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ABSTRACTS

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ABSTRACTS

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GLOBAL RHEUMATOLOGY
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PANLAR 2025

Basic sciences

PANLAR2025-1106

Analytical Tools for Therapeutic Monitoring of Adalimumab

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

Background/Objectives: Nearly half of patients with Rheumatoid Arthritis (RA) treated with adalimumab experience inefficacy. The formation of anti-drug antibodies (ADA) reduces adalimumab levels, particularly neutralizing ADAs that block their binding to the therapeutic target. Developing diagnostic tools to understand these mechanisms could optimize their use. Our immunochemistry group specializes in developing diagnostic strategies based on nanobodies (Nb). Nbs are the recognition domains derived from unconventional antibodies lacking light chains, present in camelids. They offer biotechnological advantages, including: the ability to construct phage display libraries from immunized camelids, the selection of specific Nbs from the library and ease of production at a low cost. **Objective:** To develop analytical tools for therapeutic monitoring of adalimumab.

Methods: A llama was immunized with adalimumab. A Nb library was constructed in filamentous phages, and specific Nbs were selected using phage display technology. The selected Nbs were produced and then conjugated with biotin to perform sandwich and competition ELISA assays to detect adalimumab levels (Figure 1) and the presence of ADA, respectively. The biotin conjugate allows the oriented immobilization of the Nbs on streptavidin-coated plates to optimize their capture capacity. To validate these immunoassays, sera from patients with RA undergoing treatment with adalimumab was used.

Results: A library of Nb against adalimumab was successfully constructed in filamentous phages to select specific Nbs. The three clones with the highest affinity and production levels were selected. Genetic sequencing confirmed distinct clones. These clones were produced on a large scale and then biotinylated. The clones detected adalimumab with minimal cross-reactivity. The method's sensitivity was determined using drug titration curves (Figure 2), and its validation was performed by evaluating recovery in normal serum samples spiked with known amounts of adalimumab. Reliable recovery was achieved for normal serum samples spiked with 5 µg/ml and 20 µg/ml of adalimumab. Patients with RA in prolonged remission undergoing adalimumab treatment were analyzed, and concentrations above the therapeutic range were observed.

Image 1:

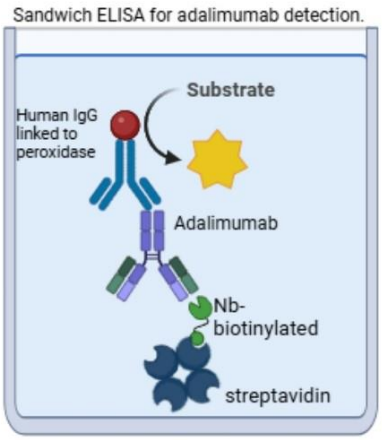
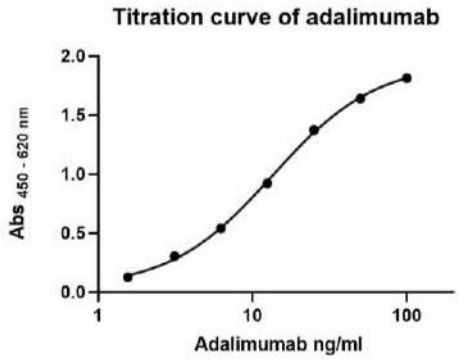


Image 2:



Conclusion: The developed method is reliable for detecting and quantifying adalimumab in serum at clinically relevant levels. We are developing locally produced immunoassays for therapeutic drug monitoring in clinical settings.

Reference 1: Detection scheme for adalimumab

Reference 2: Titration curve of adalimumab. A titration curve of adalimumab was performed starting from a 100 ng/ml initial concentration, with serial dilutions. The dilutions were made in 0.1% casein buffer.

Disclosure of Interest: None Declared

Keywords: Adalimumab, Nanobodies, Therapeutic drug monitoring

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Basic sciences

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Neuroinflammation In Mice Subjected To An Experimental Model Of Arthritis.

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

Background/Objectives: Pain is one of the main symptoms in Rheumatoid Arthritis (RA), and often does not correspond directly to the inflammatory activity of the joints. There is no consensus on the relationship between the systemic inflammatory process and changes in the central nervous system that may influence pain patterns in these patients. Our objective was to evaluate the relationship between neuroinflammatory parameters in the brain and nociceptive parameters in the CIA model.

Methods: CIA was induced in male DBA1/J mice (32) between 8-12 weeks of age, randomized into 4 groups: control group(CO25) and CIA25 days and control group(CO50) and CIA50 days. Clinical score and paw edema were evaluated. Nociception was assessed using Von Frey. After euthanasia, brain were subjected to the immunofluorescence technique with anti-IgM and anti-IgG antibodies, and immunohistochemistry with anti-IL6, and to analyzing the neurodegeneration by Fluoro-Jade C. Data were analyzed by Two-way ANOVA, Kruskal-Wallis and Pearson correlation;$p<0.05$ was considered significant.

Results: The CIA group had a higher clinical score, paw edema, histological score and nociception compared to the CO group ($p<0.0001$;$p=0.001$;$p=0.001$, respectively). High IgM deposits were observed in the CIA25 group compared to the CO25 group($p=0.01$). Regarding IgG, no differences were observed between the CIA and CO groups at the two moments evaluated. IL6 expression was increased in the CIA50 group when compared to CO50($p=0.008$). An association was identified between the clinical score and the expression of IL6 in the brain only in the CIA25 group($p=0.08$). IL6 expression was also associated with pain threshold at disease time 25($p=0.002$) and 50($p=0.022$). The quantification of degenerated neurons did not show a statistically significant difference, but there is a tendency for an increase in the number of degenerated neurons in mice in the CIA50 group when compared to the CO50 group.

Conclusion: Clinical, paw edema, histological and nociceptive scores characterized the presence of arthritis in the model. In the acute phase of the disease, high IgM deposits were identified in the brain, while in the established phase only ILi6 expression was increased. An association was observed between IL6 and the clinical score in the initial period of the

disease, as well as with the pain threshold in both periods of the disease (25 and 50 days). These results demonstrate the presence of neuroinflammation in this arthritic model.

Disclosure of Interest: None Declared

Keywords: Collagen-induced arthritis, Neuroinflammation, Rheumatoid arthritis

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GLOBAL RHEUMATOLOGY
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Basic sciences

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Identification Of Plasmatic Micrornas As Potential Active Disease Biomarkers In Systemic Lupus Erythematosus Patients

Sofía Dacosta[1], Tamara Fernández-Calero[2], María Rosa García-Silva[1], Alfonso Cayota[1, 3], Carolina Díaz[4], Sandra Consani[4], Sergio Bianchi[* 1, 5]

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

Background/Objectives: The timely diagnosis of Systemic Lupus Erythematosus (SLE) and the management of disease flares remain critical challenges in reducing organ damage accrual and improving patients' quality of life. Thus, identifying reliable and accessible biomarkers is essential. Altered expression of circulating microRNAs (miRNAs) has been reported in SLE using microarray and RT-qPCR techniques. This study analyzed circulating plasma miRNA profiles in SLE patients through small RNA sequencing to identify miRNAs that could serve as potential diagnostic biomarkers in liquid biopsies.

Methods: To date, 3 inactive SLE patients, 3 active SLE patients, and 3 healthy controls have been included. Total circulating RNA was extracted from plasma, and libraries were prepared. cDNA constructs containing inserts ranging from 20 to 80 base pairs were selected using a polyacrylamide gel and analyzed by small RNA-seq on an Illumina platform. Sequences were aligned to the human genome, a database of all non-coding RNAs (ncRNAs) biotypes, and a filtered ncRNAs reference excluding transfer RNAs (tRNAs) and YRNAs. The study was approved by the Ethics Committee of Hospital Maciel, and informed consent was obtained from all participants.

Results: The alignment rate to the human genome exceeded 96% for all samples, with an average of 24% corresponding to miRNAs. The most abundant miRNAs across all samples were miR-451a, miR-148a-3p, miR-let-7i-5p, and miR-let-7f-5p. Principal component analysis revealed distinct clustering of active lupus samples compared to those in remission and healthy controls. This clustering became even more evident when YRNAs and tRNAs were excluded from the analysis. Differential expression analysis showed decreased levels of miR-15b-5p, miR-29a-3p, miR-150-5p, and miR-106b-5p in active SLE patients. Notably, the latter two miRNAs exhibit expression restricted to immune system cells. Among the miRNAs with increased expression in these patients were miR-99b-5p, miR-let-7e, and miR-221-3p.

Conclusion: We identified a miRNA expression profile associated with SLE activity, representing potential biomarker candidates for liquid biopsies. Ongoing work aims to increase the number of patients and controls to validate our preliminary NGS results. Subsequently, a cost-effective and easily implementable stem-loop RT-qPCR assay will be conducted in a larger cohort to assess the accuracy and performance of differentially expressed plasma miRNAs via ROC analysis.

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Disclosure of Interest: None Declared

Keywords: Biomarkers, MicroRNAs, Systemic Lupus Erythematosus

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GLOBAL RHEUMATOLOGY
BY PANLAR

PANLAR 2025

Crystal arthropathy

PANLAR2025-1395

Quality of life in patients with gouty arthritis, Santo Domingo, Dominican Republic

Teresandris Polanco Mora*[1], Denisse Perozo Guerrero[1], Raynel Ramón Alcántara Gomez[1], L.iz Mena Solano[1], Rodamin Alvarez Santana[1], Edral Rodriguez[1], Lory Concepcion[1], Ingrit Mercedes Núñez [1], Ismely Paulino Izquierdo[1], Tirso Valdez Lorie[1], Rafael Alba Feriz[1], Roberto Muñoz Louis[1]

[1]Reumatologia, Hospital Padre Billini, Santo Domingo, Dominica

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

Background/Objectives: Gout is the most common inflammatory arthropathy secondary to the deposition of monosodium urate crystals in tissues. Quality of life is affected by pain, chronic arthropathy, comorbidities and suboptimal management.The HAQ health questionnaire is designed to evaluate the disability and quality of life of patients, including rheumatological diseases Objective Evaluate quality of life in gouty arthritis

Methods: Observational,analytical,cross-sectional and retrospective study.Patients from the Rheumatology cohort of Padre Billini Hospital were evaluated July to December 2024.Inclusion criteria ≥ 18 years, diagnosis of gouty arthritis according to the ACR\EULAR 2015 criteria.Exclusion criteria diagnosis of another rheumatological disease fibromyalgia depression anxiety.To evaluate quality of life, HAQ was used.A descriptive statistical analysis was performed, quantitative variables were expressed as an average and categorical as absolute value and percentage using the SPSSv25 program

Results: 90 met inclusion criteria.100%masculine,average age55.6±11.9,average duration of illness10.2years, average uricacid9.3±3.1mg/dL.Smoker22.7%(10)alcohol47.7%(21)exercise25(11)sedentarylifestyle34.1%(15)Overweight45.5%(66)normalweight36.6%(16)obesity18.2%(8)Dyslipidemia40.9%(18)HT53.3%(48)DM16.6%(15)IAM2.2%(2)ERC8.8%(8),hepatopathy7.7%(7)neoplasms3.3%(3)Colchicine84.1%(37) alopurinol70.5%(31)febuxostat22.7%(10)methotrexate13.6%(6)EVA mild68.9%(62)moderate20%(18) severe11.1%(10)HAQ DI some difficulty56.7%(51)a lot of difficulty25.5%(23)no difficulty17.8%(16) Items:Dressing without difficulty45.5%(41)some50%(45)a lot4.4%(4)Getting up without difficulty35%(32)some53.3%(48)a lot11.1%(10)Eating without difficulty74.4%(67)some22.2%(20)a lot3.3%(3)Walking without difficulty27%(25)some66%(60)a lot5.5%(5)Hygiene without difficulty48.8%(44)some38.8%(35)a lot12.2%(11)Reaching without difficulty43.3%(39)some42.2%(38)a lot14.4%(13)Pressure without difficulty88%(80)some11%(10)Others without difficulty86.6%(78)some13.3%(12)Activities that need help:Getting dressed4.4%(4)Getting up16.6%(15)Eating4.4%(4)Walking6.6%(6)Hygiene3.3(3) Reaching11.1%(10)Pressure1.1%(1)homework3.3%(3)UtensilsCane30%(27)Bathroom Seat20%(18)Crutch13.3%(12)Walker5.5%(5)

Table 1: '

Conclusion: Our study reported a slightly affected quality of life.Walking turned out to be the most difficult area.No disability was reported.The activity that most often required help from another person was getting up.The most used utensil turns out to be the cane

Reference 1: Dehlin M, Jacobsson L and Roddy E. Global epidemiology of gout: prevalence, incidence, treatment patterns and risk factors. Nat Rev Rheumatol 2020;16:380–390

Reference 2: Enrique Calvo-Aranda, Fernando Manuel Sánchez-Aranda, Laura Cebrián Méndez, María de los Ángeles Matías de la Mano, Leticia Lojo Oliveira, María Teresa Navío Marco, Perceived quality study in patients with gout treated in a rheumatology consultation with specialized nursing, Clinical Rheumatology, Volume 18, Issue 10, 2022. Pages 608-613

Disclosure of Interest: None Declared

Keywords: Artritis gotosa, calidad de vida, Discapacidad

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Crystal arthropathy

PANLAR2025-1044

Calcium Pyrophosphate Crystal Deposition Disease Epiphenomenon Or Presentation Of Primary Hyperparathyroidism

Omar Guerrero Soto[*1,2], Hector Almanza Rodriguez[3], Alejandra Gabriela Arellano Zermeño[4], Veronica Edith Hernandez Diaz[5,6], Claudia Berenice Hernandez Cuevas[7], María Fernandez Perez[8], José Armando Ochoa Priego[9,10], Jóse Morales Flores[11], Francisco Eduardo Garcia Ramos[2,12]

[1]Rheumatology, Hospital Medica Avanzada Contigo, [2]Internal Medicine, HGZ/UMF2 IMSS, [3]Internal Medicine, Hospital Torre Medica, [4]Pediatrics, Hospital General de Irapuato, SSA, Irapuato, [5]Rheumatology, UMAE-T1, IMSS, Leon, Gto, [6]Rheumatology, Hospital Medica Campestre, León, Gto, [7]Rheumatology, HRAEB, [8]Rheumatology, Hospital Medica Campestre, Leon, Gto, [9]Internal Medicine, Hospital Medica Avanzada Contigo, [10]Internal Medicine, Hospital General de Zona/UMF 21, IMSS, León, Gto, [11]Internal Medicine, Hospital General Regional No. 58, IMSS., Leon, Gto, [12]Internal Medicine, Hospital Medica Avanzada Contigo, Irapuato, Gto, Mexico

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

Background/Objectives: Calcium pyrophosphate dihydrate crystal deposition disease (CPPD) is an inflammatory arthritis produced by the deposition of calcium pyrophosphate crystals in the synovium and periarticular soft tissues.Diagnosis is on the basis of the clinical picture and radiographic/laboratory findings. Disease can be broadly categorized into three subtypes: acute (pseudogout), chronic CPP crystal inflammatory arthritis and osteoarthritis (OA) with CPPD. Patients with hyperparathyroidism are more susceptible to developing CPPD, however, there are no reports in the literature of the 3 clinical forms of presentation of CPPD. Presentation of 3 clinical forms of Calcium pyrophosphate dihydrate crystal deposition disease (CPPD) associated with primary hyperparathyroidism.

Methods: Case 1. 56 Year Old Female; Systemic Arterial Hypertension; Presents With Clinical presentation : " Intermittent Asymmetric Oligoarthritis ". Table 1, Fig.1. **Case 2.** Female 71 Years Old, Clinical presentation :Chronic symmetrical polyarthritis 5 Years Evolution. Table 1, Fig.2 **Case 3.** Male 72 years old; systemic arterial hypertension; benign prostatic hypertrophy; Clinical presentation :Chronic asymmetrical polyarthritis and X-Ray Chondrocalcinosis. Table 1, Fig.3

Results: Our case series shows the 3 forms of presentation of calcium pyrophosphate crystal deposition disease (pseudogout, rheumatoid-like polyarthritis; x-ray chondrocalcinosis and/or chronic osteoarthritis with CPPD). Hypercalcemia prompted us to intentionally screen for hyperparathyroidism. Several studies, hyperparathyroidism had the highest positive association with CPPD. we cannot be sure if this is the initial presentation or just an epiphenomenon. Other comorbidities associated , hypomagnesemia, chronic kidney disease and calcium supplementation and thiazide.

Table 1:

	Case 1	Case 2	Case 3
intact parathyroid hormone	185 pg/ml	338.8 pg/ml	200 pg/ml
Calcium	11 mg/dl	12 mg/dl	11.8 mg/dl
Neck Ultrasound	parathyroid adenoma	parathyroid adenoma	parathyroid adenoma
X-Ray	Chondrocalcinosis	Chondrocalcinosis and Osteoarthritis	Osteoarthritis *(X-ray chondrocalcinosis)
Clinical Presenttation	Intermittent Asymetric Oligoarhtritis	Chronic symmetrical polyarthritis	Chondrocalcinosis and osteoarthritis
Pattern	Pseudogout	Rheumatoid like polyarthritis	Chronic asymmetrical polyarthritis like Osteoarthritis

Image 1:

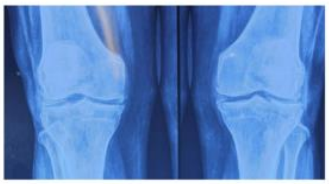

Figura.1

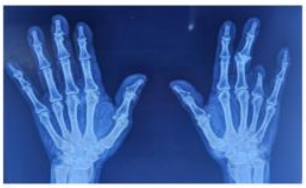

Figura.2

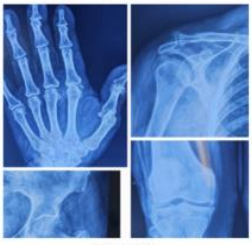

Figura.3

Conclusion: We recommend intentional screening for hyperparathyroidism in patients with CPPD.

Disclosure of Interest: None Declared

Keywords: Calcium pyrophosphate deposition (CPPD), crystal-induced arthritides, hyperparathyroidism, parathyroid

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PANLAR 2025

Crystal arthropathy

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Comorbidity in Gouty Arthritis, Santo Domingo, Dominican Republic

Teresandris Polanco Mora*[1], Denisse Perozo Guerrero[1], Raynel Ramón Alcántara Gomez[1], Liz Mena Solano[1], Rodamin Alvarez Santana[1], Edral Rodriguez[1], Lory Concepcion[1], Ingrit Mercedes Núñez [1], Ismely Paulino Izquierdo[1], Tirso Valdez Lorie[1], Rafael Alba Feriz[1], Roberto Muñoz Louis[1]

[1]Reumatologia, Hospital Padre Billini, Santo Domingo, Dominica

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

Background/Objectives: Gout is the most frequent inflammatory arthropathy secondary to the deposition of monosodium urate crystals in tissues.There are associated risk factors such as hypertension HT,obesity,diabetes mellitus DM,kidney disease ERC cerebrovascular disease EVC metabolic alterations among others.The Charlson Comorbidity Index is a tool used to classify the comorbidity of patients and predict their prognosis, it includes cardiovascular diseases dementia rheumatic disease peptic ulcer liver disease DM hemiplegia or paraplegia tumor HIV A high score indicates a higher level of comorbidity and a greater risk of mortality

Objective

Evaluate comorbidities in gouty arthritis

Methods: Observational analytical cross-sectional and retrospective study.The clinical records of the cohort of rheumatology patients of the Padre Billini Hospital who attended from July to December 2024 were reviewed.Inclusioncriteria ≥ 18 years diagnosis of gouty arthritis according to the ACR\EULAR 2015 criteria.Exclusioncriteria history of cardiovascular diseases dementia chronic lung disease DM HIV peptic ulcer liver disease hemiplegia or paraplegia ERC tumors prior diagnosis of gouty arthritis, diagnosis of another rheumatological disease.A descriptive statistical analysis was carried out, the quantitative variables were expressed as mean and the categorical ones as absolute value and percentage using the SPSSv25 program

Results: 90 met the inclusion criteria.100%male, average age 55.6±11.9, average duration of the disease 10.2 years, average uric acid 9.3 ± 3.1mg/dL.Smoker22.7%(10)alcohol 47.7(21)exercise 25%(11)sedentary lifestyle34.1%(15)normal weight36.6(16)obesity18.2%(8)dyslipidemia 40.9%(18)Colchicine 84.1%(37) allopurinol70.5%(31)febuxostat22.7%(10)methotrexate13.6%(6).Charlson Comorbidity Index 0 pts 9.99%(9) 1pt 18%(17) 2pts 31%(28) 3pts 17%(16) 4pts 9.9%(9) 5pts 8.8%(8) 6pts 2.2%(2) 7pts 1.1%(1).IAM 1.11%(1)EVC 1.11%(1)IVP 1.11%(1)mild liver disease 5.55%(5)HT 54.44%(49)DM 16.66%(15) kidney disease 11.11%(10)malignant tumors 3.33%(3),moderate or severe liver disease 2.2%(2)HIV 1.11%(1)

Conclusion: Our study showed a low comorbidity index, observing high blood pressure as the most reported comorbidity, followed by diabetes mellitus.Patients with peptic ulcer, dementia, hemiplegia or paraplegia, chronic lung disease, EVC, or previous rheumatic diseases were not reported. A higher frequency of patients with a 2point comorbidity index was evidenced, given by the combination of cardiovascular disease and liver disease

Reference 1: Dehlin M, Jacobsson L and Roddy E. Global epidemiology of gout: prevalence, incidence, treatment patterns and risk factors. Nat Rev Rheumatol 2020; 16: 380–390

Reference 2: Paniagua-Díaz N, Fernández-Torres J, Zamudio-Cuevas Y, et al. Gout, a current metabolic disease: comorbidities and new therapies. Disability Research. 2024;10(3):211-220. doi:10.35366/118260.

Disclosure of Interest: None Declared

Keywords: comorbidity, Gouty Arthritis, RISK FACTORS

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Crystal arthropathy

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Level of adherence to treatment in Gouty Arthritis, Santo Domingo, Dominican Republic

Teresandris Polanco Mora*[1], Denisse Perozo Guerrero[1], Raynel Ramón Alcántara Gomez[1], Liz Mena Solano[1], Rodamin Alvarez Santana[1], Edral Rodriguez[1], Lory Concepcion[1], Ingrit Mercedes Núñez [1], Ismely Paulino Izquierdo[1], Tirso Valdez Lorie[1], Rafael Alba Feriz[1], Roberto Muñoz Louis[1]
[1]Reumatologia, Hospital Padre Billini, Santo Domingo, Dominica

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

Background/Objectives: Gout is the most common inflammatory arthropathy secondary to the deposition of monosodium urate crystals in tissues Many factors contribute to lack of adherence, gout outbreaks with the onset of hypouricaemic agents, concern about adverse effects of medications, inadequate disease counseling, drugs and inadequate time to educate patients.The Morisky Medication Adherence Scale 8 MMAS-8 items measures adherence behaviors associated with the intake of medications by Classifying adherents with 8 points and non-adherents under 8

Objective

Determine level of adherence to treatment in Gouty Arthritis

Methods: Cross-sectional and prospective analytical observational study.The patients of the Rheumatology cohort of the Padre Billini Hospital were interviewed from July 2024 to December 2024.Inclusion criteria ≥ 18 years, diagnosis of gouty arthritis according to the ACR\EULAR 2015 criteria, attend ≥2 consultations Exclusion criteria diagnosis of another rheumatological disease fibromyalgia dementia cognitive impairment depression anxiety.MMAS-8 was used to assess the level of adherence.A descriptive statistical analysis was carried out, the quantitative variables were expressed as mean and the categorical ones as absolute value and percentage using the SPSSv25 program

Results: 90 met inclusion criteria.100%male,average age 55.6±11.9,average duration of the disease10.2 years, average uric acid 9.3±3.1mg/dL.Smoker 22.7%(10)alcohol 47.7%(21)exercise 25%(11)sedentary lifestyle 34.1%(15)normweight36.6(16)obesity18.2%(8)dyslipidemia40.9%(18)IAM 1.11%(1)EVC1.11%(1) IVP 1.11%(1)HT 54.4%(49)DM16.66%(15)ERC11.11%(10)malignant tumors3.33%(3)Colchicine84.1%(37) allopurinol70.5%(31),febuxostat22.7%(10),methotrexate13.6%(6).VAS:mild 68.9%(62)moderate20%(18)severe11.1%(10)MMAS-8 Adherents1.1%(1)Non-adherents98.9%(89)Questions:Do you forget to take your medicines sometimes?77%(70),Do I stop taking your medicine one day?44%(40),have you ever stopped taking them because you felt worse when you took them?22%(20),when you travel or leave home, do you

sometimes forget to bring your medicines?36.6%(33),when you feel that your symptoms are under control,do you stop taking your medicines sometimes? 94%(85),do you feel that it is a pain to deal with your treatment?10%(9)

Conclusion: Our study shows a low level of adherence to treatment in gouty arthritis, the question that addresses treatment abandonment when symptoms are under control turned out to be the one that contributes the most to non-adherence to treatment

Reference 1: Dehlin M, Jacobsson L and Roddy E. Global epidemiology of gout: prevalence, incidence, treatment patterns and risk factors. Nat Rev Rheumatol 2020; 16: 380–390

Reference 2: Klarissa A. Sinnappah, Sophie L. Stocker, Jian Sheng Chan, Dyfrig A. Hughes, Daniel F.B. Wright; Clinical interventions to improve adherence to urate-lowering therapy in patients with gout: a systematic review. International Journal of Pharmacy Practice, 2022, Vol 30, 215–225. Advance Access publication 13 April 2022

Disclosure of Interest: None Declared

Keywords: Gouty Arthritis, Level of adherence to treatment, Treatment adherence and compliance

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

PANLAR2025-1066

A Syndemic Care Model For The Management Of Rheumatic And Musculoskeletal Diseases In Indigenous Maya-Yucatec Communities: A Mixed-Methods Study

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

Background/Objectives: Rheumatic and Musculoskeletal Diseases (RMSDs) in the Maya-Yucatec population generate a syndemic with Non-Communicable Chronic Diseases (NCDs), leading to disability and a decrease in quality of life. A syndemic refers to the negative synergy between two or more diseases within unfavorable contexts, resulting in worse health outcomes. We aimed to co-design a Syndemic Care Model (SCM) with Mayan-Yucatec communities, in order to address healthcare needs related to RMSDs/NCDs.
Methods: Parallel-convergent mixed-methods study. This was done using community-based participatory research in three Maya-Yucatec communities. Phase 1: Census with COPCORD methodology to identify persons with RMSDs and NCDs. Questionnaires: HAQ-Di, EuroQoL 5D-3L, and health services utilization, all validated in Mayan and Spanish. Semi-structured interviews with patients and healthcare professionals, along with ethnographic records and field notes. Phase 2: Identification and prioritization of health needs with community leaders. Quantitative analyses: descriptive analysis of continuous and categorical variables in RStudio 4.4.2. Qualitative analyses: inductive coding in Atlas.ti and thematic analysis. The project was approved by the Ethics and Research Committee of the General Hospital of Mexico (DI/23/404-B/05/22).
Results: We included 508 participants in the census; 69% were women, average age of 49 years, and 53% reported being homemakers. The prevalence of RMSDs was 8%. Eleven patients with RMSDs and six healthcare professionals were

interviewed. Two focus groups and multiple community assemblies and meetings with health and municipal authorities were conducted to consolidate our collaboration. Health needs were identified and prioritized, contributing to the design of the SCM, which is formed by the following components: 1) local and regional healthcare system integration to address NCDs, 2) municipal collaboration for the provision of medications and transportation to and from health services, 3) rheumatology and rehabilitation consultations in each community, and 4) educational strategy to address NCDs complications (see figure).

Image 1:

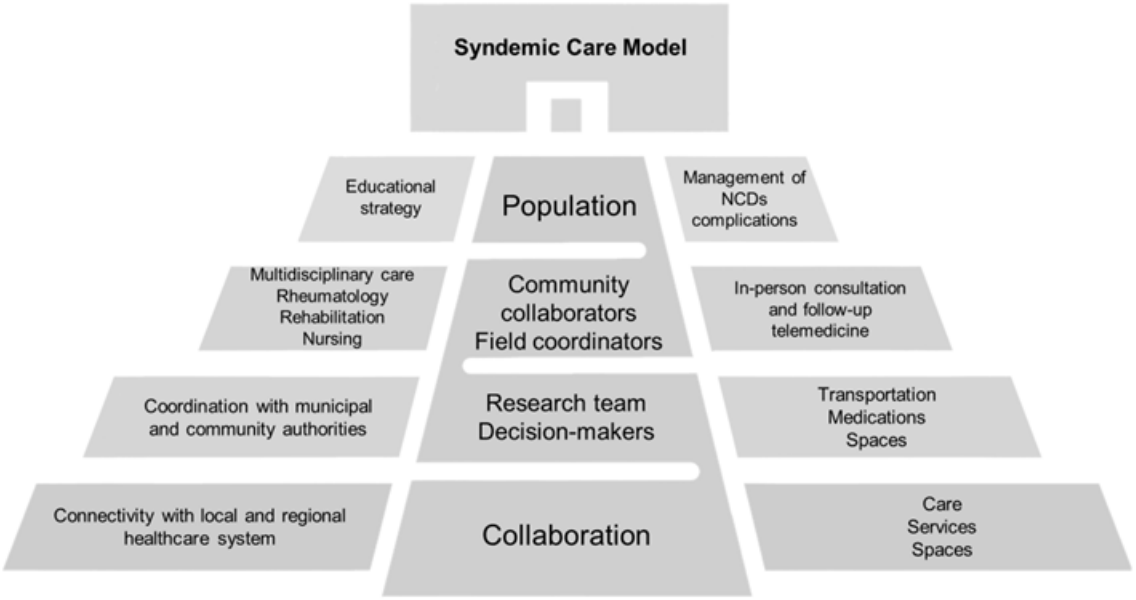

Figure: Syndemic Care Model. The levels on the left represent the elements that make up the model, and the levels on the right correspond to the specific actions of each element derived from the collaboration between the population, community collaborators, field coordinators, decision-makers, and the research team.

Conclusion: We co-designed a culturally sensitive SCM through the implementation of a mixed methods research study that allowed us to identify and prioritize the health needs of the participant Mayan Communities. Therefore, we anticipate that the future implementation of this model will result in improved health outcomes for those living with RMSDs/NCDs.

Disclosure of Interest: None Declared

Keywords: Indigenous population, Rheumatic and Musculoskeletal Diseases, Syndemics

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

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Perceived Dignity In Patients With Rheumatic Disease

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

Background/Objectives: Human dignity is an inherent value for all individuals. In healthcare, dignity is often referred to as perceived dignity, which encompasses the value and respect attributed to others and perceived within a social interaction context. This value can be compromised by disease, disability, or death. Patients with rheumatic diseases face challenges that can negatively impact their perceived dignity, including physical function loss, reduced independence, uncertain prognosis, and changes in appearance. Perceived dignity in patients with rheumatic diseases has not been thoroughly explored. The objective is to measure perceived dignity in women with rheumatic diseases.

Methods: A retrospective, descriptive, cross-sectional study was conducted. The validated Perceived Dignity Inventory (PDI-MX) questionnaire was applied to 50 reproductive-age women (18–45 years) with established rheumatic diagnoses attending the "Clinic of Reproduction, Pregnancy, and Rheumatic Diseases" at University Hospital in Monterrey, Nuevo León. The questionnaire consists of 25 items scored on a 5-point Likert scale (1= "not a problem" to 5= "a very severe problem"). Scores range from 25 to 125, with a threshold of ≥54.5 indicating impaired perceived dignity.

Results: A total of 50 women of reproductive age with a rheumatic disease diagnosis were included, with a mean age of 30.58 (6.58). Sociodemographic characteristics are presented in Table 1. The median (IQR) PDI-MX score was 32.00 (27–48.25). The median score for the first domain, "Loss of Meaning in Life," was 14.50 (12–25) (min 12–max 60); for the "Distress and Uncertainty" domain, 10.50 (7–13.25) (min 6–max 30); for the "Loss of Independence" domain, 4 (4–6) (min 4–max 20); and for the "Loss of Social Support" domain, 3 (3–4) (min 3–max 15). A total of 10 patients had a PDI-MX score ≥54.5, indicating that 20% of participants experienced impaired perceived dignity (IPD). Among patients with a disease duration greater than two years, 20.5% had IPD compared to 16.7% of those with a shorter disease duration. Additionally, 36.4% of patients with systemic lupus erythematosus (SLE) and a disease duration exceeding two years experienced IPD, compared to 23.5% of those with rheumatoid arthritis (RA).

Image 1:

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Table 1. Sociodemographic Characteristics

	n (%) n= 50
Age, years, mean ± SD	30.58 ± 6.58
Diagnosis, n (%)	
Rheumatoid Arthritis	18 (36)
Systemic Lupus Erythematosus	12 (24)
Anttiphospholipid Syndrom	10 (20)
Others	10 (20)
Education, n (%)	
Elementary	0 (0)
Middle School	21 (42)
High School	8 (16)
University or more	21 (42)
Ocupation, n (%)	
Employed	18 (36)
Unemployed	32 (64)
Marital Status, n (%)	
Married	25 (50)
Cohabiting	16 (32)
Single	9 (18)
Comorbidities, n (%)	
Yes	7 (14)
No	43 (86)
Diagnosis Duration, n (%)	
<2 years	6 (12)
>2 years	44 (88)
Total PDI-MX Score, median (IQR)	32 (27 – 48.25)
Impaired Dignity, n (%)	
Negative	40 (80)
Positive (>54.5)	10 (20)

SD: Standard Deviation, IQR: Interquartile Range, PDI-MX: Perceived Dignity Inventory questionnaire.

Conclusion: A reduced sense of dignity can severely impact patients' self-perception, mental health, and physical well-being. Public health policies focused on dignity recognition and patient rights are essential to improving patients' quality of life and autonomy.

Disclosure of Interest: None Declared

Keywords: Perceived Dignity, Quality of Life, Rheumatic Diseases

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

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Hydroxychloroquine And Chloroquine Retinopathy In Hispanic Patients With Rheumatic Diseases

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

Background/Objectives: Antimalarial drugs like hydroxychloroquine (HCQ) and chloroquine (CQ) are among the most frequently prescribed medications in Rheumatology. Retinal toxicity is an unwanted side effect of both HCQ and CQ, which in most severe cases could end in reduced vision and blindness. There are still insufficient reports of HCQ or CQ retinopathy in Hispanic patients, and its prevalence and patterns are widely unknown. We aimed to explore the prevalence of HCQ and CQ retinopathy in a Hispanic cohort of patients with rheumatic diseases and describe retinopathy characteristics.

Methods: We performed an ambispective, observational, cohort study between 2014 and 2019 in an academic rheumatology clinic. We included patients with a clinical diagnosis of rheumatic disease who were using HCQ or CQ and had a standardized screening evaluation for antimalarial retinal toxicity. The standardized screening tests were a macular optical coherence tomography (OCT) and a visual field test (VFT) with standard automated perimetry (10-2). Demographics, antimalarial medication (HCQ or CQ), treatment duration in years, and the daily dose were documented.

Results: Five-hundred and forty-four patients were evaluated, with a mean age of 49.9 (SD:15.6) years and 94.7% (515/544) were female, the most frequent rheumatic diseases were rheumatoid arthritis (41.9%, 228/544), systemic lupus erythematosus (32.7%, 178/544), and Sjögren syndrome (9%, 49/544). Nearly two-thirds of the patients used HCQ (65.3%, 404/544) (**Table 1**). The duration of use was longer at the time of retinopathy diagnosis for the patients who received CQ (9.04, SD 4.3 years) than those receiving HCQ (5.1, SD 3.3 years). The proportion of patients receiving higher doses than recommended was greater among patients on CQ (67.9%, 95/140) than those on HCQ (11.4%, 46/404).

Overall, 34 (6.3%) patients had antimalarial retinopathy, Among the patients with rheumatic diseases using HCQ, 2.0% (8/404) had retinal toxicity, and 18.6% (26/140) of CQ users had retinal toxicity. According to the optical severity staging classification of patients with antimalarial retinal toxicity, the retinopathy was mild in 16.64% (6/34), moderate 23.5% (8/34), and severe 58.8% (20/34) (**Table 2**).

Image 1:

Table 1. General characteristics of patients with rheumatic diseases using antimalarials either Hydroxychloroquine or Chloroquine.

	All **N= 544**	**Hydroxychloroquine** **N= 404**	**Chloroquine** **N= 140**
Age, years, mean ± SD	49.9 ± 15.6	49.51 ± 15.8	47.85 ±15.8
Female, n (%)	515 (94.7)	385 (95.2)	130 (92.8)
Rheumatic Disease, n (%)			
Rheumatoid arthritis	228 (41.9)	--	--
Systemic lupus erythematosus	178 (32.7)	--	--
Sjögren's syndrome	49 (9.0)	--	--
Other	89 (16.4)		
Antimalarials duration, years, mean ± SD	8.1 ± 4.4	5.1 ± 3.3	9.0 ± 4.3
Daily dose, mg/kg, mean ± SD	--	4.4 ± 15.7	2.7 ± 0.9
Dose higher than recommended, n (%)	141 (25.9)	46 (11.4)	95 (67.9)

SD: standard deviation.

Image 2:

Table 2. Prevalence of Hydroxychloroquine and Chloroquine retinopathy among patients with rheumatic diseases.

	All N= 544	**Hydroxychloroquine** N= 404	**Chloroquine** N= 140
Retinal toxicity, n (%)	34 (6.3)	8 (2.0)	26 (18.6)
Retinopathy severity, n/N (%)			
Early	6/34 (17.7)	3/8 (37.5)	3/26 (11.5)
Moderate	8/34 (23.5)	2/8 (25)	6/26 (23.1)
Severe	20/34 (58.8)	3/8 (37.5)	17/26 (65.4)

Conclusion: In Hispanic patients with rheumatic diseases, antimalarial retinal toxicity was more frequent among patients with CQ than among patients with HCQ. The retinopathy staging was severe in more than half of the patients.

Disclosure of Interest: None Declared

Keywords: Antimalarial Toxicity, Chloroquine Retinopathy, Hydroxychloroquine Retinopathy

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

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Pregnancy Intention And Family Planning In Postpartum Women With Autoimmune Rheumatic Diseases

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

Background/Objectives: The intention and planning of pregnancy are of vital importance for women with medical conditions that complicate conception and pregnancy, such as autoimmune rheumatic diseases (ARDs). These conditions have widespread systemic effects, influencing overall health and fertility. For women with ARDs, understanding the impact of their condition on pregnancy, as well as the necessary medical considerations, is crucial. This work aims to describe the intention and planning of pregnancy in postpartum women with ARDs.

Methods: A prospective cohort study was carried out on postpartum women with a diagnosis of ARDs who belong to the “Reproduction, Pregnancy, and Rheumatic Diseases Clinic” at the University Hospital “Dr. José Eleuterio González” in Monterrey, Nuevo León. They were administered the “London Measure of unplanned pregnancy (LMUP)” questionnaire, which evaluates the prevalence of unplanned pregnancy through 6 questions addressing the following: use of contraceptives, pregnancy planning, intention, desire to have a baby, conversation with the partner and preparation before conception; with a minimum score of 0 points and a maximum of 12, classified as planned (10-12), ambivalent (4-9) and unplanned (0-3). Sociodemographic characteristics are presented as frequencies and percentages for categorical variables, with mean and standard deviation for continuous variables. Chi-square tests were used for associations.

Results: A total of 44 postpartum women with ARD were included, with a mean age of 30.5 (SD 7.43). The most frequent diagnostic was rheumatoid arthritis (n=18, 40.9%), followed by systemic lupus erythematosus (n=8, 18.2%) and antiphospholipid syndrome (n=11, 25%). Most of our patients reside in urban areas (n=37, 84.1%), and by a socioeconomic exam made by a social worker, almost half of the patients were classified as low-income (n=21, 48.8%), and half were married (n=24, 54.5%) **Table 1.** We found that 24 of the patients (54,5%) had unplanned pregnancies. When compared with the sociodemographic data, statistical significance was found with occupation, with women who worked at home having more unplanned pregnancies **Figure 1**.

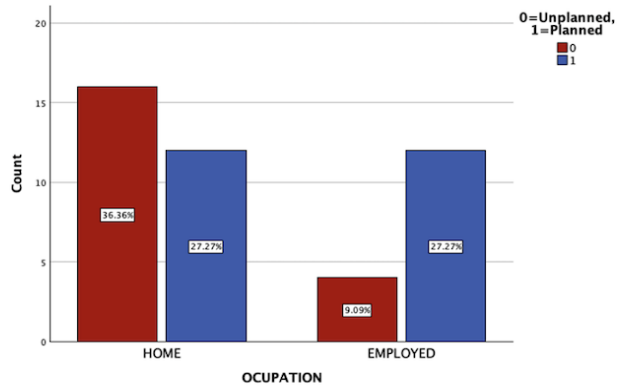
Image 1:

Table 1. Sociodemographic characteristics

		N = 44
Age, years, mean ± SD		30.50 ± 7.43
Diagnostic, n (%)		
	Rheumatoid arthritis	18 (40.9)
	Systemic Lupus Erythematosus	8 (18.2)
	Antiphospholipid Syndrome	11 (25)
	Other	7 (15.9)
Comorbidities, n (%)		
	Yes	9 (20.5)
	No	35 (79.5)
Residency, n (%)		
	Urban	37 (84.1)
	Rural	7 (15.9)
Socioeconomic status, n (%)		
	Low	21 (48.8)
	Middle	16 (37.2)
	High	6 (14)
Marital status, n (%)		
	Married	24 (54.5)
	Cohabitation	15 (34.1)
	Single	5 (11.4)
Education level, n (%)		
	Elementary school	2 (4.5)
	Middle school	16 (36.4)
	High school	12 (27.3)
	University	14 (31.8)
Occupation, n (%)		
	Home	28 (63.6)
	Employed	16 (36.4)
London Measure of Unplanned Pregnancy (LMUP), n (%)		
	Unplanned pregnancy	24 (54.5)
	Planned pregnancy	20 (45.5)
LMUP, total score, mean ± SD		9 ± 2.74

Image 2:

Figure 1. Association between unplanned and planned pregnancy with occupation.



*Chi-square test p=0.039

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Conclusion: More than half of our patients did not have the intention or planning for their pregnancy. These results highlight the need to address women who work at home and evaluate their family planning methods and their attendance at the clinic.

Disclosure of Interest: None Declared

Keywords: Postpartum, Pregnancy Intention, Reproductive Health

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PANLAR 2025

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

PANLAR2025-1166

Epidemiological Mapping Of Rheumatology Specialists In Argentina

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

Background/Objectives: Knowledge of the epidemiological distribution of rheumatologists in our country could allow us to guarantee quality healthcare with equal access to the population.

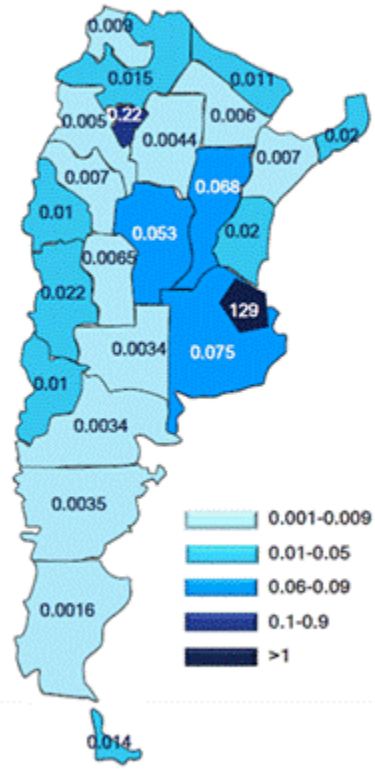
Objectives: To estimate the number of rheumatologists in Argentina, to determine their sociodemographic and occupational characteristics and to describe their distribution throughout the national territory.

