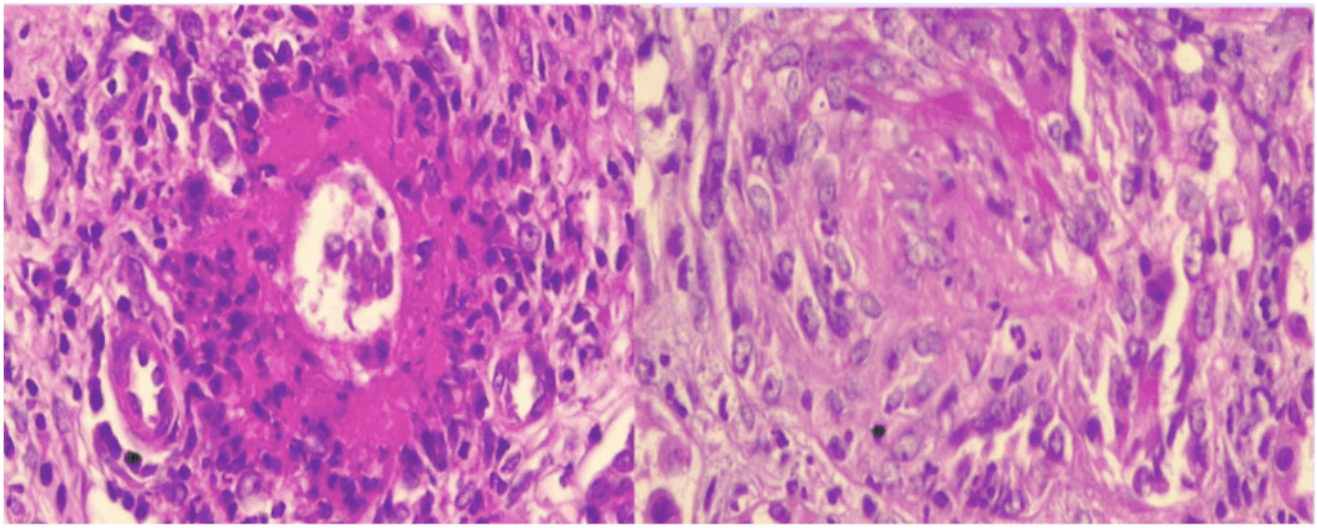

Figure 2. Histological sample of renal biopsy: Diffuse mesangiocapillary proliferative glomerular lesion with focal extracapillary proliferation at least 50% of the glomeruli, neutrophilic and fibrinoid vasculitis of interstitial small and medium vessels.

Conclusion: There are publications of ANCA-positive vasculitis related with prior COVID-19 disease, but this interesting report exhibits a MPA ANCA-negative vasculitis secondary to previous SARS-CoV-2 infection documented in renal biopsy. Thus, the early initiation of the treatment is primordial despite a negative result of antibodies if clínical manifestations and biopsy support the diagnosis.

Reference 1: 1. Izci Duran T, Turkmen E, Dilek M, Sayarlioglu H, Arik N. ANCA-associated vasculitis after COVID-19. Rheumatology International. 2021 Jun 7. 41, 1523–1529. Available from: https://doi.org/10.1007/s00296-021-04914-3

Disclosure of Interest: None Declared

Keywords: Microscopic polyangitis, Nephritis, VASCULITIS

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Vasculitis and related diseases

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Vasculitis Associated With Antineutrophil Cytoplasmic Antibodies (Anca) With Optic Neuritis As A Neurological Manifestation: Case Report.

Victor Morales Muñoz[*1], Itzel Anahi Martínez Juárez[2], Fabian Carranza Enríquez[3]
[1]Internal Medicine, [2]Nephrology, [3]Rheumatology, Hospital Ángeles del Pedregal, Mexico City, Mexico

Has this paper been previously presented at another conference?: No

Background/Objectives: ANCA-associated vasculitis induces significant systemic inflammation, generating various ocular manifestations such as conjunctivitis, scleritis, ulcerative peripheral keratitis and iritis. Retinal vasculitis and occlusion of the retinal artery or vein are other types of manifestations that may occur. When speaking specifically of optic neuritis as a manifestation associated with this type of vasculitis, the evidence is limited to a few case reports.

Methods: Description of a clinical case and literature review.

Results: The case of a female patient in the 3rd decade of life is presented with a 3-week history characterized by an attack on her general condition, a persistent nausea and vomiting on repeated occasions. A week prior to her hospital admission, lower limb edema, cough with hemoptysis, and dyspnea on exertion occurred, which is why she went for medical evaluation. A renal biopsy was performed that reported active and diffuse fibrous extracapillary proliferative glomerulonephritis, pauci-immune type with global and segmental fibrinoid and sclerosing necrotizing lesions associated with mixed class p-ANCA (image 1). Approximately 6-7 months later, the patient began to experience a marked decrease in visual acuity bilaterally and photopsias that progressed and affected her activities of daily living. She was evaluated by ophthalmology with visual field studies, retinal fluorangiography and optical coherence tomography that reported findings compatible with optic neuritis, bilateral papilledema, and ganglion cell damage (image 2).

Image 1:

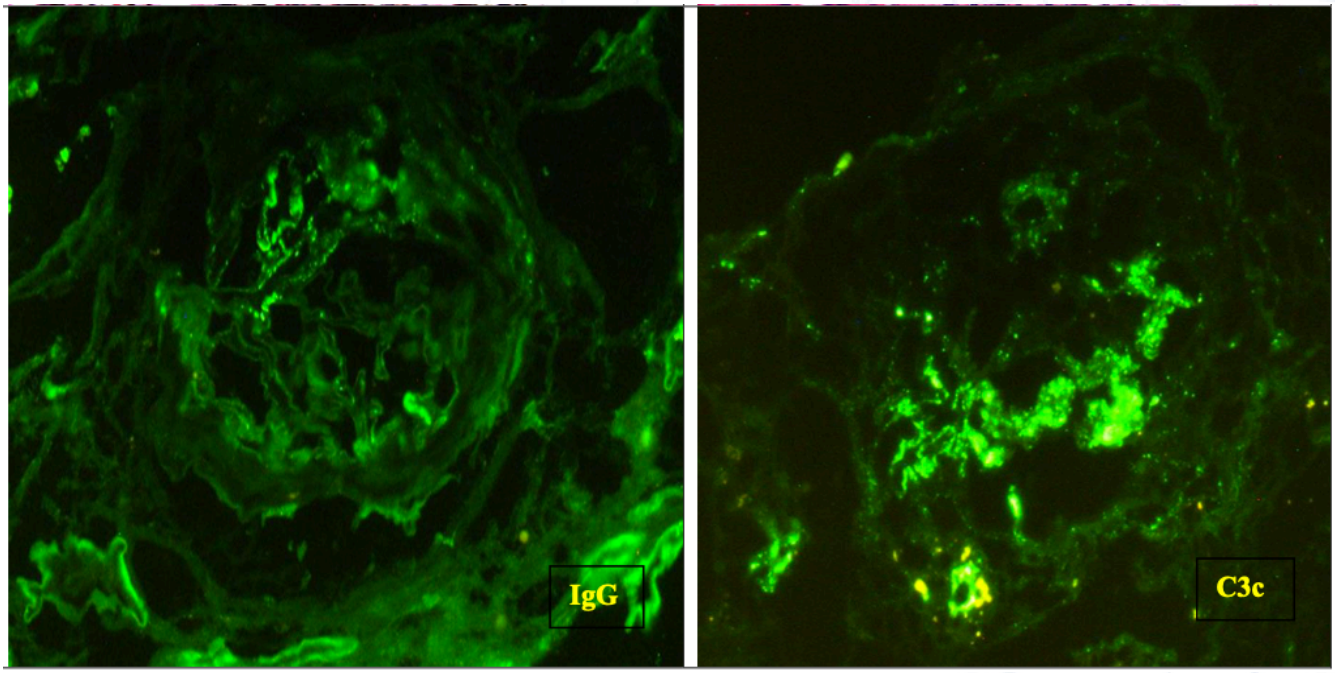
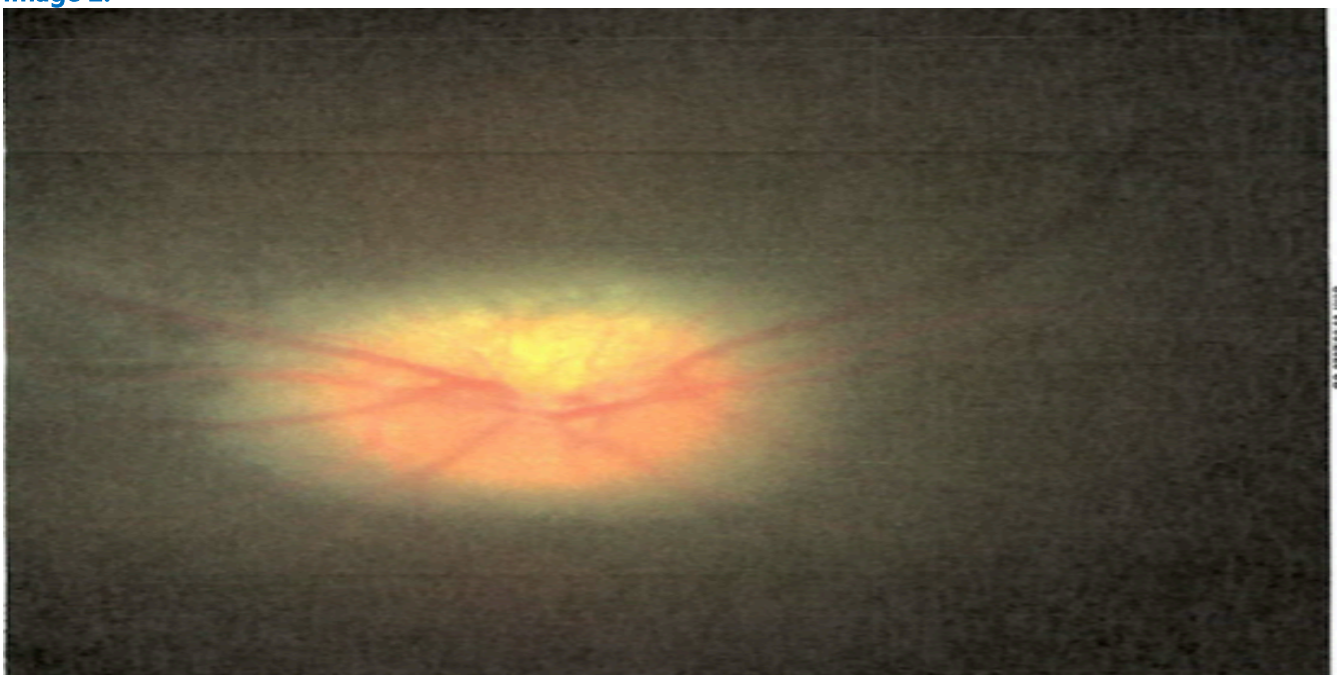