Methods: Cross-sectional study. All rheumatologists who treat adult patients and who have obtained their specialist degree by 31-12-2023 were included. According to the criteria of each branch of the Argentine Society of Rheumatology (SAR), clinical physicians who, due to their experience, treat rheumatological patients were also included. The exclusion criteria were: deceased, retired, emigrants, in training and pediatricians. The following data were collected: age, sex, branch and province, years of specialty, place of work - public, private or both. *Statistical analysis*: Descriptive statistics. Density of rheumatologists by province (N° rheumatologists per geographic unit/corresponding territorial area). The ratio of the N° of rheumatologists per 100,000 inhabitants was calculated. Chi^2, ANOVA y post-hoc tests.
Results: In Argentina, there are 896 rheumatologists, with a median (*m*) age of 48 years interquartile range (IQR) 41-57) and an age range of 29 to 82 years. Women predominate 552 (61.6%), presenting a ♀:♂ ratio of 1.6:1. The average time in the specialty is 17.2 years ±11.7. Only 19 rheumatologists (2.1%) work in the pharmaceutical industry. Regarding healthcare, 29 (3.2%) work in the public healthcare system, 56.6% in the private sector and 40.2% in both. The frequency of rheumatologists per SAR branch: Ciudad Autónoma de Buenos Aires (CABA) 263, Buenos Aires 230, Santa Fe 91,

Córdoba 88, Tucumán 49, Cuyo 47, Noreste 42, Sur 37, Saltojujeña 31 and Catselar 18. In our country, we have 2.38 rheumatologists/100,000 inhabitants and this ratio varies from 11.5 in CABA to 0.73 in Misiones. The density of rheumatologists in Argentina is 0.032/100 km^2 and in the provinces it varies from 129/100 km^2 in CABA to 0.016/100 km^2 in Santa Cruz. (Figure 1)

Image 1:

Figura 1. Density of rheumatologists in 100 km^2 according to each province of Argentina



Conclusion: Although our country has a significant number of rheumatologists, their distribution is heterogeneous. These data reflect the need to implement health policies in the regions with the greatest shortage of rheumatology specialists.

Disclosure of Interest: None Declared

Keywords: None

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

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The Treatment Choice And The Motivations Behind Impact Clinical Outcomes Among Patients With Adequate Control Of Their Rheumatic Diseases.

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

Background/Objectives: Patient-centered care is deemed the most appropriate model for managing patients with rheumatic diseases (RMDs). The selection of treatment is influenced by various factors, including patient and physician characteristics. To compare clinical outcomes between RMD patients whose treating rheumatologists (TR) prescribed their first choice of treatment (FCHO) and those who received the second choice (SCHO), and to explore the TRs' motivations behind their choices. Factors associated with FCHO were also investigated.

Methods: The study was conducted prospectively from February 2023 to January 2024. Patients diagnosed with an RMD were identified through systematic sampling (P-1). TRs completed a standardized form that outlined their treatment choice (FCHO vs. SCHO), the motivations behind their choices, and whether the RMD was adequately controlled (AC). In a subsample of patients from P-1 with AC (P-2), TRs reassessed disease activity at the next consultation. FCHO was defined as the treatment prescribed by the physician that was ranked as the top priority over other available options.

Results: In the study, 703 patients were enrolled, with 543 (77.2%) having AC. Of these, 292 underwent a second evaluation. The most common diagnoses were SLE (32.9%) and RA (30.9%). Patient characteristics are summarized in **Table 1**. In P-1 and P-2, FCHO was prescribed to 644 (91.5%) and 269 (92.1%) patients, respectively, while SCHO was prescribed to 60 (8.5%) and 23 (7.9%) patients. **Table 2** outlines the reasons behind treatment choices made by physicians for FCHO and SCHO in P-1, with similar findings in P-2.

In P-2, a higher proportion of the patients remained in AC among FCHO: 239 out of 269 (88.8%) and 16 out of 23 (69.6%), p=0.016. In multivariate analysis, the following motivations were associated with FCHO: *It aligns with national and international guidelines* (OR:21.395, 95%CI[6.006-76.208], p≤0.0001), *Solid scientific evidence supporting the effectiveness of the treatment* (5.943[2.236-15.792], p≤0.0001), *I am concerned that the shortage of the drug may hinder the continuation of the treatment* (0.372[0.199-0.697], p≤0.002) and *History of adverse events or intolerance* (0.266[0.141-0.501], p≤0.0001).

Table 1:

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Image 1:

Table 1. Main characteristics of the whole population (P-1) and the subgroup of patients with a subsequent AC evaluation (P-2).

	P-1 N=703	P-2 N=292
Socio-demographics		
Age, years	51 (40-61)	50 (41-60)
Females*	601 (85.5)	256 (87.7)
Years of scholarship	12 (9-16)	12 (9-16)
Living together*	371 (52.8)	158 (54.1)
Formal and non-formal job*	305 (43.4)	123 (42.1)
Access to Social Security benefits*	244 (34.7)	88 (30.1)
Middle-low socioeconomic level*	623 (88.6)	267 (91.4)
Religious beliefs*	638 (90.8)	266 (91.1)
RMD-related characteristics		
AC*	543 (77.2)	292 (100)
Disease duration, years	15 (8-23)	15 (8-23)
Comorbidity*	458 (65.1)	185 (63.4)
Current mental health comorbidity*	170 (24.2)	75 (25.7)
Hospitalization in the previous year*	102 (14.5)	41 (14)
Number of hospitalizations/patient†	1 (1-1)	1 (1-1)
Patient-reported outcomes measures (PROMs)		
HAQ-DI score	0.5 (0-1.13)	0.3 (0-0.88)
Patients with disability* (HAQ-DI score ≥0.5)	356 (50.6)	126 (43.2)
Patients with no perceived problems in the EQol-5*		
Mobility	489 (69.6)	213 (72.9)
Self-care	624 (88.8)	266 (91.1)
Usual activities	550 (78.2)	242 (82.9)
Pain/discomfort	299 (45.5)	135 (46.2)
Anxiety/depression	519 (73.8)	217 (74.3)
Satisfaction with medical care score† (higher score, better satisfaction)	45 (41-45)	45 (41-45)
RMD-related treatment		
FCHO*	644 (91.5)	269 (92.1)
SCHO*	60 (8.5)	23 (7.9)
Patients on DMARDs*	645 (91.7)	271 (92.8)
Number of DMARD/patient†	1 (1-2)	1 (1-2)
Patients on biologics*	70 (10)	36 (12.3)
Patient on corticosteroids*	271 (38.5)	109 (37.3)

*Data presented as median (IQR) unless *that shows the number (%) of patients. †Among those with the condition. ‡Adapted from Granado de la Orden S et al. Design and validation of a questionnaire of the hospital outpatient clinics in Madrid, Spain, 2006. Rev Esp Salud Publica. 2007; 81:637–45.*

Image 2:

Table 2. Comparison of physicians´ motivations behind FCHO and SCHO, in P-1.

	FCHO	SCHO	p
Physician-related			
It aligns with national and international guidelines.	639 (99.4)	47 (78.3)	≤0.0001
There is solid scientific evidence supporting the effectiveness of the treatment.	626 (97.4)	47 (78.3)	≤0.0001
I have personal experience with that treatment.	626 (97.4)	55 (91.7)	0.032
I am concerned that the shortage of the drug may hinder the continuation of the treatment for the necessary duration.	125 (19.4)	25 (41.7)	≤0.0001
Other reasons.	19 (3)	4 (6.7)	0.124
Patient-related			
Socio-demographics (age, education level, etc...).	266 (41.4)	21 (35)	0.410
Relevant comorbidities.	234 (36.4)	23 (38.3)	0.780
History of adverse events or intolerance.	85 (13.2)	23 (38.3)	≤0.0001
Economic motivations: the patient can´t afford the treatment.	152 (23.6)	9 (15)	0.149
Patients´ preference.	221 (34.4)	20 (33.3)	1
Other reasons.	22 (3.4)	4 (6.7)	0.268
Health-care system related			
Local shortage	95 (14.8)	17 (28.3)	0.009
National shortage	21 (3.3)	3 (5)	0.450
Patient benefits from local gratuity	346 (53.8)	29 (48.3)	0.421
Patient benefits from social security gratuity	149 (23.2)	15 (25)	0.750
Other reasons.	10 (1.6)	2 (3.3)	0.273

Data presents as Number (%) of physicians who selected that motivation.

Conclusion: Patients with AC of their underlying RMD, whose TR prescribed their FCHO, maintained their favorable outcomes more frequently than those who were prescribed SCHO. Scientific evidence-based motivations, TR's fear of medication shortage, and patient-related motivations were associated with FCHO.

Disclosure of Interest: None Declared

Keywords: Clinical Outcome, rheumatic diseases, Treatment Choice

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GLOBAL RHEUMATOLOGY
BY PANLAR

PANLAR 2025

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

PANLAR2025-1231

Intimate Partner Violence In Women With Autoimmune Rheumatic Diseases Across Different Reproductive States: A Comparative Analysis

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

Background/Objectives: Intimate partner violence (IPV) includes physical, psychological, and sexual harm, such as threats or stalking, by a current or former intimate partner. In Mexico, 39.9% of women aged 15 and older have experienced IPV during their relationships. Information on IPV among women with autoimmune rheumatic diseases (ARDs) remains scarce. This study aimed to describe IPV frequency in reproductive-age women with ARDs, both pregnant-postpartum, and non-pregnant, and compare them with controls.

Methods: A descriptive, cross-sectional, and comparative study (June 2023–May 2024) included reproductive-age women (18–45 years), pregnant-postpartum and nonpregnant, with and without ARDs attending a university hospital in Monterrey, Mexico. Participants completed the Spanish “Hurt-Insult-Threaten-Scream (HITS)” survey, a validated 4-item screening tool for IPV using a 5-point Likert scale (4–20 points). A score >5 identified IPV victims. Demographic and clinical data were analyzed using Mann–Whitney U, Chi-square, and Kruskal–Wallis tests.

Results: A total of 120 women participated: 60 with ARDs and 60 controls, distributed equally between pregnant-postpartum and non-pregnant groups. The median age was 28 years (IQR: 9). Sociodemographic characteristics are detailed in Table 1. Overall, 44 (36%) women reported IPV: 23 (19%) in the ARD group and 21 (17%) in the control group. The most reported item was “insults” 39 (32.5%). There was no significant difference in HITS scores between ARD and control groups (p=0.537) or between subgroups. Pregnant-postpartum women reported higher IPV frequency (23/19.1%) compared to non-pregnant women (21/17.5%).

Image 1:

Table 1. Sociodemographic Characteristics and HITS Scores

	Controls		ARDs		P Value:
	Control Pregnant-Postpartum (Group 1) n= 30	Control Non-Pregnant (Group 2) n= 30	Pregnant-Postpartum with ARDs (Group 3) n= 30	Non-Pregnant with ARDs (Group 4) n= 30	ARDs vs. Controls
Age, median, (IQR), years	26,00 (23,00 – 32,25)	26,00 (23,75 – 33,50)	28,50 (25,75 – 33,00)	32,50 (27,00 – 41,25)	**0,006**
Marital Status, n (%)					
Single	5 (16,7)	14 (46,7)	3 (10)	13 (43,3)	
Married	8 (26,7)	6 (20)	13 (43,3)	11 (36,7)	0,254
Cohabiting	17 (56,7)	9 (30)	13 (43,3)	5 (16,7)	
Divorced	-	1 (3,3)	1 (3,3)	1 (3,3)	
Ocupation, n (%)					
Student	1 (3,3)	10 (33,3)	1 (3,3)	4 (13,3)	
Housewife	20 (66,7)	13 (43,3)	16 (53,3)	7 (23,3)	
Employed	6 (20)	6 (20)	11 (36,7)	14 (46,7)	**0,041**
Self Employed	3 (10)	1 (3,3)	1 (3,3)	4 (13,3)	
Unemployed	-	-	1 (3,3)	1 (3,3)	
Education, n (%)					
Elementary School	2 (6,7)	6 (20)	1 (3,3)	1 (3,3)	
Middle School	15 (50)	7 (23,3)	8 (26,7)	6 (20)	0,052
High School	5 (16,7)	5 (16,7)	7 (23,3)	10 (33,3)	
University	7 (23,3)	12 (40)	11 (36,7)	12 (40)	
Postgraduate	1 (3,3)	-	3 (10)	1 (3,3)	
HITS Scale					
Score, median, (IQR)	4 (1)	4 (2)	4 (2)	4 (2)	0,537
IPV Victims, n (%)	10 (33,3)	11 (36,7)	13 (43,3)	10 (33,3)	0,85

Conclusion: Our findings indicate that 1 in 3 women experienced IPV in the last year, with a higher trend among pregnant-postpartum women. This emphasizes the need for enhanced screening in postpartum patients. Results align with existing data on IPV in the Mexican population. No statistically significant differences were found between groups, suggesting a larger sample size is needed to confirm trends. These findings underscore the importance of addressing IPV in all women, particularly those with ARDs during pregnancy or postpartum. Early detection guidelines could help mitigate adverse pregnancy outcomes and improve overall health.

Disclosure of Interest: None Declared

Keywords: Intimate Partner Violence, Pregnancy, Reproductive Health

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GLOBAL RHEUMATOLOGY
BY PANLAR

PANLAR 2025

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

PANLAR2025-1250

Loss Of Work Productivity In Patients With Rheumatic Diseases In A Public Hospital

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

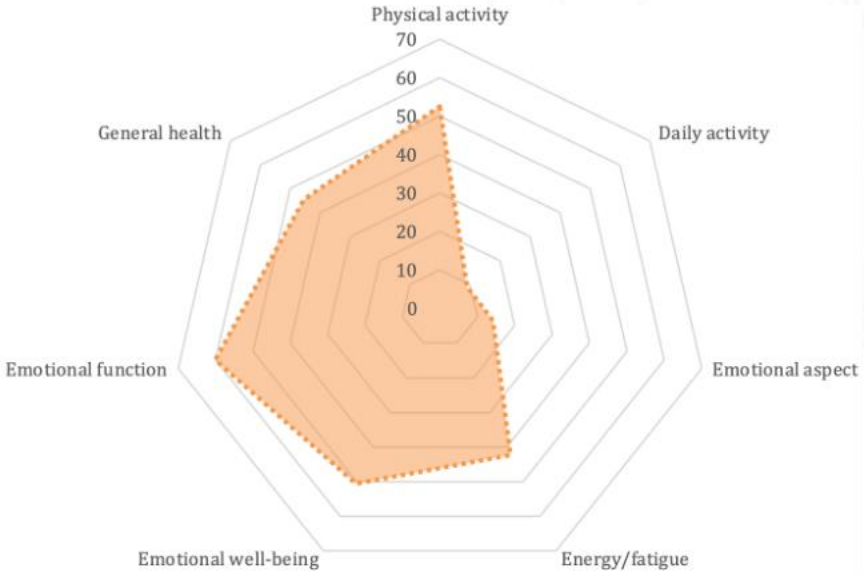
Background/Objectives: Background: Rheumatic diseases are the second cause of absenteeism from work and the first cause of physical disability, temporary or permanent in Western countries.

Objectives: Evaluate the loss of work productivity, associated factors and their impact on quality of life in patients with rheumatic diseases.

Methods: Descriptive, cross-sectional study. Patients aged 18 to 65 years old with rheumatological diseases were included; recruited from rheumatology clinics of the Japanese University Hospital, Santa Cruz, Bolivia, from October to November 2024. Data on sociodemographic variables were collected and the following validated tools were used: Work Productivity and Activity Impairment-General Health Questionnaire (WPAI-GH) to assess absenteeism, presenteeism, and general work impairment, Short Form-36 Health Survey (SF-36) (score closer to 0 indicates greater deterioration in quality of life), Graffar's social stratification scale, Charlson's comorbidity index, HAQ questionnaire of functional capacity and CDAI score for rheumatoid arthritis (RA), SLEDAI-2k index for systemic lupus erythematosus (SLE). The study was approved by the Ethics Committee. All gave their informed consent.

Results: A total of 66 patients (86.4% women) were included, with a mean age of 46 years. 70% were from low social strata. The majority had RA (65%). 41% had some comorbidity. 60% had mild functional impairment. The median limitation of daily activities due to health and emotional problems (SF-36) was 9.1 and 14.2, respectively (Image 1). There was a general work impairment of 68.2%. Absenteeism and presenteeism at work were 20.3% and 62.2%, respectively. 95.5% did not receive monthly salary. The main economic income was family support (83.3%), and 27.3% was engaged in informal commerce. Most had monthly incomes below the national minimum wage (86.4%). There was no statistically significant association between the loss of labor productivity and sociodemographic variables, comorbidities, and functional limitation.

Image 1:



Conclusion: Patients with rheumatic diseases have a high percentage of unemployment and deterioration in work productivity and deterioration in daily activities due to physical and emotional problems. Public health interventions must be carried out to promote the reintegration of our patients into the labor market.

Disclosure of Interest: None Declared

Keywords: Productivity, Rheumatic disease

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GLOBAL RHEUMATOLOGY
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PANLAR 2025

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

PANLAR2025-1347

Psychological Distress And Its Relation With Functional Capacity In Patients With Rheumatic Diseases

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

Background/Objectives: Patients with rheumatic diseases exhibit a notable increase in symptoms of depression and anxiety, this can significantly influence patients' functional capacity. Understanding the impact of these symptoms on aspects of the disease is essential for rheumatologic care.

Methods: A cross-sectional study was conducted at an outpatient clinic. Patients aged >18 years with a diagnosis of rheumatic disease were included. Psychological distress was assessed using DASS-21, higher scores indicate greater impairment. Functional capacity in daily activities was assessed using HAQ-DI, higher scores reflect greater functional difficulty. Descriptive statistical analysis was performed. Spearman's correlation test was used to evaluate the relationship between depression, anxiety, and stress and HAQ-DI outcomes. A p-value <0.05 was considered statistically significant.

Results: A total of 91 patients were evaluated, of whom 88 (96.7%) were women, with a mean age of 52.1 ± 14.4 years. The most common diagnosis was rheumatoid arthritis (45/91, 49.5%), followed by systemic lupus erythematosus (13/91, 14.3%). Most patients had a disease duration of 0–5 years (55/91, 60.4%)(Table 1). The median DASS-21 scores were 4 (0-10) for depressive symptoms, 4 (2-10) for anxiety symptoms, and 8 (4-16) for stress symptoms. The median HAQ-DI score was 0.37 (0-1). A positive correlation was observed between depressive symptoms and HAQ-DI scores (rs= 0.306, p= 0.003). Anxiety symptoms were associated with lower functional capacity in daily life (rs= 0.388, p < 0.001), and stress symptoms showed a positive correlation with HAQ-DI scores (rs= 0.229, p= 0.029)(figure 1).

Table 1:

Table 1. Patient´s characteristics	**N= 91**
Age in years, mean ± SD	52 ± 14.3

Sex, n(%)	
Femenine	88 (96.7)
Education, n(%)	
None/Primary	27 (29.6)
Secondary	47 (51.6)
Higher education	16 (17.7)
Diagnosis, n(%)	
Rheumatoid arthritis	45 (49.5)
Systemic lupus erythematosus	13 (14.3)
Osteoarthritis	9 (9.9)
Fibromyalgia	6 (6.6)
Time of evolution, n(%)	
0-5 years	55 (60.4)
6-10 years	21 (23.1)

11-15 years	8 (8.8)
>15 years	7 (7.7)

Comorbidities, n(%)

Diabetes mellitus	20 (18.7)
Hypertension	24 (23.3)
Hypothyroidism	8 (7.4)

Image 1:

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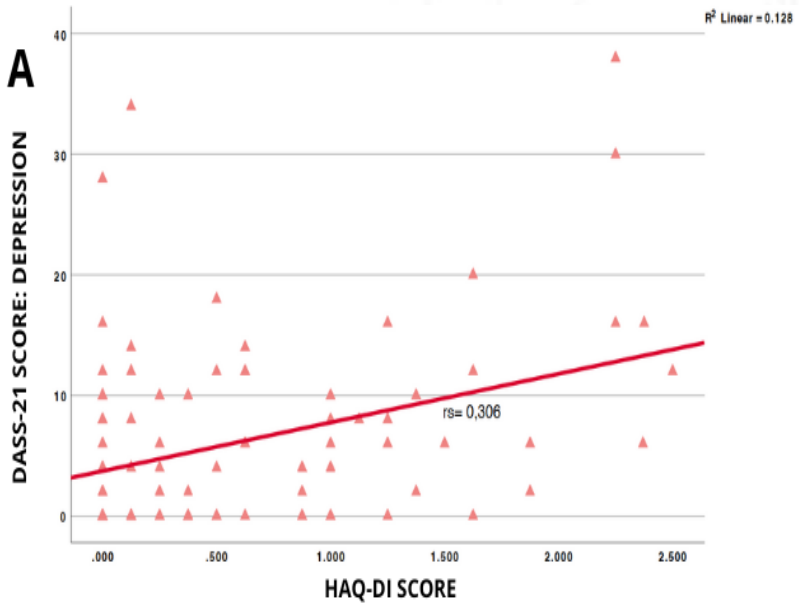

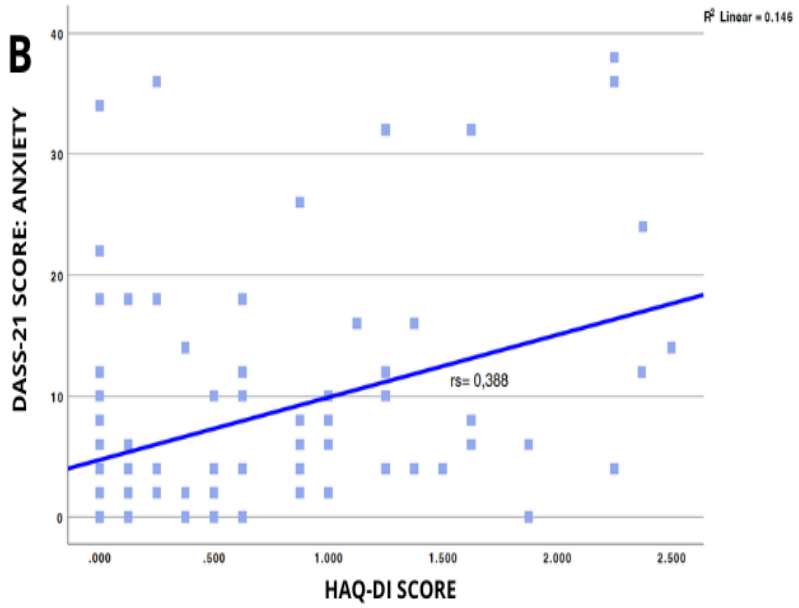

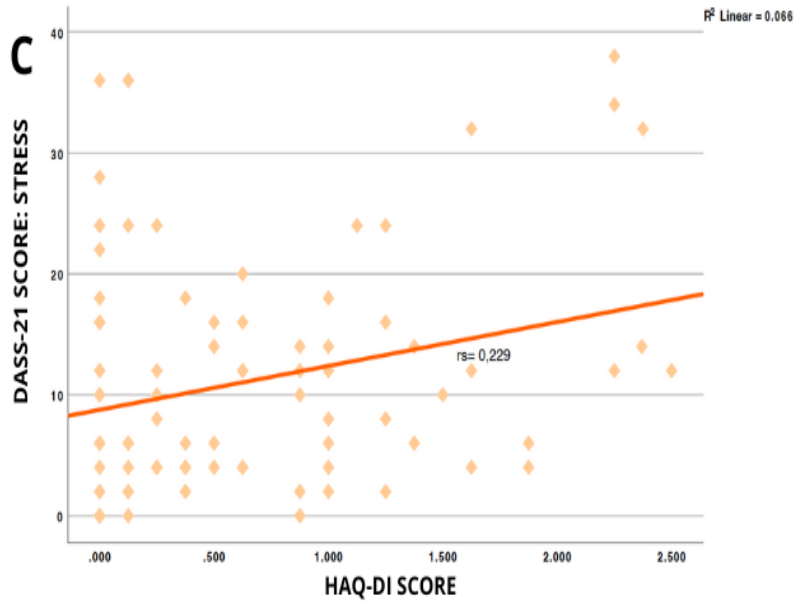

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Conclusion: The findings of this study reveal that emotional distress is associated with reduced functional capacity in patients with rheumatic diseases, highlighting the need for holistic care approaches.

Disclosure of Interest: None Declared

Keywords: Activities of Daily Living, Psychological Distress, rheumatic diseases

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GLOBAL RHEUMATOLOGY
BY PANLAR

PANLAR 2025

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

PANLAR2025-1177

Medication Count And Its Impact On Treatment Adherence In Patients With Rheumatologic Diseases

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

Background/Objectives: Adherence is a critical factor for the effective management of rheumatologic diseases. However, due to their chronic nature it often results in polypharmacy, affecting negatively the adherence. Understanding how polypharmacy impacts treatment adherence is of paramount importance.

Methods: A cross-sectional study was conducted at an outpatient rheumatology clinic. Patients aged over 18 years with rheumatologic diseases were included. Morisky-Green test was employed, defining poor adherence as a score <3 (Table 1). Polypharmacy was defined as ≥5 medications. Descriptive statistics were employed. For quantitative variables, measures of central tendency and dispersion were reported. The association between number of medications and adherence was analyzed using the Mann-Whitney U test, with a p-value <0.05 considered statistically significant.

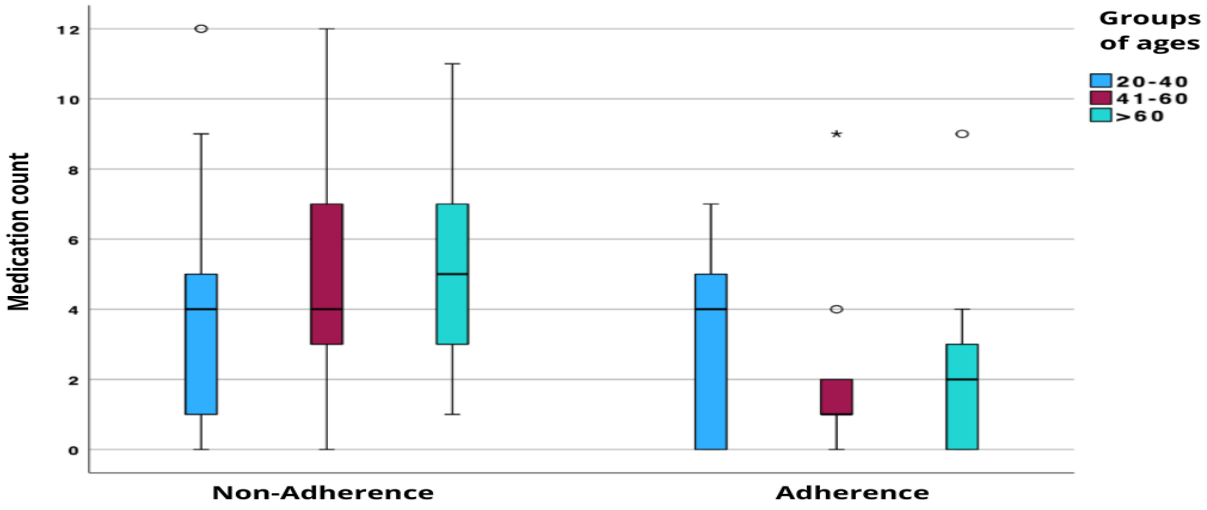
Results: 116 patients were included, with 102 women (87.93%). The median age was 52 years (range 39–62). The most common diagnoses were rheumatoid arthritis (43.96%), systemic lupus erythematosus (10.34%), and fibromyalgia (10.34%). Among patients aged 20–40 years (30 patients, 25.8%), the median number of medications was 4 (range 1–5), 48.57% being rheumatologic drugs and polypharmacy in 11 patients (36.7%). No statistically significant difference in adherence was noted concerning the number of medications taken (p=0.787). The 41–60 years age group included 56 patients (48.27%), with a median of 4 medications (range 2–6), 43.34% of which were rheumatologic, and polypharmacy present in 22 patients (40%). Among those aged >60 years (30 patients, 25.8%), the median number of medications was 4 (range 2–6), 40.60% being rheumatologic drugs, and polypharmacy observed in 14 patients (45.2%). Regarding treatment adherence, the 41–60 and >60 years groups exhibited significantly lower adherence in patients with polypharmacy compared to those without (p=0.002 and p=0.006, respectively)(figure 1).

Table 1:

Table 1. Morisky-Green Test (n= 116)		
Questions	**Yes**	**No**

¿Do you forget to take your medicine?	49.1%	50.8%
¿Do you take your medication at the indicated hour?	80.1%	19.8%
When you feel good, do you stop taking your medication?	37.9%	62.0%
Do you stop taking your medication if you feel worse?	34.4%	65.5%

Image 1:



Conclusion: In patients aged over 40 years, the use of a higher number of medications is associated with decreased treatment adherence. Patients over 60 years exhibited even lower adherence in the presence of polypharmacy.

Disclosure of Interest: None Declared

Keywords: Polypharmacy, rheumatic diseases, Treatment adherence and compliance

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GLOBAL RHEUMATOLOGY
BY PANLAR

PANLAR 2025

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

PANLAR2025-1390

Sleep Quality, Fatigue, Anxiety and Depression in Rheumatic Patients.

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

Background/Objectives: Patients with autoimmune rheumatic diseases (ARD) frequently experience sleep disturbances. They also have a high prevalence of anxiety and depression and significant levels of fatigue. Poor sleep quality is multifactorial, influenced by genetic, psychological, lifestyle, disease activity, and comorbidities.This study aims to describe sleep quality, fatigue, and symptoms of anxiety and depression in patients with ARD.

Methods: A descriptive, cross-sectional, observational study was conducted on patients >18 with ARD from the outpatient clinic at the Hospital Universitario "José Eleuterio González" from June-August 2024. The scales used are in Figure 1.

Results: We surveyed 32 ARD patients, with a mean age of 45.31 years and a mean BMI of 28.42, 93.73% females. Rheumatoid arthritis (RA) was the most common diagnosis (33.33%). Poor sleep quality was observed in 62.5% of patients, more prevalent in RA and with disease progression >6 years. Also, 50% reported fatigue, 60% anxiety, and 45% depression. Severe anxiety symptoms were present in 45%, and severe depression symptoms in 20%. In contrast, 37.5% had good sleep quality, with minimal fatigue, anxiety, and depression.

Table 1:

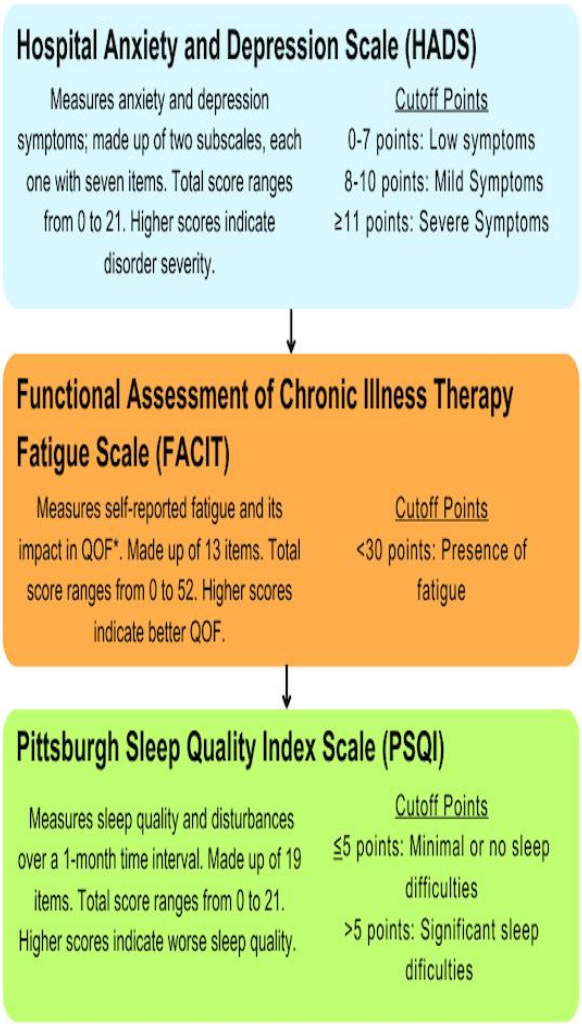
	<5 points **Good Sleepers** *n(%)=12 (37.5)*	≤5 points **Bad Sleepers** *n(%)=20 (62.5)*
Genre **Femenin, n(%)**	10 (83.33)	20 (100)
Age, mean +/- SD	38.25 (15.55)	49.55 (12.97)

BMC, mean +/- SD	27.28 (4.47)	29.11 (5.66)
Occupation, n(%)		
Employed	6 (50)	9 (45)
Unnemployed	6 (50)	11 (55)
Education level, n(%)		
Basic education	5 (41.66)	8 (40)
Superior education	7 (58.3)	12 (60)
Comorbidities, n(%)		
Obesity	3 (25)	8 (40)
HTN	3 (25)	7 (35)
T2DM	0 (0)	5 (15)
Others	4 (33.33)	12 (60)
Diagnose, n(%)		
RA	4 (33.33)	7 (35)
SLE	4 (33.33)	5 (15)
Scleroderma	2 (16.66)	1(5)
Sjögren Syndrome	0 (0)	4 (20)
Inflammatory Myopathies	2 (16.7)	2 (10)

Disease Duration in years, n(%)		
< 1 year	3 (25)	3 (15)
1-5 years	7 (58.3)	3 (15)
6-9 years	1 (8.33)	7 (35)
≥ 10 years	1 (8.33)	7 (35)
Antibodies, n(%)		
ANA +	7 (58.3)	13 (65)
FR +	5 (41.66)	11 (55)
Anti CCP	1 (8.33)	7 (35)
Anti RO	2 (16.66)	6 (30)
Anti DNA	3 (25)	2 (10)
Other Antibodies	6 (50)	6 (30)
FACIT-F **Mean Score +/- SD**	36.6 (14.41)	30.6 (10.93)
HADS, Mean Score +/- SD		
Anxiety	4 (33.33)	7.1 (4.22)
Depression	2.25 (2.27)	10.15 (4.19)

Image 1:

Figure 1. Scales descriptions



*QOF: quality of life

Conclusion: Patients with poor sleep quality displayed higher rates of severe depression (20%) and anxiety (45%), longer disease duration, comorbidities, and a 10-year older mean age compared to the good sleepers group. Screening sleep patterns in ARD patients and providing integral care could help to improve their quality of life.

Disclosure of Interest: None Declared

Keywords: Anxiety, Depression, Sleep

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PANLAR 2025

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

PANLAR2025-1186

Sociodemographic Characteristics Of Speakers At Panlar Congresses. Is There A Homogeneous Distribution According To Sex?

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

Background/Objectives: In recent years, PANLAR has addressed the issue of gender equity in various activities and through different modalities.

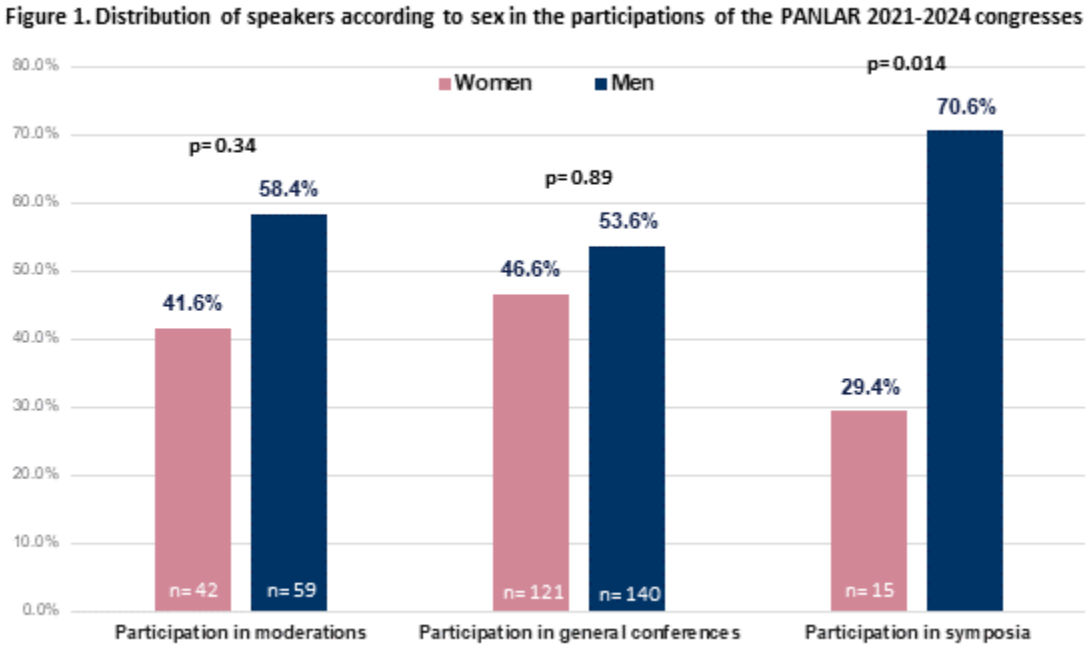
Objectives: To analyze the sociodemographic characteristics of the speakers participating in the last four PANLAR congresses and to compare the distribution of speakers by gender between the conferences organized by PANLAR and the pharmaceutical industry symposia.

Methods: All speakers who participated in the PANLAR annual congresses in the last 4 years (2021-2024) were identified by reviewing the corresponding programs. Data recorded: age, sex, nationality, country of residence, speaker category, type of participation and in case of being a rheumatologist: years of specialty and place of work. *Statistical analysis:* Descriptive statistics. Chi^2 test or Fisher's exact test and Student's t test.

Results: 425 speakers participated in the last four annual PANLAR congresses in the period 2021-2024. The speakers had a mean age of 50.4±12.5, 227 ♂ (53.4%). The speaker categories were: 337 adult rheumatologists (79.3%), 35 pediatric rheumatologists (8.2%), 32 physicians with another specialty (7.5%), 13 other professionals (3.1%) and 8 patients (1.9%). The main origin countries of orators were: 92 Colombia (21.6%), 89 Brazil (20.9%), 59 Argentina (13.9%), 38 each Mexico and United States (8.9%) and 13 Spain (3.1%). Counting both adult and pediatric rheumatologists, 28.5% worked in the public system, 53.2% in private sector and 18.3% at both and the mean time in the specialty was 20 years±12.5. Among the speakers: 113 participated as moderators, 337 in the general conferences and 61 in the pharmaceutical industry symposia. Selecting only rheumatologists who treat adult patients, there was greater participation of men compared to women in both the moderation and general conferences, although this did not reach statistical significance [♂ 58.4% vs ♀ 41.6% and ♂ 53.6% vs ♀ 46.4%, respectively, p= NS]. However, men participated significantly more than women in pharmaceutical industry symposiums [♂ 70.6% vs ♀ 29.4%, p= 0.014]. These differences remained

even after including all participants. Although overall men were significantly older than women, no significant differences were found in the age of speakers at either the general conferences or the industry symposia.

Image 1:



Conclusion: Understanding the sociodemographic distribution of speakers is essential for accurately diagnosing the situation. A higher proportion of males was observed at the commercial symposium.

Disclosure of Interest: None Declared

Keywords: Gender Equity

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GLOBAL RHEUMATOLOGY
BY PANLAR

PANLAR 2025

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

PANLAR2025-1345

Rheumatic Diseases (Rd) Represent A Significant Public Health Concern, Affecting A Considerable Proportion Of The General Population And Resulting In A Range Of Adverse Outcomes, Including Pain, Disability, Deformity, And Even Mortality. It Is Estimated That Approximately 10% Of The General Population Is Affected By Some Form Of Rheumatic Disease.

It Is Crucial To Ascertain The Most Prevalent Rd In Each Nation There Is A Paucity Of Epidemiological Data On These Conditions In El Salvador

Objective. Is To Profile The Socio-Demographic Characteristics, Disease Category And Comorbidities Of Patients Attending The Rheumatology Outpatient Department At The Hospital Nacional Zacamil.

Rafael Merazo*[1], Romeo Benjamín Guevara[2], Salvador Sermeño[1], Kathya Benítez[1]
[1]Mejicanos, [2]Mexicanos, Hospital Nacional Zacamil, San Salvador, El Salvador

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

Background/Objectives: Introduction

Rheumatic diseases (RD) represent a significant public health concern, affecting a considerable proportion of the general population and resulting in a range of adverse outcomes, including pain, disability, deformity, and even mortality. It is estimated that approximately 10% of the general population is affected by some form of rheumatic disease.

It is crucial to ascertain the most prevalent RD in each nation there is a paucity of epidemiological data on these conditions in El Salvador

Objective. Is to profile the socio-demographic characteristics, disease category and comorbidities of patients attending the rheumatology outpatient department at the Hospital Nacional Zacamil.

Methods: Methodology. This descriptive, observational, cross-sectional study included a review of clinical records. It targeted patients older than 12 years old and selected a convenience sample from those who consulted between April and May 2023. It investigated sociodemographic and clinical variables. The statistical analysis used means and ranges for numerical variables and frequency for categorical variables. The protocol was approved by the Ethics Committee of the hospital.

Results: Results: The study cohort comprised 551 patients, with a female predominance of 92,6%. Among these women, 72,2% were engaged in housework. The mean age of the participants was 52,8 years, with an average of 7.83 years of formal education. The illiteracy rate was 12,5%.

Of the participants, 83,8% were diagnosed with an autoimmune systemic disease; rheumatoid arthritis (RA) and systemic lupus erythematosus (SLE) were the most common.

95% of patients with RA were women. The mean age was 56,8 years, with an average of 6,8 years of education. It should be noted that a significantly higher proportion of patients with SLE were women, at 97.9%. The mean age was 40.59 years and the mean number of years in education was 9,5.

Nearly 92% of the population presented one or more co-morbidities, with 50,6% having a body mass index above the healthy threshold, 42,7% suffering from hypertension, and 18.9% from diabetes.

Conclusion: Predominantly female, economically active and with low level of schooling. Systemic autoimmune diseases are the main cause of consultation.

Reference 1: Seoane-Mato D, et al. Prevalence of rheumatic diseases in adult population in Spain (EPISER 2016 study): Aims and methodology. Reumatol Clin (Engl Ed). 2019 Mar-Apr;15(2):90-96.

Reference 2: Van Onna M, et al. Challenges in the management of older patients with inflammatory rheumatic diseases. Nat Rev Rheumatol. 2022 Jun;18(6):326-334

Disclosure of Interest: None Declared

Keywords: Rheumatic diseases, rheumatoid arthritis, comorbidity.

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GLOBAL RHEUMATOLOGY
BY PANLAR

PANLAR 2025

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

PANLAR2025-1346

Evaluation of Antinuclear Antibodies prevalence in a female university population in Michoacán, Mexico.

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[1]Laboratorio de Hemostasia y Biología Vascular, [2]Laboratorio de Biología Celular Humana, Universidad Michoacana de San Nicolás de Hidalgo, Morelia, Mexico

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

Background/Objectives: In Mexico, an increase in the incidence of autoimmune diseases has been reported. However, the association and influence of ANA positivity at different titers and the multiplicity of genetic, personal, and demographic factors on the development of autoimmune diseases is unknown. Therefore, the main objective is to assess the serological concentrations of ANA in a female population of the third decade of life in a Mexican University and correlate the results with socio-demographic variables in order to determine predisposing factors for the development of autoimmune conditions.

Methods: A prospective and observational study was conducted. Informed consents, medical histories, and face-to-face interviews were obtained from female participants in their third decade of life. Blood samples were collected by venipuncture. ANA determination was performed using the indirect immunofluorescence (IIF) technique with human epithelial (Hep-2) cells. Samples were analyzed using an indirect immunofluorescence microscope. Information was gathered from medical histories, combined with ANA pattern data, and tabulated in a database for statistical analysis using SPSS v.21 software.

Results: A total of seventy-three female participants in their third decade of life were included. When determining ANA, any titer equal to or greater than 1:80 was considered as positive. Based in our results it was identified that 60.3% (n=44) were found as negative, while the remaining 39.7% (n=29) were positive. Among the positive cases, the most frequently observed ANA patterns were AC-2 (51.7%) and AC-12 (41.3%), while other patterns, such as AC-1 (3.4%) and AC-12 (3.4%), were rare.

Conclusion: This study showed that AC-2 and AC-12 patterns were predominant in the studied population, which are commonly identified in clinically healthy individuals. This emphasizes the fact that a positive ANA report does not allow for a direct correlation with the development of autoimmune diseases. On the other hand, the only significant clinical association observed among the analyzed variables was the role of a normal body mass index (BMI) in reducing the prevalence of positive titers.