Image 2:



Conclusion: The signs and symptoms present in microscopic polyangiitis can involve any organ in a similar way to what we can see in other systemic vasculitis. This can cause other organs, and specifically the kidneys, to harbor advanced lesions at the time of diagnosis. Although the organs frequently affected are the kidneys and lungs, cutaneous and neurological involvement such as optic neuritis are rare.

Reference 1: Karras A. Microscopic Polyangiitis: New Insights into Pathogenesis, Clinical Features and Therapy. Seminars in Respiratory and Critical Care Medicine [Internet]. 2018 Aug 1 [cited 2020 May 16];39(4):459–64. Available from: https://www.ncbi.nlm.nih.gov/pubmed/30404112

Reference 2: Miyanaga M, Takase H, Ohno-Matsui K. Anti-Neutrophil Cytoplasmic Antibody-Associated Ocular Manifestations in Japan: A Review of 18 Patients. Ocular Immunology and Inflammation. 2020 Feb 20;1–6.

Disclosure of Interest: None Declared

Keywords: ANCA associated vasculitis, optic neuritis, VASCULITIS

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Vasculitis and related diseases

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Beyond Aneurysms: Unraveling Recurrent Thromboembolic Events In Vascular Behçet's

Juan-José Pino-Vélez[*1], Edwin De La Peña-Arrieta[1], Vanessa Lopez-Montoya[1], Carlos-Horacio Muñoz-Vahos[2,3], Carlos-José Atencia[1,4], Lina-Paola Tovar[1,4], Mateo González-González[5], Adriana-Lucia Vanegas-García[2,3]
[1]Internal Medicine, [2]Rheumatology, Universidad de Antioquia, [3]Rheumatology, [4]Internal Medicine, [5]Radiology, Hospital San Vicente Fundación, Medellín, Colombia

Has this paper been previously presented at another conference?: No

Background/Objectives: Behçet's syndrome (BS) is a complex vasculitis with a distinctive vascular involvement. It is a syndrome because it encompasses a spectrum of different clinical phenotypes rather than a single entity. The "vascular phenotype" or "Behçet's angiopathy" identifies patients with thrombophlebitis associated with arterial or bronchial aneurysms. This case report aimed to describe atypical vascular manifestations, including pulmonary artery aneurysms and recurrent thromboembolic events, in the context of Behçet's disease.

Methods: The clinical records of a patient with Behçet's syndrome and vascular involvement were reviewed. Additionally, a systematic literature review on vascular involvement in Behçet's syndrome was conducted using PubMed, MEDLINE, EMBASE, SCOPUS, and LILACS up to July 2023. The literature search was complemented with cited articles, expert recommendations, and book chapters.

Results: A 54-year-old man with a history of saccular abdominal aortic aneurysm, recurrent thromboembolic events, and thrombophlebitis was admitted to the emergency department due to acute resting dyspnea associated with hemoptysis without fever. Acute pulmonary embolism was documented in a segmental branch of left lower lobe associated with aneurysms of the right pulmonary artery in upper and lower lobes displaying vessel wall thickening and one of them with eccentric partial luminal thrombosis surrounded by consolidation suggesting associated alveolar hemorrhage (Image 1). Pulmonary arteriography, embolization, and endovascular repair with coils for the aneurysm in the right lower lobe were performed.

During hospitalization, findings consistent with Behçet's syndrome were discovered, including oral and scrotal ulcers, etc. He received immunosuppressive treatment with IV steroid pulses and IV monthly cyclophosphamide, reducing the size of the pulmonary aneurysm at the 2-month follow-up and without recurrent episodes of thromboembolic events or hemoptysis. The patient was discharged without anticoagulation therapy.

Image 1:

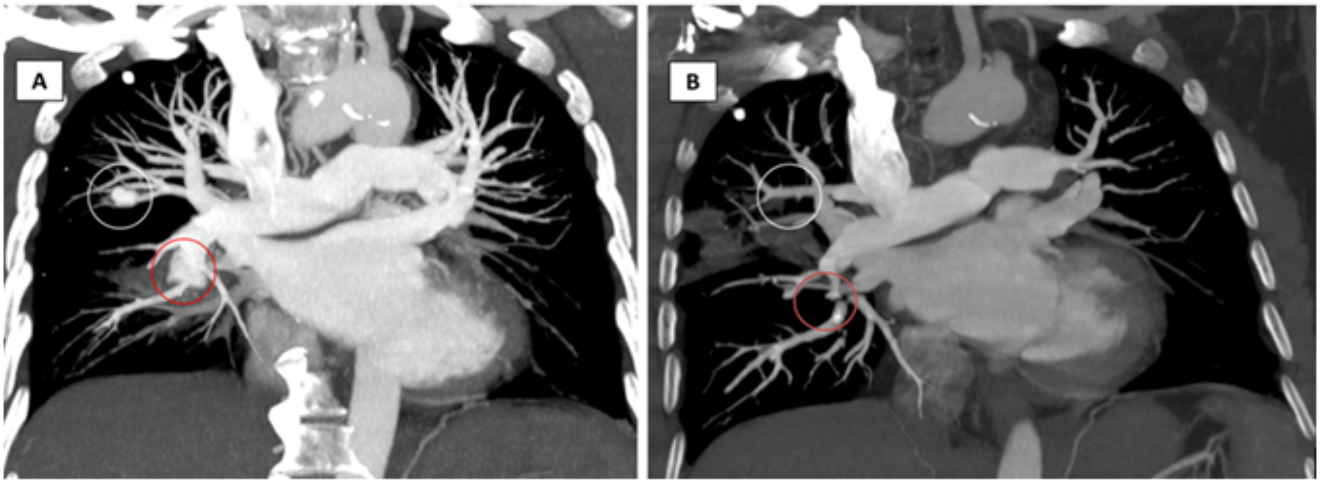

Image 1. Coronal maximum intensity projection (MIP) CT contrast enhanced angiography images of the chest.
A. A 18 mm saccular pulmonary artery aneurysm of the right lower lobe (RLL) surrounded by consolidation suggesting associated alveolar hemorrhage (red circle). And 9 mm right upper lobe (RUL) saccular pulmonary artery aneurysm (white circle).
B. Disappearance of the RUL aneurysm 2 months later in response to systemic therapy with steroids and cyclophosphamide (white circle) and exclusion of the RLL aneurysm due to endovascular occlusion without recanalization (red circle).

Conclusion: This case highlights the importance of considering Behçet's syndrome in patients with atypical vascular manifestations, such as arterial aneurysms, recurrent thrombophlebitis, and thrombosis. A multidisciplinary approach is crucial for the prognosis of these patients.

Disclosure of Interest: None Declared

Keywords: Behcet disease, Pulmonar aneurysm, Vasculitis

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Vasculitis and related diseases

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Comparison Of Treatment With Adalimumab, Infliximab And Certolizumab In Refractory Cystoid Macular Edema Due To Behçet'S Disease

Ricardo Blanco[*1], Nuria Barroso-García[2], José Luis Martín-Varillas[3], Iván Ferraz-Amaro[4], Alfredo Adán[5], Emma Beltrán[6], David Díaz-Valle[7], Marisa Hernández-Grafella[8], Javier Loricera[1], Inés Hernanz-Rodríguez[5], Marisa Hernández-Grafella[8], Lucía Martínez-Costa[9], José M Herreras[10], Olga Maiz-Alonso[11], Ignacio Torre-Salaverri[12], Antonio Atanes-Sandoval[13], Santos Insúa[14], Raquel Almodóvar-González[15], Patricia Moya-Alvarado[16], Manuel Díaz-Llopis[17]
[1]Rheumatology, Hospital Universitario Marqués de Valdecilla, Santander, [2]Rheumatology, Hospital Puerta del Mar, Cádiz, [3]Rheumatology, Hospital de Laredo, Laredo, [4]Rheumatology, Hospital Universitario de Canarias, Tenerife, [5]Ophthalmology, Hospital Clinic de Barcelona, [6]Rheumatology, Hospital del Mar, Barcelona, [7]Ophthalmology, Hospital Clínico San Carlos, Madrid, [8]Ophthalmology, Hospital Universitario General Valencia, [9]Ophthalmology, Universitario Doctor Peset, Valencia, [10]Ophthalmology, Hospital Clínico Universitario de Valladolid, Valladolid, [11]Rheumatology, Hospital Universitario de Donosti, San Sebastián, [12]Rheumatology, Hospital Universitario de Basurto, Bilbao, [13]Rheumatology, Complejo Hospitalario Universitario de A Coruña, La Coruña, [14]Rheumatology, Hospital Universitario de Santiago de Compostela, Santiago de Compostela, [15]Rheumatology, Hospital Universitario Fundación de Alcorcón, Alcorcón, [16]Rheumatology, Hospital de la Santa Creu i Sant Pau, Barcelona, [17]Ophthalmology, Hospital Universitario La Fe, Valencia, Spain

Has this paper been previously presented at another conference?: No

Background/Objectives: Our aim was to compare efficacy and safety of ADA, IFX and CZP in CME refractory due to BD.