Disclosure of Interest: None Declared

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Keywords: Antinuclear Antibodies, Prevalence

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GLOBAL RHEUMATOLOGY
BY PANLAR

PANLAR 2025

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

PANLAR2025-1371

Sociodemographic and Clinical Characterization Of Patients Over 60 Years Of Age With Rheumatological Diseases Treated In A Public Hospital In El Salvador

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

Background/Objectives: . Population ageing is a worldwide phenomenon caused by the reductions in adult mortality and fertility. With population ageing, the most prevalent types of diseases shift from acute infectious to chronic noncommunicable diseases, such as chronic musculoskeletal conditions.

In El Salvador, the estimated average life expectancy for the year 2024 is 72.3 years, and the percentage of the population over the age of 60 is 14.2%.

In a 2023 study conducted in the rheumatology outpatient clinic of the Hospital Nacional Zacamil, Sermeño et al. found that 35.8% of the participants were over 60 years of age.

The objective of the study was to document the demographic and clinical characteristics of patients over 60 who were seen at the hospital.

Methods: The study population was drawn from the cohort of patients attending the rheumatology outpatient clinic, with a focus on individuals aged 60 and over who received treatment during the period from January to April 2023. A thorough investigation encompassed various sociodemographic and clinical variables for each participant. The study's statistical analyses were methodically conducted, specifically, the mean and standard deviation for quantitative variables, while frequency distributions were utilized for categorical variables. The protocol for this study was formally reviewed and approved by the hospital's Ethics Committee.

Results: The results of the study indicate that 35.8% (197/551) of the patients were over 60 years of age, with a mean age of 68.1 years (SD 6.87). The patients were female (93.9%). On average, the patients had a mean of 5.28 years of schooling (SD: 4.46). The majority of the patients (89.8%) resided in urban areas.

The most prevalent diseases were rheumatoid arthritis (70%), osteoarthritis (8.6%), systemic lupus erythematosus (6.5%), scleroderma (4.1%), and unclassified systemic autoimmune diseases (4.1%).

Furthermore, 94.4% of the patients had one or more comorbidities, the most prevalent of which were arterial hypertension (64.4%), overweight or obesity (45%), lipid metabolism disorders (38.2%), diabetes mellitus (26.2%), and hypothyroidism (7.3%).

Conclusion: Within the group of patients suffering from rheumatologic diseases who were admitted to hospital, 35.8% are over the age of 60. Rheumatoid arthritis was the disease most frequently diagnosed, and a high frequency of comorbidities was also observed.

Reference 1: van Onna M, et al. Challenges in the management of older patients with inflammatory rheumatic diseases. Nat Rev Rheumatol. 2022 Jun;18(6):326-334.

Miranda VS, et al. Prevalence of chronic musculoskeletal disorders in elderly Brazilians: a systematic review of the literature. BMC Musculoskelet Disord. 2012 May 29;13:82.

Reference 2: Miranda VS, et al. Prevalence of chronic musculoskeletal disorders in elderly Brazilians: a systematic review of the literature. BMC Musculoskelet Disord. 2012 May 29;13:82.

Disclosure of Interest: None Declared

Keywords: Rheumatic diseases, chronic diseases, aged, rheumatoid arthritis

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GLOBAL RHEUMATOLOGY
BY PANLAR

PANLAR 2025

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

PANLAR2025-1168

Gender Equity In The Participation Of Speakers At The Congresses Of The Argentine Society Of Rheumatology

Emilce Edtih Schneeberger[*1], Verónica Bellomio[2], Marina Scolnik[3], Javier Rosa[3], Fernando Dal Pra[1], Gustavo Citera[1]
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Has this paper been previously presented at another conference?: Yes

Background/Objectives: Several studies have documented that “female rheumatologists” are underrepresented in academic medicine.

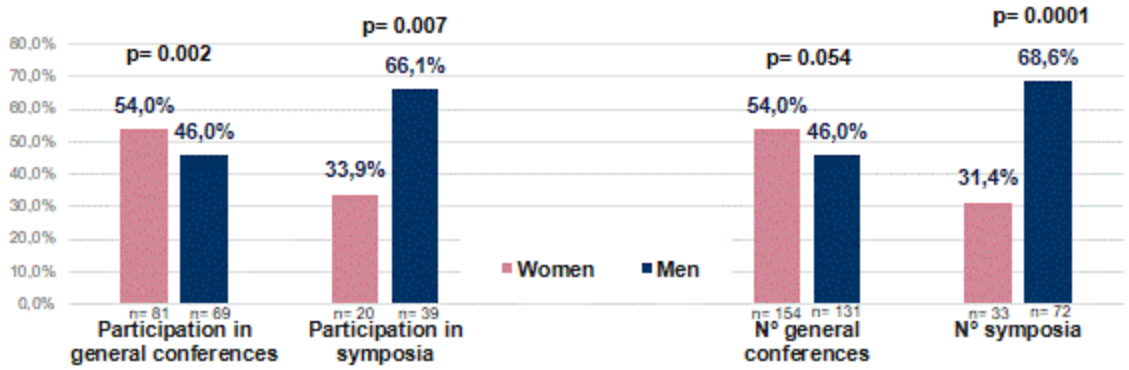
Objectives: To describe the proportion of women invited as speakers at the annual rheumatology congress organized by the Argentine Society of Rheumatology (SAR) and to compare the distribution of speakers by sex between the conferences organized by SAR and the pharmaceutical industry symposia.

Methods: All national and international adult rheumatologist speakers who participated in the SAR annual congresses in the last 5 years (2019-2023) were identified by reviewing the corresponding programs. Exclusion criteria: Pediatric rheumatologists, other specialties. The following data were recorded: age, sex, nationality, years of specialty and place of work. *Statistical analysis:* Descriptive statistics. Chi^2 test and Fisher's exact test, Student's t test, Spearman correlation.

Results: One hundred and eighty three speakers participated in the last five annual SAR congresses in the period 2019-2023. The speakers had a median (*m*) age of 51 years interquartile range (IQR) 43-62, 94 were men (51.4%), 117 were national guests (63.9%) and had been in the specialty for: *m* 22 years (IQR 11-30). 42.1% worked in both the public and private sectors. A higher proportion of women 81 (54%) participated in the general conferences versus men 69 (46%), p= 0.002. On the contrary, men participated more frequently in the symposia sponsored by the pharmaceutical industry 39 (66.1%) versus women 20 (33.9%), p= 0.007. In 285 general lectures, 54% were given by women and 46% by men, p= 0.054 and in 105 symposium lectures, 68.6% were given by men and 31.4% by women, p= 0.0001. (Figure 1) Men were significantly older than women in both general talks and symposia (p= 0.001 and p= 0.005, respectively). The average number of conferences per speaker was comparable between both sexes. When analyzing only the national speakers, these differences were reduced but with the same trends: general talks (♀ 58.5% vs ♂ 41.5%, p= NS) and symposia (♀ 43.3% vs ♂ 56.7%, p= NS).

Image 1:

Figure 1. Distribution of speakers according to sex at the congresses conferences



Conclusion: Although the general conferences are mostly given by women, this ratio is reversed in the pharmaceutical industry symposia. These differences are noticeably reduced, when considering only the national speakers.

Disclosure of Interest: None Declared

Keywords: None

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GLOBAL RHEUMATOLOGY
BY PANLAR

PANLAR 2025

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

PANLAR2025-1238

Sociodemographic And Clinical Characterization Of Patients With Rheumatic Disease Treated In A Public Hospital In El Salvador.

Kathya Benítez [1, 2], Romeo Guevara [* 1, 2], Salvador Sermeño [1, 2]

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

Background/Objectives: Rheumatic diseases (RD) represent a significant public health concern, affecting a considerable proportion of the general population and resulting in a range of adverse outcomes, including pain, disability, deformity, and even mortality. It is estimated that approximately 10% of the general population is affected by some form of rheumatic disease.

It is crucial to ascertain the most prevalent RD in each nation there is a paucity of epidemiological data on these conditions in El Salvador.

Objective. Is to profile the socio-demographic characteristics, disease category and comorbidities of patients attending the rheumatology outpatient department at the Hospital Nacional Zacamil.

Methods: This descriptive, observational, cross-sectional study included a review of clinical records. It targeted patients older than 12 years old and selected a convenience sample from those who consulted between April and May 2023. It investigated sociodemographic and clinical variables. The statistical analysis used means and ranges for numerical variables and frequency for categorical variables. The protocol was approved by the Ethics Committee of the hospital.
Results: The study cohort comprised 551 patients, with a female predominance of 92,6%. Among these women, 72,2% were engaged in housework. The mean age of the participants was 52,8 years, with an average of 7.83 years of formal education. The illiteracy rate was 12,5%.

Of the participants, 83,8% were diagnosed with an autoimmune systemic disease; rheumatoid arthritis (RA) and systemic lupus erythematosus (SLE) were the most common.

95% of patients with RA were women. The mean age was 56,8 years, with an average of 6,8 years of education. It should be noted that a significantly higher proportion of patients with SLE were women, at 97.9%. The mean age was 40.59 years and the mean number of years in education was 9,5.

Nearly 92% of the population presented one or more co-morbidities, with 50,6% having a body mass index above the healthy threshold, 42,7% suffering from hypertension, and 18.9% from diabetes.

Table 1:

Conclusion: Predominantly female, economically active and with low level of schooling. Systemic autoimmune diseases are the main cause of consultation.

Reference 1: Seoane-Mato D, et al. Prevalence of rheumatic diseases in adult population in Spain (EPISER 2016 study): Aims and methodology. Reumatol Clin (Engl Ed). 2019 Mar-Apr;15(2):90-96.

Reference 2: van Onna M, et al. Challenges in the management of older patients with inflammatory rheumatic diseases. Nat Rev Rheumatol. 2022 Jun;18(6):326-334

Disclosure of Interest: None Declared

Keywords: comorbidity, Rheumatic diseases, rheumatoid arthritis

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GLOBAL RHEUMATOLOGY BY PANLAR

PANLAR 2025

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

PANLAR2025-1261

Fatigue, Anxiety, Depression And Sleep Quality In Systemic Erythematosus Lupus: A Case-Control Study.

Karen Yaresi Ramos-Reza[*1], Fatima Adriana Marin-Muñoz[1], Maria Eugenia Corral-Trujillo[1], Maria Fernanda Ortiz-Nuño[1], Fatima Humphrey-Escamilla[1], Laura Patricia Gallegos-Gloria[1], Adriana Catalina Davila-Herrada[1], Santiago Saturnino Heredia-Gonzalez[1], Samuel Alejandro Ruiz-Hernandez[1], Miguel Angel Villarreal-Alarcon[1], Ivan de Jesus Hernandez-Galarza[1], Dionicio Angel Galarza-Delgado[1]

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

Background/Objectives: Systemic lupus erythematosus (SLE) has been associated with fatigue, anxiety and depression. This study aims to compare the sociodemographic variables and the prevalence of anxiety, depression, fatigue, and sleep disturbances between patients with SLE and general population controls.

Methods: A cross-sectional, observational study was conducted in a rheumatology clinic from June to November 2024. Patients were over 18 years with an SLE diagnosis according to EULAR/ACR 2019 criteria, and healthy patients as controls. The scales used are in Figure 1.

Results: This study included 90 patients, 48.8 % with SLE, 51.1% controls. The mean age differed significantly (p <0.001) between groups: 36.86 ± 2.28 in the SLE group vs. 51.80 ± 2.04 in controls. (Table 1) All comorbidities studied were more prevalent in controls but not statistically significant, except for T2DM (p <0.024).

Anxiety and depression scores were statistically significant, showing medians of 6 (IQR 5) vs. 3 (IQR 6) for anxiety and 4 (IQR 6) vs. 3 (IQR 4) for depression, the presence of mild and severe symptoms for both was more prevalent in controls. Fatigue symptoms (27.3 vs. 23.9%) and bad sleepers (50 vs. 43.5%) were likely similar in both groups.

Table 1:

	SLE **n= 44**	CONTROL n=46	p =
Age, mean +/-SD	**36.86 +/- 2.28**	**51.80 +/- 2.04**	**<0.001**
BMI, median (IQR)	**26.70 (12)**	**30.85 (9)**	**.101**

Genre, n (%)			
Femenin	43 (97.7)	45 (97.8)	**1.00**
Masculin	1 (2.3)	1 (2.2)	
Marital status n (%)			
With partner	21 (47.7)	28 (60.9)	**.211**
Without partner	23(52.3)	18 (39.1)	
Occupation, n(%)			
Employed	16 (36.4)	18 (39.1)	**.787**
Unemployed	28 (63.6)	28 (60.9)	
Education level, n(%)			
Basic education	22 (50)	23 (50)	**1.00**
Superior education	22 (50)	23 (50)	
Comorbidities, n(%)			
Obesity	19 (43.1)	27 (58.7)	.141
T2DM	3 (6.8)	11 (23.9)	**.024**
Systemic Arterial Hypertension	10 (22.7)	12 (26.1)	.711
Hypothyroidism	8 (18.2)	12 (26.1)	.367

FACIT-F			
Total Score, median (IQR)	43 (IQR 19)	39 (IQR 14)	.300
Fatigue n,%	12 (27.3	11 (23.9)	.715
HADS-Anxiety			
Score, median (IQR)	2 (6)	6 (IQR 5)	**.018**
Mild Symptoms, n (%)	5 (11.36)	12 (26.1)	.389
Severe Symptoms, n (%)	4 (9.1)	8 (17.4)	
HADS-Depression			
Score, median (IQR)	3 (4)	4 (IQR 6)	.115
Mild Symptoms, n(%)	3 (6.8)	5 (10.9)	.736
Severe Symptoms, n(%)	4 (9.1)	3 (6.5)	
PSQI			
Score, Median (IQR)	5.5 (5)	5 (6)	.929
Good Sleepers, n(%)	22 (50)	26 (56.5)	.535
Bad Sleepers, n(%)	22 (50)	20 (43.5)	

Image 1:

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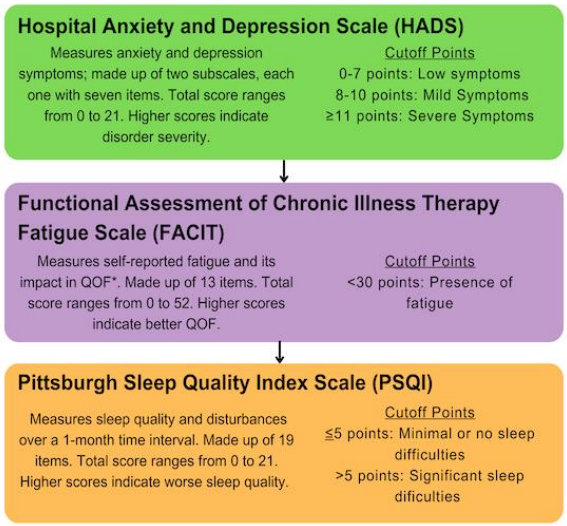
Figure 1. Scales descriptions



*QOF: quality of life

Conclusion: We can conclude that SLE patients besides their young age compared to control still manifest fatigue anxiety and depression symptoms, but mostly bad sleep quality.

Disclosure of Interest: None Declared

Keywords: Anxiety, mental health, SLE

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GLOBAL RHEUMATOLOGY
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PANLAR 2025

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

PANLAR2025-1367

Prevalence of autoimmune rheumatic diseases in a regional hospital cohort from Antigua, Guatemala

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

Background/Objectives: Autoimmune rheumatic diseases can range in prevalence worldwide from 3 to 5%, with uncertain data in some Latin American countries. This cohort aims to determine the prevalence of autoimmune rheumatic diseases in a regional hospital in Antigua, Guatemala, and to determine the epidemiological and clinical characteristics.

Methods: A prospective study is described starting in May 2022 and continuing to the present date. This study will describe the cohort in a cross-sectional manner from May 2022 to December 2024.

Results: A total of 361 patients were documented, 85.9% female, Rheumatoid Arthritis represented 59.7% of the most prevalent diseases, the second being Systemic Lupus Erythematosus 23% and Primary Antiphospholipid Syndrome 17.3%.

Table 1:

Características	AR N=(165)	LES N=(68)	SAF N=(36)	ES N=(23)	MI N=(12)	OTRAS N=(57)	TOTAL N=(361)
Sexo							
Femenino (%)	152(85.8)	65(89.2)	23(88.4)	18(61.5)	12(100)	57(100)	337(92%)
Masculino (%)	13(14.2)	3(10.8)	3(11.6)	5(38.5)	0	0	24(8%
Tiempo de evolución (± mes)	14 ±20.4	4 ±4.5	72 ±73.9	5 ±12.1	26 ±19.2	41 ±37.6	10 ±5.6

Conclusion: The present study provides information on the prevalence characteristics in patients with rheumatic diseases in a specific population very comparable to that of the world population, this being of utmost importance to be able to carry out future studies with other objectives for knowledge of rheumatic diseases in Guatemala.

Reference 1: Finckh, A., Gilbert, B., Hodkinson, B. *et al.* Global epidemiology of rheumatoid arthritis. *Nat Rev Rheumatol* **18**, 591–602 (2022). https://doi.org/10.1038/s41584-022-00827-y

Reference 2: R. Cervera, M. Khamashta, J. Font.Morbidity and mortality in systemic lupus erythematosus during a 10-year period: A comparison of early and late manifestations in a cohort of 1,000 patients.Medicine (Baltimore), 82 (2003), pp. 299-308

Disclosure of Interest: None Declared

Keywords: Antigua,Guatemala, Arthritis, Rheumatoid, Autoimmune Rheumatic Diseases

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GLOBAL RHEUMATOLOGY
BY PANLAR

PANLAR 2025

Fibromyalgia and pain

PANLAR2025-1280

Glial Derived Neurotrophic Factor And Neuropathic Pain In Patients With Ankylosing Spondylitis

Mykola Stanislavchuk* [1], Ivan Kedyk[1], Iryna Shapoval[1], Halyna Protsenko[2], Liliya Shvets[1]
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Has this paper been previously presented at another conference?: No

Background/Objectives: Glial Derived Neurotrophic Factor (GDNF) plays an important role in the regulation of neuropathic pain (NP), determining the nociceptive effect and stimulating the expression of somatostatin, which has the analgesic effect. The relationship between GDNF and NP in ankylosing spondylitis (AS) patients not studied enough.

Aim of study. Measure the level of GDNF in AS patients depending on the presence of NP and evaluate the relationship of GDNF with clinical features and the effectiveness of treatment in AS patients.

Methods: In accordance to the principles of biomedical ethics, we examined 65 AS patients: 33 patients without NP and 32 patients with NP (12 or more points on the LANSS scale and 4 or more points on the DN4 scale). GDNF in the blood plasma was determined by the ELISA method using the "Human GDNF (Glial Cell Line Derived Neurotrophic Factor) ELISA Kit" (Elabscience, USA, Lot CV09HB482125) in accordance with the instructions.
Results: The mean value of GDNF in the blood plasma of all patients was 3.508±2.388 pg/ml; in patients with NP it was significantly less compared to the patients without NP: 2.644±1.166 pg/ml versus 4.344±2.936 pg/ml (p=0.031). GDNF level was significantly correlated with body weight (rS=0.389, p=0.001), body mass index (rS=0.328, p=0.008), LANNS (rS=-0.253, p=0.042), DN4 (rS=-0.308 , p=0.013), BAS-G 6 months (rS=-0.269, p=0.029), BAS-G average (rS=-0.265, p=0.033), and the depression according to The Zung Self-Rating Depression Scale (rS =-0.293, p=0.018). During the treatment we registered a significant improvement in patients with a normal level of GDNF (up to 3 pg/ml), while in patients with a reduced level of GDNF (less than 3 pg/ml) the dynamic was insignificant. The LANNS in patients with a reduced GDNF level improved by 1.6±3.7%, in patients with a normal GDNF level – by 25.0±31.0% (p=0.042), DN4 – by 1.5±4.9% and by 28,8±36,0% (p=0,010); BASMI – by 13.3±23.7% and by 24.5±25.1% (p=0.050); ASQoL – by 46.8±35.4% and by 66.5±36.9% (p=0.030), respectively. The average level of GDNF in ASAS 20 non-responders was 2.855±1.536 pg/ml, which is 32.2% less than in ASAS 20 responders: 4.217±2.091 pg/ml.
Conclusion: The presence of NP accompanied by a decrease of GDNF level in blood plasma. The reduced GDNF level is associated with worsening of functional capacity of patients, their quality of life. Low level of the GDNF associated with poor response to the treatment.

Disclosure of Interest: None Declared

Keywords: Ankylosing Spondylitis, Glial Derived Neurotrophic Factor, Neuropathic Pain,

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GLOBAL RHEUMATOLOGY
BY PANLAR

PANLAR 2025

Fibromyalgia and pain

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Experience Of Patients And Rheumatologists In The Diagnosis And Treatment Of Fibromyalgia Concurrent With Inflammatory Arthritis In Chile

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

Background/Objectives: Fibromyalgia (FM) occurs in 10-30% of cases of inflammatory arthritis (IA) (rheumatoid arthritis, psoriatic arthritis, and spondyloarthropathies). However, is often underdiagnosed. In Chilean tertiary care, IA patients are treated by rheumatologist and have broad access to pharmacological treatments for their arthritis, while access to FM treatments is limited to primary care. Thus, rheumatologists and patients with IA and comorbid FM face barriers to diagnosis and access to appropriate FM therapies. Our aim is to pose this problem as a public health priority for Chilean IA patients

Methods: A qualitative study was conducted with nine rheumatologists and ten patients with IA-FM. Semi-structured telematic interviews were conducted using a maximum variation qualitative sampling method, following a guideline developed through an information production matrix. Rheumatologists were asked about the resource availability and their perception of barriers to diagnosing and prescribing treatment for FM in IA patients, and patients were asked about the treatments they have received for FM and the potential barriers they have faced. The interviews were recorded, transcribed, and a content analysis was conducted using ATLAS.ti version 23 software.

Results: Diagnosis: FM diagnosis in IA is a slow process through multiple care levels. Most patients first receive the diagnosis of their IA, and after a longer path, the diagnosis of comorbid FM. The first rheumatology visit is key but challenging event due to patients' prior experiences. Biopsychosocial interviews and physical exams are highly relevant.

Treatment: Barriers: distrust, side effects, limited access to medication / physical therapy, reduced coverage in the private system, care by professionals not trained in chronic pain, and poor communication between levels of care. Facilitators: community pharmacies, educational therapies, and multidisciplinary teams.

Journey: Involves lifestyle adjustments, support networks, and workplace flexibility.

Table 1:

Conclusion: Current model of health care does not adapt to the patient's needs. Support from both the healthcare team and social support network is essential, as is the continuity of management as a chronic disease and the integration of therapeutic methods in daily life. Education for the primary care team is necessary, along with access to various tools for managing FM in tertiary care, and interdisciplinary teamwork, including smooth communication between different levels of care, is crucial.

Disclosure of Interest: None Declared

Keywords: Fibromyalgia, Inflammatory arthritis

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BY PANLAR

PANLAR 2025

Fibromyalgia and pain

PANLAR2025-1303

Recommendations For The Evaluation And Management Of Fibromyalgia In Inflammatory Arthritis

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

Background/Objectives: Patients with inflammatory arthritis (IA) (rheumatoid arthritis, psoriatic arthritis, and spondyloarthropathies) have a higher prevalence of fibromyalgia (FM) than general population, however, is often underdiagnosed due to the overlap symptoms. Comorbid FM affects IA activity scales and may lead to ineffective and expensive increases in anti-rheumatic treatment. The objective of this project is to present the first recommendations for recognizing and managing comorbid FM in IA patients

Methods: To explore the barriers in diagnosing and treating FM in IA patients, a qualitative content analysis was performed on semi-structured interviews with rheumatologists and IA-FM patients. This information, along with a review of evidence on FM in IA, was presented to a working group comprising 5 rheumatologists, 2 physiotherapists, 1 occupational therapist, 1 psychologist, 1 rehabilitation physician, 1 nurse, 1 public health specialist, 1 FM patient organization representative, and 1 IA-FM patient. In the following meetings, the group developed recommendations on the diagnosis and management of FM in IA. The final version was sent back to the group to determine the final level of agreement.

Results: Summary of recommendations:

Diagnosis: Suspect comorbid FM if there is pain discrepancy, fatigue, CNS symptoms, widespread pain, numerous tender joints, or dominant myalgias. The role of rheumatologist or internal medicine specialist, a biopsychosocial approach, physical exam and the Fibromyalgia Survey Questionnaire are key to diagnosis. When assessing IA activity in patients with concomitant FM, prioritize objective inflammatory parameters.

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Management: FM treatment involves education, physical activity, psychotherapy, and medication. An interdisciplinary approach is essential, emphasizing non-pharmacological strategies through a multidisciplinary rehabilitation program. Psychotherapy and pharmacotherapy are similar to FM without IA, but physical therapy and education may need adaptations. Initiate pharmacotherapy concurrently with non-pharmacological treatment. Aerobic, strengthening and stretching exercises are recommended, addressing kinesiophobia. Adjust the 'treat to target' strategy to objective activity assessment parameters.

Conclusion: This project is a first step towards providing healthcare professionals treating IA patients with guidelines for diagnosing and manage FM-IA within the Chilean health system, with potential extension to all Latin American countries.

Disclosure of Interest: None Declared

Keywords: Fibromyalgia, Inflammatory arthritis

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GLOBAL RHEUMATOLOGY
BY PANLAR

PANLAR 2025

Imaging

PANLAR2025-1103

Accuracy Of Ultrasonography And Intraneural Doppler In Detecting Carpal Tunnel Syndrome

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

Background/Objectives: To determine the diagnostic utility of cross-sectional area of the median nerve (CSAMN) and intraneural Doppler using ultrasonography (US) for classifying patients with suspected CTS, using EDX as the gold standard.

Methods: Cross-sectional, analytical, observational study. Patients over 18 years of age with clinical suspicion of CTS were included, starting from May 2022 to November 2024. Clinical tests, EDX, and US were performed. Patients were classified into the CTS group (positive EDX) or the suspected CTS group (normal EDX). Sensitivity, specificity, positive predictive value (PPV), and negative predictive value (NPV) of intraneural Doppler and CSAMN were calculated.

Results: A total of 112 patients were included, 72.3% (95% CI: 63.2–79.9) female, with a mean age at diagnosis of 65.9 years (SD 13.8). Eighty-eight patients were classified as CTS group (80%, 95%CI: 71.4–86.5). The clinical and ultrasound variables are shown in Table 1. The CTS group was significantly older compared to the suspected CTS group (P = 0.016). Only 9 patients presented with positive intraneural Doppler signals, of which 5 were part of the CTS group.The diagnostic performance metrics are summarized in Table 2. Regarding the Likelihood Ratios (LR), the positive LR and negative LR for a CSAMN >10 mm² were 0.9 and 1.1, respectively. ROC curves were generated for the CSAMN (AUC: 0.54, 95% CI: 0.44–0.64). A CSAMN ≥18 mm² demonstrated a specificity of 100%.

Image 1:

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Table 1. Baseline characteristics and CTS classification according to EDX

Characteristics by groups	Total (n= 112)	CTS * (n= 88)	Suspected CTS* (n= 24)	Valor P*
Female sex.,; n; % (CI 95%)	81: 72,3% (63.2-79.9)	64: 72.7% (62.3-81.1)	17:70.8 % (48.9-86 1)	ns
Age at diagnosis ;, years, median; (SD)	65.9 (13.8)	**67.8 (13.1)**	**57.9 (14.1)**	**0,0016**
Right Index Hand; n; % (CI 95%)	67: 59.8 % (50.4-68.5)	51: 57.9 % (47.3-67.9)	16: 66.6% (44.9-83.1)	ns
Positive Durkan test ; n; % (CI 95%)	68: 62.3% (52.8 71.1)	53: 61.6% (50.8 71.4)	15: 65.2% (43.1 82.2)	ns
Positive Tinel test; n; % (CI 95%)	84: 75% (66.1-82.2)	67: 76.1% (65.9-83.9)	17: 70.8% (48.9-86.0)	ns
Positive Phalen test n; % (CI 95%)	: 63.6% (54.1-72.1)	56: 65.1% (54.3-74.5)	14: 58.3% (37.3-76.7)	ns
CSAMN ; mediar (SD)	15.1 (4,3)	**15,3 (4,2)**	**14.2 (4.7)**	**p=0.13**
CSAMN ≥ 10 mm; n; % (CI 95%)	96: 85.7% (77.6-91.1)	79: 89.8% (80.0-93.8	16: 75%(53.1-88.8)	ns
Positive Doppler signal ;n; % (CI 95%)	9: 8.1% (4.2-14.9)	5: 5.6% (2.3-13)	**4**: 17.4% (6.3-39.7)**	ns
EDX Mild ;n; % (CI 95%)	37: 33.1% (24.9-42.3)	36: 40.9% (31.1-51.6)	-	-
EDX Moderate ;n; % (CI 95%)	28: 25% (17.7-33.9)	28: 31.8% (22.8-42.3)	-	-
EDX Severe, n; % (CI 95%)	26: 23.2% (16.2-32.1)	24: 27.2% (18.9-37.6)	-	-

CSAMN (cross-sectional area of the median nerve), CTS (Carpal Tunnel Syndrome), MN (MedianNerve), and EDX (Electrodiagnostic Studies), ns (not statistically significant). **They were classified as suspected CTS due to the absence of EDX at the time of analysis.

Image 2:

Table 2. Diagnostic Performance Metrics

Metrics	Sensitivity	Specificity	PPV	NPV
Positive Doppler signal	5.6 %	82%	55%	18.6 %
CSAMN ≥ 10 mm	93%	35%	88%	75%
CSAMN ≥ 10 mm or Positive Doppler signal	81%	29%	82%	30%

CSAMN (cross-sectional area of the median nerve)

Conclusion: The CSAMN showed moderate performance as a diagnostic test (high S y low ES). While the number of patients with positive intraneural Doppler signals was low, it demonstrated a specificity of 82% for diagnosing CTS. Notably, a CSAMN ≥18 mm² achieved a specificity of 100%.

Disclosure of Interest: None Declared

Keywords: Carpal Tunnel Syndrome, Intraneural Doppler, Ultrasonography

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GLOBAL RHEUMATOLOGY
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PANLAR 2025

Imaging

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Reliability Of The Omeract Semi-Quantitative Scoring System In Interpreting Major Salivary Gland Images: A Pilot Study On Inter-Rater Agreement

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

Background/Objectives: Ultrasound imaging of major salivary glands has proven effective in detecting structural alterations in glandular tissue of patients with primary Sjögren's syndrome (pSS). In recent years, OMERACT reached a consensus on the most reliable definitions of normality and elementary lesions, including echogenicity and the presence of hypo- or anechoic foci in the parenchyma. They also established a protocol for glandular examination and created a semi-quantitative ultrasound scoring system consisting of four grades (0 to 3) for each major salivary gland, excluding submandibular glands. This system demonstrated excellent intra-observer reliability and good inter-observer reliability. It allows the detection of abnormalities in major salivary glands in patients suspected of pSS. This study aims to determine the reliability of the semi-quantitative OMERACT scoring system for ultrasound images of major salivary glands in patients with suspected primary Sjögren's syndrome (pSS), assessed by rheumatologists with 2 to 5 years of training and experience in ultrasound at Rheumatology division, at Dos de Mayo National Hospital, Lima, Peru.
Methods: This observational, cross-sectional study analyzed ultrasound images captured between January 1, 2023, and August 31, 2024. Images were distributed to participants via a Google Forms survey, asking them to classify the images into grades 0 to 3 using the OMERACT scoring system based on their interpretation. Cohen's kappa coefficient was used to assess intra-observer reliability, while Fleiss's kappa was utilized for inter-observer reliability. Statistical analysis was conducted using Real Statistics for Microsoft Excel 2019.
Results: Seven participants evaluated a total of 50 images. Intra-observer agreement was rated as good ($\kappa = 0.66$, 95% CI: 0.60–0.72, $p < 0.05$). Overall inter-observer agreement was acceptable ($\kappa = 0.50$, 95% CI: 0.47–0.54, $p < 0.001$), with good agreement for grade 3 ($\kappa = 0.76$, 95% CI: 0.70–0.82, $p < 0.001$). When grades 2 and 3 were combined into a single category (specific images), the inter-observer agreement improved to good ($\kappa = 0.66$, 95% CI: 0.60–0.72, $p < 0.001$).
Conclusion: The OMERACT semi-quantitative scoring system for assessing salivary glands is straightforward and can be reliably interpreted by rheumatologists with limited experience in rheumatologic ultrasound. It shows good agreement in interpreting specific images critical for the diagnosis of pSS.

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Disclosure of Interest: None Declared

Keywords: reliability, Salivary Gland Ultrasound, scoring system

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GLOBAL RHEUMATOLOGY
BY PANLAR

PANLAR 2025

Imaging

PANLAR2025-1232

Use Of Ultrasound In The Diagnosis Of Lateral Epicondylitis

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

Background/Objectives: Ultrasound plays a significant role in diagnosing lateral epicondylitis, or tennis elbow. It is a valuable imaging modality due to its ability to provide detailed visualization of the common extensor tendon and surrounding structures. In terms of diagnosis, ultrasound is useful for identifying characteristic changes associated with lateral epicondylitis, such as tendon thickening, hypoechoic regions, calcifications, and bone irregularities. Studies have shown that ultrasound has a high sensitivity (72% to 88%) but relatively low specificity (36% to 48.5%) for detecting symptomatic lateral epicondylitis. Ultrasound can also assess tendon thickness and Doppler activity, which are indicative of tendinopathic changes and ongoing inflammation, respectively. The study aims to explore the ultrasound findings in lateral epicondylitis of patients who attended the Rheumatology division, at Dos de Mayo National Hospital, Lima, Peru.
Methods: This is a cross-sectional descriptive study. Ultrasound registers of 128 patients with lateral epicondylitis between 2019 and 2023 were evaluated, analyzing patient age, unilateral or bilateral involvement, and ultrasound findings. A univariate analysis of the variables was conducted using frequencies and percentages.
Results: A predominance of female patients was observed in 101 (78.9%). The age average was 54.5 years old. Involvement of right epicondyle was present in 76 (59.4%), left involvement in 42 (32.8%), and bilateral involvement was seen in 10 (7.8%). A total of 128 ultrasound findings were identified: common extensor tendinopathy in 89 (69.5%), and common extensor tendon tear in 32 (25%). Additionally, Intratendinous calcification was seen in 4 (3.1%) and 3 (2.3%) of the findings were normal. Only 1 (0.8%) presented a Power Doppler signal.
Conclusion: The present study shows that ultrasound imaging is very useful in confirming the clinical diagnosis of lateral epicondylitis and its findings should be interpreted to ensure accurate diagnosis and effective treatment planning.

Disclosure of Interest: None Declared

Keywords: elbow, lateral epycondilitis, ultrasound

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BY PANLAR

PANLAR 2025

Infections (including COVID-19)

PANLAR2025-1178

Herpes Zoster Infection In Adults With Rheumatic Diseases In Colombia: A Real -World Data Analysis

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

Background/Objectives: To determine the prevalence of herpes zoster (HZ) infection in adults aged 18 years or older in Colombia and its association with immune mediated diseases.

Methods: We analyzed information obtained from the official database of the Ministry of Health of Colombia, over a five-year period. Information was taken from individuals aged 18 years or older who sought medical care due to HZ infection. The total number of individuals treated during that five-year period was used as the denominator. To estimate the prevalence per 1,000 inhabitants. To calculate the prevalence ratio (PR), the prevalence of HZ in individuals with each comorbidity was taken as the numerator, over the prevalence in individuals of the same sex and age group without that same comorbidity.

Results: The unadjusted prevalence of HZ infection per 1000 adults was 7.15 (7.87 in women, 6.30 in men). In those aged 65 and older, the prevalence was 12.63 per 1000 (13.57 in women, 11.46 in men). In the adult general population, one in 127 women and one in 159 men will suffer an HZ infection, with the risk increasing to one in 64 in women and one in 87 men in those over 65-years-of-age. Overall, and all conditions combined, the risk increases three-fold if the patient has any of the conditions considered in this study

Table 1: Table 1. Prevalence of immune mediated diseases in Colombia.

Number of female and male adults diagnosed with each of the twelve conditions of interest, with the respective crude five-year prevalence per 1,000.

	Females		Males	
	Cases	Prevalence	Cases	Prevalence
Rheumatoid arthritis	257,234	12.95	57,898	3.47

Systemic lupus erythematosus	59,559	3.00	8,445	0.51
Systemic sclerosis	14,757	0.74	3,326	0.20
Sjögren syndrome	150,414	7.57	40,256	2.41
Idiopathic inflammatory myopathy	6,187	0.31	2,735	0.16
Rheumatic polymyalgia	30,015	1.51	5,119	0.31
Psoriasis	57,210	2.88	55,146	3.31
Psoriatic arthritis	6,407	0.32	4,748	0.28
Axial spondyloarthritis	15,072	0.76	12,681	0.76
Reactive arthritis	11,322	0.57	4,990	0.30
Crohn disease	6,354	0.57	4,244	0.30
Ulcerative colitis	26,488	1.33	19,750	1.18
Any disease	573,280	28.86	204,797	12.28

Image 1:

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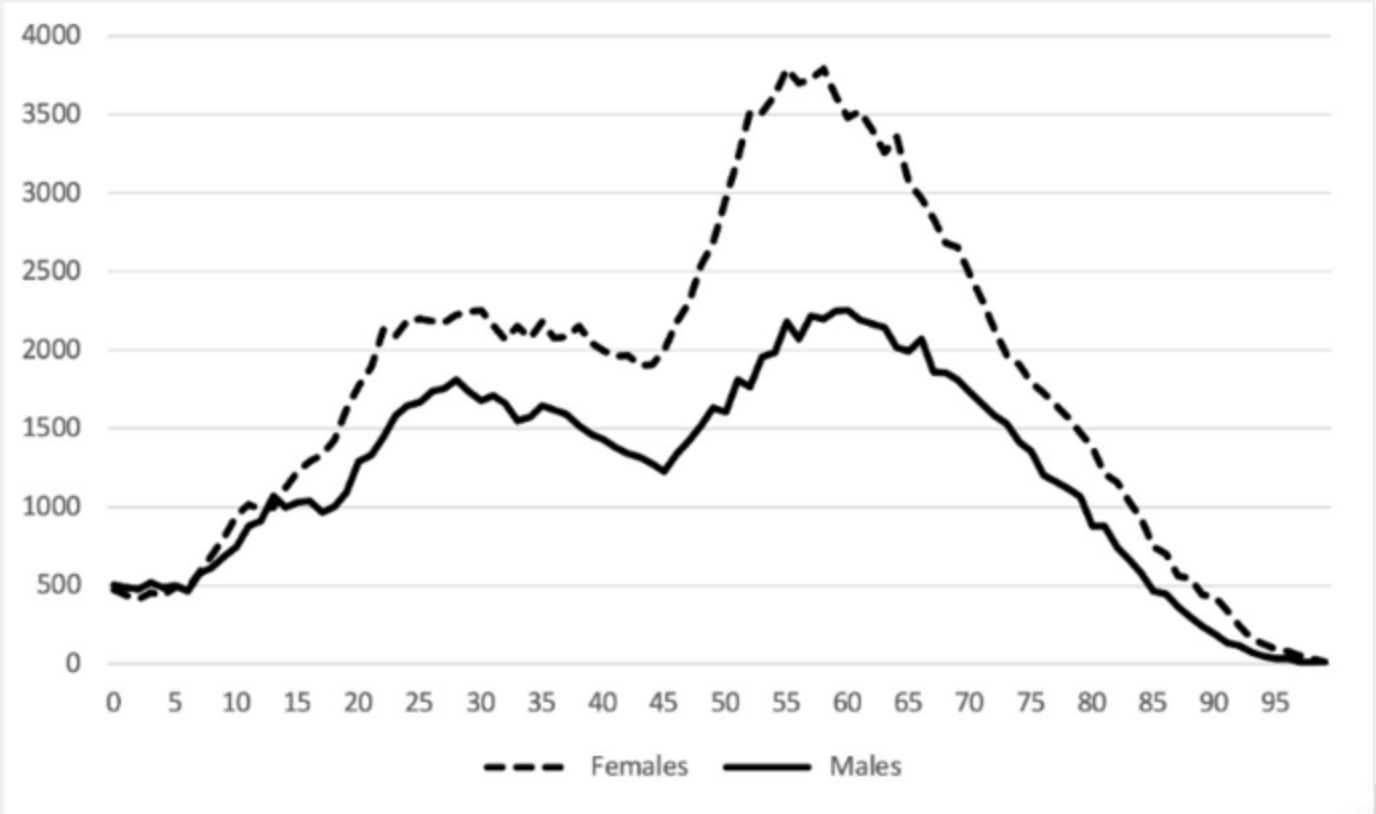
Figure 1. Distribution by age and gender of the 286,216 individuals with the diagnosis HZ infection in Colombia between 2018 and 2022.



Conclusion: We found a higher prevalence of HZ infection in all the diseases studied. This information should be considered by decision makers to improve the prevention of HZ infection.

Special thanks to Colombian Association of Rheumatology for their contribution to the presentation of this work.

Disclosure of Interest: None Declared

Keywords: Herpes zoster, prevalence, Rheumatic disease

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PANLAR 2025

Infections (including COVID-19)

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Impact Of Covid-19 On Myositis Testing Trends

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

Background/Objectives: Idiopathic inflammatory myopathies (IIM) are a group of heterogeneous autoimmune disorders that lead to muscle injury. Autoantibodies help make the diagnosis of IIM and predict their prognosis. Reports from the COVID-19 pandemic associate infection of SARS-CoV-2 with worsening disease activity and hospitalizations. We aim to describe the prevalence of autoantibodies for IIM before, during and after COVID-19.

Methods: A cross-sectional study was performed from July 2016 to December 2023 in a rheumatology clinic. An immunoblot panel of autoimmune inflammatory myopathies with 17 autoantibodies was performed on patients with suspected IIM. The cut-off points for categorizing the immunoblot results were: 0-7 negative; 8-14 borderline; 15-35 weak positive; 36-70 moderate positive; and 71-255 strong positive, considering only moderate/strong positive autoantibodies. 3 groups were made: before COVID-19 (2016-2019), during COVID-19 (2020-2022), and after COVID-19 (2023). Qualitative variables were compared using Chi-square.

Results: A total of 1018 patients were screened in the last 8 years, 256 (25.1%) panels were performed between 2016 and 2019, 227 (22.3%) between 2020 and 2022, and 535 (52.6%) in 2023. The autoantibody with more frequency in the 3 groups was Ro52. There was no significant difference in the proportion of the different positive autoantibodies, except for SRP showing a higher frequency before the health emergency (Table 1).

Table 1:

Table 1. Prevalence of positive autoantibodies for inflammatory idiopathic myositis

Before COVID-19	During COVID-19	After COVID-19	
2016-2019	2020-2022	2023	p-value
n = 256 (%)	n = 227 (%)	n = 535 (%)	

Ro52	42 (16.4)	23 (10.1)	64 (12)	0.091
EJ	3 (1.2)	2 (0.9)	2 (0.4)	0.412
PL-7	0 (0)	5 (2.2)	8 (1.5)	0.080
Jo-1	7 (2.7)	6 (2.6)	12 (2.2)	0.897
PM-Scl	4 (1.6)	4 (1.8)	8 (1.5)	0.964
SAE2	2 (0.8)	4 (1.8)	8 (1.5)	0.615
MDA5	6 (2.3)	10 (4.4)	11 (2.1)	0.171
Mi-2beta	8 (3.1)	7 (3.1)	21 (3.9)	0.779
OJ	1 (0.4)	1 (0.4)	3 (0.6)	0.943
PL-12	7 (2.7)	3 (1.3)	8 (1.5)	0.393
SRP	8 (3.1)	3 (1.3)	4 (0.7)	**0.034**
PM-Scl76	7 (2.7)	4 (1.8)	12 (2.2)	0.772
Ku	4 (1.6)	1 (0.4)	11 (2.1)	0.261
NXP2	11 (4.3)	3 (1.3)	14 (2.6)	0.132

TIF-1gamma	10 (3.9)	7 (3.1)	9 (1.7)	0.152
Mi-2a	8 (3.1)	5 (2.2)	20 (3.7)	0.545

Conclusion: There was a marked increase in demand for autoimmune inflammatory myopathy panels after the health emergency caused by COVID-19, the panels were requested over 6 times more than in previous years. Despite the significant increase, there was no difference in the proportion of positive autoantibodies compared to the other groups.

Disclosure of Interest: None Declared

Keywords: Autoantibodies, COVID-19, Myositis

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Infections (including COVID-19)

PANLAR2025-1152

Risk Of Tuberculosis During Treatment With Biologic And Targeted Synthetic Disease-Modifying Antirheumatic Drugs (Ts/B Dmards) In Patients With Immune-Mediated Inflammatory Diseases (Imid): Combined Data From Five Countries.

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

Background/Objectives: Latin America has a high burden of tuberculosis (TB). Patients with Immune mediated diseases (IMID), who receive immunosuppressive treatment are at increased risk of developing TB. Objective: to determine the incidence of TB in IMID patients treated with ts/bDMARDs in four BIOBADA registries in five Latin American countries and establish risk factor

Methods: Data from four Latin American BIOBADA registries were analyzed, including Argentina, Brazil, Mexico, Paraguay, and Uruguay (the latter two included in the same registry). Patients who had received one or more courses of ts/bDMARDs were included. History of TB exposure, chest X-ray, screening for latent TB infection (LBTI), and prophylactic treatment for LBTI prior to each course of treatment were assessed. Statistical analysis was descriptive.

Results: Data from 12477 patients and 19516 treatment courses were included (14527 (74.7%) ts/b DMARDs and 4989 (25.6%) on conventional DMARDs). Of the total treatment courses, 105 (0.54%) TBs were detected (15 on cDMARDs and 90 ts/bDMARDs), 54.3% pulmonary TB, 21.0% unspecified site, 18.1% LTBI, 4.8% disseminated TB and 1.9% peritoneal TB. 64.8% were women with a mean age of 51.7, SD 11.3 years. The most common diagnosis was rheumatoid arthritis (71.4%), followed by ankylosing spondylitis (18.1%) and psoriatic arthritis (10.5%). The median treatment exposure time to TB development was 20 (Q1, Q3: 8-46) months, 84.8% was after 6 weeks of treatment initiation. Among the ts/bDMARDs: 81.1% tumor necrosis factor (iTNF) inhibitors, 10% IL6 inhibitors, 5.6% rituximab, 3.6% abatacept. Among cDMARDs, methotrexate was most common in 66.7%. Corticosteroids were administered in 53.3% of cDMARDs and 40%

of ts/bDMARDs.72.4% had LBTI screening prior to starting treatment,of these, 68.4% were negative and 30.3% positive and of these 87% received chemoprophylaxis for LTBI.

Conclusion: We describe TB cases in MID patients in a cohort from five Latin American countries. TB cases were more frequent in iTNT and occurred during treatment. This suggests that this may be due to failure to screen for LBTI, treatment noncompliance and re-exposure. This suggests that LBTI screening protocols may need to be revised.

Disclosure of Interest: None Declared

Keywords: biological therapies, Inmune-mediated-disease, tuberculosis

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BY PANLAR

PANLAR 2025

Infections (including COVID-19)

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Evaluation Of Tuberculosis Infection In Patients With Immune-Mediated Rheumatic Diseases: Data From Panlar Register Of Rheumatic Diseases (Panred)

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

Background/Objectives: Tuberculosis is a global public health issue, and its latent form, or tuberculosis infection (TBI), affects about a quarter of the world's population. Patients with immune-mediated rheumatic diseases (IMRD) are at risk for reactivation of latent tuberculosis, mainly with TNF inhibitors treatment There are different safety profiles concerning TBI among various disease-modifying antirheumatic drugs (DMARDs), including specific targeted synthetic (tsDMARDs), conventional synthetic (csDMARDs), and biological (bDMARDs). The main objective was to evaluate the screening of TBI at the start of immunosuppressive therapy and during the 12 months follow-up of patients with IMRDs using DMARDs, and also the occurrence of active tuberculosis.

Methods: This was a multicenter, prospective observational, real-world study, that included patients classified as rheumatoid arthritis (RA), psoriatic arthritis and axial spondyloarthritis from the PANLAR Register of Rheumatic Diseases (PANRED). TBI data from 590 patients, followed up for 12 months after the initiation of DMARDs from Brazil, Argentina, Uruguay, Peru and Paraguay were analyzed. Descriptive statistics were used to summarize patients' characteristics.

Results: Among the participants, 460 (78%) were female, with a mean age of 52.4±12.9 years; 237 (40.7%) were caucasian; 496 (84.1%) had rheumatoid arthritis; 317 (54.5%), 264 (44.7%), 168 (28.5%), and 158 (26.8%) were using glucocorticoids, bDMARDs (mainly TNF inhibitors), tsDMARDs, and csDMARDs, respectively. TBI screening was performed in 430 (72.8%) of the cases. Fifty-nine patients (13.7%) were diagnosed with TBI at study inclusion. Screening

was conducted using the tuberculin skin test in 389 (90.5%), IGRA in 60 (13.9%), imaging in 211 (49.1%), and history of contact with active TB in 205 (47.7%) patients. After 12 months, 99 (23%) patients repeated the screening, with 5 (1.16%) new cases of TBI. Active TB occurred in 2 (0.34%) patients, the first was being treated with tocilizumab and glucocorticoid (5 mg/day) and the second rituximab, in addition to csDMARDs.

Conclusion: TBI screening was performed in the majority of patients at study inclusion, but a significant portion of patients remains without investigation, requiring increased attention from rheumatologists to this scenario to mitigate the occurrence of active tuberculosis and its associated morbidity and mortality.

Disclosure of Interest: None Declared

Keywords: Tuberculosis, Immune-Mediated Rheumatic Diseases, Disease-modifying antirheumatic drugs

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PANLAR 2025

Infections (including COVID-19)

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Characteristics And Outcomes Of Dengue Infection In Patients With Immune-Mediated Diseases: Combined Data From Five Latin American Countries

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

Background/Objectives: Dengue infection in patients with immune-mediated rheumatic diseases (IMRD) in Latin America poses a significant challenge due to the interaction between chronic inflammation and the altered immune response in these individuals. Currently, there is limited evidence regarding the characteristics and progression of this infection in this specific population. The aim of this study was to establish the characteristics and outcomes of dengue infection in patients with IMRD.

Methods: Data were collected from the BIOBADA registries, including Argentina, Brazil, Mexico, Paraguay, and Uruguay. For this analysis, patients with IMRD who reported at least one dengue event were included. Severe events were defined as those that resulted in death, life-threatening situations, required hospitalization or extended it, caused persistent or significant disability, or congenital malformations. Descriptive statistics were performed.

Results: Seventy-five cases of dengue in 69 IMRD patients from the BIOBADA registries were collected, all occurring before the vaccine was available. The patients were predominantly female (73.9%) with a median age at infection of 47.0 years (Q1, Q3: 41.0, 58.0). Of these patients, 76.8% had rheumatoid arthritis, 15.9% axial spondyloarthritis, and 7.3% psoriatic arthritis, with a median disease duration of 10.0 years (Q1, Q3: 6.0, 19.0). At the time of dengue diagnosis, 2 patients were on conventional drugs only, while 77.3% were on TNF inhibitors, 12.0% on tocilizumab, 4% on abatacept, 2.7% on rituximab, and 1.3% on tofacitinib. 66.2% were using methotrexate and nearly half (53.7%) were on corticosteroids, with a median prednisone dose of 10.0 mg/day (Q1, Q3: 5.0, 10.0).

The most frequently reported symptoms were fever, arthralgia, and gastrointestinal manifestations. Out of the 75 events, 7 (9.3%) were considered severe. One hemorrhagic dengue case was reported and none were fatal. Two (2.7%) patients recovered with sequelae. Of the 6 patients who reported two events, only one experienced a second severe event.

Conclusion: In this international registry, most reported dengue cases were mild, and none resulted in patient death. Given the high regional circulation of this virus, further study is needed to assess dengue in patients with IMRD and to establish appropriate management in such cases.

Disclosure of Interest: None Declared

Keywords: dengue, epidemiology, rheumatic diseases

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Miscellaneous

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Self-Perception Of Oral Health And Habits In Patients With Sjögren'S Syndrome, Rheumatoid Arthritis, And Systemic Lupus Erythematosus

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

Background/Objectives: Patients with rheumatic diseases (RD) can present several oral manifestations, such as xerostomia, periodontal diseases, and oral aphthous ulcers. We aimed to evaluate self-perception of oral health and habits in patients with Sjogren's syndrome (SS), rheumatoid arthritis (RA), and systemic lupus erythematosus (SLE).

Methods: We performed a cross-sectional study including adult patients with SS, RA, or SLE. We applied the Geriatric/General Oral Health Assessment Index (GOHAI) survey, which includes 12 questions on a Likert scale. The patients were classified based on GOHAI score; patients with ≤50 points were classified as having poor oral health, those with scores between 51 and 56 were considered with moderate oral health, and patients with ≥57 points were classified as having good oral health.

Results: We included 415 patients, with a mean age of 50.4 (SD 14.8), 387 (93.2%) were female. Two-hundred and ninety-two patients had RA (70.8%), 72 had SLE (17.4%), and 51 had SS (11.6%). Overall, 136 patients (33%) reported poor self-perceived oral health, 101 (24.5%) moderate, and 178 (43.2%) good. Patients with SS reported the lowest scores (median 51, IQR: 42.5-55), a lower frequency of dental care appointments (< 2/year, 41.2%) and lower brush frequencies per day (≤2/day, 60.8%) than patients with RA or SLE. Patients with SS are most aware of the relationship of their disease and oral health (68.6%) in contrast to patients with RA (53.1%) or SLE (43.1%).

Image 1:

Table 1. Dental care habits in patients with Sjögren's Syndrome (SS), Rheumatoid Arthritis (RA), and Systemic Lupus Erythematosus (SLE).

	Overall n= 415	SS n=51	RA n=292	SLE n=72	p-value
Sex, n (%)					0.368
Female	387 (93.3)	49 (96.1)	269 (92.1)	69 (95.8)	
Male	28 (6.7)	2 (3.9)	23 (7.9)	3 (4.2)	
Age, median (IQR)	53 (61-42)	54 (47-61)	54 (45-62)	40 (24-53)	<0.001
Positive Smoking, n (%)	20 (4.8)	2 (3.9)	15 (5.1)	3 (4.2)	0.896
Dental care provider, n (%)					0.195
Public	69 (16.7)	11 (21.6)	47 (16.1)	11 (15.3)	
Private	196 (47.2)	29 (56.9)	131 (44.9)	36 (50)	
No attention	150 (36.1)	11 (21.6)	114 (39.0)	25 (34.7)	
Dental attention per year, n (%)					<0.001
0	24 (5.8)	7 (13.7)	14 (4.7)	3 (4.1)	
1	52 (12.5)	14 (27.4)	30 (10.2)	8 (11.11)	
≥ 2	339 (81.7)	30 (58.8)	248 (84.9)	61 (84.72)	
Dental brush per day, n (%)					0.047
0	2 (0.5)	1 (2.0)	1 (0.3)	0 (0.0)	
1	53 (12.8)	9 (17.6)	42 (14.4)	2 (2.8)	
2	178 (42.9)	21 (41.2)	120 (41.1)	37 (51.4)	
3	177 (42.6)	20 (39.2)	126 (43.2)	31 (43.1)	
>3	5 (1.2)	0 (0.0)	3 (1.0)	2 (2.8)	
Oral health-disease activity knowledge, n (%)					0.020
Yes	221 (53.3)	35 (68.6)	155 (53.1)	31 (43.1)	
No	194 (46.7)	16 (31.4)	137 (46.9)	41 (56.9)	
The rheumatologist recommended you visit an odontologist, n (%)					0.293
Yes	175 (42.1)	26 (51.0)	126 (43.2)	23 (31.9)	
No	180 (43.4)	18 (35.5)	125 (42.8)	37 (51.4)	
Don't remember	60 (14.5)	7 (13.7)	41 (14.0)	12 (16.7)	
Reference to odontology, n (%)					0.227
Yes	335 (80.7)	37 (72.5)	237 (81.2)	61 (84.7)	
No	80 (19.3)	14 (27.5)	55 (18.8)	11 (15.3)	

IQR: interquartile range.

Image 2:

Table 2. Comparison of oral health self-perception in patients with Sjögren's Syndrome (SS), Rheumatoid Arthritis (RA), and Systemic Lupus Erythematosus (SLE).

	SS n=51	RA n=292	SLE n=72	p-value
GOHAI Score, median (IQR)	51 (42.5-55)	55 (48-59)	57 (49.7-60)	<0.001
Oral Health, n (%)				0.005
Good	10 (19.6)	130 (44.5)	38 (52.8)	
Moderate	16 (31.4)	71 (24.3)	14 (19.4)	
Bad	25 (49.0)	91 (31.2)	20 (27.8)	
Functionality, median (IQR)	16 (14-20)	19 (16-20)	20 (16-20)	0.002
Psychosocial, median (IQR)	22 (19.5-24)	24 (21-25)	25 (21-25)	<0.001
Pain, median (IQR)	12 (10-13)	13 (12-15)	14 (12-15)	0.002

GOHAI: Geriatric/General Oral Health Assessment Index; IQR: interquartile range.

Conclusion: A third of the patients with RD perceive to have poor oral health, representing an important burden of disease, particularly for patients with SS. Patients with RD should be counseled to improve their dental habits.

Disclosure of Interest: None Declared

Keywords: Oral Health, Rheumatic disease, Self Concept

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Miscellaneous

PANLAR2025-1161

Interstitial Pneumonia With Autoimmune Features (Ipaf) And Usual Interstitial Pneumonia With Autoimmune Features (Uipaf): Evolving Towards A Defined Connective Tissue Disease

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

Background/Objectives: IPAF refers to ILD patients with features suggestive of CTD but not meeting criteria for a defined CTD, with 14–25% progressing to CTD over time. There is ongoing debate on whether IPAF is an independent entity or an early phase of CTD. UIPAF, which describes UIP cases with one classification domain, shows a prognosis similar to IPF, while non-UIP IPAF aligns with CTD-ILD outcomes. This study aims to evaluate the incidence and progression-free survival of IPAF and UIPAF patients transitioning to CTD and to identify factors associated with this progression.

Methods: This prospective study included adults (≥18 years) with ILD followed at Hospital Posadas (2019–2024). IPAF was diagnosed per ERS/ATS 2015 criteria, requiring two domains (morphological, clinical, or serological), and UIPAF was defined as UIP on CT with one domain.

Data included demographics, clinical features (e.g., Raynaud's, arthritis), pulmonary function, autoantibodies, treatments, and outcomes. The study assessed CTD progression incidence (e.g., RA, systemic sclerosis) and time to progression.

Statistical analyses included descriptive statistics, Kaplan-Meier curves, and Cox models to identify factors associated with CTD progression. Analyses were conducted using R software with $p < 0.05$ considered significant.

Results: This study included 42 patients with IPAF and UIPAF (6.95% of ILD cases) and a follow-up of 131 patient-years (2019–2024). The cohort had a median age of 66.5 years, with 52.4% women. IPAF accounted for 59.5% of cases, while UIPAF represented 40.5%. Positive ANA was present in 66.7% of patients, with RF being the most common antibody (34.1%).

Overall, 30.9% progressed to a defined CTD, with an incidence rate of 9.9 per 100 patient-years and a median time to progression of 16 months. Progression-free survival was 87.5% at 12 months, 76.5% at 36 months, and 42% at 60 months. No significant differences were found between IPAF and UIPAF groups in clinical presentation, treatment, or CTD progression. During follow-up, six patients required supplemental oxygen, and two deaths (4.8%) occurred due to disease progression.

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Conclusion: The study found 30.95% of IPAF and UIPAF patients were reclassified as CTD, mainly rheumatoid arthritis, reflecting diagnostic clarification rather than progression. No significant differences were seen between the groups in time to diagnosis, clinical features, or outcomes.

Disclosure of Interest: None Declared

Keywords: None

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PANLAR 2025

Miscellaneous

PANLAR2025-1187

Development Of Electronic Health Records And Dashboards To Enhance A Rheumatology Care Team In A Lower-Middle-Income Country

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

Background/Objectives: Rheumatic diseases represent a significant global health burden, affecting 10–20% of the population and ranking as the leading cause of disability worldwide. In Colombia, rheumatoid arthritis is among the most prevalent inflammatory rheumatic diseases, with a reported prevalence of 0.5%. The country's limited number of rheumatologists poses challenges for managing these chronic conditions, emphasizing the need for innovative solutions to improve patient care. This report describes our experience in collecting electronic medical record (EMR) notes and creating a dashboard for a local information system of rheumatologic patients and their diseases, characterizing the population to have an insight into autoimmune diseases.

Methods: A multidisciplinary team, including rheumatologists, epidemiologists, and data analysts use administrative records from 2020 to 2022 and data from the RedCap® (Research Electronic Data Capture) software for 2023 from the Rheumatology Department of Hospital San José were to create a dashboard. The metrics were consultations per month (2020-2023), patient demographics, ICD-10 (International Statistical Classification of Diseases and Related Health Problems), and comorbidities were prioritized for visualization. The dashboard was built using Looker Studio, with SQL (Structured Query Language) queries enabling real-time data analysis, image 1.

Results: On the dashboard, it´s show that from 2020 to 2023, there were 8,496 consultations from 4,698 patients, in 2020, there were 1,130 consultations, in 2021 there were 1,879 consultations, in 2022 there were 2,917 consultations, and in 2023 there were 2,570 consultations, It also highlights the most treated diseases in the service, with osteoarthritis accounting for 14.6%, rheumatoid arthritis 15.6%, fibromyalgia 11.8%, systemic lupus erythematosus 10.4%, and Sjögren's syndrome 9.8%. Additionally, 82.31% of all patients are female. Furthermore, 1.4% have two rheumatologic diseases, image 2.

Image 1:

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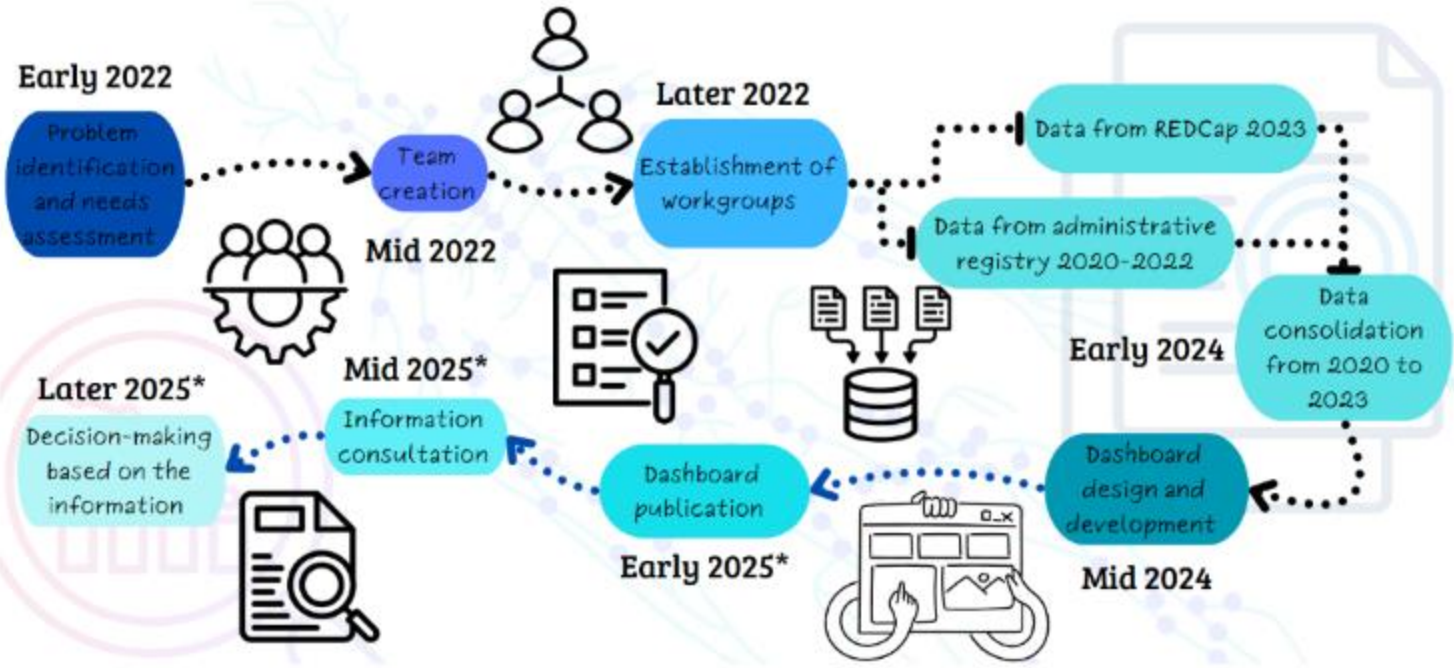

Image 1: Timeline describing the process of creating and developing the dashboard and the plan for the future (2025*) at the rheumatology department of San Jose Hospital, in Bogotá Colombia.

Image 2:

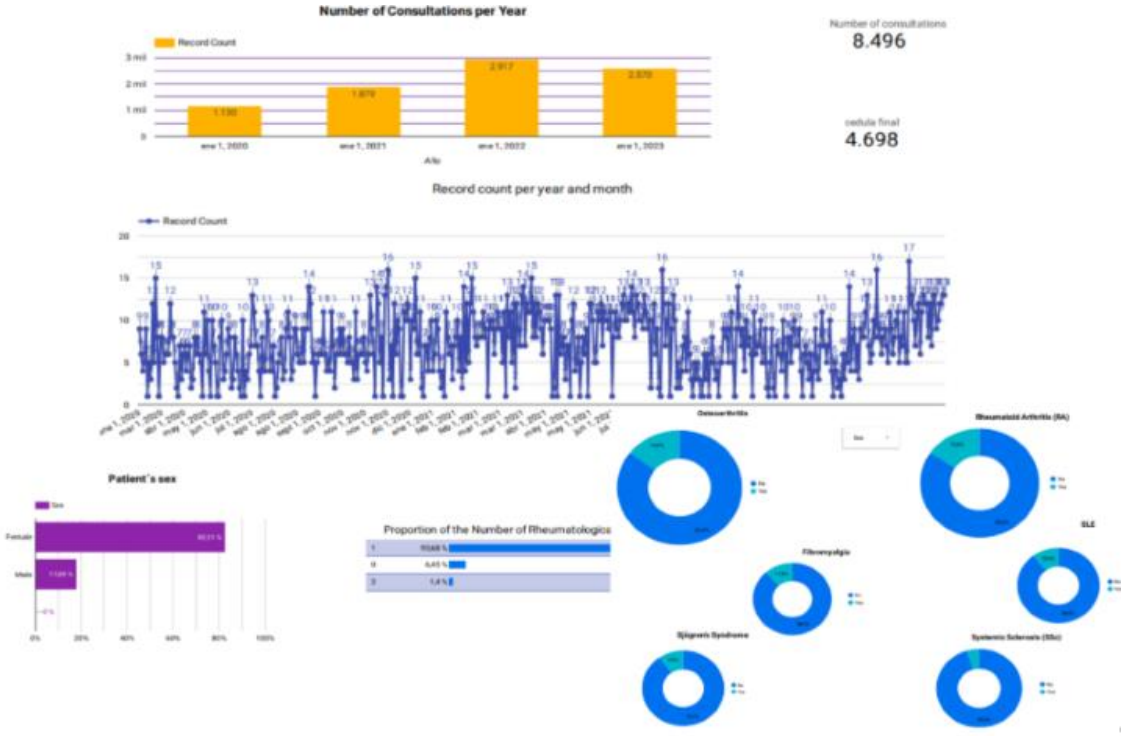

Image 2: The dashboard of the Rheumatology Service of San José Hospital, Showing the Number of Consultations and Patients from 2020 to 2023, The most prevalent rheumatologic diseases (filtered by sex) and patients with more than one rheumatologic disease.

Conclusion: This initiative demonstrates the potential of integrating technology to address resource limitations in lower-middle-income countries, serving as a replicable model for advancing rheumatologic care. When RedCap® software started being used (data since 2023), it was possible to record more than one diagnosis, allowing for greater data capture regarding polyautoimmunity and comorbidities. The strength of combining these tools lies in the ability to better identify patients with polyautoimmunity.

Disclosure of Interest: None Declared

Keywords: autoimmune diseases, dashboard systems, electronic health records

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Miscellaneous

PANLAR2025-1224

Prevalence Of Cardiac Involvement In Patients With Inflammatory Myopathy In A Cohort From Argentina

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

Background/Objectives: Idiopathic inflammatory myopathies (IIMs) are systemic autoimmune diseases primarily affecting skeletal muscles, often accompanied by extramuscular manifestations. Cardiac complications are significant contributors to morbidity and mortality, with prevalence varying between 6% and 75%. Despite their prognostic relevance, cardiac manifestations in IIM remain underexplored. This study aimed to determine the prevalence of cardiac involvement in IIM patients, analyze its association with autoantibodies and clinical phenotypes, and describe specific findings from cardiac assessments, including biomarkers, transthoracic echocardiography (TTE), and electrocardiograms (ECG).
Methods: A cross-sectional descriptive study was conducted on patients ≥16 years diagnosed with IIM, meeting ACR/EULAR 2017 criteria, at Hospital Nacional Alejandro Posadas between November 2019 and December 2024. Demographic, clinical, laboratory, and cardiac data were collected. Cardiac involvement was assessed via TTE, ECG, and biomarkers (troponin I and proBNP). Data analysis included descriptive and bivariate statistical methods.
Results: This study included 93 patients (84.9% female), with a median age of 50 years (IQR 37–58). The most frequent phenotype was dermatomyositis (46.2%). TTE revealed abnormalities in 53.3% of cases, including valvular abnormalities (16.7%), motility disorders (15%), and structural changes (13.3%). Elevated proBNP and troponin I levels were observed in 24.6% and 15.5% of patients, respectively. ECG showed conduction disturbances (10.5%) and arrhythmias (7.89%). Elevated troponin was exclusive to necrotizing autoimmune myopathy and polymyositis. ANA was positive in 85.1%, with no significant correlation between autoantibodies and cardiac findings. Hospitalization occurred in 19.6%, with an 8.6% mortality rate.
Conclusion: Cardiac involvement is prevalent among IIM patients, with TTE and biomarker abnormalities frequently identified. Troponin I elevation was linked to specific phenotypes, underscoring its potential as a marker of cardiac involvement. Routine cardiac evaluation is crucial in this population to mitigate associated morbidity and mortality. Further studies are needed to clarify the relationship between cardiac findings, disease phenotypes, and response to immunomodulatory therapies.

Disclosure of Interest: None Declared

Keywords: None

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Miscellaneous

PANLAR2025-1228

Body Shape Image And Self-Esteem As Predictors Of Postpartum Depression In Women With Rheumatic Diseases

Andrés Manuel Ortiz-Rios*[1], Braulio Rafael Avalos-García[1], Galilea Rodriguez-Orozco[1], Ana Gabriela Rodriguez-Flores[1], Mara Alejandra Ponce-Santillan[1], Anahí Carrazco-Chapa[1], Maria Eugenia Corral-Trujillo[1], Luis Carlos Berlanga-Muñoz[1], Eliezer Villaseñor-Cerda[1], Jesus Alberto Cardenas-de la Garza[1], Lorena Perez-Barbosa[1], Dionicio Ángel Galarza-Delgado[1], Cassandra Michele Skinner-Taylor[1]

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

Background/Objectives: Describe the frequency of Postpartum Depression (PDD) in postpartum women with autoimmune rheumatic diseases (ARDs) and its association with self-esteem and body shape image and compare them with postpartum women without ARDs.

Methods: An observational, cross-sectional, descriptive study included postpartum women (2-12 months after birth) with ARDs who attended our Rheumatology Clinic and postpartum women without ARDs from the waiting room of the pediatrics outpatient clinic as controls. Participants completed four questionnaires: the Rosenberg scale (a 10-item scale), the Body Shape Questionnaire (BSQ,34 items), the pre-conceptional numerical body satisfaction scale, and the Edinburgh Postnatal Depression Scale (EPDS) for DPP.

Results: A total of 28 postpartum women were included: 14 (50%) with ARDs and 14 (50%) without ARDs. Sociodemographic and diagnostic data divided by groups are in **Table 1.** The mean EPDS score in women with ARDs was 6.57±6.79, while in controls, it was 9.79±5.05**.** There was no significant difference between groups (p=0.167)**.** Of the total, ten postpartum women had DPP risk: 3 with ARDs and seven without ARDs. No differences in the PPD risk were found between groups (p=0.236). Scale scores by groups are in **Table 2.** A positive correlation was found between self-esteem score and EPDS (p=0.001, r= -0.797) in patients with ARDs, while none in the control group (p=0.052, r=-0.528). There was a significant correlation between the EDPS scale and the pre-conceptional body satisfaction score in the group of patients with ARDs (p=0.048, r= -0.536). In contrast, in the control group, there was no correlation (p=0.855, r=0.054). There was a significative correlation between EDPS and the BSQ scores in the control group (p=<0.001, r=0.825), while there was no correlation in the group of patients with ARDs (p=0.973, r=-0.010).

Image 1:

Table 1: Sociodemographic characteristics

	Women with ARDs, n= 14	Women without ARDs, n=14
Age, mean (SD)	30.79±5.92	23.21±4.72
Marital status, n (%)		
Single,	2 (14.3)	3 (21.4)
Married,	6 (42.9)	3 (21.4)
Common-law	6 (42.9)	7 (50)
Separated	-	1 (7.1)
Education, n (%)		
Middle school	4 (28.6)	5 (35.7%)
High school	4 (28.6)	5 (35.7%)
University	4 (28.6)	3 (21.4%)
Master's degree or doctorate	2 (14.3)	1 (7.1%)
Occupation, n (%)		
Stay at home mom, n (%)	7 (50)	11 (78.6)
Employee, n (%)	6 (42.9)	1 (7.2)
Own bussiness, n (%)	1 (7.1)	2 (14.3)
Diagnosis, n (%)		
Rheumatoid arthritis	5 (35.7)	-
Systemic lupus erythematosus	3 (21.4)	-
Antiphospholipid syndrome	5 (35.7)	-
Dermatomyositis	1 (1)	-

SD: Standard deviation.

Image 2:

Table 2: Scores compared by groups of self-esteem, postpartum depression, body dissatisfaction, and pre-conceptional body satisfaction scales.

Scales	Women with ARDs, n= 14	Women without ARDs, n=14	p-value
Rosenberg self-esteem score, mean (SD)	31.57±6.22	28.57±4.07	0.143
EPDS score, mean (SD)	6.57±6.79	9.79±5.05	0.167
BSQ score, median (IQR)	48.50 (46.75-68.50)	76 (46.75-107.75)	0.077
Pre-conceptional body satisfaction score, median (IQR)	8.50 (7.5-9)	7 (5-9.25)	0.306

EPDS: Edinburg postnatal depression scale, BSQ: Body shape questionnaire, SD: Standard deviation, IQR: Interquartile range.

Conclusion: We found that postpartum women with ARDs with higher self-esteem levels and higher pre-conceptional body satisfaction correlated negatively with PPD risk. However, there was no significant correlation between body dissatisfaction and PPD risk. An early identification of these psychological factors during an integral approach of postpartum women with ARDs may aid in detecting PPD.

Disclosure of Interest: None Declared

Keywords: body image, Postpartum depression, self-esteem

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Miscellaneous

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Capillaroscopic Patterns And Their Association With Antibody Profiles And Autoimmune Diseases

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

Background/Objectives: Autoimmune diseases such as systemic sclerosis (SSc) and Sjögren's syndrome frequently present with vascular alterations detectable through nailfold capillaroscopy. Identifying associations between specific antibodies, autoimmune diseases, and capillaroscopic findings—such as giant capillaries—can aid in early diagnosis, prognosis, and personalized therapeutic strategies.

Objectives:

To evaluate the associations between capillaroscopic patterns, particularly giant capillaries, with serological markers and autoimmune disease profiles in a cohort of patients with systemic autoimmune diseases.

Methods: A cross-sectional study was conducted involving 86 patients diagnosed with autoimmune diseases. Clinical, immunological, and capillaroscopic data were collected. Cross-tabulation and correlation analyses were performed to identify associations between antibody markers (e.g., Anti-Ro, Anti-Scl-70, anti-centromere) and the presence of giant capillaries, as well as specific autoimmune diagnoses.

Results: Among the 86 patients evaluated, 88.4% were women, with a mean age of 60 years (range: 20–90). Systemic sclerosis (57%) and Sjögren's syndrome (23.3%) were the most prevalent autoimmune diseases, while psoriatic disease and vasculitis were rare (1.2% each). Clinically, 78.8% of patients presented with Raynaud's phenomenon, 8.1% had ulcers, 25.9% showed interstitial lung disease, and 19% had pulmonary hypertension. Immunological analysis revealed ANA positivity in 69%, with Anti-Ro in 15% and Anti-Scl-70 in 4.8%. Capillaroscopic evaluation showed normal capillary density in 54.9%, reduced density in 40.8%, dilations in 43%, and giant capillaries in 6%. Logistic regression, including Firth correction, demonstrated no statistically significant associations between Anti-Scl-70 or Anti-Ro positivity and the presence of giant capillaries. Descriptive analysis highlighted nonspecific capillaroscopic findings in Sjögren's syndrome and active scleroderma patterns in systemic sclerosis, underscoring the heterogeneity of capillaroscopic alterations across autoimmune diseases.

Conclusion: Capillaroscopy remains a fundamental tool for assessing microvascular involvement in autoimmune diseases. However, in this cohort, neither Anti-Scl-70 nor Anti-Ro antibodies showed a significant association with giant capillaries, highlighting the multifactorial nature of these vascular changes.

Reference 1: Roberts-Thomson PJ, Patterson KA, Walker JG. Clinical utility of nailfold capillaroscopy. Intern Med J. 2023;53(5):671-9

Disclosure of Interest: None Declared

Keywords: antibody, Autoimmune Diseases, Capillaroscopy

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Miscellaneous

PANLAR2025-1062

Atypical Scleromyxedema As A Scleroderma-Like Syndrome: A Case Report

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

Background/Objectives: Scleromyxedema (SM) is an uncommon disease with systemic compromise that belongs to the group of cutaneous mucinosis. Findings include generalized waxy papular lesions that become confluent, leading to a scleroderma-like appearance. Monoclonal gammopathy is a common finding, thus when absent the disease is categorized as “atypical”.1-2 We describe our findings in a patient with atypical granulomatous variant of SM as a differential diagnosis in the group of scleroderma-like syndromes.

Methods: Case report.

Results: A 52-year-old male with no prior history of diseases, presented with a 4-month evolution of polyarthralgias, generalized weakness, asymptomatic skin lesions, skin induration, neuropathic pain and flex contractures in both hands. At examination the patient had dome-shaped and flat-topped papules, with shiny and indurate surrounding skin. Lesions were white-ivory or violaceous, and predominantly located in upper torso, abdomen, glutes and thighs with skin induration extending to the face and hands. No Raynaud phenomena was documented either by history or physical examination and negative systemic sclerosis specific antibodies were documented. Skin biopsies were consistent with SM, granulomatous variant (Figure 1). Magnetic resonance imaging revealed bilateral symmetric myositis in both gluteus maximus, despite normal levels of muscular enzymes. Nerve conduction velocity test showed four-segment motor polyneuropathy. No monoclonal gammopathy or other associated conditions were found. Treatment with monthly intravenous immunoglobulin and concomitant prednisone tapering was carried out with a favorable response (Figure 2).

Image 1:

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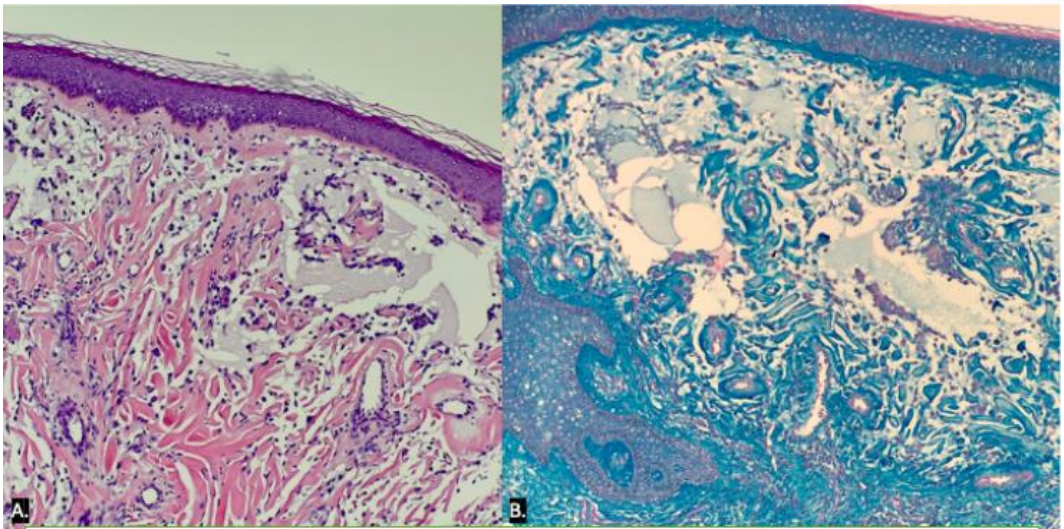

Figure 1. Skin biopsy. A. Mucin deposition, fibrosis and increased fibroblast and histiocytic proliferation, as a granulomatous variant. B. Alcian blue stain, mucin deposition.

Image 2:

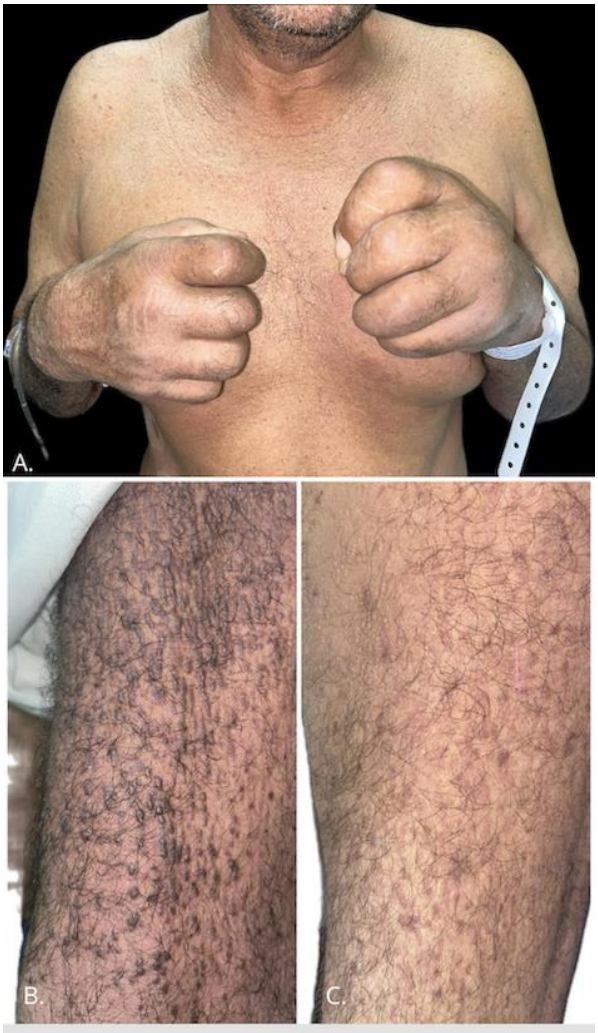

Figure 2. A. Flex contractures. B and C. Skin lesions before and after treatment.

Conclusion: Our case was a diagnostic challenge. There is still little clinical awareness of SM as a possible mimic of scleroderma in its initial presentation.

Reference 1: Knobler R, et al. Consensus statement on the diagnosis and treatment of sclerosing diseases of the skin, Part 2: Scleromyxoedema and scleroedema. *J Eur Acad Dermatol Venereol*. 2024;38(7):1281-1299.

Reference 2: Romanowska-Próchnicka K, et al. Scleroderma and scleroderma-like syndromes. *Front Immunol*. 2024;15:1351675.

Disclosure of Interest: None Declared

Keywords: scleroderma-like syndrome, scleromyxedema

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Miscellaneous

PANLAR2025-1141

Clinimetric Description In Patients With Idiopathic Inflammatory Myopathy Using Mmt8, Mytax, And Mdi

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

Background/Objectives: Idiopathic Inflammatory Myopathies (IIMs) are chronic neuromuscular diseases characterized by muscle inflammation and systemic manifestations. They include dermatomyositis, polymyositis, antisynthetase syndrome, immune-mediated necrotizing myopathy, and inclusion body myositis. Prevalence is 2–10 cases per million, mostly affecting women and middle-aged adults. Clinimetric evaluation uses IMACS tools, including MMT8 for muscle strength, MDI for disease damage, and MYTAX for disease activity.This study aims to assess muscle strength, disease activity, and damage in IIM patients using MMT8, MYTAX, and MDI tools.

Methods: A cross-sectional study was conducted on IIM patients meeting the ACR/EULAR 2017 classification criteria. Patients over 18 years old attending the rheumatology service at the Alejandro Posadas National Hospital were included. Demographic and disease-related data were collected, including myopathy phenotype, diagnosis date, and symptom onset. Muscle strength was assessed using MMT8, disease activity with MITAX, and damage with MDI. Descriptive analysis was performed, with categorical variables presented as frequencies and percentages and continuous variables as medians with interquartile ranges (IQR) or means with standard deviations (SD).

Results: A total of 92 IIM patients were included, 82.6% of whom were women. The median age was 49.5 years, with a median disease duration of 3 years. The phenotypic distribution was: DM 56.2%, PM 24.6%, SAS 18.3%, and IMNM 1.1%. Comorbidities included smoking (34.1%), hypertension (25%), dyslipidemia (20.9%), hypothyroidism (18.5%), and diabetes (13%). Median scores were MMT8: 146, MITAX: 7, and MDI: 1. Hospitalization was required in 32.6% of cases, and the mortality rate was 11.4%.

Conclusion: These findings validate the use of MMT8, MITAX, and MDI as standardized tools for evaluating muscle strength, disease activity, and cumulative damage in myositis patients.

Disclosure of Interest: None Declared

Keywords: None

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Miscellaneous

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Relationship Between Oral Health Perception And Icdas In Patients With Rheumatological Disorders

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

Background/Objectives: Oral health is crucial for overall well-being but often overlooked in rheumatology. We aim to assess the association between dental caries and oral health perception in patients with rheumatological diseases.

Methods: We conducted a cross-sectional study including patients aged >18 years with rheumatological diseases. Oral health perception was assessed using the General Oral Health Assessment Index (GOHAI), and dental caries were evaluated using the ICDAS system. The Kolmogorov-Smirnov test assessed normality. The association between oral health perception and ICDAS scores, comparing two groups (ICDAS <3 and ICDAS >3), was evaluated using the Mann-Whitney U test, with p ≤0.05 considered significant.

Results: A total of 88 patients (88.6% women, mean age 51.5 ± 14.4 years) were included. The most common condition was rheumatoid arthritis (34.1%). 43.2% were diagnosed within the last 5 years. Regarding oral health, 46.6% did not follow regular dental check-ups, 79.5% did not visit the dentist regularly, and 62.5% were unaware of the link between rheumatological diseases and dental issues. 61.6% had not been referred to a dentist by their rheumatologist. The ICDAS <3 group (54 patients) had a median GOHAI score of 52, while the ICDAS >3 group (34 patients) had a median score of 46, with a significant difference (p = 0.015).

Table 1:

Conclusion: Patients with an ICDAS score below 3 had a lower perception of oral health compared to those with an ICDAS score above 3. Additionally, most patients did not maintain regular dental follow-ups, highlighting the need to emphasize the importance of oral health in rheumatological consultations to improve the overall management of these patients.