Methods: Patients(Pt) with CME secondary to BD refractory to GC and at least 1 immunosuppressant. From baseline up to 2 years of follow-up, the evolution of macular thickness(µm), BCVA, anterior chamber(AC) cells, vitritis and GC-sparing effect was analyzed.

Results: 50pt were evaluated. 25pt received ADA,15 IFX and 10 CZP. Pt in the CZP group had a longer time from diagnosis to drug initiation and had received a greater median number of biological treatments than the ADA and IFX groups. In CZP group, ADA and IFX were used previously in 7 pts. ADA was used in combined therapy in 64%, IFX in 66.7% and CZP in 70% (**TABLE**).

A rapid and maintained improvement in macular thickness was observed after 2 years of follow-up in 3 groups (**FIGURE**). Improvement in BCVA, AC cells, vitritis and a GC-sparing effect was also noted. One case of pyelonephritis was reported in the ADA group.

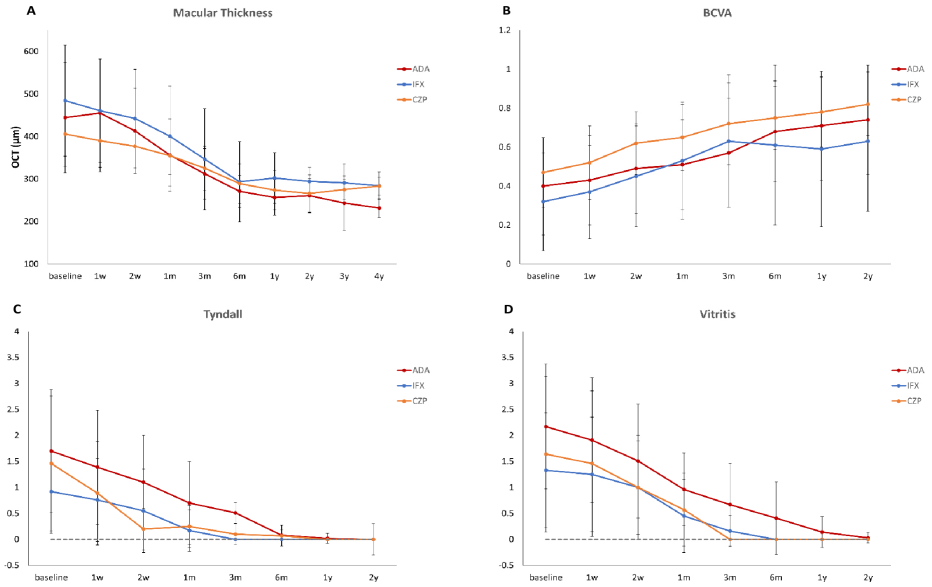
Table 1:

	ADA (n=25)	IFX (n=15)	CZP (n=10)	P
Age,mean(SD)	41(11)	38(9)	36(8)	0.34
men/women	12/13	7/8	3/7	0.61
HLA-B51+,n(%)	19(76)	10(67)	4(40)	0.13

Duration of uveitis	30[12-82]	15[8-60]	75[36-120]	**0.04**
Unilateral,n(%)	10(40)	9(60)	3(30)	0.28
Pattern of uveitis,n(%)				
Ant	0(0)	0(0)	2(20)	–
Int	0(0)	0(0)	1(10)	0.13
Post	5(20)	5(33.3)	3(30)	0.62
Pan	20(80)	10(66.7)	4(40)	0.07
Ocular outcomes at anti-TNF onset				
AC cells	2[1-3]	1[0-1]	1[0-2]	0.15
Vitritis	3[1-3]	1[0-2]	1[0-2]	**0.03**
BCVA	0.41±0.24	0.33±0.22	0.48±0.18	0.17
Macular thickness	431.9±117.6	483.4±126.1	380.7±96.5	0.08
Previous conventional treatment,n(%)				
IV pulses of MTP	13(52)	9(60)	5(50)	0.85
CyA	22(88)	11(73.3)	6(60)	0.17
AZA	14(56)	8(53.3)	4(40)	0.69
MTX	13(52)	8(53.3)	2(20)	0.18
CFM	1(4)	2(13.3)	0(0)	0.33
	0(0)	0(0)	8(80)	-

Previous BT,n(%)				
Combined treatment,n(%)	16(64)	10(66.7)	7(70)	0.94
CyA	10(40)	5(33.3)	1(10)	0.23
AZA	4(16)	3(20)	2(20)	0.34
MTX	2(8)	2(13.3)	4(40)	0.86
Prednisone dose	45[30-60]	30[20-60]	8[6-25]	**0.04**
Follow-up, median [IQR],	24[18-45]	24[3-36]	30[24-60]	
Remission,n(%)	19(76)	9(60)	7(70)	0.12
per 100 pt-year	28.8	30	19.4	0.58
Drug withdrawal,n(%)	8(32)	8(53.4)	2(20)	
per 100 pt-year	12.1	26.7	5.6	0.20
Side-effects,n(%)	1(4)	0(0)	0(0)	
per 100 pt-year	3	0	0	-

Image 1:



Conclusion: ADA, IFX and CZP are effective and safe in refractory CME due to BD.

Disclosure of Interest: None Declared

Keywords: adalimumab, Behçet disease, infliximab

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Vasculitis and related diseases

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Spectrum Of Aortitis And Periaortitis In 135 Patients. Experience From A Single Referral Centre.

Fernando López[1], Javier Loricera[1], Carmen Secada[1], Lucía García-Alcalde[2], María Núñez-Sayar[2], Ander Ucelay-Arist[2], Ricardo Blanco[*1]
[1]Rheumatology, [2]Cardiovascular Surgery, Hospital Universitario Marqués de Valdecilla, Santander, Spain

Has this paper been previously presented at another conference?: Yes

Background/Objectives: Aortitis is the inflammation of aortic wall, idiopathic or associated with infectous/non-infectious diseases. Periaortitis is an inflammation arising from adventicia extending into surrounding space. The aim of this study is to assess causes and main features of patients with aortitis and/or periaortitis

Methods: Observational study of patients with aortitis or periaortitis diagnosed by imaging techniques from a large-vessel vasculitis monographic consultation.

Results: 135 patients included (87 female/ 48 male; mean±SD age; 57.3±7.6 y). Different subtypes were: Giant-cell arteritis (GCA) (n=102), Takayasu arteritis (n=6), other immune mediated diseases (IMIDs) (n=13), IgG4-related disease (IgG4-RD) (n=6), infectious (n=3), retroperitoneal idiopathic fibrosis (n=2), malignancy (n=1), drugs (n=1), isolated aortitis (n=1). Main features of patients with non-infectious aortitis/periaortitis summarized in **Table**. Underlying diseases in the group of aortitis related to IMIDs were: Sjögren syndrome (n=2), sarcoidosis (n=2), RA (n=2), SpA (n=2), IBD (n=1), CBP (n=1), lung fibrosis (n=1), recurrent pericarditis (n=1), and polyarteritis nodosa (n=1). Ascending thoracic aorta was the most frequently involved segment **(Figure)**.

Table 1:

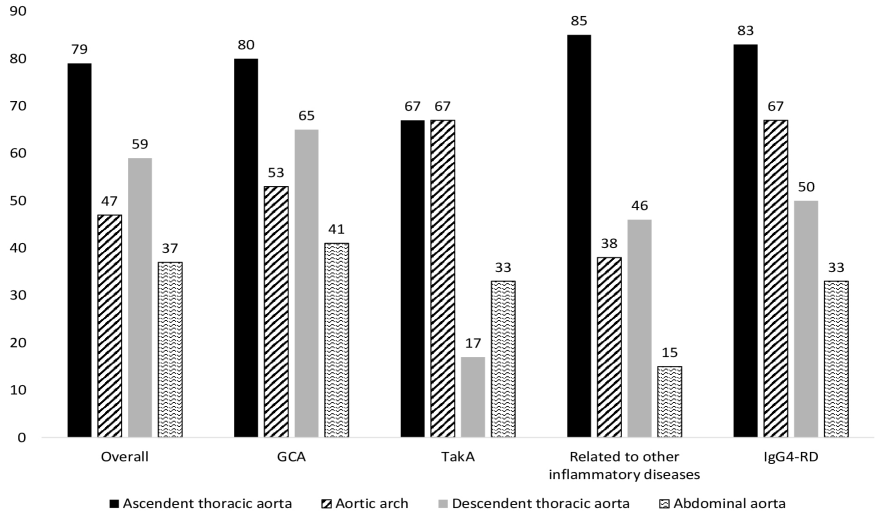
FEATURES	OVERALL (n=132)	GCA (n=102)	TA (n=6)	IMIDs (n=13)	IgG4- RD (n=6)	Idiopathic retroperitoneal fibrosis	Malignancy (n=1)	Drugs (n=1)	Isolated aortitis (n=1)
General features									
Age (years), mean±SD	56.0±8. 2	67.9±9. 9	41.8±14 .1	57.6±20.1	55.3±11	63.5±3.5	62	48	46