Reference 1: Schmalz G, Patschan S, Patschan D, Ziebolz D. Oral-Health-Related Quality of Life in Adult Patients with Rheumatic Diseases—A Systematic Review. J Clin Med. 2020 Apr 19;9(4):1172

Reference 2: Armas-Vega A, Parise-Vasco JM. ICDAS: a tool for diagnosing dental caries. 2021 Mar 12 [cited 2024 Sep 19]; Available from: https://zenodo.org/record/4599812

Disclosure of Interest: None Declared

Keywords: ICDAS index, Oral Health, Rheumatic and Musculoskeletal Diseases

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Advertising Of Dietary Supplements In Rheumatology In Argentina

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

Background/Objectives: This study analyzes dietary supplement (DS) advertisements in Argentina to determine their quantity, composition, suggested indications, and costs, specifically in relation to rheumatic diseases.

Methods: DS advertisements from January 1 to May 31, 2024, were collected across all media if they referenced: 1) joint, muscle, or bone health, 2) joint pain, inflammation, or functional limitations, or 3) rheumatic diseases. DS available for sale in Argentina during the study period were included regardless of the advertisement's date. Official information from manufacturers or distributors was analyzed based on the most complete information available. Information generated or distributed by influencers, YouTubers, or opinion leaders was excluded from this analysis.

The number of DS available on the market was determined, along with their dosage and duration of consumption as indicated in the advertisement, and the clinical situations for which their use was advised or suggested. DS costs were converted to USD (official exchange rate, June 4, 2024). For comparison, a package of Diclofenac Sodium 50 mg x 30 tablets cost USD $6.9.

Results: A total of 106 products were analyzed (see Table 1). DS with three or more components had a median cost of USD $18 (IQR: 12.7–27.1) compared to USD $13.7 (IQR: 7.8–24.3) for those with one or two components ($p = 0.04$). DS containing collagen (in any form) had a median cost of USD $21.5 (IQR: 15.9–30.7) versus USD $12.3 (IQR: 8.6–16.4) for those without collagen ($p < 0.001$). In 23.6% of DS, no dosage recommendations were provided; 82.1% lacked a maximum usage duration.

Regarding indications, 44.3% promoted joint, muscle, or bone health, while 29.3% claimed to improve pain, inflammation, or function. Conditions referenced included osteoarthritis (13.2%), osteoporosis (7.6%), gout (2.8%), rheumatoid arthritis (1.9%), and psoriasis (0.9%). One DS (Resveratrol plus Quercetin) was reported to affect coagulation. Sixteen DS (15%) advised against use during pregnancy, breastfeeding, or in children, while the rest mentioned no adverse effects.

Table 1:

Image 1:

Table 1: Characteristics of Dietary Supplements (DS) Included in the Analysis.

Dietary supplements (DS) (n: 106)	Frequency (%)	Cost in US dollars (Median and Interquartile Range)
• DS containing a single component.	18 (17.0)	13.0 (6.7-17.7)
• DS containing a combination of 2 components.	21 (19.8)	13.7 (10-26.5)
• DS containing a combination of 3 or more components.	67 (63.2)	18.0 (12.7-27.1)
• DS containing collagen (alone or in combination).	57 (53.8)	21.5 (15.9-30.7)
• DS containing magnesium (alone or in combination but excluding collagen).	12 (11.3)	11.7 (5.7-16.1)
• DS containing curcumin (alone or in combination but excluding collagen or magnesium).	6 (5.7)	12.7 (8.8-14.9)
• DS containing vitamin D (alone or in combination but excluding other categories).	16 (15.1)	10.2 (8.1-13.7)
• Others.	15 (14.1)	14.0 (8.8-20.6)

Conclusion: Multi-component DS, particularly those containing collagen, represent a higher financial burden. Some advertisements may mislead consumers, potentially delaying rheumatologist consultations and impacting health resources.

Disclosure of Interest: None Declared

Keywords: collagen, Dietary Supplements, osteoarthritis

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One Year Later: Outcomes Of A Non-Face-To-Face Multidisciplinary Healthcare Approach For Rheumatoid Arthritis

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

Background/Objectives: Despite the promising potential of mixed healthcare models—integrating a hybrid approach that alternates between in-person visits and teleconsultations—in reducing costs and minimizing unnecessary travel for patients with rheumatoid arthritis (RA), research on their impact remains limited, particularly regarding clinical outcomes and treatment adherence. This study aimed to analyze clinical outcomes and treatment adherence in RA patients managed through in-person consultations, teleconsultations, or a mixed care model at a specialized care center in Bogotá, Colombia, between July 2020 and October 2021.

Methods: This was a quantitative, observational, analytical, prospective cohort study evaluating clinical outcomes in RA patients managed through in-person consultations, teleconsultations, or a mixed care model. Patients were followed at 3, 6, and 12 weeks, as well as at 15 months, completing assessments using disease activity scales, quality of life measures, treatment adherence evaluations, and self-care agency assessments.

Results: Data were collected from 156 patients (85% women), of whom 40 were managed via teleconsultation, 13 through in-person consultations, and 103 using a mixed care model. The most prevalent comorbidities were hypertension (35.3%) and diabetes (7.69%). Significant differences were observed across consultation models for the following scales: global VAS (p=0.0032), PAS Score (p=0.0312), and HAQ (p=0.0088), with intermediate scores in the mixed care group compared to the other groups (lower in teleconsultation and higher in in- person care). Conversely, the pain VAS scale (p=0.1019), EuroQol 5-Dimension quality of life assessment through EQ5 VAS Global (p=0.78), EQ5 VAS Score (p=0.7846), EQ5 TTO Score (p=0.7659), Appraisal of Self-Care Agency (ASA) (p=0.6443), Morisky Green Levinemedication adherence scale (p=1.000), and DAS-28 (p=0.8395) showed no significant differences between the consultation models.

Conclusion: Overall, the mixed care model for patients with RA shows no major differences compared to in-person or teleconsultation models. When differences are observed, the mixed model demonstrates intermediate outcomes relative

to the other groups. Further studies with larger sample sizes and diverse populations across Colombia and Latin America are needed to validate these findings.

Disclosure of Interest: None Declared

Keywords: Latín America, rheumatoid arthritis, telemedicine

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Motherhood And Family Planning Beliefs In Women With Autoimmune Rheumatic Diseases

Andrés Manuel Ortiz Rios[*1], Fany Rocío Arevalo-Nieto[1], Mara Alejandra Ponce-Santillán[1], Emmanuel Domínguez-Chapa[1], Galilea Rodriguez-Orozco[1], Ana Gabriela Rodriguez-Flores[1], Maria Eugenia Corral-Trujillo[1], Jesús Alberto Cárdenas-de la Garza[1], Lorena Pérez-Barbosa[1], Dionicio Ángel Galarza-Delgado[1], Cassandra Michele Skinner-Taylor[1]
[1]Rheumatology, Hospital Universitario "Dr. José Eleuterio González", Universidad Autónoma de Nuevo León, Monterrey, Mexico

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

Background/Objectives: Autoimmune rheumatic diseases (ARDs) impact women's fertility, delaying family planning and increasing risks of fetal and neonatal loss. Cultural norms in Mexico often emphasize motherhood as a life's primary purpose, creating additional challenges for women with ARDs. Rheumatologists must help these patients balance personal beliefs with medical guidance to prevent adverse outcomes for both mothers and their children.

Objectives: To describe motherhood and family planning beliefs in women with ARDs.

Methods: A cross-sectional, descriptive study included women aged 18–50 years from the Reproduction and Pregnancy Clinic in Rheumatic Diseases (CREER) at the University Hospital in Mexico. Participants were surveyed about contraception use and motherhood beliefs using the Maternity Beliefs Scale (MBS), which assesses "Sense of Life" (0–40) and "Social Duty" (0–25), with higher scores indicating stronger traditional beliefs. Women were grouped by contraception use.

Results: A total of 34 women participated, with a mean age of 31.91 ± 5.11 years. Rheumatoid arthritis (50.0%) and systemic lupus erythematosus (26.5%) were the most frequent diagnoses. Sociodemographic and clinical characteristics are detailed in Table 1. Median offspring count was 1 (IQR 1–2). Eighteen women (52.9%) reported contraception use, while 16 (47.1%) did not. Among contraception users, the median "Sense of Life" score was 8.00 (IQR 2.50–16.50), and the "Social Duty" score was 1.00 (IQR 0–7.00). For non-users, medians were 10.50 (IQR 4.50–17.50) and 4.50 (IQR 0.50–9.25), respectively. There were no significant differences between groups. Family planning beliefs showed that most women (88.9% of users and 68.8% of non-users) did not desire pregnancy within the next 12 months. However, only 50.0% of users and 56.3% of non-users sought family planning counseling from their rheumatologists (Table 2).

Image 1:

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Table 1. Sociodemographic and clinical characteristic

	With contraception use n= 18	Without contraception use n= 16
Age, mean ± SD	30.33 ± 6.11	33.69 ± 5.14
Marital status, n (%)		
Married	7 (38.9)	10 (62.5)
Common-law	6 (33.3)	4 (25.0)
Single	5 (27.8)	1 (6.3)
Divorced	-	1 (6.3)
Education years, n (%)		
<9 years	9 (50.0)	5 (31.3)
>9 years	9 (50.0)	11 (68.8)
Diagnosis, n (%)		
Rheumatoid arthritis	9 (50.9)	8 (50.0)
Systemic lupus erythematosus	6 (33.3)	3 (18.8)
Antiphospholipid syndrome	2 (11.1)	4 (25.0)
Others	1 (5.6)	1 (6.3)
Paid work, n (%)		
Yes	7 (38.9)	12 (75.0)
No	11 (61.1)	4 (25.0)

SD: Standard Deviation

Image 2:

Table 2. Maternity and Family Planning beliefs compared by contraception use.

Maternity beliefs scale results			
	With contraception n= 18	Without contraception n= 16	p-value
Sense of life score, median (IQR)	8.00 (2.50 – 16.50)	10.50 (4.50 – 17.50)	0.932
Social duty score, median (IQR)	1.00 (0 – 7.00)	4.50 (0.50 – 9.25)	0.211
Family Planning beliefs			
Pregnancy desire in the next 12 months, n (%)	2 (11.1)	5 (31.3)	
Without Pregnancy desire in the next 12 months, n (%)	16 (88.9)	11 (68.8)	
Request for family planning counseling from their rheumatologist, n (%)	9 (50.0)	9 (56.3)	

IQR: Interquartile range

Conclusion: Despite a low desire for pregnancy in the short term, nearly half of the participants avoided contraception, likely due to cultural beliefs and limited medical counseling. These practices highlight the need for targeted education addressing family planning and ARDs to improve patient outcomes and align beliefs with health priorities.

Disclosure of Interest: None Declared

Keywords: Autoimmune Rheumatic Diseases, Family Planning, Motherhood Beliefs

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GLOBAL RHEUMATOLOGY
BY PANLAR

PANLAR 2025

Miscellaneous

PANLAR2025-1199

Prevalence Of Hearing Loss In Systemic Autoimmune Autoinflammatory Diseases At A Tertiary Care Hospital In Bogotá, Colombia

Ruddy Paola Montoya Rumpf* [1], María C. Restrepo-Guarnizo[2], Adriana Yelitza Isaza Marin[3], Liliam María Murcia Munévar[4], Maria Fernanda Gonzalez Sanchez[3], Claudia Ibáñez Antequera[2], Henry Leonardo Martínez Bejarano [3], Alejandro Escobar Trujillo[1], Nicolas S. Rodríguez-Gonzalez[2], Adriana Rojas-Villarraga[2], Jairo Cajamarca-Baron [1, 2]
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Has this paper been previously presented at another conference?: No

Background/Objectives: Currently, in Colombia and Latin America, there is limited information regarding the clinical condition of hearing loss in autoimmune and autoinflammatory diseases (AID). The objective of this study was to analyze the presence of hearing loss in a group of patients with AID, along with the associated symptoms.

Methods: This was a cross-sectional study that described the prevalence of conductive or sensorineural hearing loss in patients with confirmed diagnoses of systemic AID, who consulted the Rheumatology service at a tertiary care hospital in Bogotá, Colombia, over a 6-month period in 2024. Relevant associated symptoms and the presence of autoantibodies were also described. Statistical analysis involved various tests to compare groups, significance level p < 0.05 (SPSSV26). Ethics committee approved study.

Results: A total of 71 patients were included (71% women), with a median age of 46 years (interquartile range [IQR]: 20). Among them, 18 (25.4%) had Rheumatoid Arthritis (RA), 14 had Sjögren's Syndrome (SS), 12 (16.9%) had Systemic Lupus Erythematosus (SLE), 7 (9.9%) had Antiphospholipid Syndrome (APS), and the remaining patients had 9 other AID. Additionally, 8 patients (11.3%) had polyautoimmunity. A total of 43 patients had otologic symptoms, with 25.4% experiencingv ertigo, 26.8% tinnitus, and 26.7% reporting some degree of hearing loss. Pure-tone audiometry classified 28 patients (39.4%) with some degree of hearing loss (mainly sensorineural). Within the groups, 55.6% of patients with RA, 50% with SLE, 42.9% with APS, and 14.3% with SS had hearing loss, with SS showing the lowest percentage. When comparing the prevalence of hearing loss between the disease groups, using Sjögren's Syndrome (SS) as the reference group (Fisher's test),
a significant difference was found with Rheumatoid Arthritis (RA) (p=0.027). 62.5% of patients with hearing loss tested positive for CCP (p=0.042), mainly in RA cases. Conversely, 39.4% of patients without hearing loss tested positive for Anti-Ro (p=0.017), primarily in SS cases. Pure-tone hearing thresholds of RA patients were non significantly lower at frequencies 8000 Hz in the left ear and 4000 Hz in both ears and in SLE patients were significantly lower at frequencies 2000Hz in the left ear (p=0.022), see Figures 1 and 2

Image 1:

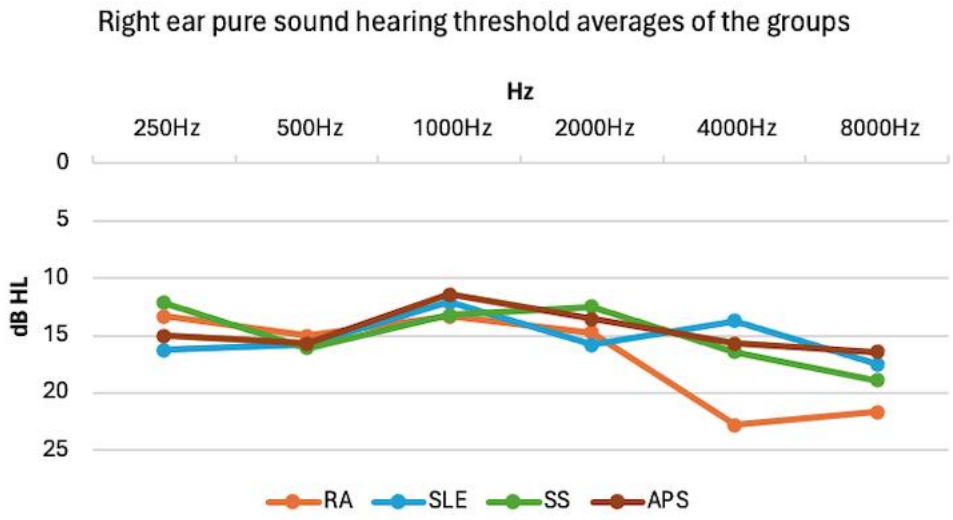
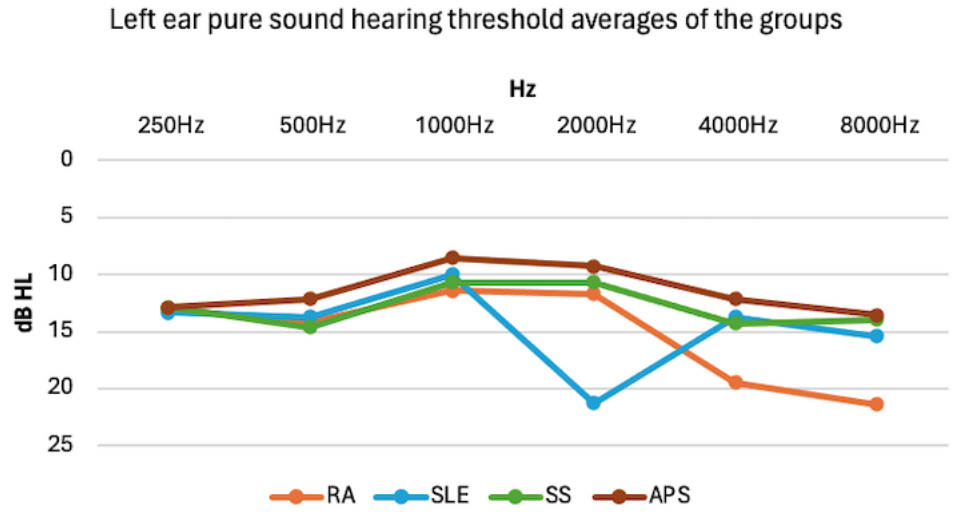


Image 2:



Conclusion: This study found a high prevalence of hearing loss in patients with AID, especially in RA and SLE, highlighting the need for increased awareness and further research on otologic manifestations in these conditions.

Reference 1: Ciorba A, et al. *Autoimmune inner ear disease (AIED): A diagnostic challenge.* Autoimmun Rev. 2012;11(6):388-393. doi:10.1016/j.autrev.2011.10.019.

Reference 2: Yazici H, et al. *Vestibular involvement in patients with systemic lupus erythematosus.* Lupus. 2019;28(7):914-919. doi:10.1177/0961203319851581.

Disclosure of Interest: None Declared

Keywords: Autoimmune Diseases, Autoinmunity, Hearing Loss

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GLOBAL RHEUMATOLOGY
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PANLAR 2025

Miscellaneous

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Asynchronous Tele-Rheumatology: Benefits And Challenges In Remote Care For Rheumatology Patients

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

Background/Objectives: The availability of medical professionals is crucial for the recovery of people's health. This availability varies greatly in a mixed health system like the Chilean one. geographical distribution of specialists, constantly create a gap of medical professionals . to improve the population's access to pecialist is the use of digital technologies, which has been in place in our country in synchronous and asynchronous modalities, This has allowed access to specialties that have a shortage of hours in the public health system.

General Objective

Evaluate the impact of the asynchronous tele-rheumatology strategy on the management patients with rheumatic diseases

Methods: Study type Observational, descriptive, and retrospective study.

Asynchronous consultations made between November 28, 2023, and December 15, 2024, will be included on the tele-rheumatology platform according to the flow defined by protocol. (Figure No. 1)

Results: A total of 479 consultations were included, conducted in primary health care centers across seven regions of Chile. Of the consultations received, 240 were conducted in the Coquimbo region, accounting for 50.1%, followed by the Metropolitan region with 30.48% (Figure No. 2). From the health devices in the Coquimbo region, 195 consultations were made in family health centers (CESFAM), 29 in community hospitals and 16 in rural health posts. the users' 87% are women, the average age was 52.8 years .The most referred diagnosis by primary care physicians was Rheumatoid Arthritis, corresponding to 193 cases, followed by Fibromyalgia with 75 cases. Of the diagnoses indicated by the specialist rheumatologist, Fibromyalgia with 82 cases was the most frequent, followed by Seropositive Rheumatoid Arthritis with 71 cases. Of the interconsultations made, 318 were referred back for resolution in Primary Health Care and 161 for in-person evaluation by the specialty.

Image 1:

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Figure No. 1. Asynchronous model of Tele Rheumatology. Digital Hospital, Ministry of Health Chile.

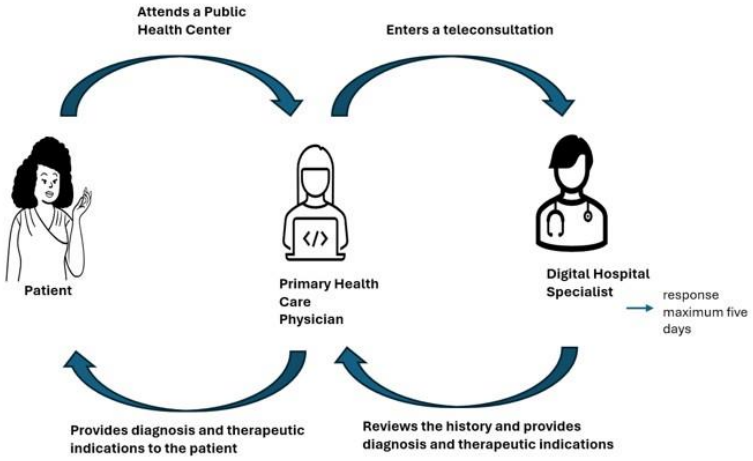

Image 2:

Conclusion: The implementation of asynchronous tele-rheumatology as a distance care strategy has proven to be an effective tool to improve access to specialized rheumatological care in a context of limited availability of specialists in Chile. The strategy has contributed to optimizing specialized resources, reducing the need for in-person evaluations in more than 66% of cases. the frequency of incomplete consultations indicates the need to strengthen the training of primary care health teams regarding compliance with referral protocols and the provision of complete clinical backgrounds.

Disclosure of Interest: None Declared

Keywords: Asynchronous, primary health care, telemedicine

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GLOBAL RHEUMATOLOGY
BY PANLAR

PANLAR 2025

Miscellaneous

PANLAR2025-1142

Subclinical Atherosclerosis And Gamma-Glutamyl Transferase: Insights From Autoimmune Inflammatory Arthropathies

Aleydis González Meléndez*[1], Rebeca Lizeth Polina Lugo[1], Maria Fernanda Elizondo Benitez[1], Andrea Lizeth Guajardo Aldaco[1], Iris Jazmin Colunga Pedraza[1], Jesús Alberto Cárdenas de la Garza[1], Rosa Icela Arvizu Rivera[1], José Ramón Azpiri López[2], Diego Azamat Salcedo Almanza[3], Dionicio Ángel Galarza Delgado[1]

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

Background/Objectives: Gamma-glutamyl transferase (GGT) is linked to endothelial damage and inflammation, with elevated levels correlating to carotid atherosclerosis and coronary artery disease. While autoimmune inflammatory arthropathies increase cardiovascular (CV) risk, evidence of GGT as a biomarker in this group is limited. We aim to compare subclinical atherosclerosis prevalence based on GGT levels.

Methods: A cross-sectional study included patients aged 40–75 years with rheumatoid arthritis (RA) or psoriatic arthritis (PsA), excluding those with prior CV, hepatic, or renal disease. Carotid ultrasound assessed carotid plaque (CP) and intima-media thickness (cIMT). CP was defined as cIMT ≥1.2 mm diffusely or ≥0.8 mm focally, and subclinical atherosclerosis as CP or cIMT ≥0.8 mm. Patients were grouped by GGT levels (≥28 U/L vs. <28 U/L). Statistical tests included Chi-square, T-test, and Mann-Whitney U, with $p \leq 0.05$ considered significant.

Results: Fifty-six patients (28 RA, 28 PsA) were included, with 24 in the high GGT group and 32 in the low GGT group. Mean ages were 54.6 ± 7.6 and 53.2 ± 12.3 years. No significant differences in CV risk factors or cIMT were found, though CP prevalence was slightly higher in the high GGT group (54.1% vs. 46.8%, p=0.58).

Table 1:

Conclusion: This study found no difference in subclinical atherosclerosis between high and low GGT levels. Larger studies are needed to confirm GGT as a CV risk biomarker in autoimmune arthropathies.

Reference 1: Kim YG, Park GM, Lee SB, Lee BU, Park HW, Cho YK, et al. Association of gamma-glutamyl transferase with subclinical coronary atherosclerosis and cardiac outcomes in non-alcoholics. Sci Rep. 2020;10:17994. Disponible en doi:10.1038/s41598-020-75078-6.

Reference 2: Ndrepepa G, Colleran R, Kastrati A, Byrne RA, Cassese S, Hoppmann P, et al. Gamma-glutamyl transferase and the risk of atherosclerosis and coronary heart disease. Clin Chim Acta. 2018;476:130-138. Disponible en doi:10.1016/j.cca.2017.11.026.

Disclosure of Interest: None Declared

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Keywords: Autoinmune arthropaties, Carotid Plaque, Gamma-Glutamyl Transferase

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BY PANLAR

PANLAR 2025

Miscellaneous

PANLAR2025-1145

The Prevent Calculator And Its Role In Cardiovascular Risk Estimation In Rheumatoid And Psoriatic Arthritis

Aleydis González Meléndez*[1], Rebeca Lizeth Polina Lugo[1], Ricardo Iván De La Rosa Vázquez[1], Oswaldo Uresti[1], Iris Jazmin Colunga Pedraza[1], Jesús Alberto Cárdenas de la Garza[1], Rosa Icela Arvizu Rivera[1], José Ramón Azpiri López[2], Dionicio Ángel Galarza Delgado[1]

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

Background/Objectives: The PREVENT calculator estimates the risks of Atherosclerotic Cardiovascular Disease (ASCVD) and Heart Failure (HF). Patients with rheumatoid arthritis (RA) and psoriatic arthritis (PsA) have increased cardiovascular (CV) risk. We aimed to evaluate the association between disease activity and CV risk by integrating the new PREVENT calculator.

Methods: A cross-sectional study of RA and PsA patients (ages 40–60) assessed disease activity using DAS28-CRP and DAPSA. The 10- and 30-year ASCVD and HF risk were estimated with the PREVENT algorithm, classifying CV risk as low (<5%), borderline (5–7.4%), intermediate (7.5–19.9%), or high (≥20%). RA patients' 10-year ASCVD risk was multiplied by 1.5. Frequencies, percentages, mean/median, and standard deviation/interquartile range were reported. Statistical analyses included Kolmogorov–Smirnov, Chi-square, ANOVA, or Kruskal-Wallis tests, with p ≤0.05 as significant.

Results: We included 334 RA and 102 PsA patients, mostly women (RA 93.4%, PsA 55%). Most were initially classified as low risk for 10-year ASCVD and HF, with no high-risk patients. For 30-year risk, most patients were projected to have intermediate or high risk for both events, with no significant differences by disease activity.

Table 1:

Conclusion: No association was found between elevated disease activity and increased CV risk in RA or PsA patients.

Reference 1: Khan SS, Coresh J, Pencina MJ, Ndumele CE, Rangaswami J, Chow SL, et al. Novel Prediction Equations for Absolute Risk Assessment of Total Cardiovascular Disease Incorporating Cardiovascular-Kidney-Metabolic Health: A Scientific Statement From the American Heart Association. Circulation. 2023 Dec 12;148(24):1982–2004.

Reference 2: Ferraz-Amaro I, Corrales A, Atienza-Mateo B, Vegas-Revenga N, Prieto-Peña D, Blanco R, et al. Moderate and High Disease Activity Predicts the Development of Carotid Plaque in Rheumatoid Arthritis Patients without Classic Cardiovascular Risk Factors: Six Years Follow-Up Study. JCM. 2021 Oct 27;10(21):4975.

Disclosure of Interest: None Declared

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Keywords: PREVENT calculator, Psoriatic Arthritis, Rheumatoid Arthritis

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GLOBAL RHEUMATOLOGY
BY PANLAR

PANLAR 2025

Miscellaneous

PANLAR2025-1146

Assessing Oral Health Using The Cpod Index In Rheumatological Disease Patients

Margarita Isabel Alarcón Jarquín*[1], Aleydis González Meléndez[1], Egla Samantha Sánchez Peralta[1], Janett Carmen Riega Torres[1], Vanessa Lizeth López Flores[1], Dionicio Ángel Galarza Delgado[1]
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Has this paper been previously presented at another conference?: No

Background/Objectives: Patients with rheumatological diseases are at higher risk for dental issues, often overlooked in consultations. We aim to assess the association between cavities, lost, and filled teeth and oral health perception in this population.

Methods: We conducted a cross-sectional study, including patients aged >18 years with rheumatological diagnoses. The CPOD index assessed cavities, lost, and/or filled teeth, while the General Oral Health Assessment Index (GOHAI) evaluated oral health perception. Frequencies and percentages were reported for categorical variables, and mean/median and standard deviation/interquartile range for continuous variables. The Kolmogorov-Smirnov test assessed normality, and the Chi-square test analyzed the association between oral health perception and dental conditions, with p ≤0.05 considered significant.

Results: A total of 87 patients (77 women, 10 men) with a median age of 54 years were included. The most common diagnoses were rheumatoid arthritis (43.7%), systemic lupus erythematosus (18.4%), and fibromyalgia (11.5%). Most patients did not have regular dental follow-ups (47.1%), 79.3% did not visit the dentist regularly, and 54% brushed less than twice a day. 84.1% had cavities (median 4), 73.8% had filled teeth (median 3), and 70.4% had lost teeth (median 2). The CPOD index was 11.41 ± 5.46, and the median GOHAI score was 48.

Table 1:

Table 1. Comparison between GOHAI and CPOD

Teeth	GOHAI < 45 (n=34)	GOHAI >45 (n=53)	P value
Decayed <3	11 (32,4%)	11 (20,8%)	0,225
Decayed >3	23 (67,6%)	42 (79,2%)	

	GOHAI < 45	GOHAI >45	P value
Lost <3	14 (41,2%)	38 (71,7%)	**0,005**
Lost >3	20 (58,8%)	15 (28,3%)	
	GOHAI < 45	**GOHAI > 45**	**P value**
Filled <3	17 (50%)	18 (34%)	0,137
Filled >3	17 (50%)	35 (66%)	

Table 1. Comparison of oral health perception based on the GOHAI score (a score greater than 45 was considered a good perception) and the number of dental alterations.

Image 1:

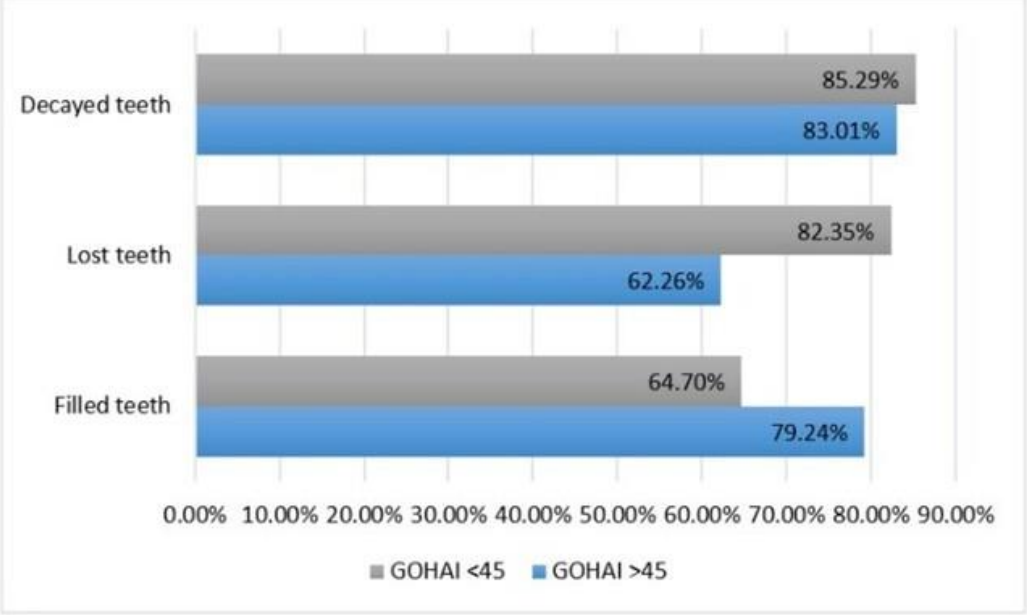

Figure 1. Prevalence of decayed, lost, and filled teeth according to oral health perception.

Conclusion: This study reveals a high CPOD index in our population, indicating an increased risk of dental problems. The prevalence of cavities, lost, and filled teeth among patients underscores the need for proper dental follow-up. These findings highlight the importance of addressing the oral health of patients with rheumatological diseases in clinical practice.

Reference 1: Protudjer JLP, Billedeau C, Hurst K, Schroth R, Stavropoulou C, Kelekis-Cholakis A, et al. Oral Health in Rheumatoid Arthritis: Listening to Patients. JDR Clin Transl Res. 2022 Apr;7(2):127–34.

Reference 2: Oral Health Status and Treatment Needs Among Disabled Children in Recife, Brazil. Oral Health Prev Dent. 2020 Feb 12;18(1):467–73.

Disclosure of Interest: None Declared

Keywords: CPOD index, Oral Health, Rheumatic and Musculoskeletal Diseases

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GLOBAL RHEUMATOLOGY
BY PANLAR

PANLAR 2025

Miscellaneous

PANLAR2025-1363

Clinical Evidence Of Circulating Calprotectin And S100A12 Protein In Adult-Onset Still´S Disease: A Systematic Review

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

Background/Objectives: The European League Against Rheumatism and the Paediatric Rheumatology European Society have recently published recommendations for the diagnosis and management of adult-onset still´s disease (AOSD) and systemic juvenile idiopathic arthritis. These recommendations include testing for serum Calprotectin (cCalpro) and S100A12 protein to support the diagnosis of AOSD and sJIA based on expert opinions and clinical practices.
We aimed to review and compile all available evidence on the value of cCalpro and S100A12 as biomarkers in AOSD.

Methods: Electronic databases (Pubmed, Scopus and Cochrane Library) were searched, supplemented by register and hand searches, to identify studies investigating the diagnostic, prognostic or predictive value of cCalpro or S100A12 in patients presenting AOSD.

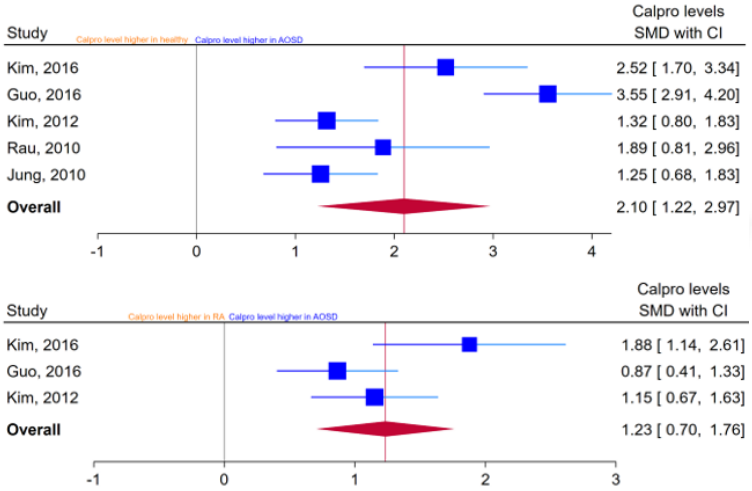
Results: Eight and two studies measuring cCalpro and S100A12 in AOSD, respectively, were retrieved (Table1).
cCalpro levels were significantly higher in 139 AOSD than in 139 HI (estimated SMD=2.1; 95%CI=1.22-2.97; p<0.00001).
cCalpro levels were significantly higher in 102 AOSD than in 94 RA (estimated SMD=1.23; 95%CI=0.71-1.76; p=0.00001).
Figure 1.
Five studies showed correlation coefficients between cCalpro and markers of disease activity (5 with CRP; 3 with ESR; 5 with Ferritin; 3 with disease activity scores).
Two studies observed a reduction in cCalpro levels in patients treated with IL-1 inhibitors compared with placebo. A study showed a significant decrease in cCalpro levels after 6 months of treatment.
Higher cCalpro levels were reported in active than inactive patients in 2 studies.

Table 1:

STUDY	BIOMARKER	CLINICAL VALUE	RECORD TYPE
Groetsch, 2022	Calprotectin	Monitoring	Poster
Ghannam, 2021	Calprotectin & S100A12	Monitoring; Treatment response	Publication
Ohlman, 2021	Calprotectin	Treatment response	Clinical Trial
Kim, 2016	Calprotectin	Diagnosis; Monitoring	Publication
Guo, 2016	Calprotectin	Diagnosis; Monitoring	Publication

Bae, 2014	S100A12	Diagnosis; Monitoring; Treatment response	Publication
Kim, 2012	Calprotectin	Diagnosis; Monitoring	Publication
Rau, 2010	Calprotectin	Diagnosis; Monitoring	Publication
Jung, 2010	Calprotectin	Diagnosis; Monitoring	Publication

Image 1:



Conclusion: This systematic review suggests that circulating Calprotectin may be a promising biomarker for monitoring disease activity and response to treatment in adult-onset Still´s disease. Clinical trials and studies should consider the inclusion of circulating Calprotectin and S100A12 as exploratory biomarkers for the diagnosis and management of adult-onset Still´s disease.

Disclosure of Interest: C. Andalucia Employee with: Werfen, R. Albesa Employee with: Werfen, M. Mahler Employee with: Werfen

Keywords: Adult onset Still´s disease, Calprotectin, systematic review

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GLOBAL RHEUMATOLOGY
BY PANLAR

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Miscellaneous

PANLAR2025-1061

Catastrophic Antiphospholipid Antibody Syndrome With "Non-Criteria" Antibodies

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[1]Rheumatology, Instituto Nacional de Ciencias Médicas y Nutrición Salvador Zubirán, [2]Internal Medicine, [3]Rheumatology, Hospital de Especialidades del Centro Médico Nacional Siglo XXI, Mexico City, Mexico

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

Background/Objectives: Antiphospholipid antibody syndrome (APS) is a systemic autoimmune disease characterized by persistent positive titers of antiphospholipid antibodies, which can manifest with broad clinical manifestations. Currently, the antibodies considered in the classification criteria are lupus anticoagulant, anticardiolipin and/or anti B2 glycoprotein I, however, in some cases, patients may present with clinical features of APS but with persistently negative titers of aPL. For these patients, the definition of seronegative APS has been proposed. Catastrophic antiphospholipid syndrome (CAPS), occurs in < 1% of patients with APS, in which vascular occlusion occurs in three or more locations simultaneously, in less than a week.

Methods: We describe a case report of a patient with CAPS and “non-criteria” antibodies.

Results: A 40-year-old woman known to have 3 consecutive abortions, complained of a three day 39.4 °C fever, abdominal pain, and hematochezia, physical examination revealed raynaud's syndrome, purpuric lesions on the earlobes, upper and lower extremities. Her laboratory features showed anemia (6 g/dL), thrombocytopenia (132,000 mcL), prothrombin time slightly increased 25.8s (12.7-16.1s), normal fibrinogen (208 mg/dL), and negative hemolysis and antiphospholipid panel. Blood cultures, FilmArray Gastrointestinal Panel and stool cultures were also negative. Abdominal CT showed acute thrombosis in the spleen. A rectal biopsy was taken with acute and ischemic inflammation; as well as a panendoscopy, with evidence of gastric ulcers. A skin biopsy showed thrombotic microangiopathy with no vasculitis. To rule out coagulation disorders protein C and S, Von Willebrand Factor, ADAMTS 13 and coagulation factors were measured, all within normal ranges. Due to multisystem vascular thrombosis and history of recurrent abortions, atypical antibodies for APS were requested with positivity for anti PS/PT IgM 31.5 (<19.5 U) and IgG 16.4 (<15.7 U). She received glucocorticoid pulse therapy, unfractioned heparin and 5 sessions of plasma exchange, after which she had clinical improvement, however, the lesions on the extremities culminated in dry necrosis.

Image 1:

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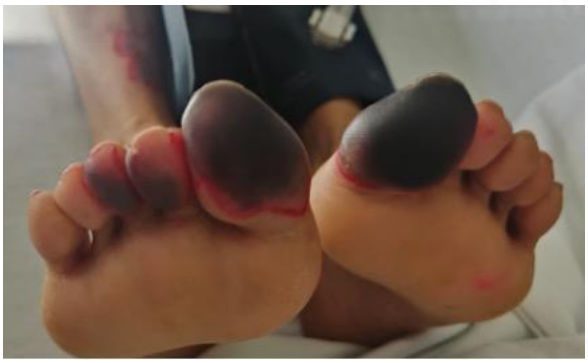
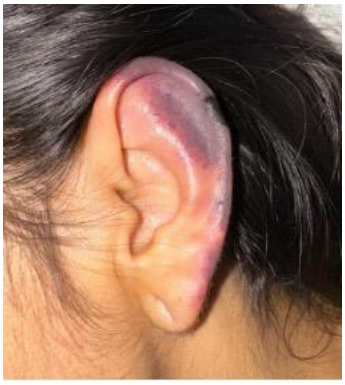


Image 2:



Conclusion: Although the suggestive data of CAPS still include the presence of classic antiphospholipid antibodies, there is increasingly more cases with seronegative-CAPS.

Disclosure of Interest: None Declared

Keywords: Antiphospholipid antibodies, Seronegative, Thrombosis

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GLOBAL RHEUMATOLOGY
BY PANLAR

PANLAR 2025

Miscellaneous

PANLAR2025-1194

Clinical And Demographic Characteristics Of Patients With Idiopathic Inflammatory Myopathies: A Focus On Cancer Risk

Valeria Cantú-Martínez*[1], Rebeca L. Polina-Lugo[1], Fernanda M. García-Carrillo[1], Daniela A. Mejía-Rodríguez[1], Ericka S. Reyna-Hernández[1], Rosa I Arvizu-Rivera[1], Jesus A. Cárdenas-de la Garza[1], Miguel A. Villarreal-Alarcón[1]
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Has this paper been previously presented at another conference?: No

Background/Objectives: Idiopathic inflammatory myopathies (IIM) are autoimmune disorders characterized by chronic muscle inflammation, which can lead to malignancy. Major cancer risk factors include advanced age, male sex, dysphagia, and anti-TIF1-γ or anti-NXP2 positivity, underscoring the need for clinical assessment. This study aims to stratify cancer risk in IIM patients and assess oncological screening frequency.

Methods: This retrospective descriptive study included IIM patients from a tertiary care hospital in Monterrey, Mexico (2006–2024), diagnosed according to ACR/EULAR 2017 criteria or clinical judgment. Sociodemographic data was collected, and cancer risk was stratified based on International Myositis Assessment and Clinical Studies Group guidelines:

High risk: Age >40 years, dermatomyositis (DM), or anti-TIF1γ/anti-NXP2 positivity.

Intermediate risk: Male sex, polymyositis (PM), immune-mediated necrotizing myopathy (IMNM), or anti-SAE1/anti-Mi2/anti-MDA5 positivity.

Low risk: Antisynthetase syndrome (ASS), interstitial lung disease (ILD), or anti-SRP/anti-Jo1 positivity.

Oncological screening was defined as completing at least one of the following: mammography, Pap smear, fecal occult blood testing, or high-resolution chest CT. Group distributions were assessed using Kolmogorov-Smirnov, Chi-square, ANOVA, or Kruskal-Wallis tests, with $p \leq 0.05$ considered significant.

Results: Thirty-seven patients were classified into risk groups: high (n=15), intermediate (n=13), and low (n=9). Comorbidities were more frequent in the intermediate group, except for osteoarthritis and hypertension, which predominated in the high-risk group. Obesity, menopause, and myalgias were most common in low-risk patients (77.7%). Significant differences were observed between high-risk DM and low-risk ASS patients (-3.48, Bonferroni p=0.001; 2.51, Bonferroni p=0.036). The high-risk group had the longest disease duration (4 years, IQR 1.2–7.5) and the highest anti-TIF1γ prevalence (40%). The high-risk group underwent more screenings (80%) than the intermediate group (38%), though this difference was not significant.