Female/Male (% female)	87/45 (66)	65/37 (64)	6/0 (100)	10/3 (77)	3/3 (50)	2/0 (100)	0/1 (0)	1/0 (100)	0/1 (0)
Systemic manifestations									
General symptoms	73 (55)	53 (52)	4 (67)	8 (61)	4 (67)	1 (50)	1 (100)	1 (100)	1 (100)
PmR, n (%)	70 (53)	63 (63)	0 (0)	3 (23)	3 (50)	0 (0)	1 (100)	0 (0)	0 (0)
Fever, n (%)	23 (17)	18 (18)	1 (17)	4 (8)	0 (0)	0 (0)	0 (0)	0 (0)	0 (0)
Other manifestations									
Limb claudication, n (%)	35 (26)	26 (25)	4 (67)	3 (23)	1 (17)	0 (0)	1 (100)	0 (0)	0 (0)
Abdominal pain, n (%)	8 (6)	3 (3)	1 (17)	2 (15)	1 (17)	1 (50)	0 (0)	0 (0)	0 (0)

Inflammatory back pain, n (%)	34 (26)	29 (28)	0 (0)	2 (15)	3 (50)	0 (0)	0 (0)	0 (0)	0 (0)
Laboratory									
CRP (mg/dL), median [IQR]	0.5 [0.4-4]	0.6 [0.4-3.2]	0.4 [0.2-2.0]	0.4 [0.3-3.6]	4 [0.1-4.3]	0.4	1.1	0.5	0.5
ESR (mm/1h), median [IQR]	43.5 [6-50]	26.5 [7-54]	16.5 [3.5-32]	36 [6-47]	9 [7.5-59]		50	29	12.5 [10-15]

Image 1:

Figure. Segments of the aorta affected. All data are in %.



Conclusion: Aortitis can be isolated or secondary to infectious and more frequently to non-infectious processes. GCA is the most frequent cause. Thoracic aorta, specially ascending, seems to be the most frequently involved segment.

Disclosure of Interest: None Declared

Keywords: VASCULITIS

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PANLAR 2024

Vasculitis and related diseases

PANLAR2024-1324

Peripheral Neuropathy And Eosinophilic Granulomatosis With Polyangiitis: Case Series

Andrés Lamos*[1], María Paula Carrillo[1], Catalina Sanmiguel[1], Esteban Bedoya[1], Ruddy Montoya - Rumpf[1], Santiago Rivadeneira[1], Ana María Arredondo[1], Héctor Cubides[1], Adriana Rojas - Villarraga[2], Alejandro Escobar[1], Diana Guavita - Navarro[1], Laura Gallego - Cardona[1], José Alexander Yate[1], Jhon Buitrago - Bohórquez[1], Diana Guevara[1], Jairo Cajamarca - Barón[1]
[1]Rheumatology, [2]Research Institute, Fundación Universitaria de ciencias de la salud-FUCS, Hospital San José, Bogotá, Colombia

Has this paper been previously presented at another conference?: No

Background/Objectives: Eosinophilic granulomatosis with polyangiitis (EGPA) is commonly associated with peripheral neuropathy, is usually severe, and requires aggressive immunosuppressive therapy. 3 cases with EGPA and peripheral neuropathy are described.

Methods: Case series between October 2022 and May 2023 in a hospital in Bogota, Colombia.

Results: 3 cases of EGPA (see table 1), with an average age of 55 years, with hypereosinophilia and subacute distal weakness predominantly in the lower limbs, with axonal neuropathy documented by electrodiagnosis and biopsy. All received glucocorticoids in high doses. 1 patient received intravenous immunoglobulin, 2 patients received induction with cyclophosphamide, and 1 patient received rituximab, with clinical improvement. One patient died from sepsis.

Table 1: Table 1. Patient characteristics

Patient	Immune profile	Biochemistry	Clinical	Diagnostic	Treatment and response
Male 33 years	pANCA 1:640 MPO 109 UI/L ANA 1:160 (AC 4 y 16)RF 606 UI/L	RAE: 2910 cell/mm^3 ESP: eosinophils 22%. CRP: 23 mg/dl ESR: 50 mm/h IgE 869 mg/dL	Multiple neuropathy Palpable purpura	Sural nerve biopsy: axonal vasculitic neuropathy Skin biopsy: nodular granulomatous palisaded nodular dermatitis	Methylprednisolone pulses IVIG Cyclophosphamide IV CYCLOPS regimen Improvement

Female 58 years	pANCA 1:320 MPO 105 UI/L ANA 1:80 (AC-4, AC-19)	RAE: 1700 cells/mm^3 ESP: 17% eosinophils. CRP: 90 mg/dl ESR 62 mm/h	Multiple neuropathy Palpable purpura Allergic rhinitis	Skin biopsy: leukocytoclastic vasculitis Electrodiagnosis: Asymmetric axonal sensory motor polyneuropathy	Rituximab Improvement
Male 59 years	pANCA 1:160	RAE: 20840 cells/mm^3 ESP: 63% eosinophils. CRP: 59.55 mg/dL IgE 112 IU/mL Galactomannan in BAL positive.	Multiple neuropathy Pansinusitis Allergic rhinitis Diffuse alveolar hemorrhage	Electrodiagnosis: Asymmetric axonal motor and sensory neuropathy	Prednisolone high doses Voriconazole IV Death due to intestinal obstruction.

(-) negative; N: normal; ESP: peripheral blood smear; RAE: absolute eosinophil count; CRP: C-reactive protein, < 1 mg/dl; RF: rheumatoid factor, < 15 IU/L; MPO: myeloperoxidase, < 5 IU/L; ANA: antinuclear antibodies; ESR: erythrocyte sedimentation rate, < 20 mm/h; IgE: immunoglobulin E, < 100 mg/dl; BAL: bronchoalveolar lavage; pANCA: perinuclear anti-neutrophil cytoplasmic antibody.

Conclusion: Asymmetric axonal peripheral neuropathy associated with eosinophilia and asthma should make us think about EGPA. Early treatment is necessary to achieve remission of the disease.

Disclosure of Interest: None Declared

Keywords: Eosinophilic granulomatosis with polyangiitis, mononeuropathies, neurological manifestations

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GLOBAL RHEUMATOLOGY
BY PANLAR

PANLAR 2024

Vasculitis and related diseases

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Systemic Vasculitis Simulators, A Challenge In Clinical Practice.

Mauricio Jimenez[*1], Belen Virasoro[1], ALEJANDRA ROLLANO[1], ANDREA GOMEZ[2], Damian Duartes Noe[1]
[1]CABA, Hospital Britanico, BUENOS AIRES, [2]CABA, Hospital Britanico, CABA, Argentina

Has this paper been previously presented at another conference?: Yes

Background/Objectives: Clinical cases are presented with suspicion of systemic vasculitis that were defined as simulating pathologies.

Methods: **Case 1:** 59-year-old woman who, 3 weeks after surgery for Morton's Neuroma, presented subacute ischemia of the ipsilateral foot, without response to antiplatelet agents. Proposed differential diagnoses: Takayasu and Thromboangiitis obliterans. Negative autoimmune laboratory, lower limb angiography: rosary image, suggestive of chronic inflammatory process compatible with multifocal fibrodysplasia (Image 1). **Case 2:** A 35-year-old woman presented with self-limited tremor, spastic paraparesis, blurred vision, headache, tenesmus, and bladder and rectal incontinence. Laboratory with positive FAN, negative AntiDNA, lymphopenia, CSF with hyperproteinorrachia without atypia, oligoclonal IgG bands. Brain MRI with CTE: diffuse meningeal enhancement, punctate areas in subcortical and deep white matter in the pons, medulla, and spinal cord. Images suggestive of Clippers syndrome, paraneoplastic cause and immune-mediated pachymeningitis were ruled out; she received methylprednisolone with a good response (Image 2). **Case 3:** A 29-year-old woman who, in the immediate postpartum period, presented with a right frontotemporal hemorrhagic stroke and intracranial hypertension that required decompressive craniectomy. Hematological and immune-mediated causes were ruled out. Magnetic resonance angiography: irregularities in the flow of the bilateral middle cerebral artery in the M1 segment, reduction in its caliber and that of the basilar artery, suggestive of vasomotor phenomena/vasospasm. Digital angiography: segmental spasm of the basilar, posterior cerebral, superior cerebellar and internal carotid arteries. Dx Postpartum cerebral vasoconstriction syndrome.

Results: The previous presentation showed examples of pathologies that simulate vasculitis.