Image 1:

	High Risk (n=15)	Intermediate Risk (n=13)	Low Risk (n=9)	p Value
Idiopathic Inflammatory Myopathies				
Dermatomyositis, n (%)	14 (93,3)	8 (61,5)	2 (22,2)	**0,002**
Anti-synthetase Syndrome, n (%)	0 (0)	1 (7,6)	3 (33,3)	**0,035**
Polymyositis, n (%)	1 (6,6)	1 (7.6)	0 (0)	0,707
Immune-Mediated Necrotizing Myopathy, n (%)	0 (0)	1 (7.6)	0 (0)	0,387
Comorbidities				
Hypertension, n (%)	4 (26,6)	3 (23,0)	2 (22,2)	0,962
Diabetes, n (%)	1 (6,6)	3 (23,0)	1 (11,1)	0,435
Osteoporosis, n (%)	2 (13,3)	2 (15,3)	1 (11,1)	0,959
Interstitial Lung Disease, n (%)	2 (13,3)	4 (30,7)	2 (22,2)	0,535
Rheumatoid Arthritis, n (%)	2 (13,3)	2 (15,3)	0 (0)	0,479
Osteoarthritis, n (%)	4 (26,6)	1 (7,6)	1 (11,1)	0,355
Others, n (%)	6 (40)	7 (53,8)	7 (77,7)	0,199
Course of disease				
Years, median (IQR)	4 (1,2-7,5)	2,5 (2-7,5)	2 (1-4,2)	0,420
Treatment				
Glucocorticoids, n (%)	7 (46,6)	6 (46,1)	3 (33,3)	0,788
Myositis-Specific Antibodies				
Positive Panel, n (%)	12 (80)	11 (84,6)	4 (44,4)	0,083
Anti-NXP2, n (%)	1 (6,6)	0 (0)	0 (0)	**0,048**
Anti-TIFγ, n (%)	6 (40)	0 (0)	0 (0)	**0,001**
Negative Panel, (%)	0 (0)	1 (7,6)	0 (0)	0,387
Muscular strength				
MMT8, median (IQR)	150 (148-150)	150 (147-150)	150 (142-150)	0,985
Cancer screening				
Complete, n (%)	12 (80)	5 (38,4)	6 (66,6)	0,074
Incomplete, n (%)	3 (20)	8 (61,5)	3 (33,3)	0,074

IQR, Interquartile Range; IIM, idiopathic inflammatory myopathies; MMT8, Manul Muscular Test in 8 muscles.

Conclusion: Most patients were classified as high cancer risk due to clinical and serological features, consistent with DM studies. The focus should shift to intermediate-risk patients, where screening is underutilized. A comprehensive understanding of comorbidities, sociodemographic factors, and serology is critical to enhance cancer screening and management.

Reference 1: Khoo T, Lilleker JB, Thong BYH, Leclair V, Lamb JA, Chinoy H. Epidemiology of the idiopathic inflammatory myopathies. Nature Reviews Rheumatology. 2023 Oct 6;19(11):695–712. Available from: https://doi.org/10.1038/s41584-023-01033-0

Reference 2: Sung YK, Jung SY, Kim H, Choi S, Im SG, Cha EJ, et al. Temporal relationship between idiopathic inflammatory myopathies and malignancies and its mortality: a nationwide population-based study. Clinical Rheumatology. 2020 May 5;39(11):3409–16. Available from: https://doi.org/10.1007/s10067-019-04782-0

Disclosure of Interest: None Declared

Keywords: cancer risk, inflammatory myopathies, risk stratification

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Miscellaneous

PANLAR2025-1251

Aseptic meningitis and multiple cranial neuropathy as a rare manifestation in adult-onset Still's disease. Case report

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

Background/Objectives: Adult-Onset Still's Disease (AOSD) is a multifactorial systemic autoinflammatory disease, with pathogenesis that remains unclear.The clinical manifestations are complex, including high-spiking fever, rash, arthritis/arthralgia, lymphadenopathy, leucocytosis, myocarditis, interstitial lung disease, serositis, macrophage activation syndrome. Neurological involvement is rare and diverse, aseptic meningitis and encephalopathy occur in less than 5-10% of cases. Cranial neuropathy is rarely reported in the literature as an AOSD manifestation. (1). It is our interest to report these rare manifestations of involvement in a patient.

Methods: Case report

Results: Male patient, born and lives in Medellin, Antioquia, Colombia. Since 2015, he was diagnosed with adult-onset Still's disease according to Yamaguchi and Cush criteria (2) due to fever of more than 39 degrees for more than a week, leukocytosis greater than 10,000 with more than 80 percent neutrophils, typical rash, odynophagia, polyarthralgia and synovitis for more than 2 weeks, pneumonitis, pleural effusion and hepatosplenomegaly. Infectious and hematological diseases were ruled out. The autoimmune profile was negative, with a marked elevation of the erythrocyte sedimentation rate and C-reactive protein (CRP). He was managed with high-dose oral steroids with progressive de-escalation on an outpatient basis, and reached remission with prednisolone at 5 mg daily, maintained for 6 months until 2016, when it was suspended due to remission. However, in October 2022, he began with fever of unknown origin, red flag headache, red eye, a blood count with neutrophilia and leukocytosis was found, marked elevation of CRP, with normal ferritin, a lumbar puncture was performed where aseptic neutrophilic meningitis was found, and multiple cranial neuropathy of cranial nerves III, V, VI, VII peripheral, VIII was found. Infectious and rheumatological studies were negatives. Relapse of Still's disease was then attributed, methylprednisolone pulses were indicated, then high oral doses of prednisolone with progressive tapering and induction with cyclophosphamide at 750 mg IV monthly started on 12-30-2022, completing 6 in total until 03-30-2023.

Conclusion: Neurological involvement related to AOSD is rare, varied, poorly described, underestimated and with false myths of being more frequent at the end of the disease. Our case presents 2 rare manifestations within the disease.

Reference 1: Zhao M, Wu D, Shen M. Adult-onset Still's disease with neurological involvement: a single-centre report.Rheumatology, Volume 60, Issue 9, September 2021, Pages 4152–4157. Disponible en :https://doi.org/10.1093/rheumatology/keaa899

Reference 2: Yamaguchi M, Ohta A, Tsunematsu T, Kasukawa R, Mizushima Y, Kashiwagi H, et al. Preliminary criteria for classifcation of adult Still's disease. J Rheumatol. 1992;19(3):424–30. Disponible en : https://pubmed.ncbi.nlm.nih.gov/1578458/.

Disclosure of Interest: None Declared

Keywords: Adult-Onset Still's Disease (AOSD), Aseptic Meningitis, Cranial Nerve Disease

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Miscellaneous

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Sexual Health In Patients With Rheumatic Diseases In A Public Hospital.

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

Background/Objectives: Background: Sexual health can be affected in patients with rheumatic diseases and can interfere with their quality of life, it is essential to address the sexual health of these patients in a comprehensive manner.

Objectives: Evaluate sexual health in patients with rheumatic diseases.

Methods: Descriptive, cross-sectional study. Patients ≥ 18 years old. Variables: sociodemographic, clinical, Numeric Pain Rating Scale: 0 = no, 10 = worst pain you have ever felt, Assessment of Function with Health Assessment Questionnaire HAQ (0 to 1: Mild to moderate difficulty, 1 to 2: Moderate to severe disability, 2 to 3: Severe to very severe disability), Rosenberg Self-Esteem Scale (10 to 20 points: low score, 21 to 30 points: medium score, 31 to 40: high score), HADS Health Assessment Questionnaire Anxiety and Depression Scale (Normal= 0-7, Possible case of anxiety or depression from 8 to 10 and Case of anxiety or depression=11 to 21), Sexual health assessment with Qualisex Questionnaire scale from 0 to 10 assessing sexual desire, physical difficulties, relationships and emotions. A high score indicates a greater impact on sexuality.

Results: A total of 67 patients were included, 86.57% female, mean age: 47 years old (± 9.1), rheumatoid arthritis (RA): 69.70%, systemic lupus erythematosus (SLE): 22.73%, Scleroderma: 4.5%, others: 3%. Mean disease duration: 53 months (SD± 57.38). Mild pain: 25.3%, moderate: 40.30%, strong or very strong: 23.8%, unbearable: 8.9%. Low self-esteem level: 8.96%, medium 74.63%, high: 16.42%. **Anxiety.** No anxiety: 31.3%, mild anxiety: 32.8%, clear signs of anxiety: 35.82%. **Depression:** No depression: 28.3%, mild: 50.75%, clear signs of depression: 20.90%. **Sexual function.** Stable partner: 73.13%. QUALISEX Index, median: 5.7 (SD±: 6.66); Women 6.15 (SD±: 7.24) and men 7.43 (SD±: 10.07), with no significant differences between the sexes. Spearman correlation analysis showed that higher Qualisex scores were positively associated with older age (r = 0.418), (p = 0.032), lower levels of self-esteem (p = 0.014), depression (p = 0.026) and anxiety (p = 0.007), and in RA patients with higher HAQ. None of the patients had ever discussed these issues with their rheumatologists.

Conclusion: Sexual health is frequently affected in patients with rheumatic diseases. Factors such as age, disability, self-esteem levels, depression and anxiety have a negative influence on the perception of sexual health.

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Disclosure of Interest: None Declared

Keywords: psychosocial factors, rheumatic diseases, Sexual health

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Miscellaneous

PANLAR2025-1411

The impact of obesity on upper extremity functionality in inflammatory and non-inflammatory rheumatic diseases

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

Background/Objectives: Obesity is a chronic inflammation state commonly associated with adverse outcomes in inflammatory and non-inflammatory rheumatic diseases. Its impact on upper extremity functionality remains underexplored, yet it is important to address it to improve patients' quality of life.

We aim to determine the association between obesity and degree of upper extremity functionality in patients with inflammatory and non-inflammatory rheumatic diseases.

Methods: A cross-sectional study was carried out. Patients with inflammatory and non-inflammatory rheumatic diseases were recruited from a university hospital rheumatology clinic. They underwent the DASH (Disabilities of the Arm, Shoulder and Hand) questionnaire: a 30-item tool assessing upper extremity symptoms and physical function. Patients ≥40 score were classified with severe disability. Statistical analyses included Chi-square, Mann Whitney U and Spearman's correlation coefficient.

Results: A total of 149 patients were included with a median age of 53 (IQR: 45.5-63) years, BMI 28.1 (IQR: 25.3-32.4) kg/m2, DASH score 21.6 (IQR: 6.2-34.1) points. 142 patients (95.3%) were women, and 118 patients had an inflammatory rheumatic disease (79.2%), predominantly rheumatoid arthritis (53%). Patients with rheumatic diseases and obesity presented a higher DASH score and higher proportion of severe disability. However, this was not significant (Table 1). No significant correlation was found between BMI and DASH score (r=0.132, p=0.108).

Table 1:

	With obesity n=59	Without obesity n=90	p-value
Age years median IQR	55(50-62.7)	53(45-63)	0.614
Sex female n, %	56(94.9)	86(95.5)	0.574
Weight kg median IQR	79.2(73.8-92.8)	60.5(56.1-66.7)	**<0.001**
Glucose mg/dL median IQR	96(90.2-110)	90(83-99)	**0.002**
Occupation unemployed n, %	33(55.9)	61(67.7)	0.098

Rheumatic disease inflammatory n, %	46(77.9)	72(80)	0.460
Rheumatoid arthritis n, %	32(54.2)	49(54.4)	0.557
Osteoarthritis n, %	8(13.5)	10(11.1)	0.419
DASH score median IQR	25.8(12.5-35)	15(2.9-30.8)	0.196
Severe disability with DASH score >40 n, %	9(15.2)	15(12)	0.504

Conclusion: This study found no significant association between BMI and upper extremity functionality, thus suggesting a complex relationship driven by factors beyond BMI. Comprehensive care targeting clinical, psychological, and social aspects is essential to facilitate early rehabilitation and improve overall patient outcomes.

Disclosure of Interest: None Declared

Keywords: DASH score, Obesity, Upper extremity functionality

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Miscellaneous

PANLAR2025-1118

Frequency Of Digital Ulcers In Patients With Systemic Sclerosis And Their Relationship With Uric Acid Levels

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

Background/Objectives: In patients with systemic sclerosis (SSc), digital ulcers are complications associated with significant damage and even disability. Elevated uric acid levels have been linked to endothelial dysfunction, smooth muscle cells proliferation, and vascular inflammation. Literature has reported possible association between digital ulcers and hyperuricemia. **OBJECTIVES:** To describe the frequency of digital ulcers in patients with SSc and compare uric acid levels between SSc patients with digital ulcers vs those without them.

Methods: An observational, analytical, cross-sectional study was performed. Patients over 18 years old diagnosed with SSc according to the ACR-EULAR 2013 criteria were included. Patients with another autoimmune or uncontrolled chronic disease were excluded. Medical records were reviewed to determine the presence of digital ulcers and uric acid levels. Continuous variables were described as mean and standard deviation or median and interquartile range (IQR), according to distribution and sample size. Categorical variables were expressed as percentages. Mann-Whitney test was used for group comparisons.

Results: A total of 40 patients were included, 90% female (n=36), with a mean age of 57.7 years (±15) and mean disease duration of 8.6 years (±5.2). Limited SSc was present in 67.5%, 97% were ANA-positive, 50% had a centromeric pattern, and 17% were strongly SCL-70 positive, the mean Rodnan score was 10 (IQR 4–20), late SD was the most frequent finding in capillaroscopy observed in 35.9%, pulmonary hypertension in 28.5% and the predominant lung involvement pattern was NSIP in 70.5%. The frequency of digital ulcers was 15%, with a mean uric acid level of 4.36 mg/dL (±1.2); 13% had hyperuricemia (mean 6.62 mg/dL). Vasodilator use was reported in 83% of patients, with sildenafil (45%) and nifedipine (24%) being the most commonly used. Only one patient received intravenous vasodilator (alprostadil). No significant differences in uric acid levels were found between patients with digital ulcers and those without this complication (median 4.15, IQR 3.18–5.4 vs median 4.15, IQR 3.5–5; p=0.47)

Conclusion: The frequency of digital ulcers was 15%, consistent with previous literature reports. Our study did not find association between higher uric acid levels and the presence of digital ulcers. However, prospective studies, with a larger number of patients, are needed to confirm our findings.

Disclosure of Interest: None Declared

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Keywords: digital ulcers, systemic sclerosis, uric acid levels

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Miscellaneous

PANLAR2025-1129

Real-World Insights Into The Off-Label Use Of Mycophenolate Mofetil In A Rheumatology Speciality Center In Colombia

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

Background/Objectives: Mycophenolate mofetil (MMF) is a drug used to prevent organ transplant rejection and is used as an off-label indication in the outpatient setting for the management of Systemic Lupus Erythematosus (SLE) and other connective tissue diseases (CTD). Interstitial lung disease (ILD) is frequently found as comorbidity within CTD. We describe the main uses of MMF as off-label indications in a rheumatology center.

Methods: A cross-sectional study from January 2020 to October 2024 was developed. MMF prescriptions with off-label use in CTD diseases were included. Diagnoses not related to MMF indications were excluded. Patients were grouped by age group. The number of patients prescribed with MMF was established. Comparisons were made between the gender of the patients and the most frequent diagnoses.

Results: Clinical records of patients with MMF off-label prescriptions were assessed (n=97). 75% of the patients were female. The main age range was 21-40 years (22.7%) (Figure 1). Between diagnosis with off-label prescriptions (n=97): 80.4% SLE with systemic involvement and without systemic involvement, but excluding patients with Lupus nephritis; 11.3% with Systemic Sclerosis, 5.1% with uCTD, and 3.1% other CTD. Only 4.1% of them had Interstitial lung disease as comorbidity (Figure 2).

Image 1:

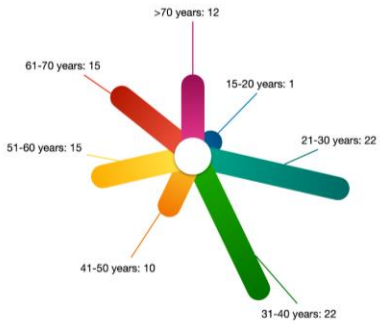

Figure 1. Age range of patients with MMF Off-label prescriptions

Image 2:

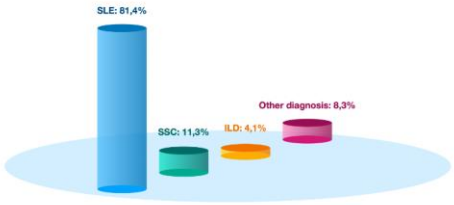

Figure 1. % MMF Off-Label indications (2020 - 2024)

Conclusion: SLE with systemic involvement and without systemic involvement but excluding patients with Lupus nephritis, was the main off-label diagnosis. Prescription of MMF in ILD is related to involved cases of compromise. Research in this field is needed to address the pattern of prescribing.

Disclosure of Interest: None Declared

Keywords: Real-world data, Rheumatology, Treatment

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ASSOCIATION OFTHE CRP POLYMORPHISM rs1130864 TO IDIOPATHIC INFLAMMATORY MYOPATHIES (IIM).

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

Background/Objectives: Background. Idiopathic inflammatory myopathies (IIM) are a group of autoimmune and systemic diseases that affect skeletal muscles, the etiology of which is not fully understood. These diseases are characterized by proximal weakness, elevation of muscle enzymes, mainly creatine phosphokinase (CPK); multiorgan involvement, usually pulmonary; leukocyte infiltration in muscle tissue; as well as the presence of specific autoantibodies (1-2).

Objectives. To determine the possible association of the CRP rs1130864 polymorphism with the susceptibility to develop IIM.

Methods: Methods. Blood samples were collected from 39 patients with IIM and 50 normal controls. Myositis-specific autoantibodies (MSA), Antinuclear antibodies (AAn) were determined and the genotyping of the CRP rs1130864 polymorphism was performed.

Results: Results. The IIM found in the patients collected were: Cancer-associated dermatomyositis, Scleromyositis, Amyopathic dermatomyositis, Juvenile dermatomyositis, Antisynthetase syndrome, Polymyositis and Dermatomyositis. The three most frequent IIM found in patients are: Polymyositis with 35.5% and Antisynthetase Syndrome with 24.1% and Dermatomyositis with 13.8%. Regarding antinuclear antibodies (ANAs), the three most frequent patterns among patients were: AC-4, Fine granular nuclear with 51.5%, AC-8 Homogeneous nuclear with 9.1% and AC-21 Dense fine granular cytoplasmic, while 15.2% were negative. The specific autoantibodies of IIM performed with the EUROLINE immunoassay strips for autoimmune inflammatory myopathies of 16 Ag (IgG) could be performed in 29 patients, in which the autoantibodies Ro52 and Ku were found as the most frequent with 16.3% for both, followed by PM-Scl100, SAE1, Mi-2a and Mi-2b with 9.3 %. The study of the CRP rs1130864 polymorphism was statistically significantly associated with the susceptibility to idiopathic inflammatory myopathies. OR of 3.2551 with p = 0.0124 and 3.2353 with p = 0.0094 were obtaines, in the Codominant and Dominant models, respectively (Table 1).

Table 1:

GENE/POLYMORPHISM	GENOTYPE	GENETIC MODEL	IMM PATIENTS N= 39	NORMAL CONTROLS N= 50	OR	(95%, CI)	*p*
CRP/ rs1130864	GG	CODOMINANT	14	22	3.25	1.29-8.21	0.0124
	GA		29	14			
	AA		6	3			
	GG	DOMINANT	14	22	3.23	1.33-7.84	0.0094
	GA + AA		35	17			

Conclusion: . The association of the CRP rs1130864 polymorphism with the IIM is reported for the first time.

Reference 1: Bohan A, Peter JB. Polymyositis and dermatomyositis. Engl J Med. 1975;292:344-77.

Reference 2: Lundberg IE, Tjarnlund A, Bottai M, *et al*. European League Against Rheumatism/American College of Rheumatology classification criteria for adult and juvenile idiopathic inflammatory myopathies and their major subgroups. Ann RheumDis. 2017. 76(12):1955-64.

Disclosure of Interest: None Declared

Keywords: Myopathies, polymorphism, CRP

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Melkersson-Rosenthal Syndrome in a patient with inflammatory low back pain and gastrointestinal symptoms, from enigma to diagnosis: Case report

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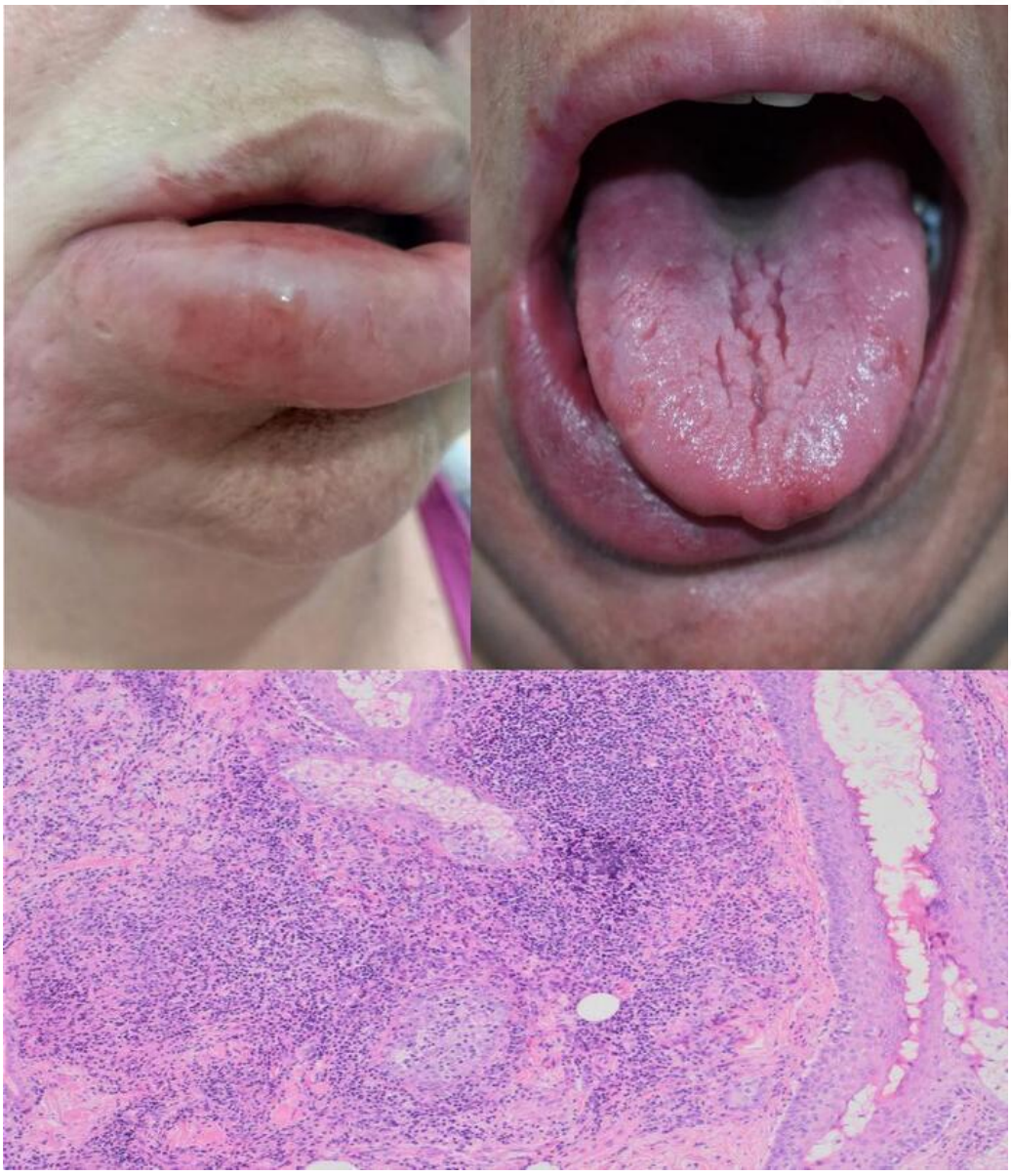
Has this paper been previously presented at another conference?: No

Background/Objectives: Melkersson-Rosenthal Syndrome (MRS) is a rare neuromucocutaneous disorder characterized by a triad of symptoms: recurrent orofacial edema, facial paralysis, and fissured tongue. The etiology remains largely unknown, although autoimmune mechanisms are increasingly suggested (1). Clinically, it often presents with incomplete forms, complicating the diagnosis. We present a case of MRS with a complete presentation associated with inflammatory low back pain and gastrointestinal symptoms.

Methods: A case study of the type case report is conducted, personal information has been omitted, and the patient has signed informed consent for the respective publication.

Results: A 54-year-old woman with a sister who has a history of Crohn's disease, with no other significant medical history. She has a 16-year history of episodes of right facial paralysis with painful orofacial ulcers; she experienced 2 episodes of facial paralysis in 2021 and 2023, the latter showing tongue involvement with fissured tongue. A skin biopsy was performed on the upper and middle dermis, revealing non-caseating granulomas composed of epithelioid histiocytes with nucleoli, surrounded by a corona of small lymphocytes with some plasma cells, considered to be granulomatous dermatitis. One year after the first episode of facial paralysis, she began experiencing insidious low back pain, at the hip level, intermittent, 6/10 on the pain scale, partially improving with physical activity and NSAIDs. A normal sacroiliac X-ray was present, and MRI showed bone edema at the right sacroiliac joint. In the last year, she had episodes of abdominal pain associated with diarrhea without mucus and elevated calprotectin levels, considered to be non-radiographic axial spondyloarthritis and inflammatory bowel disease.

Image 1:



Conclusion: MRS presents significant diagnostic challenges, particularly in differentiating it from Crohn's disease and other forms of orofacial granulomatosis. Recent case follow-ups have suggested that MRS could be an initial manifestation of inflammatory bowel disease. The diagnosis of Crohn's disease requires imaging studies (e.g., colonoscopy) and histological evidence of granulomatous inflammation in the gastrointestinal tract. Similarly, the diagnosis of MRS is primarily clinical, supported by histopathological findings of non-caseating granulomas. However, this condition has been considered associated with extra-articular manifestations of Axial spondyloarthritis

Reference 1: Wu, A., Zhang, Y., Cao, W., Wang, X., Song, Z., Jaspers, R. T., Chen, L., Pathak, J. L., & Zhang, Q. (2024). A case of Melkersson-Rosenthal syndrome with temporomandibular joint osteoarthritis: multidisciplinary treatment and autoimmune etiological hypothesis. *BMC oral health*, *24*(1), 935. https://doi.org/10.1186/s12903-024-04723-7

Reference 2: Pinna, M., Orrù, G., Denotti, G., Murgia, M. S., & Casu, C. (2024). Melkersson-Rosenthal syndrome: A case report. *Clinical case reports*, *12*(2), e8075. https://doi.org/10.1002/ccr3.8075

Disclosure of Interest: None Declared

Keywords: Colonoscopy, Inflammatory Bowel Disease, low back pain

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GLOBAL RHEUMATOLOGY
BY PANLAR

PANLAR 2025

Miscellaneous

PANLAR2025-1040

Microvascular Abnormalities Are Present In Autonomic Dysfunction: Results Of A Prospective Study

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

Background/Objectives: Dysfunction of the autonomic system affects multiple target organs and is linked to microvascular impairment and abnormal vasoreactivity. Given its variable manifestations, diagnosis is challenging and requires extensive and time-consuming autonomic testing with subjective findings. We aim to utilize nailfold videocapillaroscopy (NVC) to assess evidence of microvascular damage to correlate with presence of autonomic dysfunction.

Methods: Patients with autonomic nervous system dysfunction were recruited from Rheumatology and Neurology clinic with voluntary NVC procedure from 1/31/24 to 10/1/24. A 1:1.3 comparison with normal controls was done. NVC was performed on a total of 27 patients. The study was approved by the Mayo Clinic Institutional Review Board. Comparisons between the cases and controls were completed using Fishers exact tests for categorical variables and two-sample t-tests for continuous variables.

Results: There was statistically significant correlation of age with capillary ramifications and BMI with capillary density and dilated capillaries. Autonomic dysfunction group consisted of *small fiber neuropathy (37%), orthostatic hypotension (48%),autonomic neuropathy (30%), limited autonomic neuropathy (7%), POTS (7%) and connective tissue disease (7%)*. Sjogren's syndrome was the autoimmune disorder in 2/2 (100%) of the connective tissue disease diagnosis. Patient with autonomic dysfunction had statistically significant increased microhemorrhages, dilated capillaries and ramifications compared to controls (Table 1).

Table 1:

Nailfold videocapillaroscopy scores	Autonomic Dysfunction (N=27)	Controls (N=21)	Total (N=48)	P value
Capillaroscopy density	0 (0.1)	0 (0)	0 (0)	--

Dilated capillaries	0.5 (0.6)	0.1 (0.2)	0.3 (0.5)	**<0.001**
Giant capillaries	0 (0)	0 (0)	0 (0)	--
Microhemorrhages	0.5 (0.5)	0.1 (0.1)	0.3 (0.4)	**0.001**
Ramification	0.3 (0.5)	0 (0)	0.10 (0.4)	**<0.001**
Disorganization	0.1 (0.2)	0 (0)	0 (0.2)	--
Mean (standard deviation) are shown for each group				

Conclusion: Autonomic dysfunction was associated with statistically significant microvascular abnormalities compared to normal controls including significantly increased enlarged capillaries, microhemorrhages and ramification. Identification of correlation of age and BMI with microvascular abnormalities. We demonstrate diagnostic potential of NVC in autonomic dysfunction and advocate for further study of microvascular structure in autonomic dysfunction.

Reference 1: Cutolo M, Sulli A, Secchi ME, et al. Nailfold capillaroscopy is useful for the diagnosis and follow-up of autoimmune rheumatic diseases. A future tool for the analysis of microvascular heart involvement? Rheumatology (Oxford). 2006 Oct;45 Suppl 4:iv43-6.

Reference 2: Lambova SN, Müller-Ladner U. Nailfold capillaroscopy in systemic sclerosis - state of the art: The evolving knowledge about capillaroscopic abnormalities in systemic sclerosis. J Scleroderma Relat Disord. 2019 Oct;4(3):200-211.

Disclosure of Interest: None Declared

Keywords: autonomic dysfunction, connective tissue disease, sjogren's syndrome

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Miscellaneous

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Sterile Bone Inflammation: A Case Series Of Sapho And Cno

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

Background/Objectives: Sterile bone inflammation (SBI) represents a rare and heterogeneous disease that affects children and adults, encompassing SAPHO syndrome and CNO (Chronic Non-Bacterial Osteomyelitis) in its spectrum. SAPHO Syndrome is an autoinflammatory condition characterized by Synovitis, Acne, Pustulosis, Hyperostosis and osteoarthritis. CNO is a spectrum of SAPHO, and its characteristics are osteitis and palmoplantar pustulosis. The purpose of this work was to bring together a series of cases and analyze their clinical and therapeutic manifestations. It is known that 32 to 52% of patients may present with axial involvement, which is often a more severe clinical phenotype.

Methods: Due to the different clinical conditions, we gathered a series of cases evaluated in a tertiary hospital in Brazil. The clinical data were presented below in table 01, with their different proposed treatments.

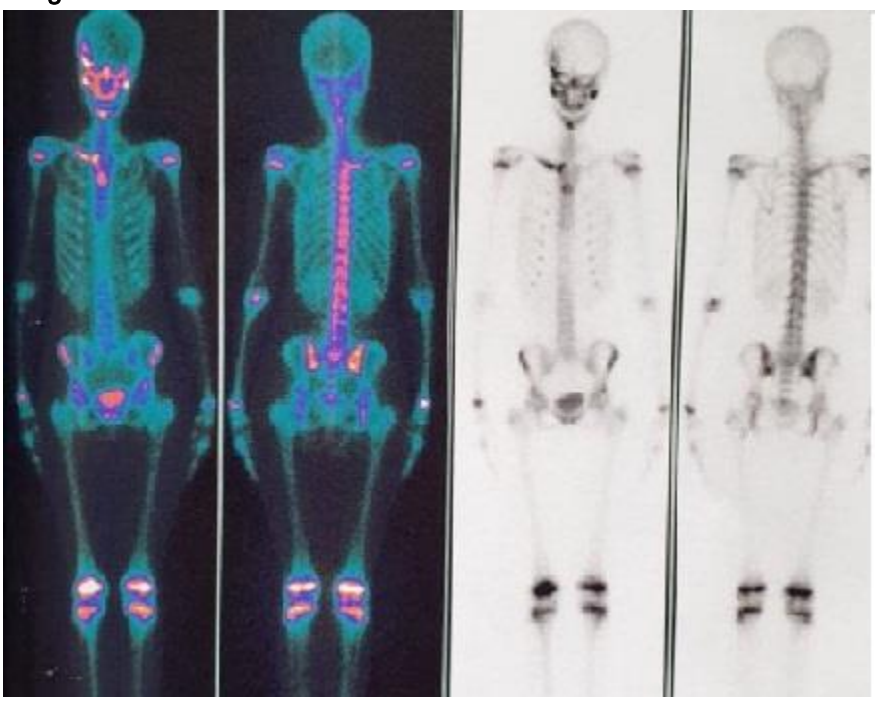
Results: Among the 09 cases we obtained 06 SAPHOs and 03 CNO spectrum cases with an age at diagnosis that ranged from 10 to 63 years. All patients in the sample had elevated inflammatory tests at the beginning of follow-up. The minority achieved a primary response to NSAIDs (Non-hormonal anti-inflammatory drugs) requiring a change of medication class. Regarding axial involvement, both patients with CNO and SAPHO presented this clinical phenotype, presenting more severe disease requiring control with immunobiological therapy and synthetic antirheumatic drugs. All patients had bone scintigraphy at the beginning of treatment, and in all of them there was evidence of two or more focus of bone uptake.

Table 1:

	Disease	Age at diagnosis	Response to NSAIDs	Axial involvement	Current treatment
Nº1	SAPHO	35	-	+	Pamidronate
Nº2	CNO	12	+	-	Pamidronate

Nº3	SAPHO	14	-	+	Methotrexate
Nº4	CNO	17	+	-	Pamidronate
Nº5	SAPHO	16	-	+	Anti-IL17
Nº6	SAPHO	29	+	-	Methotrexate
Nº7	CNO	10	-	+	Sulfasalazine + Anti-IL17
Nº8	SAPHO	63	-	+	Metotrexato
Nº 9	SAPHO	37	-	+	Metotrexato

Image 1:



Conclusion: As it is an underdiagnosed and low prevalence disease, there are few robust studies on the best treatment. Furthermore, it is known that there is overlap between CNO and axial spondyloarthritis and psoriatic arthritis, which delays diagnostic time and hinders excellent treatment. The use of NSAIDs, corticosteroids, synthetic immunosuppressants, immunobiologicals (especially anti-TNF) and bisphosphonates are indicated, with no superiority of one over the other. For each case, clinical, radiological and histopathological signs need to be taken into consideration and long-term follow-up should be encouraged.

Disclosure of Interest: None Declared

Keywords: axial skeleton, immunosuppressive therapy, Sterile bone inflammation

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Miscellaneous

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Interchangeability Between Two Adalimumab Biosimilars In Patients With Rheumatoid Arthritis And Spondyloarthritis: Findings From A Pharmacovigilance Program At A Medical Center In Colombia.

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[1]Cundinamarca, Riesgo de fractura S.A.-CAYRE, Bogotá, Colombia

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

Background/Objectives: Interchangeability between reference biotechnological products and biosimilars, as well as between biosimilars, is currently accepted. However, published data regarding the implementation of these practices and their outcomes in Latin America (LA) and globally remains limited.

Objective: To describe the real-world effectiveness and safety profile of biosimilar interchangeability in a cohort of patients with rheumatoid arthritis (RA) and spondyloarthritis (SpA).

Methods: We monitored a cohort of patients with RA and SpA within a comprehensive health management model. Due to the shortage of a biosimilar of adalimumab (Hyrimoz®), a non-medical switch was performed to another biosimilar (Idacio®), representing the second treatment after transitioning from the reference product (Humira®). A 1-year pharmacovigilance program (December 2023 - December 2024) was implemented to evaluate the safety and effectiveness of Idacio®. Following the first dose, the mean time to first follow-up by the physician and clinical pharmacist was 2.2 and 3 days, respectively. The study assesses effectiveness using disease activity scores and safety based on reported adverse events.

Results: At the time of the second adalimumab switch, 110 patients receiving adalimumab treatment were switched to Idacio®, of which 97 entered follow-up through the pharmacovigilance program (Figure 1). In the RA group, 64.5% were exposed to multiple switches, and in SpA, 74%. At 12 months of follow-up, 89% of RA patients remained in remission and/or low disease activity measured by DAS28, and 75% had no disability measured by HAQ. In the SpA group, 81.5% of patients remained in inactivity measured by ASDAS (Figure 2). The sample size for clinical measures varied due to follow-up attendance. During the follow-up period, there was only 1 suspected therapeutic failure in each disease group, and adverse events were minimal (3 in RA and 7 in SpA). One serious adverse event, assessed as probable, occurred in a SpA patient who required hospitalization due to herpes zoster.

Image 1:

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		Total	RA	SpA
Subset of patients at the December 2023 Cohort	*n*=	1549	1319	230
Patients registered with biologic therapy	*n*=	*449*	307	142
Patients with Adalimumab Therapy	*n*=	*110*	*33*	*77*
Excluded	*n*=	13		
Loss to follow-up				
Patients included in the pharmacovigilance Program (Dec 2023 - 2024)	*n*=	***97***	***31***	***66***
Female (%)		50 (51.5%)	27 (87.1%)	33 (34.9%)
Mean Age (DS)		50.1 (13.4)	53.1 (13.1)	48.8 (13.4)
Reference treatment to Biosimilar 2 (%)		3 (3.1%)	1 (3.2%)	2 (3.0%)
Biosimilar 1 to Biosimilar 2 (%)		25 (25.8%)	10 (32.35)	15 (22.7%)
Multiple switches (%)		69 (71.1%)	20 (64.5%)	49 (74.2%)

Fig. 1 Flow diagram of disposition of patients included in the described analysis. Rheumatoid arthritis (RA), Spondyloarthritis (SpA).

Image 2:

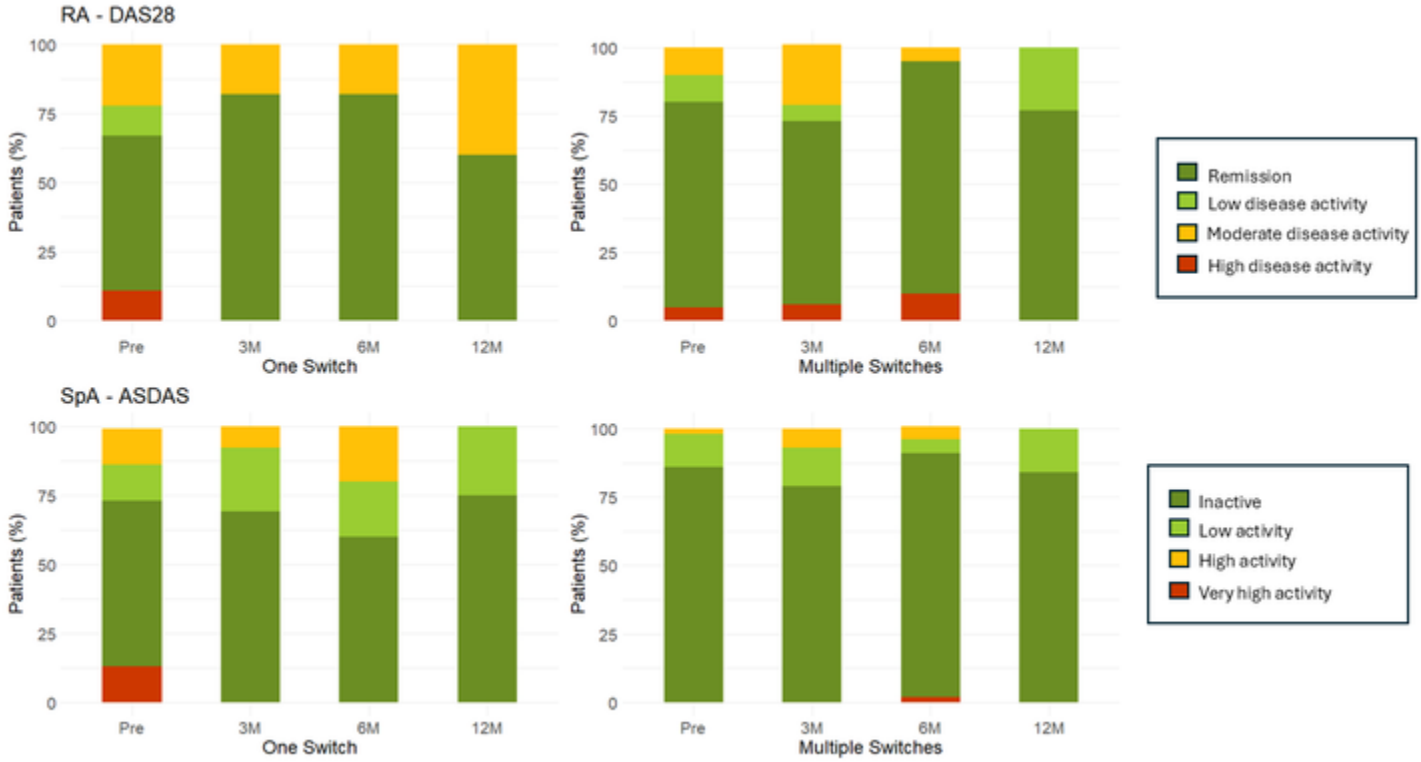

Fig. 2 DAS28 and ASDAS Classifications Over Follow-Up. Rheumatoid arthritis (RA), Spondyloarthritis (SpA), Previous (Pre), Months (M).

Conclusion: The interchangeability between biosimilar products in this cohort of patients with RA and SpA was shown to be safe, with maintained effectiveness throughout the 12-month follow-up period. Nevertheless, further real-world studies are needed to robustly support non-medical switch practices, which are commonly implemented in LA.

Disclosure of Interest: E. A. Jauregui Cuartas Consultant with: Novartis, Speakers Bureau with: Fresenius Kabi, Abbvie, Biopas, J. Millan Speakers Bureau with: Fresenius Kabi, J. Nimisica: None Declared, A. Rodriguez: None Declared, A. Rubio: None Declared, J. Barrera: None Declared, B. Garzon: None Declared

Keywords: Interchangeability, biosimilars, pharmacovigilance

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PANLAR 2025

Miscellaneous

PANLAR2025-1247

Macrophage Activation Syndrome In A Patient With Systemic Lupus Erythematosus And Rheumatoid Arthritis Overlap (Ruphus)

Ana Maria Sapag Duran[1], Pathy Angelica Angulo Cordero[*1], Joseline Neisa Quiroz Almaraz[1], Karol Lariza Castellon Mendieta [1], Jordan Wilberth Roman Sossa[1], David Glover Oliva Chávez[2], Tatiana Rosario Maida Vargas[2], Sonia Sandy Sapag Durán[3], Lizeth Portugal Gálvez [1]

[1]Medicine, Hospital Universitario Japonés, [2]IBRE, [3]CER, Santa Cruz, Bolivia, Plurinational State Of

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

Background/Objectives: Background: Macrophage activation syndrome (MAS) is an unusual but potentially fatal complication of systemic lupus erythematosus (SLE), produced by the stimulation and proliferation of T lymphocytes and macrophages, which generate hemophagocytosis in the bone marrow and release of cytokines. We present the case of a woman with a history of rheumatoid arthritis (RA) and recent debut of SLE (RUPHUS).

Objectives: Describe a clinical case of SAM in a patient with RUPHUS.

Methods: Review of clinical cases.

Results: A 47-year-old woman with a history of seronegative RA on treatment with leflunomide. On admission, the following stoodout: Fever 38.4ºC, heart rate 136 bpm, blood pressure 70/40 mmHg, respiratory rate 30 rpm, sensory deterioration,maculars and violet plaques on the face, trunk and extremities, diffuse alopecia, fingers in gooseneck and and boutonniere (Figure1). Analytical data: Hemoglobin 7.1 gr/dL, leukocytes 2760/mm3, platelets 5000/mm3; erythrosedimentation 60 mm/hr, AST 655 U/L, ALT191 U/L, GGT 767 U/L, alkaline phosphatase 701 U/L, direct bilirubin 1.0 mg/dL, albumin 2.3 mg/dL, triglycerides 273mg/dl, ferritin 7924ng/mL, prothrombin time 10 sec, INR 1.16; Urine sediment and normal 24-hour proteinuria. Immunoserology: ANA (+)1/640 homogeneous pattern; anti-dsDNA (+) 150 IU/mL; anti SSA (Ro) positive and hypocomplementemia. Otherimmunoserological studies were negative, including anti-Sm, anti-La, pANCA MPO, cANCA PR3, AMA, SMA, LKM-1, anti-endomysial antibodies, as well as serology for hepatotropic viruses. Chest CT scan: bilateral pleural effusion and pulmonary atelectasis. Skin biopsy: leukocytoclastic vasculitis. Myelogram: decreased cellularity, megaloblastic maturation data, mononuclearcells with erythroblasts inside compatible with hemophagocytosis (Figure 2). Required ventilatory support, hemodynamic resuscitation, and antibiotic therapy due to healthcare associated pneumonia. With the diagnosis of overlapping SLE, RA(RHUPUS) and MAS, methylprednisolone was initiated one gram per day for 3 days. Because severe cytopenias persisted, intravenous immunoglobulin G was started, with significant clinical improvement and resolution of cytopenias.