Image 1:

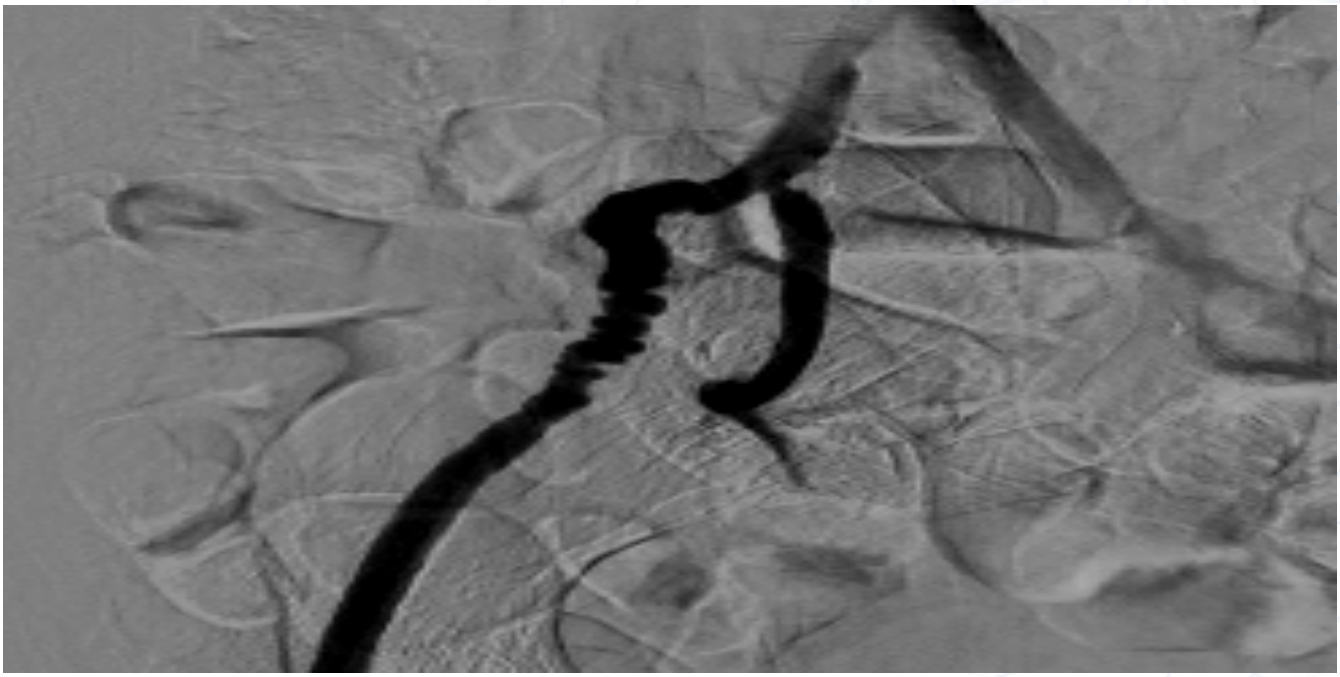
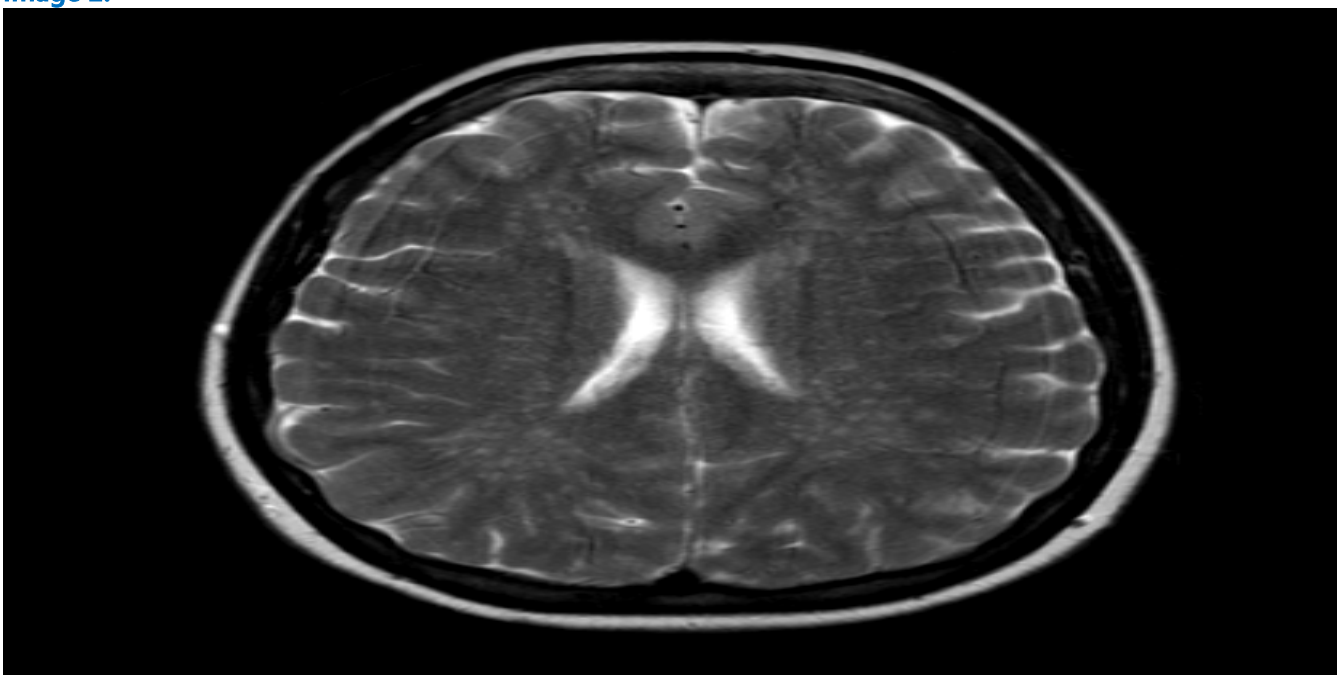


Image 2:



Conclusion: Systemic vasculitis represents a challenge due to the heterogeneity in its clinical presentations, as well as the multiple simulating pathologies which must be taken into account at the time of diagnosis and treatment.

Reference 1: 1 - Miloslavsky E, Stone J, et al. Imitadores desafiantes de vasculitis sistémica primaria. Rheuma Dis Clin N Am 41 (2015);141-160

Reference 2: 2 - Pittock S, Debruyne J, et al. Inflamación linfocítica crónica con realce perivascular pontino que responde a esteroides (CLIPPERS). Cerebro (2010)133; 2626-2634.

Disclosure of Interest: None Declared

Keywords: simuladores de vasculitis, sindrome de clippers, vasculitis primaria del sistema nervioso

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PANLAR 2024

Vasculitis and related diseases

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Associated Factors With Health-Related Quality Of Life In A Latin American Vasculitis Cohort

Victor R. Pimentel-Quiroz[*1], Allison M. Figueroa-Sánchez[1], Leonor S. León-Yaurimucha[1], Rocío V. Gamboa-Cárdenas[1], Zoila Rodríguez-Bellido[2], Risto Perich-Campos[2], Graciela S. Alarcón[3], Manuel F. Ugarte-Gil[1]
[1]Universidad Científica del Sur, [2]Universidad Nacional Mayor de San Marcos, Lima, Peru, [3]Medicine, Heersink School of Medicine, The University of Alabama at Birmingham, Alabama, United States

Has this paper been previously presented at another conference?: No

Background/Objectives: Mortality in ANCA-associated vasculitis (AAV) has improved with the new therapy strategies which might impact in the health-related quality of life (HRQoL). However, there are lack studies focusing on factors associated to HRQoL. The aim of this work is to describe associated factors of HRQoL in a Latin American (Peru) AAV cohort.

Methods: We included patients from the Almenara Vasculitis cohort who had at least one visit between December 2022 and November 2023. Sociodemographic features, disease duration, type of diagnosis, treatment, disease activity measured by the Birmingham Vasculitis Activity Score version 3 (BVASv3) score, damage measured by the Vasculitis damage index (VDI) score, as well as HRQoL measured by the AAV-PRO (Spanish version) and the Short Form 36 (SF-36). The AAV-PRO questionnaire includes six domains [organ-specific symptoms (OSS), systemic symptoms (SS), treatment side effects (TSE), social and emotional impact (SEI), concerns about the future (CF), physical function (PF)] with twenty-nine items, with a score ranging from 0 to 100: the higher the value, the worse the HRQoL. Active/relapsing disease was defined by BVASv3 ≥ 1. Association between HRQoL and numeric variables was evaluated using Spearman's correlation, and association between HRQoL and categoric variables was evaluated using Mann-Withney u or Kruskal-Wallis tests.

Results: Forty-eight patients were enrolled; 36 (75.0%) of them were female. Their age and disease duration were 57.4 (13.5) and 5.1 (5.0) years, respectively. Microscopic polyangiitis was the more frequent AAV [30 (62.5%)]. The BVASv3 and VDI scores were 4.7 (7.9) and 2.5 (1.7), respectively; patients with active/relapsing disease were 22 (45.8%). Associated factors with HRQoL in AAV Peruvian patients are depicted in Table 1. In brief, as to the AAV-PRO, have completed high school was associated to better OSS, TSE y PF, whereas non-use of immunosuppressive drugs was associated to better PF. As to SF-36, male gender was associated to better physical and mental component summaries whereas high socioeconomic level was associated to better general health. When we take prednisone as a continue variable, prednisone dose was not associated to HRQoL.

Conclusion: Have completed high school, non-use of immunosuppressive drugs, male gender and high socioeconomic level were associated to better HRQoL in a Latin American (Peru) AAV cohort.

Disclosure of Interest: None Declared

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Keywords: health related-quality of life, patient-reported outcomes, VASCULITIS

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GLOBAL RHEUMATOLOGY
BY PANLAR

PANLAR 2024

Vasculitis and related diseases

PANLAR2024-1375

Storiform Fibrosis Is Not Always An Igg4-Related Disease.

Juan-José Pino-Vélez[*1], Alberto Alzate-Gutiérrez[1], Vanessa Lopez-Montoya[1], Edwin De La Peña[1], José-Alejandro Galeano-Toro[1], Carlos-Horacio Muñoz-Vahos[2,3], Jose-Albeiro Ramirez-Arce[4], Joaquín Rodelo[5,6], Julián-David Sanchez-Bautista[7], Lina-Maria Gaviria-Jaramillo[7,8], Mauricio Alzate-Arias[8], Adriana-Lucía Vanegas-García[2,3], Alejandra Taborda[9], Ligia-Lorena Calderón[5,6]
[1]Internal Medicine, [2]Rheumatology, Universidad de Antioquia, [3]Rheumatology, [4]Internal Medicine, Hospital San Vicente Fundación, [5]Nephrology, Universidad de Antioquia, [6]Nephrology, Hospital San Vicente Fundación, [7]Hematology, Universidad de Antioquia, [8]Hematology, [9]Pathology, Hospital San Vicente Fundación, Medellin, Colombia

Has this paper been previously presented at another conference?: No

Background/Objectives: The differential diagnosis between IgG4 related disease (IgG4-RD) and Erdheim-Chester disease (ECD) is challenging due to their clinical and histopathologic overlap and diagnostic complexity. This report describes the features that led to these diseases differentiation in a patient after a long-standing illness.

Methods: Case report and literature review of the clinical features, vascular involvement pattern, and histopathologic findings of IgG4-RD and ECD in PubMed, EMBASE, and MEDLINE (English and Spanish-published human studies). Reviewing the cited articles and the Research Rabbit AI strategy complemented the search.

Results: A 31-year-old man with childhood-onset diabetes insipidus was admitted in 2020 with paraparesis allegedly due to a spontaneous epidural hematoma; additionally, a circumferential thickening in the origin of the superior mesenteric artery and an extensive bilateral renal infiltration into the perirenal and perinephric spaces was found. Three years later, he complained of fever and weight loss and underwent an abdominal MRI revealing pancreatic infiltrative changes, a right hip osteosclerotic lesion, and homogeneous bilateral renal infiltration. A bone scan detected infiltrative involvement in periorbital regions, right ribs, diaphysis of both femurs and distal epiphyseal regions of both tibias. A renal biopsy revealed a storiform fibrosis pattern, lymphoplasmacytic infiltration, and non-Langerhans foamy macrophages extending into perirenal tissue with an IgG/IgG4 ratio of 25% (see Image 1). A PET-CT FDG revealed thoracic aortitis involving supra-aortic trunks, arteriosus ligament, right common and external iliac arteries, renal infiltration, hypermetabolic lesions with osteosclerotic changes, and signs of longitudinally extensive myelitis between at C6 to T4 (see Image 2) identified as a fibrous intradural extramedullary soft tissue lesion by an MRI. The pancreatic compromise, the elevated IgG4 and IgE levels, and the storiform fibrosis pattern raised IgG4-RD suspicion. However, the constitutional symptoms, the vascular distribution, the osteosclerotic lesions, the normal complement levels, and the histiocytes found on renal tissue supported the likelihood of ECD, which, if confirmed with the genetic analysis, will be treated with anti-BRAF targeted therapy.

Image 1:

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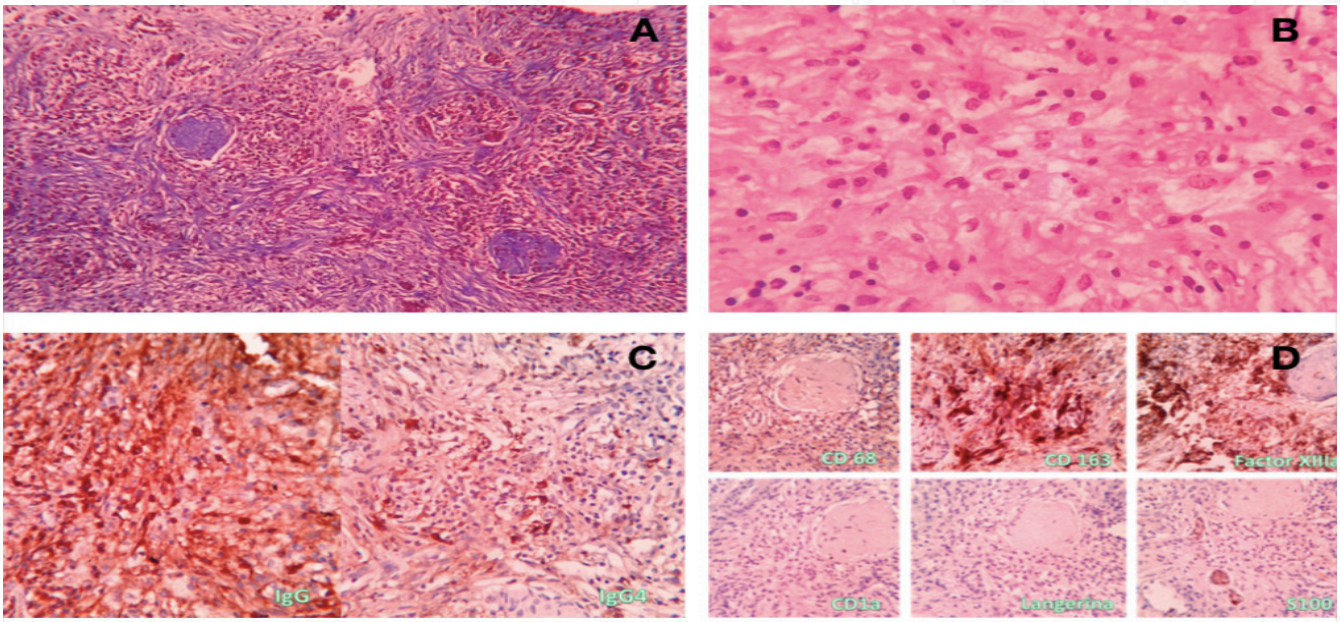
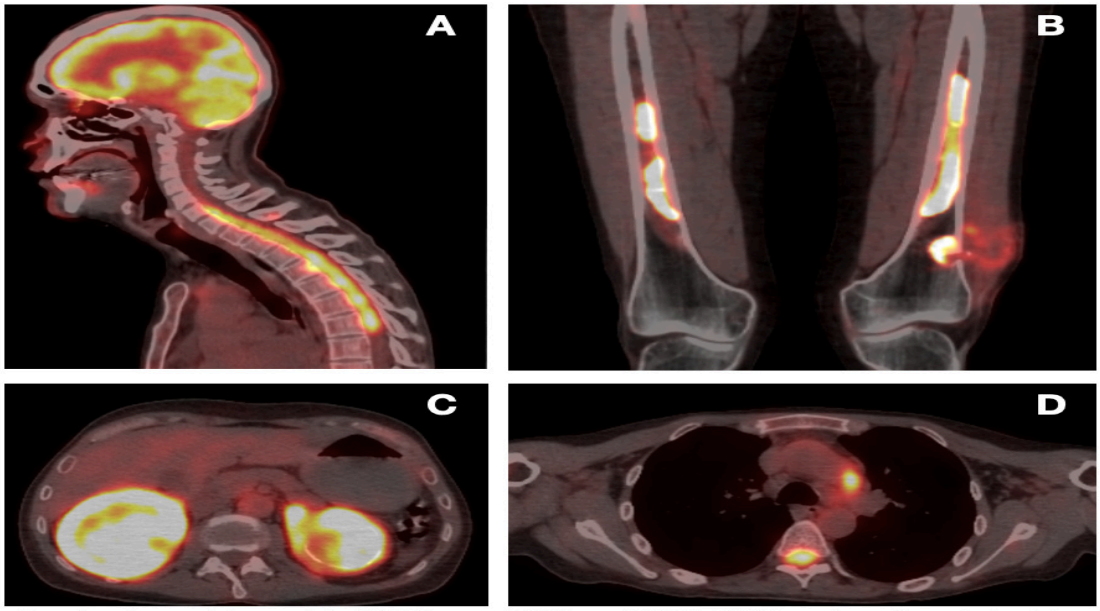


A. Storiform fibrosis pattern, tubulointerstitial involvement, H&E 10X. B. Foamy histiocytes, H&E, 100 X. C. IgG:IgG4 ratio 25%, 40X. D. Immunohistochemistry consistent with non-Langerhans histiocytes, 10X.

Image 2:



A. Longitudinally extensive medullary uptake C6-T7, overall SUVmax 8.98. B. Patchy and erosive spinal uptake with SUVmax 18. C. Bilateral renal uptake with SUVmax 20, showing a "ring of fire" sign. D. Spinal and aortic arch uptake, SUVmax 11.

Conclusion: Differentiating between IgG4-RD and ECD is relevant because treatment and prognosis change according to the diagnosis, which always requires a multidisciplinary approach due to its complexity.

Disclosure of Interest: None Declared

Keywords: Erdheim Chester disease (ECD), IgG4-related disease (IgG4-RD), storiform fibrosis.

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PANLAR 2024

Vasculitis and related diseases

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Late Polyarteritis Nodosa Relapse

Valentina Vega[*1], Camilo Vera[1], Juan Bello[1]
[1]bogota, hospital militar central, bogota, Colombia

Has this paper been previously presented at another conference?: No

Background/Objectives: Polyarteritis nodosa is a necrotizing systemic vasculitis involving medium and small vessels, with a prevalence in Colombia of 0.3 to 8 per million, with 20% present relapses at six years. We report a case of late relapse diagnosed and treated in an IV complexity-level hospital.

Methods: .