Image 1:

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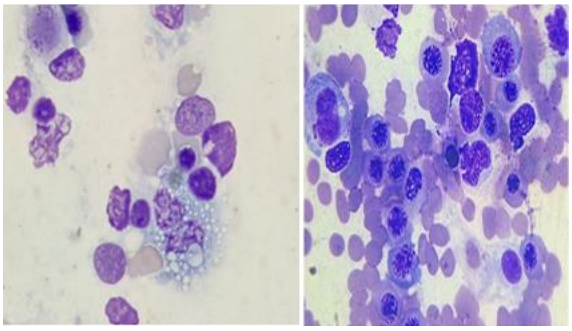
Image 2:



Conclusion: Early recognition and adequate treatment of MAS is crucial to reduce the high associated mortality rate. This diagnosis should be considered in people with autoimmune rheumatologic diseases, particularly SLE, with cytopenias and persistent high fever.

Disclosure of Interest: None Declared

Keywords: Macrophage activation syndrome, Rhupus syndrome

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Miscellaneous

PANLAR2025-1384

Rosai-Dorfman Disease as a Mimicker of Systemic Lupus Erythematosus

Case Report

Sandra Patricia Echazú Román[*1], Ana Maria Sapag Duran[2], Tatiana Rosario Maida Vargas[3], Sonia Sandy Sapag Duran[4], Vivian Eliana Durán Chávez[4]

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

Background/Objectives: Background: Rosai-Dorfman Disease (RDD) is a benign lymphoproliferative disorder with activated histiocytes in the affected tissues. Massive lymphadenopathy, and extranodal involvement can lead to a skin lesions mimicker lesions caused by autoimmune diseases: Systemic Lupus Erythematosus (SLE)

Objective: To describe a case of Rosai-Dorfman with cutaneous and general characteristics that were mimicking (SLE).

Methods: Review of clinical case

Results: 36-year-old woman was referred due to a history of 1 year of intermittent fever up to 38°C; cervical, axillary, and inguinal lymphadenopathy; malar erythema sparing the nasolabial fold (Image 1-2); bilateral wrist arthritis; oral ulcers; hair loss; generalized pruritus; pallor of hands, fatigue. Initially diagnosed with systemic lupus erythematosus (SLE) in April 2024, treated with prednisone 10 mg/day, with partial improvement of lymphadenopathy, and MTX 10 mg weekly. Due to persistence of the symptoms, she was referred to rheumatology.

On the examen, erythematous plaques with micropapules were observed on the face and mild diffuse erythema on the nasal bridge, sparing the nasolabial fold; arthralgia, multiple cervical and inguinal lymphadenopathies. Laboratory tests revealed anemia (HB 11.5 g/dL), WBC (12,000/mm³) with mild neutrophilia (74%), ESR (36 mm/1 hr); RCP, LDH, liver panel, complete urinalysis, 24-hour proteinuria, serum iron, and transferrin saturation were normal. The immunological tests: antinuclear antibodies (ANA), anti-ENA, ANCA, RF, anti-CCP, anti-TPO, anti-endomysial, (normal) except for the presence of hypergammaglobulinemia with normal IgG4 levels. C3 and C4, angiotensin-converting enzyme, and thyroid profile were normal. HIV, hepatotropic viruses, Cytomegalovirus, Epstein-Barr virus, and TB were excluded. Neck ultrasound showed reactive adenitis. Chest CT without mediastinal lymphadenopathy. Hands USG showed left radiocarpal synovitis with power Doppler signal. Bone marrow biopsy was normal. Inguinal lymph node biopsy showed diffuse lymphoid hyperplasia and focal reactive sinus histiocytosis. No granulomas, plasmocytic infiltration, necrosis, or malignancy. With a biopsy and clinical diagnosis compatible with Rosai-Dorfman disease, treatment with prednisone was initiated, resulting in complete resolution of the clinical symptoms.

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Image 1:

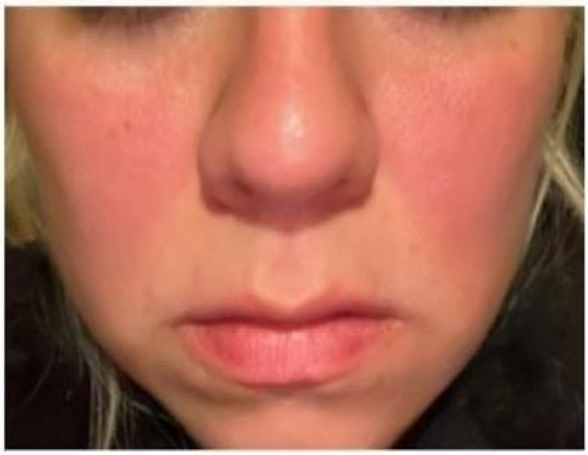
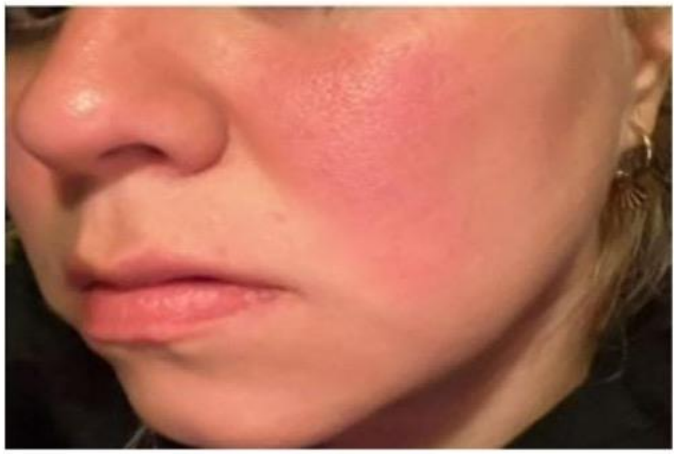


Image 2:



Conclusion: Rosai-Dorfman disease can have clinical manifestations, including skin rashes, that may mimic other autoimmune diseases such as SLE (Systemic Lupus Erythematosus)

Disclosure of Interest: None Declared

Keywords: Rosai-Dorfman disease, systemic lupus erythematosus

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GLOBAL RHEUMATOLOGY
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PANLAR 2025

Miscellaneous

PANLAR2025-1449

Overlap Syndrome and Rheumatic Manifestations of Substance Abuse. A case report.

Ana Muñoz Cedeño[1], Adriana Santizo Avila[1], Magali Ramos Galeano[1], Karen Alba Hernandez[*1], Marely Ovando Castillo[1], Hector Menchaca Aguayo[1], Enrique Faugier Fuentes[1]

[1]Pediatric rheumathology, Hospital Infantil de Mexico, Mexico, Mexico

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

Background/Objectives: Autoimmune hepatitis (AIH) a rare disease (0.67-2 cases per million), predominating in women, with multiorgan manifestations. Associated with other autoimmune diseases such as systemic lupus erythematosus (SLE). An emerging phenomenon is substance abuse, alters immune tolerance, emulating rheumatic diseases.

Methods: A 16-year-old female with history of illicit substance use was admitted with a 12-month clinical picture with jaundice, constitutional symptoms, arthralgias, headache, and auditory hallucinations. On physical examination: jaundice, ascites, hepatosplenomegaly, edema at lower limbs, and altered liver and kidney function tests. Immune profile: positive ANA antibodies and other results compatible with SLE. Immunosuppressive treatment discontinued due to liver toxicity and cytopenias. Toxicological examination: benzodiazepine use. Lung tomography showed interstitial lung disease. Liver biopsy confirmed autoimmune hepatitis in pre-cirrhosis phase. The definitive diagnosis was chronic liver disease associated with substance abuse.

Results: SLE is a multiorgan autoimmune disease in pediatrics, lupoid hepatitis its gastrointestinal complication. Our patient presented symptoms of SLE, also a picture compatible with AIH, which may overlap in 3.6%. Sustance abuse, crystal and benzodiazepines, can induce liver dysfunction and trigger autoimmune phenomena, such as seropositivization of autoantibodies. Toxicity due to drugs contributed to neurological symptoms. Histopathological findings on liver, suggestive of AIH, are also common in drug-induced hepatitis.

Table 1:

Conclusion: Substance abuse can mimic autoimmune diseases by inducing neurological, skin alterations and production of autoantibodies. In this case, illegal drugs contributed to development of a clinical picture that mimicked SLE, complicating the diagnosis and tratment. Consider substance abuse as a differential diagnosis in patients with atypical autoimmune manifestations.

Reference 1: Mack CL, Adams D, Alsawas M, Murad MH, Czaja AJ, Assis DN, et al. Diagnosis and Management of Autoimmune Hepatitis in Adults and Children : 2019 Practice Guidance and Guidelines From the American Association for the Study of Liver Diseases WHAT ' S NEW SINCE 2010. 2020; 72(2):671–722.

Disclosure of Interest: None Declared

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Keywords: drug abuse, overlap

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Miscellaneous

PANLAR2025-1059

Do Rheumatologists Have Different Ages At First Pregnancy And Fertility Rates?

Gloria Vasquez*[1], Yamila Chichotky[2], Daniela B Tovar-Bastidas[3], Ana María Arredondo González[4], André Lucas Ribeiro[5], Maria Fernanda Brandão de Resende Guimarães[6], Andrea Bran-Ordóñez[7], Mariana Peixoto GUS Souza[8], Diana Rincon-Riano[9], Adriana Beltrán Ostos[10], Vijaya Rivera Terán[11], Ericka Sarabia Chavez[12], Ana María Sapag Durán[13]

[1]Medicina Interna/Reumatología, Universidad de Antioquia , Medellín, Colombia, [2]Instituto de investigaciones clínicas quilmes, Buenos Aires , Argentina, [3]Reumamedic, Lima, Peru, [4]Sociedad de cirugía de Bogotá Hospital de San José Centro, Bogota, Colombia, [5]Hospital de Clínicas de Porto Alegre / Hospital Moinhos de Vento, Porto Alegre, [6]Hospital das Clínicas da Universidade Federal de Minas Gerais, Minas Gerais , Brazil, [7]Hospitales Herrera Llerandi, Guatemala, Guatemala, [8]Programa de pós-graduação em Saúde do Adulto da Faculdade de Medicina da Universidade Federal de Minas Gerais , Minas Gerais , Brazil, [9]Reumatóloga, Centro de investigación clínica, Coopsana IPS, Medellín, [10]Riesgo de fractura CAYRE. Profesor asistente, vicerrectoría de investigaciones, Universidad del Bosque., Bogota, Colombia, [11]Centro Médico ABC Santa Fe, Ciudad de Mexico , Mexico, [12]Hospital Obrero n°5 Caja Nacional de Salud , Potosi, [13]Hospital Universitario Japonés, Santa Cruz , Bolivia, Plurinational State Of

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

Background/Objectives: As societies have modernized, fertility rates have decreased significantly. Since the 1960s, the global average fertility rate has dropped from around 5 to approximately 2.4 in 2021. Several key factors have contributed to this shift: 1) the empowerment of women in society and relationships through education, workforce participation, and the advancement of women's rights; 2) improved well-being and elevated status of children; and 3) increasing costs of raising children. Women with higher levels of education face greater opportunity costs, making them less inclined to have large families. This study aimed to identify differences in the total fertility rate of rheumatologists compared to non-rheumatologist female physicians, non-medical women, and their respective mothers, focusing on the number of pregnancies and reproductive age.

Methods: A Google Forms survey about maternity and fertility, including information on participants and their mothers, was distributed in Spanish and Portuguese to female rheumatologists across Latin American countries. Rheumatologists (Rt) who received the survey were instructed to forward it to a non-rheumatologist female physician (MD) and a non-medical professional woman (OP). The *Buenos Aires investigation ethics committee* (CEIBA) approved the project. For quantitative variables, measures of central tendency were calculated.

Results: For the survey in Spanish, we obtained 506 responses and 165 in Portuguese. Responses were received from 421 Rt, 147 MD, and 111 OP. The mean age of the groups was for Rt 46, MD 42, and OP 41 years. Table 1 shows the distribution of fertility rates in the three groups and their respective mothers. The data show that the majority of the

participants mothers had 3 or more pregnancies, in contrast to the participants where the majority had two pregnancies. The age at first pregnancy also differed between the mothers and other groups as shown in Table 2.

Image 1:

Table 1.

	Rt	MD	OP	Mothers *
Total responses	632	146	101	694
No Children n (%)	116 (18%)	44 (30%)	21 (21%)	
1 Child n (%)	124 (20%)	36 (25%)	26 (26%)	53 (8%)
2 Children n (%)	82 (13%)	51 (35%)	36 (36%)	212 (31%)
3 or more children n (%)	100 (16%)	15 (10%)	18 (18%)	399 (58%)

Rt: Rheumatologists, MD: Non-rheumatologist female physician, OP: non-medical professional woman.
* missing response

Image 2:

Table 2.

	Rt	MD	OP	Mothers
Mean of first pregnancy age (years)	32	33	31	25

Rt: Rheumatologists, MD: Non-rheumatologist female physician, OP: non-medical professional woman.

Conclusion: Findings show that being a professional influences age and fertility rate, being a rheumatologist did not change the pattern observed compared to non-rheumatologist physicians and other professional women. Fewer pregnancies were found in the Rt, MD, and OP groups, and a delay in the onset of reproduction compared to their mothers, as previously described with professionalization.

Reference 1: https://ourworldindata.org/fertility-rate

Disclosure of Interest: None Declared

Keywords: ages of first pregnancy, fertility rates

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Miscellaneous

PANLAR2025-1387

Diagnostic Challenge in Persistent Cervical Lymphadenopathy: Kikuchi-Fujimoto Disease in a Patient with Complex Autoimmune History. A case report.

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

Background/Objectives: Kikuchi-Fujimoto disease (KFD), or histiocytic necrotizing lymphadenitis, is a rare benign inflammatory pathology, accounting for less than 1% of cervical lymphadenopathy in adults. It was initially described in Japan, where 75% of cases are documented in white individuals. Recent studies show a 1:1 M:F ratio. Its etiology is related to viral infections (Epstein-Barr, herpes simplex, varicella-zoster) and autoimmune diseases such as systemic lupus erythematosus (SLE) and Sjögren's syndrome.

Methods: Female, 37 years old. Personal pathological history: Triple positive antiphospholipid antibody syndrome (APS) (antib2 glycoprotein, aPL, AL); seronegative SLE. Systemic arterial hypertension. OBG A1, C1. She has lymphadenopathy in the neck, predominantly on the right side, for 8 months, mobile, painful, no organomegaly. No B symptoms. Paraclinical tests: quantiferon TB Gold (-), REACTIVE viral serology for Epstein Barr. Due to a high suspicion of non-Hodgkin lymphoma, an aspiration biopsy was performed on the left cervical lymph node, reporting: histological image of diffuse large and small cell non-Hodgkin lymphoma, immunohistochemistry: CD20+ in reactive lymphocytes, CD5+ in reactive T lymphocytes, BCL2+ as a reactive pattern, non-malignant disease. An excisional biopsy was performed: mixed lymph node hyperplasia: follicular and paracortical. Chronic necrotizing granulomatous lymphadenitis (CKD). Treatment was established with gammaglobulin and later with anti-CD20 (rituximab) with clinical improvement and remission of symptoms.

Results: Patient with a history of APS and SLE and Epstein-Barr infection, who presented cervical lymphadenopathy. Lymphoproliferative disease was suspected, which was ruled out with a second biopsy and immunohistochemical studies. KFD shares age and histological characteristics with systemic lupus erythematosus. The tubular reticular structures in lymphocytes and endothelial cells of patients with SLE are similar to those found in KFD, suggesting that it could be a self-limiting autoimmune condition.

Conclusion: It is important to document new cases to improve its diagnosis in similar clinical contexts. Therefore, KFD should be considered in the differential diagnosis of patients with cervical lymphadenopathy and autoimmune history. Immunohistochemistry is crucial to avoid misdiagnoses.

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Disclosure of Interest: None Declared

Keywords: Cervical lymphadenopathy, Kikuchi-Fujimoto, Systemic Lupus Erythematosus (SLE)

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Miscellaneous

PANLAR2025-1047

Heart Rate Abnormalities Associated With The Use Of High - Dose Glucocorticoids In Patients With Rheumatic Diseases; A Scope Review

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

Background/Objectives: Arrhythmias are heartbeat disturbances that lead to dysfunction of cardiovascular system. Glucocorticoids (GCS) are widely used for treatment of inflammatory and autoimmune diseases with cardiovascular side effects, including arrhythmias. There are hypotheses about the mechanisms involved in the pathogenesis, although it remains unknown; To date, neither risk factors have been identified, nor prevention strategies or standardized treatment have been developed.

The objective of this study was to analyze previously reported evidence about the nature and frequency of arrhythmias occurring after the administration of high-dose GCS in patients with rheumatic diseases, associated factors, outcomes, prevention strategies and treatment.

Methods: We employed a scoping review methodology guided by PRISMA-ScR recommendations to explore the relationship between high-dose GCS and arrhythmias in rheumatologic patients. Data was collected from different online databases, covering studies from 1960 onwards, with inclusion criteria focusing on adult populations. Articles were screened based on relevance. Variables such as age, underlying disease, GCS dosage, and arrhythmia type were summarized descriptively, and evidence levels were assessed using the SIGN classification.
Results: We identified 14 publications out of 46 reviewed, we included a total of 26 adult patients with rheumatic diseases and arrhythmias after use of high-dose GCS.**(Fig. 1)**

The mean age was 44.5 years, mostly women (54%), the most frequently subjacent disease was systemic lupus erythematosus, the main cause of prescription for CGS was renal affection. Sinus bradycardia was the most common arrythmia. 20 patients were asymptomatic; 6 patients presented cardiac arrest, none had spontaneous return of circulation. Most of the patients didn't receive any treatment (73.1%), we didn't find studies that included prevention strategies or standardized treatment. The level of evidence of the studies presented was low. We present some possible recommendations.(Fig. 2)

Image 1:

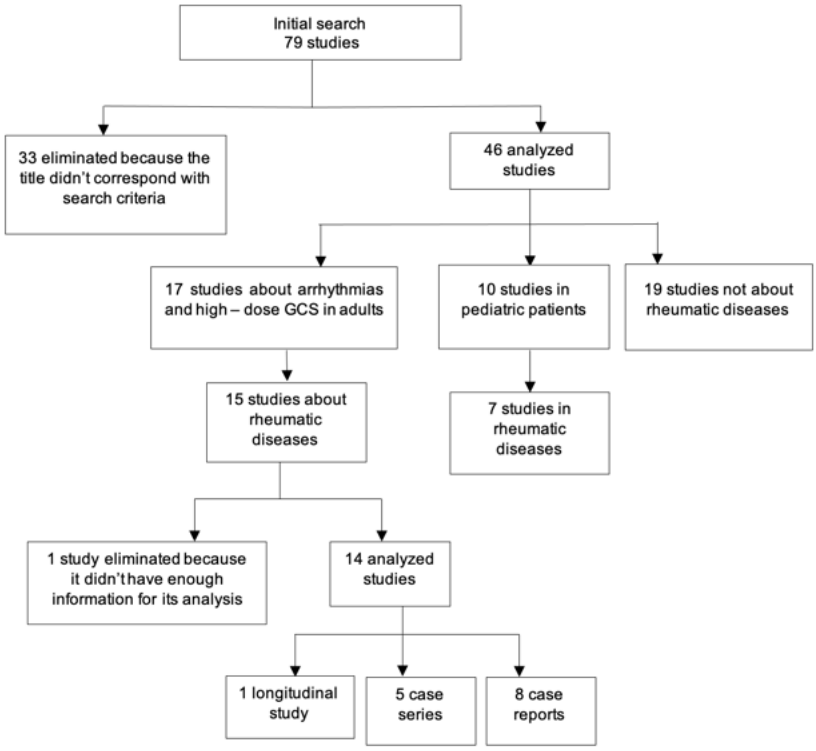

Figure 1. Search flow chart

Image 2:

Figure 2. Recommended Strategies for Prevention of High-Dose Glucocorticoid Induced Arrhythmias	
	BEFORE INFUSION
1.	Baseline electrocardiogram (Strong recommendation)
2.	If sinus rhythm less than 50 bpm, AV block, left bundle branch block, bifascicular block, long QT, atrial or ventricular arrhythmias ask for cardiology evaluation. (strong recommendation).
3.	Basal serum electrolyte measurement and correction of any disorder if existent (Strong recommendation)
4.	Measurement of urinary electrolytes (moderate recommendation)
5.	Diluent solution and infusion rate (Weak recommendation)
	DURING INFUSION AND HOSPITALIZATION
6.	Continuous monitoring of vital signs (Strong recommendation)
7.	If sinus rhythm less than 50 bpm, AV block, left bundle branch block, bifascicular block, atrial or ventricular arrhythmias, take an electrocardiogram, ask for cardiology evaluation and request Holter monitoring. (Strong recommendation).
	POST INFUSION PREVIOUS TO DISCHARGE
8.	Secondary electrocardiogram, if observed, any new abnormality of the cardiac rhythm or conduction, a cardiology consult should be requested.

Conclusion: Our study shows the urgent need for prospective studies that evaluate pathophysiological mechanisms and risk factors for these arrhythmias, as well as the implementation of monitoring strategies in high-risk patients. The lack of guidelines and the associated high mortality rate reinforce the relevance of these problems in the day-to-day practice. Our study provides an initial perspective of an unexplored, albeit significant phenomenon.

Reference 1: Fujimoto S, et al. Holter electrocardiogram monitoring in nephrotic patients during methylprednisolone pulse therapy. Am J Nephrol. 1990;10(3):231-6.

Reference 2: Vasheghani-Farahani A, et al. Incidence of various cardiac arrhythmias and conduction disturbances due to high dose intravenous methylprednisolone in patients with multiple sclerosis. J Neurol Sci. 2011;309(1-2):75-78.

Disclosure of Interest: None Declared

Keywords: Arrhytmias, Glucocorticoids, Heart rate disturbances

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Miscellaneous

PANLAR2025-1052

A Rare Myopathy With Autoimmune Manifestations: A Case Of Congenital Muscular Dystrophy Due To Lmna Mutation

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

Background/Objectives: Congenital muscular dystrophy associated with LMNA mutations is a rare myopathy affecting fewer than 50 patients worldwide, characterized by progressive muscle weakness and multisystemic manifestations. These include autoimmune phenomena, as well as cardiac and endocrine involvement. The LMNA gene encodes lamin A/C, a structural and regulatory protein crucial for nuclear integrity and cellular signaling.

Objective: To describe a clinical case of congenital muscular dystrophy related to LMNA mutations and analyze the interaction between genetic and autoimmune factors as contributors to the pathophysiology.

Methods: Case Description: We report the case of a 54-year-old woman with a history of inflammatory myopathy initially diagnosed as mitochondrial dystrophy and thrombotic antiphospholipid syndrome with two SNC ischemic events and an acute myocardic ischemic event, she was later complicated with a primary biliary cirrhosis. Genetic testing confirmed congenital muscular dystrophy linked to LMNA mutation. An in-depth analysis of her clinical history was conducted, including surgical history, pharmacological treatments, laboratory studies. Additionally, the multisystemic clinical manifestations and their progression over time were reviewed.

Results: Conclusion: This case highlights the importance of incorporating genetic analysis into the differential diagnosis of autoimmune inflammatory myopathies, particularly in clinical scenarios with multisystemic and concomitant autoimmune manifestations. The interaction between genetic predisposition and autoimmune mechanisms appears to play a critical role in the disease's pathogenesis. The clinical complexity underscores the need for an interdisciplinary approach focused on personalizing therapeutic strategies to improve outcomes in patients with LMNA-related muscular dystrophies.

Table 1:

Conclusion: This is an infrequent case that includes autoimmune and genetic modifications that coexist in the same patient. It was a very difficult diagnosis. Molecular medicine and some protocols are taking place to offer better prognosis in this cases. We are contributing to latin american information of this disease.

Disclosure of Interest: None Declared

Keywords: Antiphosholipidic syndrome, myopathy, primary biliar colangitis

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The Influence Of Gastrointestinal Symptoms On Dietary Intake And Nutritional Status In Women With Systemic Sclerosis

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

Background/Objectives: To investigate the relationship between GI symptoms and 24-hour dietary intake and to compare GI symptom severity between patients with and without malnutrition.

Methods: Women with systemic sclerosis (SSc) classified by 2013 ACR-EULAR criteria were included. Clinical data collected included age, disease duration, modified Rodnan skin score (mRSS), and disease activity, evaluated using the European Scleroderma Trials and Research Group (EUSTAR) activity index (EScSG-AI). The assessment of GI symptoms and their severity was conducted using the University of California, Los Angeles Scleroderma Clinical Trials Consortium Gastrointestinal Tract 2.0 instrument (UCLA SCTC GIT 2.0). Dietary intake was evaluated through a 24-hour dietary recall, which assessed total food mass intake (FI24), total energy intake (EI24), carbohydrate (CHO24), protein (PRO24), total fat (FAT24), and fiber (FIB24) over the course of a 24-hour period. Malnutrition was defined according to European Society for Clinical Nutrition and Metabolism (ESPEN) criteria as BMI <18.5 kg/m² or weight loss combined with low FFMI or BMI. We considered $p<0.05$ as significant.

Results: 87 SSc women (17 with diffuse disease), with a mean age of 60.8 ±10.2 years old, disease duration of 12.8(5.8-17.0) years, mRSS of 4.0(2.0-10.0) score, and EScSG-AI of 1.3(0.7-1.8) score were included. Negative correlations were found between distension/bloating and EI24 (rho=-0.304, p=0.004), CHO24 (rho=-0.257, p=0.016), and FAT24 (rho=-0.288, p=0.007), as well as between emotional well-being and EI24 (rho=-0.269, p=0.012) and CHO24 (rho=-0.195, p=0.07). A negative correlation also existed between UCLA mean and EI24 (rho=-0.213, p=0.048). Positive correlations were observed between constipation and FI24 (rho=0.213, p=0.047), EI24 (rho=0.223, p=0.038), CHO24 (rho=0.219, p=0.042), and FAT24 (rho=0.240, p=0.025). Considering patients with vs without malnutrition, there were significant differences for diarrhoea [0.5(0.0-1.3) vs 0.0(0.0-0.0), p=0.012], social functioning [0.16(0.1-0.4) vs 0.0(0.0-0.3), p=0.034], emotional wellbeing [0.7(0.3-1.1) vs 0.3(0.0-0.6), p=0.005], and UCLA mean [0.7(0.4-0.9) vs 0.4(0.2-0.6), p=0.014].

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Conclusion: Patients with greater GI impairments eat less, while those who eat more exhibit higher constipation levels. Patients with malnutrition may experience worse GI symptoms and emotional well-being, highlighting the need to address nutritional and GI issues in SSc management.

Disclosure of Interest: None Declared

Keywords: Grastrointestinal diseases, Malnutrition, Scleroderma

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Miscellaneous

PANLAR2025-1291

Autoimmune Liver Diseases Associated With Systemic Autoimmune Rheumatic Diseases : Frequency And Evolution

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

Background/Objectives: It is estimated that 20% of Autoimmune Liver Diseases (AILDs) are associated with Systemic Autoimmune Rheumatic Diseases (SARDs). The most frequently described include Autoimmune Hepatitis (AIH), Primary Biliary Cholangitis (PBC) and Primary Sclerosing Cholangitis (PSC) (1).

The objective of this study is to describe the types, characteristics and evolution of autoimmune liver diseases in individuals with SARDs.

Methods: An observational, descriptive, and retrospective study from a single center of Argentina. Medical records from the period 2022-2024 were reviewed, and adult patients with concomitant SARD and AILD were included.

Results: A total of 30 patients were included, 28 of whom were women, with a median age of 59 years (IQR 52–67). The most frequent autoimmune liver diseases (AILD) were primary biliary cholangitis (PBC) (63%) and autoimmune hepatitis (AIH) (26%). Systemic sclerosis was the most common systemic autoinmune rheumatic disease (SARD) (TABLE 1).

In 80% of cases, the diagnosis of SARD preceded the development of AILD, with a median time of 62.5 months (IQR 8–157.5).

At the onset of suspected AILD, 44% of patients presented with suggestive symptoms identified by the professional, while an abnormal baseline liver profile was found in 80%. All patients had positive antinuclear antibodies (ANA). Among AILD-specific antibodies, the anti-mitochondrial antibody (AMA) was positive in 15/26 patients (58%), followed by anti-smooth muscle antibodies (ASMA) in 5/16 (31%). Among SARD-related antibodies, the anti-centromere antibody (ACA) was positive in 9/16 patients (56%) (TABLE 2).

Of the 24 patients (80%) with ≥5 years of AILD progression, 30% developed complications, with a median progression time of 56 months (IQR 6–80). The most common complication was liver fibrosis. Fibroscan results were obtained for 16/24 patients, of whom 7/16 were normal and 9/16 showed pathological findings (TABLE 3).

Image 1:

Table 1 - Types of Autoimmune Liver Diseases associated with Systemic Rheumatic Diseases.

SARDs / AILDs	SSc n=12 (%)	SLE n=6 (%)	RA n=5(%)	SjS n=5(%)	IIMs n=1 (%)	SpAax n=1 (%)
AIH n=8	3 (25)	2 (33)	2 (40)	0	0	1 (100)
PBC n=19	8 (67)	3 (50)	3 (60)	4 (80)	1 (100)	0
PSC n= 1	1 (8)	0	0	0	0	0
AIH/PBC n=2	0	1 (17)	0	1 (20)	0	0

** Autoimmune Hepatitis (AIH), Primary Biliary Cholangitis (PBC), Primary Sclerosing Cholangitis (PSC), Overlap Autoimmune Hepatitis/Primary Biliary Cholangitis (AIH/PBC). Systemic Sclerosis (SSc), Systemic Lupus Erythematosus (SLE), Rheumatoid Arthritis (RA), Primary Sjögren's Syndrome (SjS), Idiopathic Inflammatory Myopathies (IIMs), Axial spondyloarthritis (SpAax).*

Image 2:

Table 2 - Clinical, biochemical, and immunoserological description of AILDs.

	PBC n=19 (%)	AIH n=8 (%)	PSC n=1 (%)	AIH/PBC n=2 (%)
Symptoms (n=13)	8 (42)	3 (37)	1(100)	1 (50)
-Pruritus	4	1	1	0
-Fatigue	2	1	1	1
-GI Symptoms	3	1	0	2
-Arthralgia	5	1	0	0
Abnormal Liver Profile (n=24)	16 (84)	5 (62)	1 (100)	2(100)
-Elevated ALP (17/21)	12	2	1	2
-Elevated AST/ALT (17/23)	10	4	1	2
-Elevated GG (16/19)	11	3	1	1
-Hyperbilirubinemia (6/22)	2	1	1	2
Immunoserology				
-AMA + (15/26)	13	2	-	-
-ASMA + (5/16)	1	2	-	2
-Gp210 +(1/7)	1	-	-	-
-SLA/LP +(1/6)	-	-	-	1
-Hypergammaglobulinemia (11/22)	7	3	-	1

**Gastrointestinal symptoms (GI): abdominal pain, nausea, jaundice, diarrhea, and abdominal distension. Anti-mitochondrial antibody (AMA), Anti-smooth muscle antibody (ASMA), Anti-gp210 antibody (Gp210), Anti-SLA/LP antibody (SLA/LP).*

Table 3 - Evolution of Autoimmune Liver Disease ≥ 5 years.

	PBC n=17	AIH n=4	PSC n=1	AIH/PBC n=2
Stable	14	2	-	1
Liver fibrosis (F2-F3 METAVIR)	3	2	-	1
Cirrhosis (F4 METAVIR)	-	-	1	-

**Autoimmune Hepatitis (AIH), Primary Biliary Cirrhosis (PBC), Primary Sclerosing Cholangitis (PSC), Overlap AIH/PBC, Fibroscan Scale (METAVIR).*

Conclusion: The most frequently observed association was between systemic sclerosis and primary biliary cholangitis; however, it was also noted in various rheumatologic diseases.

The most common reason for suspecting AILD was an abnormal liver profile in generally asymptomatic patients. The most frequent symptoms were pruritus and gastrointestinal complaints, which were mostly nonspecific.

We highlight the importance of actively screening for these conditions due to the severity of potential complications and their therapeutic implications.

Reference 1: *Selmi, C., Generali, E., & Gershwin, M. E. (2018). Autoimmune Liver Diseases for The Rheumatologist: Rheumatic Manifestations in Autoimmune Liver Disease. Rheumatic Disease Clinics of North America, 44, 65-87.*

Disclosure of Interest: None Declared

Keywords: autoinmune hepatitis, autoinmune liver diseases, primary biliar colangitis

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Miscellaneous

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Baricitinib In Biological Resistant Adult-Onset Still´S Disease: A Case Report

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

Background/Objectives: Adult-onset Still´s disease is a rare systemic autoinflammatory disorder characterized by quotidian spiking fevers, arthritis, evanescent rash and in some cases, multi-organ involvement. Baricitinib is an oral JAK1 and JAK2 inhibitor. We present a case of a 32 year old woman with AOSD refractory to tocilizumab and etanercept, who received treatment with baricitinib.

Methods: Case report

Results: A 32 year old female with diagnosis of AOSD in 2022, initially was refractory to methotrexate and cyclosporine. There is no availability of IL-1 inhibitor in Costa Rica. She started in september 2022 tocilizumab which allowed the disease to be controlled until march 2023 when she started again with polyarthritis and fever. Then, she started treatment with etanercpet in may 2023 and in june 2023, she developed macrophage activation syndrome which was refractory to high dose steroids, IV immunoglobulin. She received 4 PLEX sessiones which allowed a better control of the disease. She continued with etanercept and was steroid dependent with 10-15mg of prednisolone. Baricitinib 4mg/day was started in august 2024 and in 3 months of treatment, clinical remission has been achieved with 5mg of prednisolone. To date, there are no adverse effects reported.

Table 1:

Date	Prednisone dose	Ferritin (ng/mL)	ESR / CRP (mg/dL)	CBC	AST / ALT
January 2022 (diagnosis)	-	9000	No data available	Hb 11.6 / Leucocyte 10 200	78 / 24
July 2022 (before tocilizumab)	7.5mg/day	16 026	79 / 8.0	Hb 10.9 / Leucocyte 10 490	33 / 9
March 2023	7.5mg/day	18 034	No data available / 1.62	Hb 15.2 / Leucocytes 17 940	122 / 40
June 2023 (during treatment with etanercept)	10mg/day	160 605	104 / 24.76	Hb 11.0 / Leucocytes 8330	85 / 17

November 2024 (3 months of baricitinib)	5mg/day	69	9 / 0.33	Hb 13.7 / Leucocytes 6920	22 / 15

Conclusion: Baricitinib may be a useful therapy in biological-resistant AOSD to achieve fast clinical and laboratory improvement and to reduce steroid dose in this group of patients.

Reference 1: Sun Z, Li R, Wang Y, Han F, Wei W, Li X. Efficacy of baricitinib in patients with refractory Adult Onset Still´s disease. Drugs R D 2023; 23 (2): 109-120.

Reference 2: Kacar M, et al. Mixed results with baricitinib in biological resistant Adult-onset Still´s disease and undifferentiated systemic autoinflammatory disease. RMD Open 2020; 6.

Disclosure of Interest: None Declared

Keywords: Baricitinib, Refractory Adult onset Still disease

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Miscellaneous

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Eosinophilic Fasciitis: A Challenging Diagnosis in Scleroderma-Like Disorders

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

Background/Objectives: Introduction:Eosinophilic fasciitis, described in 1974 as Schulman syndrome, is a fibrosing connective tissue disorder characterized by dysregulation of the extracellular matrix, with overexpression of TIMP-1 and TGF-β. It is more common in adult males and presents with dermohypodermic sclerosis that spares the face and distal extremities, without Raynaud's phenomenon or significant organ involvement. It is associated with peripheral eosinophilia, hypergammaglobulinemia, and elevated ESR. Diagnosis is confirmed by skin biopsy, and initial treatment includes glucocorticoids, with immunosuppressants reserved for refractory cases.

Objective: To present the case of a patient diagnosed with eosinophilic fasciitis as a differential diagnosis of scleroderma.

Methods: Case Presentation: A 67-year-old woman with no significant medical history presented with generalized dermatosis characterized by erythematous plaques and progressive induration following Blaschko's lines on the chest and extremities. She reported mechanical arthralgias, constitutional symptoms, and symmetric induration of the extremities (spared distal zones), with a sulcus sign and peau d'orange skin. Laboratory findings showed eosinophilia (0.8x10⁹/L), hypergammaglobulinemia IgA (503.3 mg/dL), and elevated ESR (31 mm/h). ANA and ENA were negative (anti-SCL-70 and anticentromere). Biopsy revealed inflammatory infiltrate with eosinophils and fascial thickening. Extension studies excluded significant organ involvement. Treatment with prednisone (0.5 mg/kg/day) was initiated with partial response. Azathioprine (100-125 mg/day) was added later. After five years, the patient showed clinical improvement, reduced fascial thickness on ultrasound, and normalization of inflammatory markers.

Results: Discussion: Eosinophilic fasciitis is a rare condition with variable presentation and limited documentation in the literature. This case is significant due to its unusual presentation in a woman without notable medical history, as well as the use of ultrasound as a diagnostic and follow-up tool, an approach not previously reported.

Image 1:

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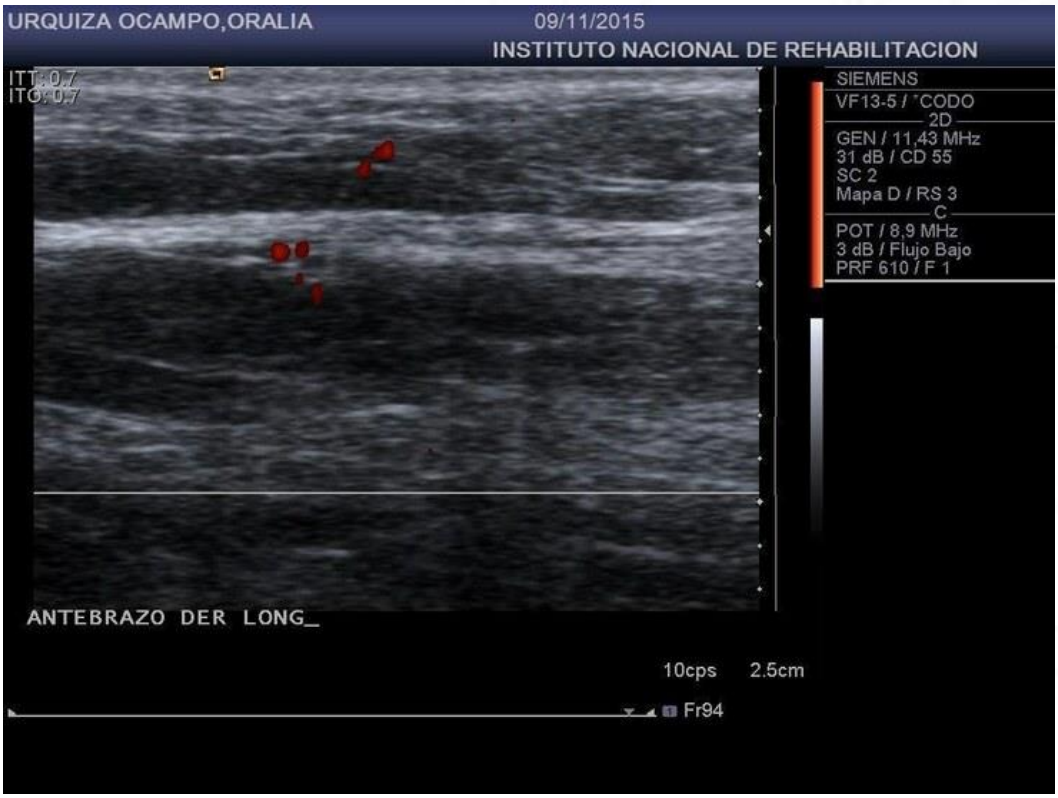
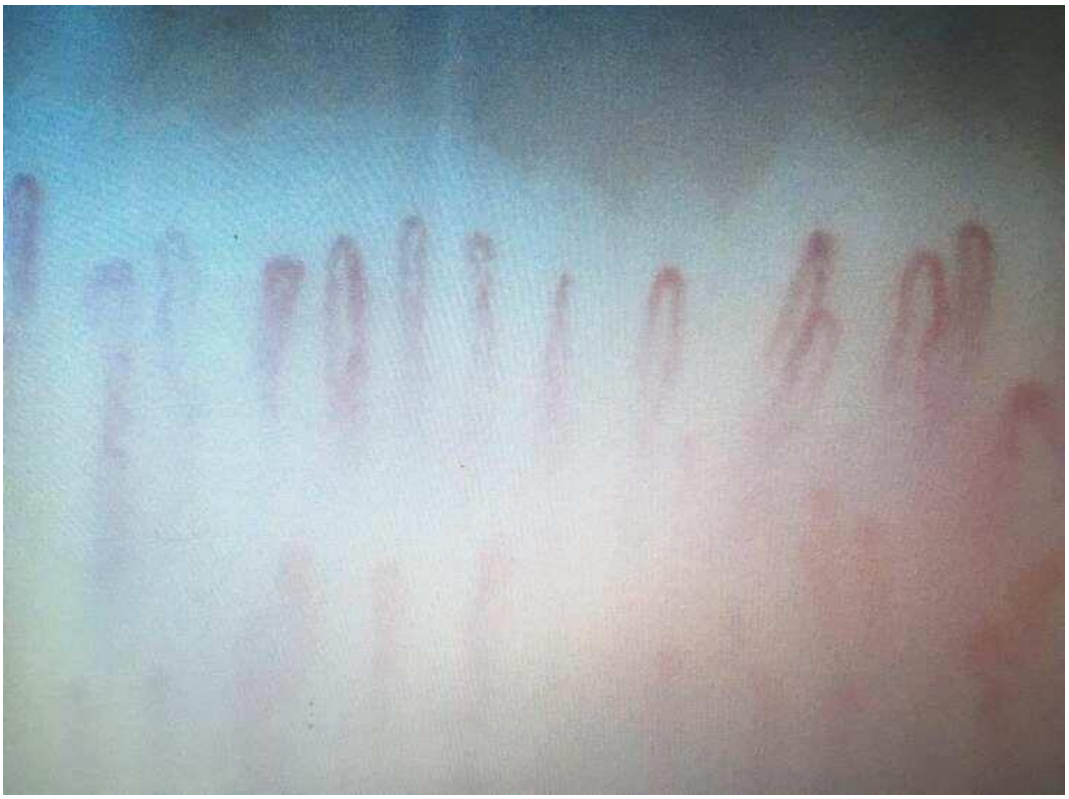


Image 2:



Conclusion: Conclusions: Eosinophilic fasciitis represents a diagnostic challenge, with an average delay of one year in diagnosis. Its management requires the exclusion of other autoimmune diseases and personalized treatment based on clinical response. Ultrasound emerges as a promising tool for the diagnosis and monitoring of this disease.

Disclosure of Interest: None Declared

Keywords: Eosinophilic Fascitis, scleroderma-like syndrome

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Miscellaneous

PANLAR2025-1124

Subcutaneous Methotrexate Off-Label Prescriptions In Patients With Rheumatological Diseases - Real World Data

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

Background/Objectives: Methotrexate (MTX) is considered the main conventional drug that is frequently used in Rheumatoid arthritis (RA) as cornerstone therapy; but, frequently is also used as off-label prescription in other rheumatological conditions. Subcutaneous Methotrexate (SC MTX) is used when a patient has gastric intolerance to oral form or low response at usual doses. We describe the main uses of SC MTX as off-label prescription (non-RA) in a rheumatology center in Colombia.

Methods: A cross-sectional study from March 2023 to October 2024 was developed; SC MTX prescriptions with off-label non-RA indication were included. Patients were grouped by age group. The number of patients prescribed with SC MTX off-label was established. Comparisons were made between the doses of SC MTX and the most frequent diagnoses.