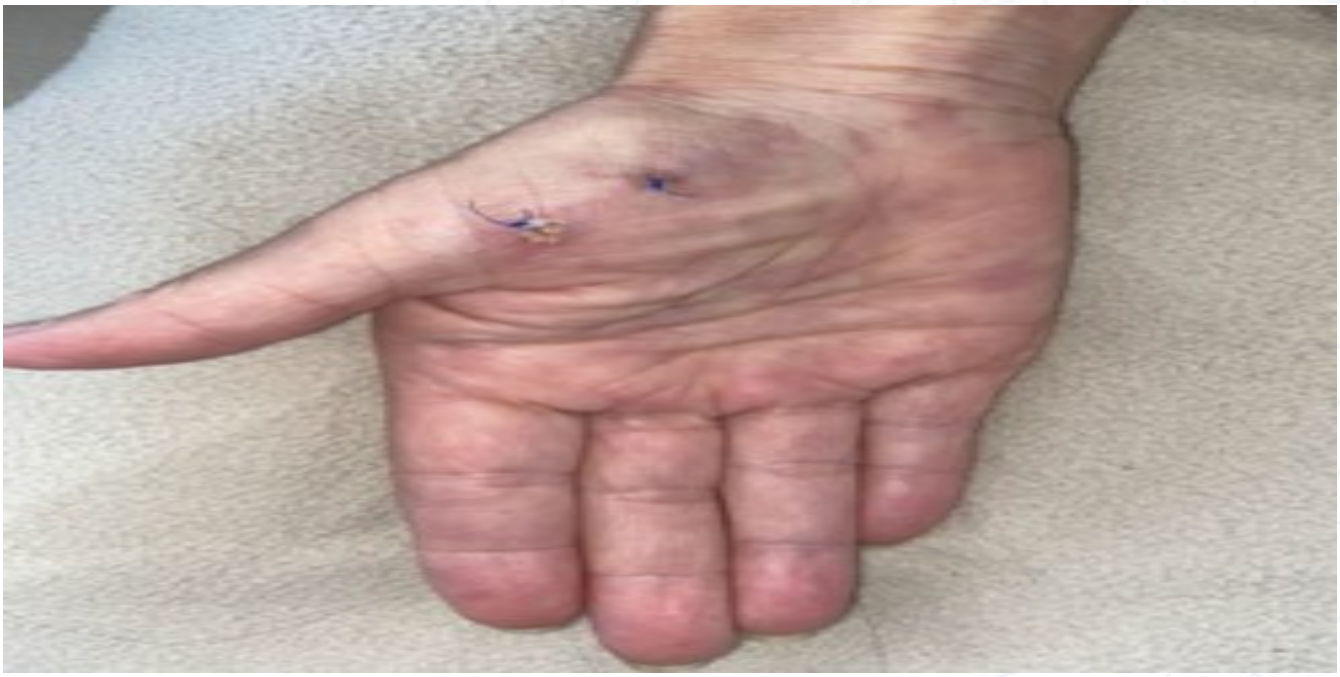
Results: A 67-year-old female with a history of polyarteritis nodosa in 2005 presented with polyneuropathy, fever, arterial hypertension, and skin lesions. The patient was treated with prednisolone for one year and azathioprine 50 mg every 12 hours, discontinued five years ago due to remission of the disease.

She presented with acute fever, polyarticular pain, paresthesia in hands and feet, and the appearance of purpuric lesions in lower limbs and hands. Suspicion of relapse of the disease led to request studies showing elevated CRP and ESR, leukocytosis, and thrombocytosis.

A biopsy of skin lesions was performed, showing leukocytoclastic vasculitis, neuro conduction studies with axonal sensory-motor polyneuropathy, association with hepatitis virus was ruled out, autoimmunity profile with positive AntiRO, positive ANAS 1/320 nucleolar pattern and positive rheumatoid factor.

The patient was immediately started on hydroxychloroquine 200 mg per day. However, during her hospital length presented fever, and once infectious etiologies were ruled out, prednisolone 30 mg per day and azathioprine 50 mg every 12 hours were started, with improvement of symptoms.

Image 1:



Conclusion: Polyarteritis nodosa is a disease of low prevalence in our country, so it is a diagnostic challenge, the relapse rate in patients without association with hepatitis is low and is described in the first years, so a relapse 18 years after its initial presentation is atypical.

Disclosure of Interest: None Declared

Keywords: polyarteritis nodosa, relapse, vasculitis

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PANLAR 2024

Vasculitis and related diseases

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Pauci-Immune Crescentic Glomerulonephritis Associated With Positive Perinuclear Anti-Neutrophil Cytoplasmatic Antibodies And With Anti Double Stranded Deoxyribonucleic Acid: A Case Report

Cassiane Martina Ambrosi Reiter[*1], Adriano Reinaldo Timm[2], Thelma Larocca Skare[1], Luiza Silva de Castro[1]
[1]Faculdade Evangélica Mackenzie do Paraná, [2]Hospital Universitário Evangélico Mackenzie, Curitiba, Brazil

Has this paper been previously presented at another conference?: No

Background/Objectives: Pauci-Immune glomerulonephritis is a necrotic glomerulonephritis associated with little or no glomerular immunoglobulin deposition and is one the most frequent cause of rapidly progressive glomerulonephritis. The aim of this description was to report the case of a patient with pauci-Immune glomerulonephritis with positive perinuclear anti-neutrophil cytoplasmic antibodies (p-ANCA) and with anti-double stranded deoxyribonucleic acid (dsDNA) antibodies also positive. The sensitivity and specificity of dsDNA for SLE (Systemic Lupus Erythematosus) is 60% and 40-80% respectively; about 20% of SLE patients are ANCA positive creating difficulties in the differential diagnosis.

Methods: Case report

Results: 37-year-old Caucasian female with a history of arthralgia for the last three years, was admitted with diffuse abdominal pain and productive cough, in the context of acute kidney injury. During hospitalization, she presented cutaneous vasculitis. The kidney biopsy showed focal glomerulonephritis with crescent formation, in sclerosing phase and probably pauci-immune (type 3). The laboratory data revealed lymphopenia, p-ANCA > 1/80, anti-dsDNA positive titer of 1:40, ANA 1:640 and high decrease in the complement C4 with normal levels of C3. Computerized tomography (CT) scan of the chest showed diffuse bilateral ground glass opacities in the lungs, associated with multiple nodular images with soft tissue density up to 5mm and lymph nodes up to 12mm. Upon admission, the patient reported dyspnea in association with decrease in oxygen saturation requiring orotracheal intubation. There was also an important decrease in hemoglobin which reached a nadir of 5.8mg/dl. The patient was treated with hemodialysis, cyclophosphamide and pulse glucocorticoid followed by a high-dose oral corticosteroids, showing improvement in the condition.

Conclusion: This case is report to illustrated the difficulties in the differential diagnoses between antineutrophil cytoplasmic antibody (ANCA)-associated vasculitis (AAV) and Systemic Lupus Erythematosus.

Disclosure of Interest: None Declared

Keywords: ANCA associated vasculitis, Glomerulonephritis, Lupus Erythematosus Systemic

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PANLAR 2024

Vasculitis and related diseases

PANLAR2024-1467

Cocaine-Levamisole-Induced Vasculitis: An Emerging Clinical Entity

Francisco J Villadiego-Angarita[1], Carlo V Caballero-Uribe[1], Paris Vergara[1], Marcela Cuellar[1], Mayra Polo[*1], David Saavedra[1]
[1]Atlántico, Hospital Universidad del Norte, Barranquilla, Colombia

Has this paper been previously presented at another conference?: No

Background/Objectives: Levamisole is a drug with uses as a chemotherapeutic agent, immunomodulator, and antihelminthic. However, in Colombia, it is commonly used as an adulterant in cocaine, amplifying its sympathomimetic effects and increasing the likelihood of developing vasculitis and cutaneous necrosis. This article describes a case of suspected levamisole-induced vasculitis, an emerging entity in clinical practice.

Methods: We present the case of a 26-year-old woman, a homeless resident of Barranquilla, Colombia, who presented with palpable and pruritic violaceous skin lesions on her extremities, chest, and auricular pavilions, with retiform upper limbs on both auricular pavilions. The suspicion of levamisole-induced cocaine vasculitis was established through history taking, skin biopsy, and related laboratory tests.

Results: Levamisole-induced cocaine vasculitis is a diagnosis of exclusion. There is no standard diagnostic or therapeutic algorithm, and the diagnosis should be considered in patients with a history of cocaine use and violaceous skin lesions. The comprehensive management of the disease should include treatment with glucocorticoids and enrollment in a rehabilitation program to stop cocaine use, in order to prevent new episodes of levamisole-induced cocaine vasculitis.

Image 1:

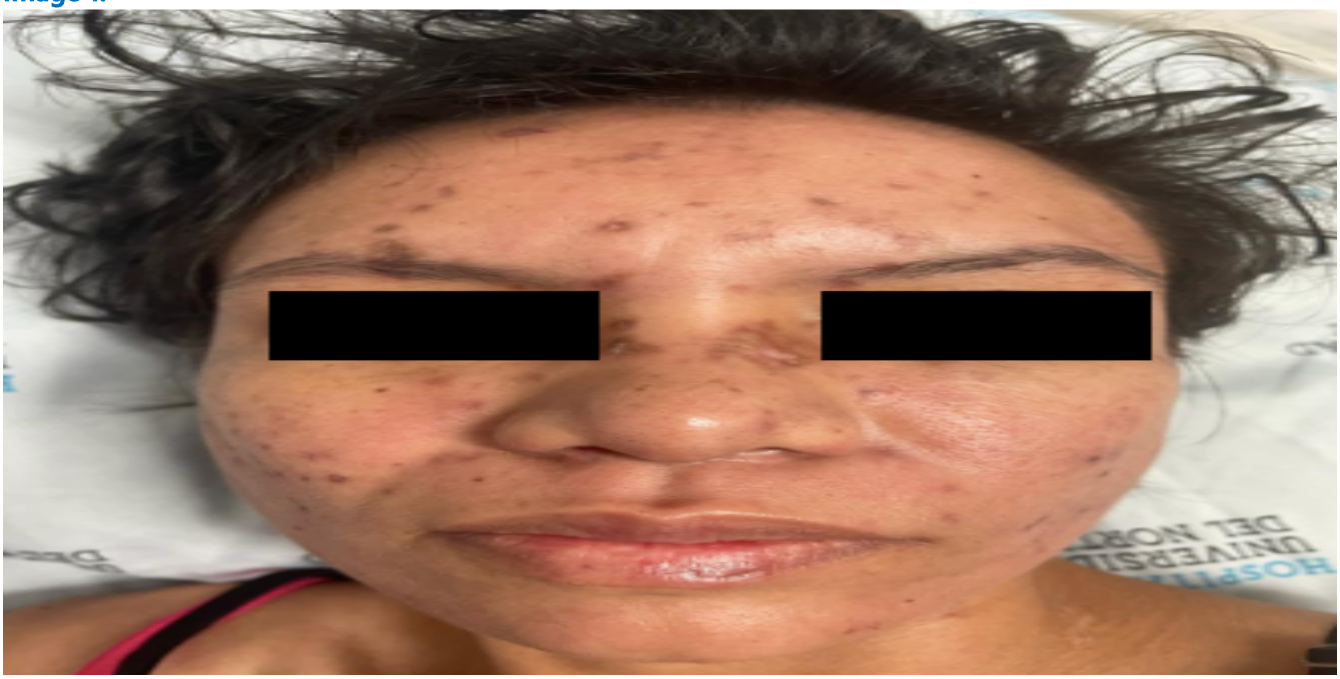
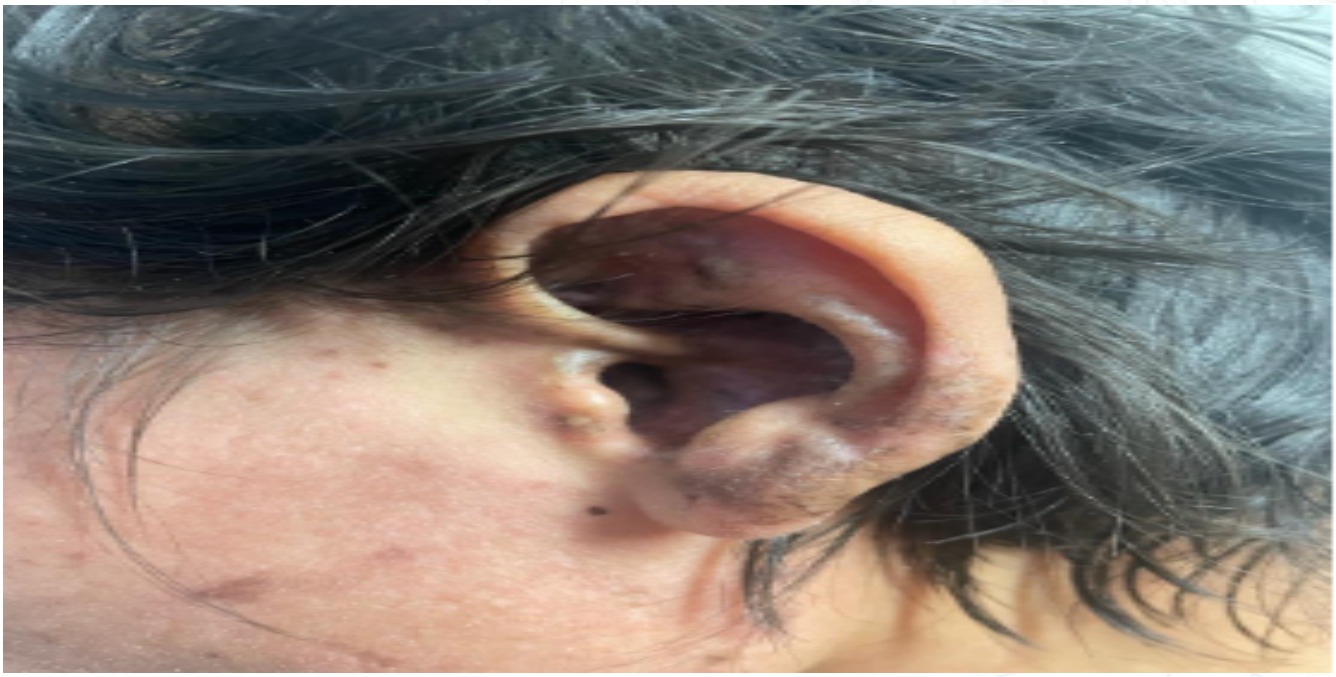


Image 2:



Conclusion: Cocaine-levamisole-induced vasculitis is a diagnosis of exclusion. There is no standardized diagnostic or therapeutic algorithm, and its diagnosis should be considered in patients with a history of cocaine use, violet skin lesions, and histopathological findings of leukocytoclastic vasculitis of small vessels. In management, the primary therapeutic action is the cessation of cocaine use. Therefore, a comprehensive approach to the disease should include treatment with glucocorticoids and enrollment in a rehabilitation program to stop cocaine consumption, aiming to prevent further episodes of cocaine-levamisole-induced vasculitis.

Reference 1: Macfarlane, D. G., & Bacon, P. A. (1978). Levamisole-induced vasculitis due to circulating immune complexes. *British medical journal*, *1*(6110), 407–408. https://doi.org/10.1136/bmj.1.6110.407

Reference 2: Arora, N. P., Jain, T., Bhanot, R., & Natesan, S. K. (2012). Levamisole-induced leukocytoclastic vasculitis and neutropenia in a patient with cocaine use: an extensive case with necrosis of skin, soft tissue, and cartilage. *Addiction science & clinical practice*, *7*(1), 19. https://doi.org/10.1186/1940-0640-7-19

Disclosure of Interest: None Declared

Keywords: ANCA associated vasculitis, cocaine, levamisole

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PANLAR 2024

Vasculitis and related diseases

PANLAR2024-1204

Implementation Of The Black Blood Mri Protocol In Resource-Limited Settings For Igg4-Related Aortitis Diagnosis

Alexandra Molina Diaz[*1], Esthela Loyo[1], Glenny Paulino Acevedo[1], Greysi Diaz[1], Catherine Rodriguez Tejada[1], Marianny Castillo[1], Melissa Rodriguez Urena[1], Luis Sarita[2], Daniel Jimenez Gutierrez[1], Laura Tolentino[1], Rosario Tavares Duarte[1], Carmen Maria Tineo Rodriguez[1]
[1]Reumatologia, [2]Geriatrics, Hospital Regional Universitario Jose Maria Cabral y Baez, Santiago, Dominican Republic

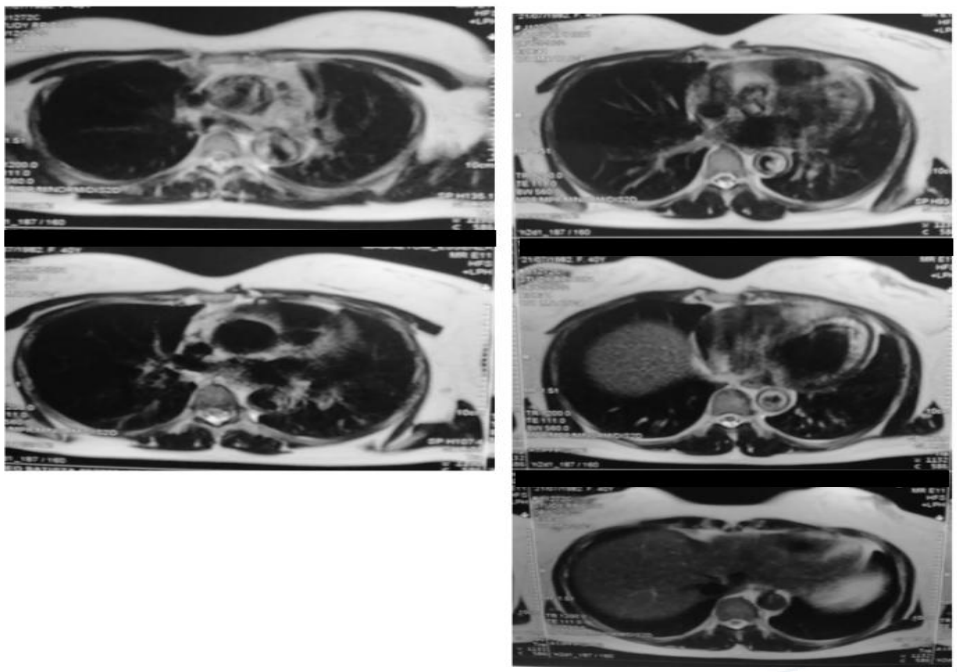
Has this paper been previously presented at another conference?: No

Background/Objectives: Approximately 8% of patients with IgG4-related disease (IgG4-RD) will have IgG4-related periaortitis or aortitis. This is a challenging statistic to comprehend, given the difficulty in estimating the incidence of IgG4-RD. Recognition in the clinical setting is still evolving, and only a few countries have epidemiological data. Additional diagnostic challenges are present in low-income settings as the availability of imaging techniques may be too costly or entirely unavailable, and biopsy specimens cannot always be obtained.

Methods: The current case involves a 39-year-old Dominican female with no previous medical history. She presented with fatigue, significant weight loss, and lumbar pain, followed by thoracic pain and fever. The physical examination did not yield pertinent findings, while relevant laboratory work revealed an elevated erythrocyte sedimentation rate and significant anemia. Upon referral to the rheumatology clinic, subsequent studies revealed elevated IgG levels with significantly altered IgG4 values, and IgG4-RD was suspected without identification of specific affected organs. Due to unrelenting thoracic pain, an MRI with a black blood protocol was requested, revealing thickening of the thoracic and abdominal aortic wall consistent with aortitis. Finally, a diagnosis of IgG4-RD aortitis was made.

Results: The patient was initiated on steroids and immunosuppressant therapy, resulting in improvements in ESR, PCR, and hematic levels, and, reported no thoracic or lumbar pain thereafter.

Image 1:



Conclusion: While biopsy confirmation and a PET scan would have been ideal for diagnosis, the availability and accessibility of MRI, coupled with the use of a black blood protocol, allowed for the visualization and characterization of the arterial wall. Limited resources in developing countries often result in a diagnostic void for patients and their physicians. It is possible that the wider use of this protocol could help advance vascular health equity in rheumatology.

Disclosure of Interest: None Declared

Keywords: Black Blood Protocol, IgG4 Related Disease, Vasculitis