Results: Prescriptions with SC MTX off-label during the follow-up period were found (n=95). 78.9% of the patients were female. The main age was 60 years (SD 15.62). The cohort of patients received varying doses of SC MTX due to gastric intolerance or low response to the oral form of MTX in rheumatic conditions different of RA. The most prescribed dose was 15 mg per week (0.3 mg/kg), which was used to treat systemic sclerosis (27.4%), psoriatic arthritis (18.9%), systemic lupus erythematosus (8.4%), peripheral spondyloarthritis (6.3%), Sjögren's syndrome (6.3%) and other conditions (Figure 1).

Image 1:

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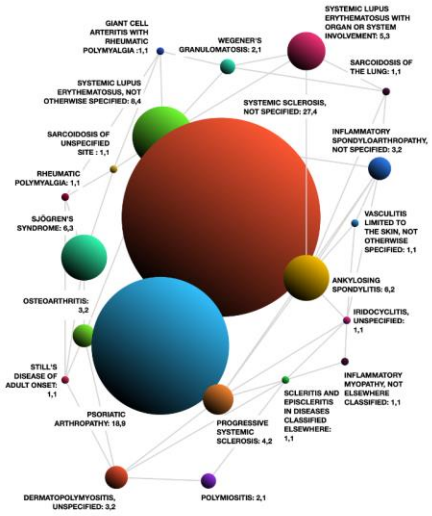

Figure 1. % SC MTX Off-label prescripcions during 1 year of follow-up

Conclusion: Main off-label non-RA use of SC MTX include Systemic Sclerosis, Psoriatic arthritis, Systemic Lupus Erythematosus and others. Is needed to focus the pattern of prescribing SC MTX in another diagnosis in order to make decision information.

Disclosure of Interest: P. Rodríguez-Linares: None Declared, W. Rivero-Morales: None Declared, L. Villarreal-Peralta: None Declared, N. Gutiérrez: None Declared, M. C. Martínez-Ayala: None Declared, A. Rojas-Villarraga: None Declared, A. Cabra: None Declared, A. Mayor: None Declared, E. M. Cardozo Sandoval: None Declared, M. F. Cubides Acosta: None Declared, A. Martínez: None Declared, M. F. Linares-Contreras: None Declared, I. Ramírez-Ferrer: 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: Clinical Outcome, rheumatic diseases, Treatment

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GLOBAL RHEUMATOLOGY
BY PANLAR

PANLAR 2025

Miscellaneous

PANLAR2025-1095

Agency of people with lupus from an editorial platform: Lúpica Magazine

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

Background/Objectives: Faced with the late diagnosis, misinformation and social invisibility of lupus, an editorial device was developed to encourage people with lupus to take agency in the dissemination of reliable information; the dialogue of clinical and experiential knowledge; the documentation of processes and the recording of the contemporary realities of the disease in multiple areas.

This case analysis shows how women and men with lupus convened to conduct interviews, articles and reflective-experiential accounts with the accompaniment of an editorial team generate solid content, learning experiences and visibility of the disease. This also leads to a conscious, proactive and dialogic agency.

Methods: Qualitative analysis of the main themes, articles, interviews, testimonies and contextual texts of the two current issues of the journal.

Categorization of the key themes, their protagonists and the importance of these issues to channel agency, produce reliable information and make visible the multiple spheres of the disease: medical challenges, development of public policies, contextual frameworks, social incidences, exemplary practices and symbolic experiences.

Identification of the configuration and reconfiguration of the imaginary around the disease by people with lupus participating in the generation of content.

Results: The *Lupica* magazine is an editorial device that triggers empathetic and revealing dialogues between researchers, doctors, people with lupus and companions to provide information, knowledge, experiences, perspectives and horizontal confluences for the benefit of all communities immersed in the universe of lupus. This is possible thanks to the conscious taking of agency by women and men with lupus who decide to take a stand to carry out actions for the knowledge, reflection and visibility of the disease.

Conclusion: The processes of accompaniment for the taking of agency of people with lupus makes possible the development of discursive devices that amplify the dissemination of the disease from research, challenges, proposals and challenges of the multiple epistemic and experiential territories that interact in the universe of lupus. *Lupica* is proof of this.

Reference 1: Didi-Huberman, G. (2013). *Cuando las imágenes toman posición.* Antonio Machado Libros.

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Disclosure of Interest: None Declared

Keywords: None

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PANLAR 2025

Miscellaneous

PANLAR2025-1101

Peer Education: A New Strategy To Improve Adherence In Patients With Rheumatoid Arthritis

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[1]Patients program department, Biomab - Center for Rheumatoid Arthritis, [2]RA Expert patient, [3]Research institute, Fundación Universitaria de Ciencias de la Salud FUCS, [4]Research department, Biomab - Center for Rheumatoid Arthritis, [5]Research vice-rectory, Fundación Universitaria de Ciencias de la Salud FUCS, [6]Scientific direction, Biomab - Center for Rheumatoid Arthritis, Bogotá, Colombia

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

Background/Objectives: Since 2018, a multicomponent educational program has been implemented to train patients with rheumatoid arthritis (RA). As a result, 50 expert patients have been trained, enabling them to educate, guide, and provide support to individuals with the same diagnosis on aspects related to self-care and self-management of the disease. The aim of this study is to train 40 RA expert patients in communication skills, relationship and knowledge of the health system, strengthening their ability to interact with other patients, promoting better adherence to treatment and active participation in their health care.

Methods: A training program has been designed on topics related to the construction of peer-to-peer relationships based on knowledge-social appropriation. In this process, the institution disseminates knowledge to expert patients and later, the Expert patients will have meetings with other patients, intended for the community-based knowledge exchange.

Results: An educational program was designed, based on two components: The first component is related to soft skills, which is in charge of training patients in the promotion of life projects based on healthy habits, being influencing agents of other patients, supporting the transformation process towards active participation in health care and generating a growth mindset, oriented towards self-care. The second component is responsible for training in the knowledge of health systems and health management of the disease, which is responsible for training in topics related to the knowledge of arthritis and its treatment, people-centered health care, the importance of therapeutic adherence, concepts related to Centers of Excellence and integrated health risk management models (Figure 1). Once patients have received these training, they will participate in interactions with other patients with the same diagnosis in real life and apply all the knowledge received. These interactions will close the cycle of social appropriation of knowledge and will allow us to evaluate the impact of peer health education.

Image 1:

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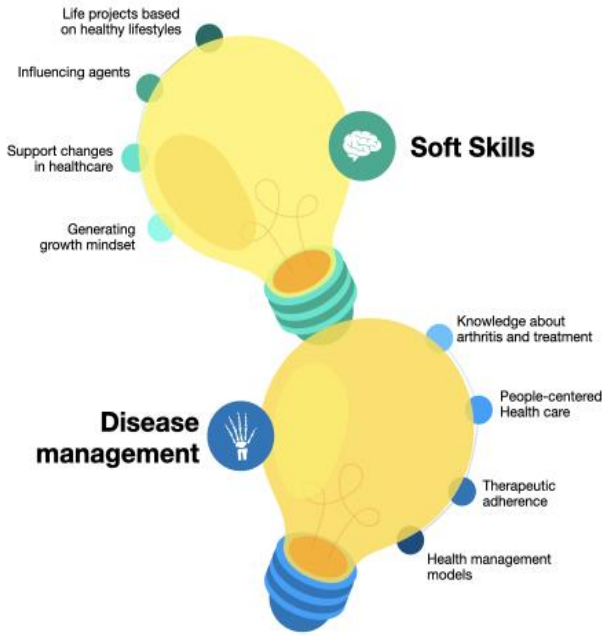

Figure 1. Structure of the training program for expert patients.

Conclusion: It is important to include patient experts in the promotion of effective relationships between patients and their treating medical teams. The development of these programs can generate high levels of adherence to their treatment and a sense of belonging to their medical team.

This project is funded by the District Agency for Higher Education, Science and Technology Atenea, under contract 398-2023.

Disclosure of Interest: F. Rodriguez-Florido: None Declared, L. Realpe-García: None Declared, N. Pinto-Flórez: None Declared, J.-A. Rubio-Rubio: None Declared, G.-S. Rodríguez-Vargas: None Declared, M.-C. Martínez-Ayala: None Declared, P. Rodríguez-Linares: None Declared, M. Gómez-Suárez: 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: Expert patient, Health literacy, Patient education

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GLOBAL RHEUMATOLOGY
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PANLAR 2025

Osteoarthritis

PANLAR2025-1084

Prevalence And Radiographic Morphologies Of Femoroacetabular Impingement And Its Relationship To Hip Osteoarthritis In A Population-Based Sample Of Puerto Rico

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

Background/Objectives: Femoroacetabular impingement (FAI) is a recognized contributor to hip osteoarthritis (OA), yet its prevalence and characteristics vary among different ethnic populations. However, only few studies have been conducted in Hispanic patients and none in Puerto Ricans. Therefore, we aimed to assess the prevalence of FAI, its radiographic patterns, and its association with OA in Puerto Rican patients.

Methods: A cross-sectional study was conducted in a random sample evaluated at a major medical center in Puerto Rico. Patients aged 21 years or older who experienced trauma and underwent anteroposterior pelvic radiographs between January and June 2024 were included. Radiographs with femoroacetabular fractures or surgeries were excluded. Using a randomization tool system, 300 patients were selected for evaluation. Established radiographic criteria were used to determine morphological evaluation of cam and pincer-type deformities. OA severity was graded using the Kellgren-Lawrence system. A musculoskeletal radiologist conducted all imaging assessments to ensure accuracy and consistency. Bivariate and multivariate analyses were performed to compare study groups.

Results: Among the 300 patients studied, femoroacetabular impingement (FAI) was identified in 22.7%. The most common FAI morphology was pincer (60.3%), followed by cam (33.8%) and mixed patterns (5.9%). Patients with FAI were significantly more likely to be women, older, and to have OA compared to those without FAI (Table 1). In multivariate analysis adjusted for age and sex, FAI showed a strong association with OA (Odds ratio [OR] 11.7 [95% confidence interval (CI) 5.1–26.6]). This association was observed both for cam (OR 16.8 [95% CI 4.8–56.4]) and pincer (OR 10.5 [95% CI 3.4–32.4]) types. A sub-analysis among patients with both FAI and OA revealed that those with OA were more likely to be older and female (Table 2). However, no significant differences in OA prevalence were observed across the different FAI morphologies.

Image 1:

Table 1. Comparison of patients with and without femoroacetabular impingement (FAI).

Characteristics	FAI (n=68)	No FAI (n=232)	p-value
Sex, n (%) female	39 (57.4)	73 (31.5)	<0.001
Age, mean (SD)	61.9 (19.9)	51.4 (21.5)	<0.001
Types and subtypes of FAI			
Pincer, n (%)	41 (60.3)		
Prominent posterior wall	18 (26.5)		
Coxa profunda	18 (26.5)		
Protrussio acetabuli	3 (4.4)		
Coxa profunda/prominent posterior	2 (2.9)		
Cam, n (%)	23 (33.8)	---	---
Osseous bump	15 (22.1)		
Pistol grip	5 (7.3)		
Osseous bump/pistol grip	3 (4.4)		
Mixed, n (%)	4 (5.9)		
Coxa profunda/pistol grip	2 (2.9)		
Osseous bump/prominent posterior wall	2 (2.9)		
Osteoarthritis, n (%)	53 (77.9)	51 (22.1)	<0.001

SD: Standard deviation

Image 2:

Table 2. Comparison of patients with femoroacetabular impingement (FAI) with and without osteoarthritis (OA).

Characteristics	OA (n=53)	No OA (n=15)	p-value
Sex, n (%) female	35 (66.0)	4 (26.7)	0.006
Age, mean (SD)	68.3 (16.4)	39.1 (13.2)	<0.001
Types of FAI			
Pincer, n (%)	34 (64.2)	7 (46.7)	0.460
Cam, n (%)	16 (30.2)	7 (46.7)	
Mixed, n (%)	3 (5.6)	1 (6.6)	
OA Grading, n (%)			
Grade 1	12 (23.1)		
Grade 2	23 (44.2)	---	---
Grade 3	10 (19.2)		
Grade 4	7 (13.5)		

SD: Standard deviation

Conclusion: This study presents the first population-based prevalence of FAI in Puerto Rico, identifying a prevalence of 22.7%, with the pincer type being the most common. Consistent with previous research, FAI demonstrated a strong association with OA, with both cam and pincer morphologies. Future studies incorporating long-term clinical follow-up are essential to guide targeted interventions for affected populations.

Disclosure of Interest: None Declared

Keywords: femoroacetabular impingement, hip, osteoarthritis

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GLOBAL RHEUMATOLOGY
BY PANLAR

PANLAR 2025

Osteoarthritis

PANLAR2025-1123

Hyaluronic Acid In The Treatment Of Knee Osteoarthritis. Demonstrated Efficacy With Femoral Cartilage Elastography.

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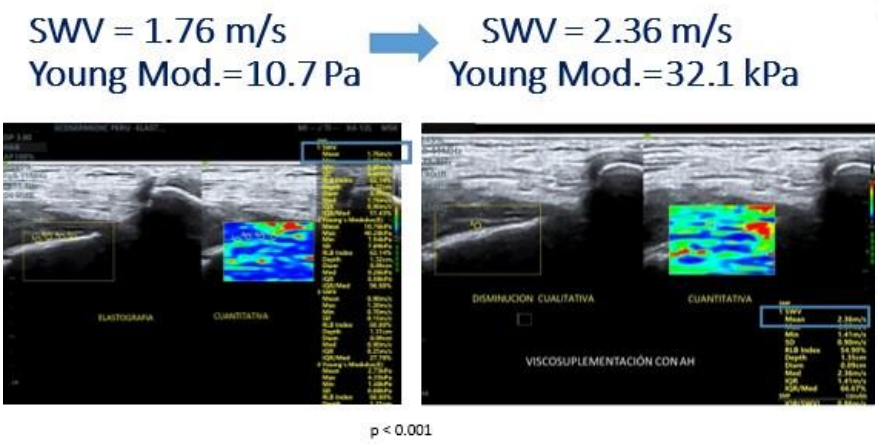
[1]RHEUMATOLOGY, ECOSERMEDIC, [2]MEDICINA, HOSP. MARINO MOLINA , LIMA, [3]RHEUMATOLOGY, elastam, TRUJILLO, [4]RADIOLOGIA, ECOSERMEDIC, HUANCAYO, [5]RHEUMATOLOGY, ECOSERMEDIC, CHIMBOTE, [6]RHEUMATOLOGY, ecosermedic, Tumbes, Peru

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

Background/Objectives: The European Society for Clinical and Economic Aspects of Osteoporosis and Osteoarthritis (ESCEO) treatment algorithm recommends intra-articular (IA) hyaluronic acid (HA) for advanced pharmacological management of knee osteoarthritis (OA) in patients who remain severely symptomatic despite use of non-steroidal anti-inflammatory drugs (NSAIDs) (1)
Objectives: To examine the efficacy, by quantitative elastography of femoral cartilage, of patient safety and satisfaction with intra-articular hyaluronic acid (HA) in patients with knee osteoarthritis.
Methods: One hundred and twenty patients with mild to moderate knee osteoarthritis participated in a 12-month randomized trial with blinded observers of HA versus other products used by the same patients (platelet-rich plasma, ozone The primary efficacy endpoints were pain when walking, as measured by a visual analogue scale, WOMAC scale and Lequesne index. Quantitative elastography was performed with the shear wave method, with its two parameters, elastic modulus (EM) and shear wave velocity (SWV) at the beginning of the study, at 3, 5, 6 and 12 months of evolution.
Results: After administration of two weekly doses of HA (40 mg), a significant difference in pain when walking was found in patients who completed week 5, at the end of the injection cycle, and at month 6, at the end of the study (P = 0.0087 and P = 0.0049, respectively). A subsequent analysis using the Last Carried Observation (LOCF) also showed a significant benefit in favor of HA at month 12 (P = 0.0010). For the WOMAC scale, a difference of P = 0.001, the Lequesne Index, found a significant difference in favor of HA at week 5 (P = 0.030) and at month 6 (P = 0.0431), but it was only of borderline significance at month 4 (P = 0.0528). The overall evaluation of the patients' efficacy favored HA at month 12 (P = 0.012). Improvement in other secondary endpoints was generally greater in the HA group compared to previous modalities, at both week 5 and month 6. No adverse effects

Image 1:



$p < 0.001$

Conclusion: The study demonstrated that two weekly intra-articular injections of sodium hyaluronate of 40 mg were above baseline quantitative elastography and well tolerated in patients with knee osteoarthritis, with symptomatic benefit persisting for 12 months

Reference 1: 1. Bruyere, C. Cooper, J.P. Pelletier, J. Branco, M.L. Brandi, F. Guillemin, et al. An algorithm recommendation for the management of knee osteoarthritis in Europe and internationally: a report from a task force of the European Society for Clinical and Economic Aspects of Osteoporosis and Osteoarthritis (ESCEO) Semin Arthritis Rheum, 44 (2014), pp. 253-263

Disclosure of Interest: None Declared

Keywords: ELASTOGRAPHY

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PANLAR 2025

Osteoporosis

PANLAR2025-1185

Fracture Analysis In A Fracture Liaison Services (Fls) In Rosario, Argentina. Preliminary Results From The Bafer Registry.

Maria Lorena Brance[* 1, 2, 3], Emilce Fonseca[2], Alfonso De Sogos[1], Nicolás M. Cóccaro[4], Luis A. Ramirez Stieben[1, 2], Evelyn Scaglia[2], Agustina Toso[4], Mariano Palatnik[2], Javier Quagliato[2], Nicolas M. Marín Zúcaro[5], Lucas R. Brun[1, 3]
[1]Rosario National University, [2]Centro de Reumatología y Enfermedades óseas, [3]National Scientific and Technical Research Council, [4]Sanatorio Brtiánico, Rosario, [5]Hospital Italiano de Buenos Aires, Buenos Aires, Argentina

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

Background/Objectives: Post-fracture care coordination programs are an initiative of the IOF aimed at reducing the number of fragility fractures due to osteoporosis. They are recognized as the most critical action for directly enhancing patient care and minimizing the escalating healthcare costs associated with fractures on a global scale. We aimed to determine the prevalence and characteristics of fragility fractures (Fx) in a FLS center in Rosario city (Argentina) compared to another non-FLS center.

Methods: Data from the real-life registry BAFER (*Bone Analysis and Fracture Evaluation Register*), a descriptive, observational cohort study of female and male patients aged >18 years of age who attended a consultation for bone mass study, were used. This specific analysis was performed in two densitometry centers, one of them a referral center and FLS in the city of Rosario, Argentina. For the analysis of fractures, previous fragility fractures were recorded according to the anamnesis. Vertebral fractures were recorded by thoracic and lumbar spine radiographs or vertebral fracture assessment (VFA). Data were expressed as median (95% CI), mean (SD), and frequencies in %. To analyze data, Mann-Whitney test, Student's t-test, or Fisher's exact test were used as appropriate.

Results: A total of 886 subjects undergoing bone mass study from Rosario, registered in the BAFER registry between May 1, 2024, and December 15, 2024, were included. The mean age was 59.4 ± 13.7 years, and most were female (803; 90.6%). The previous fragility fracture and previous bone treatment were significantly higher in the FLS center (32.4 vs. 11.3%; p<0.0001), even at a younger age compared to the non-FLS center. The fractures characteristics in the FLS center were 68.1%, single and 31.9% multiple and located as follows: hip (5.6%), vertebral Fx (20%), wrist (28.9%), radius (9.4%), humerus (8.5%), ribs (7.7%), pelvis (7.7%), others 12.2%. Vertebral fractures occurred asymptomatically in 45% of cases. Also, in the FLS center fractured patients were more likely to received bone-targeted treatments (16.2 vs. 1%; p<0.0001).

Conclusion: This study highlights the critical role of FLS centers in the early identification and management of fragility fractures. As expected, patients treated in an FLS center had a significantly higher prevalence of previous fractures and were more likely to received bone-targeted treatments. This could indicate that the FLS center is acting as a reference center and receiving patients with sentinel fractures.

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Disclosure of Interest: None Declared

Keywords: Fracture, Fracture Liaison Service, Osteoporosis

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GLOBAL RHEUMATOLOGY
BY PANLAR

PANLAR 2025

Osteoporosis

PANLAR2025-1268

Survival Of Adults Over 50 Years Of Age With Osteoporosis In Colombia: An Analysis Of Health System Information Systems

Diego Rosselli [1], Diana Sandoval Briceño* [1, 2], Daniel Fernández Ávila [1, 2]
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Has this paper been previously presented at another conference?: No

Background/Objectives: Several previous studies suggest an association between osteoporosis and increased mortality, extending beyond the potential complications of fractures. This study aims to analyze the reduction in survival by examining official databases of the Colombian health system (RIPS).

Methods: From a cohort of patients diagnosed with osteoporosis according to ICD-10 codes recorded in 2015, “survival” was defined as any contact with the health system five years later (2019–2023).

Results: In 2015, a total of 48,342 patients (45,329 women; 93.8%) were registered with a diagnosis of osteoporosis in Colombia. 39,574 had some contact with the health system during 2019–2023, resulting in an unadjusted survival rate of 81.9% (lower in men at 72.4%). This rate was lower than that of the general population attended for all causes, which was 89.0%. This reduction in survival was observed across all age groups and was greater in males.

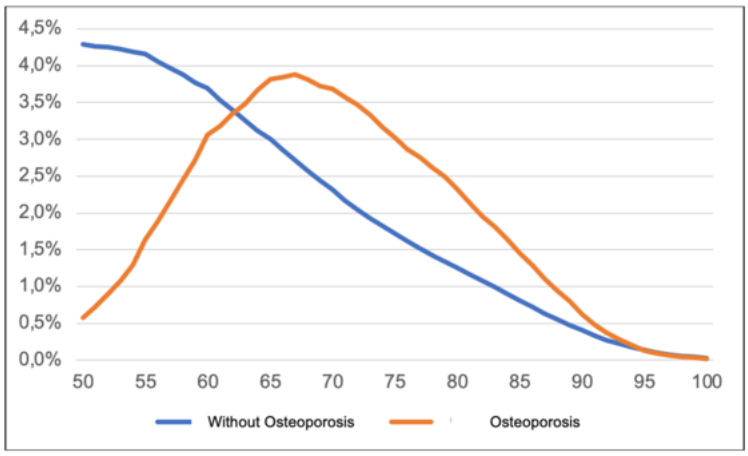
Table 1: Proportion of women and men with (+) and without osteoporosis (-) who had healthcare contact in 2015 and returned to the health system during the 2019–2023 five-year period

	Female		Male	
	(-)	(+)	(-)	(+)
50 a 54	91,0%	89,4%	86,0%	81,6%
55 a 59	90,5%	89,3%	86,2%	79,7%
60 a 64	89,7%	86,3%	86,0%	78,4%

65 a 69	87,4%	84,1%	83,8%	76,3%
70 a 74	84,1%	79,5%	79,3%	72,0%
75 a 79	77,0%	72,7%	72,4%	63,9%
80 o más	66,8%	62,1%	60,0%	52,5%
Total	90,9%	82,5%	86,2%	72,4%

Image 1:

Figure 2. Percentage distribution of women with osteoporosis (n=45,329) and the control group (n=3,462,099)



Conclusion: The findings of this study, based on real-world data, support previous observations of increased mortality associated with an osteoporosis diagnosis.

Disclosure of Interest: None Declared

Keywords: Mortality, Osteoporosis, survival

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GLOBAL RHEUMATOLOGY
BY PANLAR

PANLAR 2025

Osteoporosis

PANLAR2025-1188

Prevalence Of Fractures In Patients With Autoimmune Rheumatological Disease. Preliminary Results From The Bafer Registry.

Maria Lorena Brance[* 1, 2, 3], Emilce Fonseca[2], Yelitza Cecilia Velarde Mejia[4], Mariano Palatnik[2], Javier Quagliato[2], Alejandro Fernandez[5], Angel Alejandro Castillo Ortiz[6], Matias Benavente[7], Liz Rocío Caballero Motta[8], Patricia Melgarejo[9], Nicolás M. Marín Zúcaro[10], Alfonso De Sogos[1], Luis A. Ramirez Stieben[1, 2], Lucas R. Brun[1, 3]
[1]Rosario National University, [2]Centro de Reumatología y Enfermedades Óseas, [3]National Scientific and Technical Research Council (CONICET), Rosario, Argentina, [4]HNCASE / Clinica AUNA Vallesur, Vallesur, Peru, [5]Facultad de Medicina. COSEM, Montevideo, Uruguay, [6]Hospital Christus Muguerza , Mérida, Mexico, [7]Hospital El Carmen, Mendoza, Argentina, [8]IPS-HRCO, Coronel Oviedo, Paraguay, [9]IPS-HRCO, Coronel Oviedo, Peru, [10]Hospital Italiano de Buenos Aires, Buenos Aires, Argentina

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

Background/Objectives: Many autoimmune rheumatic diseases (ARD) negatively impact bone health due to factors such as the presence of proinflammatory cytokines, immobility, and glucocorticoid (GC) use, among others. We aimed to evaluate the prevalence of fragility fractures (Fx) in patients with ARD in the Latin American population and compare patients with and without Fx.

Methods: The real-life registry BAFER (*Bone Analysis and Fracture Evaluation Register*), which is a descriptive observational cohort study of patients of both sexes with ARD according to classification criteria (ACR-EULAR), was used. Data were expressed as median (95%CI) and frequencies in % and analysed with Mann Whitney test or Fisher's exact test as appropriate.

Results: A total of 218 patients with ARD registered in the BAFER registry between May 1, 2024, and December 15, 2024, were included. The patients were distributed as follows: Argentina 64.2%, Peru 15.6%, Uruguay 9.6%, Paraguay 6%, Mexico 4.1% and Belize 0.5%. The mean age was 56.5 ± 14.6 years, most were female (85.8%). A total of 54.4% (n=118) had received GC treatment and 14.6% (n=31) had received bone-targeted treatments (except calcium and vitamin D). The ARD were distributed as follows: rheumatoid arthritis (60.6%), connective tissue disease (16%), psoriatic arthritis (6.9%), axial spondyloarthritis (6.4%), diseases with bone edema (3.7%), PMR (2.7%), reactive arthritis (0.5%), others (3.2%). The whole group showed a previous bone treatment 14.6%. The prevalence of Fx was 26.6% (n=57), with 73.7% single (n=42) and 26.3% multiple (n=15). The Fx localization was distributed as follows: hip 15.8% (n=9), vertebra 26.3% (n=15, 40% asymptomatic) and non-vertebral including wrist, humerus, radio, ribs among others 57.9% (n=33). Although no significant differences were found, fractured patients tended to be older and to have lower lumbar spine and femoral neck BMD. While a higher percentage of these patients had received treatment, the overall proportion of treated individuals remains notably low.

Conclusion: This study underscores the high prevalence of Fx in patients with ARD (26.6%) in a Latin American population, with vertebral Fx being particularly notable, as 40% were asymptomatic. Despite a substantial proportion of patients receiving GC treatment, the use of bone-targeted therapies remains strikingly low. These findings highlight the need for improved Fx risk assessment and management strategies in patients with ARD to reduce the burden of osteoporosis-related fractures.

Disclosure of Interest: None Declared

Keywords: Fracture, Osteoporosis, Rheumatological Disease

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BY PANLAR

PANLAR 2025

Pediatric Rheumatology

PANLAR2025-1212

Outcome Of Intraarticular Corticosteroid Injections In Patients With Juvenile Idiopathic Arthritis (Jia)

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

Background/Objectives: Intra-articular corticosteroid injection (IAC) is an effective method to control joint inflammation and to achieve remission, without developing significant adverse events in all forms of JIA, especially in the oligo subtype. The evidence regarding the duration of remission under this procedure in children with JIA is scarce.

Aims 1 – To analyze the clinical response to IAC treatment in patients with JIA at the first procedure, 2 – To identify factors associated with the duration of articular inactivity at 6 months.

Methods: Retrospective study. Files of patients with JIA diagnosis who received IAC (Triamcinolone Acetonide at optimal dose according to articular size) between 2000-2023, were reviewed. Demographic, clinical (JADAS-71, C-HAQ), and therapeutic variables were evaluated at baseline, and months 1 and 6 after the injection; as well as the rate and duration of articular inactivity, and associated complications. Descriptive statistics, Chi-2, T-test.

Results: 147 patients were included, 99 females (67.3%), mean age at diagnosis 7.2 (± 4.6) years and mean follow-up 7.2 (±4.7) years. Oligo persistent was the prevalent subtype 49.6 % (n=73, 24 monoarthritis). 387 joints were infiltrated, 94 procedures were simultaneous (63.9%). At the first injection, the most frequently treated joints were: 129 knees (87.7%), 21 ankles (14.3%) and 10 wrists (6.8%), median time disease evolution 2.1 months. Clinimetric evaluation: JADAS-71 X 10.5 (±8.0) and C-HAQ 0.5 (±0.4). Concomitant medication (n ptes, %): 114 Methotrexate (77.5), 69 Prednisone (46.9), 54 NSAIDs (36.7) and 11 biological agents (7.5). Post-procedure joint inactivity rates: 92.5% (n=136 patients) and 74.1%, at 1 and 6 months respectively. Median duration of injected joint remission 0.73 years (IQR 0.4–2.2). Persistent oligo category was significantly associated with inactive joint disease at month 6 (p.03). During the disease course, 94 patients (63.9%) received repeated IAC, median 2 procedures (IQR 1-3). Four children (2.7%) developed cutaneous hypopigmentation.

Conclusion: In our cohort of JIA patients, 387 joints were infiltrated (knees and ankles more frequently), simultaneous procedures in 63.9%. Median duration of inactivity in injected joint was 0.73 years. Category oligo-persistent was associated with inactive disease at 6 months (p.03).

Disclosure of Interest: None Declared

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Keywords: Intra-articular Corticosteroid Injection, Juvenile Idiopathic Arthritis, Outcome

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Extensive Transverse Myelitis as an Initial Manifestation of Systemic Lupus Erythematosus

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

Background/Objectives: Systemic lupus erythematosus (SLE) is a rare autoimmune disease in pediatrics, with higher incidence in adolescents. Extensive transverse myelitis, a severe neurological complication, occurs in 1-1.5% of cases and may be the first manifestation in 30-60%. Early diagnosis is crucial to reduce neurological sequelae. The o**bjective** is to describe a case of extensive transverse myelitis as the initial presentation of pediatric SLE.

Methods: An 11-year-old male, previously healthy, presented with intermittent fever for one month, progressive weakness in the lower limbs and urinary retention. Physical examination revealed areflexia and muscle strength of 2/5 in both lower limbs. Initial studies showed lymphopenia and cerebrospinal fluid with elevated protein and pleocytosis. MRI revealed increased signal in the spinal cord from C1 to T12, with complete transverse involvement at C4-C5. A diagnosis of extensive TM was established, treatment with intravenous immunoglobulin and methylprednisolone pulses for five days was initiated. Due to lack of improvement, five therapeutic plasma exchanges were performed. Six months later, the patient developed discoid rash on the face, photosensitivity, and painless oral ulcers. Suspecting SLE, immunological studies were performed, revealing ANA nucleolar 1:160, anti-DNA 150.34 (<100), C3 64.2, and C4 19.8. Based on the ACR 1997 criteria, the diagnosis of SLE with predominant neurological involvement was established. Immunosuppressive treatment with cyclophosphamide, azathioprine, and full-dose steroids was initiated. The patient remains with quadriparesis and is undergoing intensive physical rehabilitation.

Results: This case highlights a rare initial presentation of SLE in a pediatric patient with extensive transverse myelitis. Symptoms such as lower limb weakness, hyporeflexia, and urinary retention, along with MRI findings of an extensive lesion from C1 to T12 are associated with severe inflammation and poor prognosis. Treatment with plasma exchanges and immunosuppressants was effective, but the neurological damage highlights the importance of intensive rehabilitation and multidisciplinary management.

Image 1:

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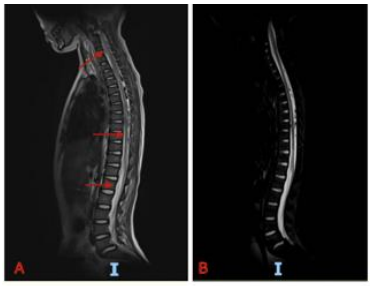

Figure A. Thickened and hyperintense lesions from C1 to T2, suggestive of longitudinally extensive transverse myelitis. **Figure B.** Control MRI at 10 months without signs of inflammation.

Conclusion: Extensive transverse myelitis as the initial manifestation of SLE is rare but relevant. Prompt diagnosis and aggressive treatment are essential to improve prognosis and minimize long-term sequelae. This case underscores the need for specific protocols in pediatric autoimmune neurological diseases.

Disclosure of Interest: None Declared

Keywords: Autoimmune Rheumatic Diseases, Pediatric SLE, transverse myelitis

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Dermatomiositis Juvenil, Descripción De Una Cohorte De Pacientes Con Positividad Para Panel De Miopatías Inflamatorias: Mda5 -Nxp2 Y Mi2

Resultados Preliminares Un Estudio Multicéntrico Pediátrico, Santiago, Chile.

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

Background/Objectives: Objectives: Juvenile Dermatomyositis (JDM) is the primary autoimmune myopathy in children. Current
evidence underscores the importance of using specific autoantibodies as indicators to anticipate disease progression and tailor individualized treatments. The objective is to outline the clinical and radiological characteristics, as well as treatment approaches, within a cohort showing positivity for anti-NXP2, MDA5, and Mi2 alpha and beta antibodies

Methods: A descriptive and longitudinal multicentric study covers patients diagnosed with JDM between 2010 and 2022. Using a panel for inflammatory myopathies (PMI), clinical, epidemiological, complementary examination, and treatment data were evaluated, observing their association with the corresponding antibodies. Inclusion criteria: Children aged 0 to 15 years at the time of diagnosis, meeting Bohan and Peter criteria for JDM. Exclusion criteria: Include patients with other autoimmune diseases, chronic liver and/or kidney pathologies, and pregnant women. Additionally, those who refused examination sampling or lacked informed consent and/or assent were excluded.

Results: A quantity of 36 JDM patients were studied, comprising 62% females, and the median age was 8 years. The 81% showed PMI positivity, 6% had borderline results, and 14% tested negative. The prevalent antibodies were Mi 2 Alpha (13.9%) and Mi 2 Beta (11.1%). Common clinical manifestations include muscle weakness, heliotrope rash, and Gottron papules. Notably, 16% presented anti-MDA5, with four cases during adolescence and four with pulmonary alterations. The anti-NXP2 group accounted for 16%, with an average age of 4.5 years and calcinosis. Treatments included corticosteroids, methotrexate, and hydroxychloroquine, while the anti-MDA5 subgroup used gamma globulin and rituximab more frequently. Detailed clinical characteristics and treatments are described in Tables 1 and 2.

Conclusion: Conclusion: Patients with Mi2 antibodies typically show classical skin features, while the anti-MDA5 and NXP2 subgroup experienced pulmonary compromise and calcinosis, respectively. These markers are associated with increased disease severity, in line with existing literature. This study provides significant evidence supporting the importance of early identification of specific myositis antibodies, crucial in the pediatric population, guiding treatments that require intensive and diverse immunosuppressive strategies

Disclosure of Interest: None Declared

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Keywords: dermatomiositis juvenil, panel de miopatías, MDA5 , NXP2, Mi2 .

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Presence of Interleukin 17F and IL17/23 receptors genetic variants in a group of Colombian patients with juvenile idiopathic arthritis

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

Background/Objectives: Juvenile idiopathic arthritis (JIA) is the most common rheumatic disease in pediatric age, including all types of chronic arthritis appearing before the age of 16 years, whose onset is not explained by another pathology. The heterogeneity of JIA subtypes adds complexity to understanding the pathophysiological mechanism, and the trigger factors of JIA, which remain unclear. As this is a multifactorial disease, environmental and genetic factors are involved. Within its pathophysiology highlights the abnormal immune cells activation, and further up- or downregulation of different cytokines, as well as their balance are involved in the inflammatory response and the progress of this disease perpetuating chronic inflammation and joint damage. Some of the most representative are interleukin 17 (IL17) and interleukin 23 (IL23). Worldwide and specially in Colombia, there is scarce research on the presence of variants of these cytokine genes in JIA. This study aims to evaluate the presence of genomic variants of IL17F, IL17, and IL23 receptors in Colombian patients with JIA.

Methods: 13 patients with a diagnosis of JIA according to ILAR criteria were selected. Evaluation of single nucleotide variants was performed by polymerase chain reaction (PCR) amplification of a 600bp segment of the IL17F rs763780, IL17RA rs4819554, IL17RC rs708567, and IL23R rs12401432 genes and Sanger sequencing. Data analysis included descriptive measures and measures of central tendency for quantitative variables, along with frequencies for qualitative variables.

Results: Of the 13 patients were included, 61.8% were male, a mean age was 13.7 (SD:2.6)years, 15.4% had high disease activity, 53.8% had the presence of at least one of the variants. The variant with the highest frequency was IL17RA rs4819554 in 46.2%, followed by SNPs IL17F rs763780 which was found in 23.1%, and the least found were IL17RC rs708567 together with IL23R rs12401432 in the same proportion of 15.4%(Image 1).

Image 1:

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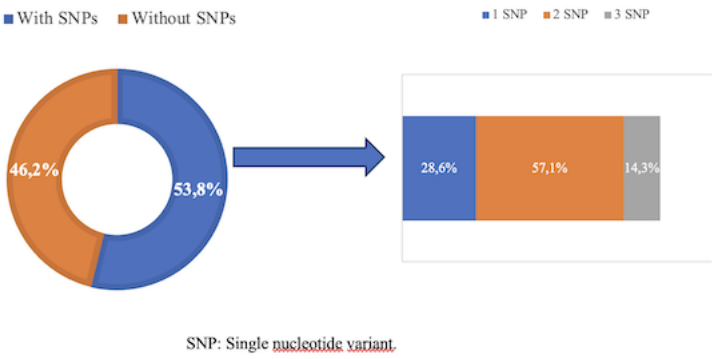
Figure 1. Frequency at lest of SNP IL17F-IL17R/IL23R



SNP: Single nucleotide variant.

Conclusion: We were able to prove the presence of cytokine variants in JIA Colombian population in approximately the half of the patients with JIA evaluated. These preliminary results open a door of interest to study and elucidate the crucial role of the IL-17/23R regions in the genetic predisposition in JIA.

Reference 1: Zhang M, Peng L, Li W, Duan Y, Liu X, Chen S, Deng J, Liu X. IL12B and IL17 genes polymorphisms associated with differential susceptibility to juvenile idiopathic arthritis and juvenile-onset systemic lupus erythematosus in Chinese children. Medicine (Baltimore). 2023;102(31):e34477

Reference 2: Wielińska J, Świerkot J, Kolossa K, Bugaj B, Chaszczewska-Markowska M, Jeka S, Bogunia-Kubik K. Polymorphisms within Genes Coding for IL-17A and F and Their Receptor as Clinical Hallmarks in Ankylosing Spondylitis. Mediators Inflamm. 2021;2021:3125922

Disclosure of Interest: None Declared

Keywords: Juvenile idiopathic arthritis, pediatric rheumatology, genetic variant, single nucleotide polymorphism, IL17F, IL17R, IL23R.

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Presentation of Mitochondrial Myopathy as a Differential Diagnosis for Inflammatory Myopathy

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

Background/Objectives: Myopathies are muscle diseases that impair contraction and cause muscle weakness. Among them, mitochondrial myopathies are rare and result from defects in the mitochondrial respiratory chain, which disrupt oxidative phosphorylation. These myopathies may present with symptoms such as proximal muscle weakness, exercise-induced pain, and respiratory muscle involvement. There is no curative treatment, and symptomatic therapy includes the use of coenzyme Q10.

Objective: To describe the clinical and paraclinical approach for the diagnosis of mitochondrial myopathy in a pediatric patient.

Methods: A 9-year-old previously healthy child, a high-performance athlete (football and karate). He developed progressive myalgias and proximal muscle weakness in the lower limbs with a 3-month evolution. Given the suspicion of inflammatory myopathy, muscle enzyme studies were conducted (normal CPK and AST, slightly elevated aldolase) and electromyography showed a myopathic pattern. Myopathy antibodies were negative. Due to the atypical presentation, a muscle biopsy was performed before starting treatment, and the patient was initially treated with pulse methylprednisolone, resulting in improvement of muscle weakness. However, after initiating oral steroids, the patient experienced a relapse of muscle weakness. The muscle biopsy revealed mitochondrial clustering and abnormalities in the size and shape of the mitochondria, leading to the diagnosis of mitochondrial myopathy. Treatment with coenzyme Q10 was initiated.

Results: This case emphasizes the importance of a multidisciplinary approach and the need for muscle biopsy to differentiate between inflammatory myopathy and metabolic myopathies such as mitochondrial myopathy. The inadequate response to the initial treatment and the progression of symptoms were key factors in arriving at the correct diagnosis.

Table 1:

Variable	Resultado	Parámetro	Unidades

ALT	**11**	9-25	UI/L
AST	**12**	18-36	UI/L
GGT	**20**	6-16	UI/L
Aldolase	**13.3**	<7.6	UI/L
Creatine Kinase	**76**	52-256	UI/L
Myopathy Panel	**Negative** (Anti-Mi-2, Anti-TIF gamma, Anti-MDA5, Anti-NXP2, Anti-SAE1, Anti-Ku, Anti-PM-Scl-100, Anti-PM-Scl-75, Anti-Jo-1, Anti-SRP, Anti-PL-7, Anti-PL-12, Anti-EJ,Anti-OJ, Anti-Ro52)		

Image 1:

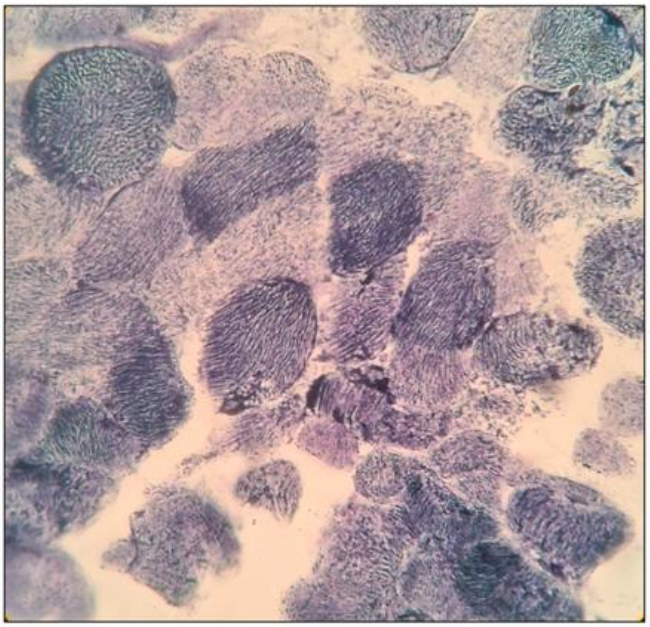

Figure 1. Cross-sectional view of the biceps muscle stained with Nicotinamide-Adenine-Dinucleotide Tetrazolium-Reductase (NADH), showing mitochondrial accumulations.

Conclusion: Although mitochondrial myopathies can be challenging to detect in the early years of life, in patients with consistent physical activity, the diagnosis can be made more promptly. This case highlights the importance of histological studies and differential diagnosis in achieving an accurate conclusion.

Disclosure of Interest: None Declared

Keywords: Mitochondrial Dysfunction, myopathy, myopathy inflammatory

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Bilateral adrenal infarction and polyserositis in a teenager mimicking an autoimmune disease

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

Background/Objectives: TAFRO syndrome is a rare systemic lymphoproliferative disease of unknown etiology, characterized by **T**hrombocytopenia, **A**nasarca, **F**ever, **R**eticulin fibrosis and **O**rganomegaly. It is considered a subtype of idiopathic multicentric Castleman disease (iMCD). Presentation with bilateral adrenal infarction is exceptionally rare and has not been reported in children. We describe an adolescent with adrenal infarctions and polyserositis in whom autoimmune causes were ruled out resulting in a diagnosis of TAFRO syndrome

Methods: Case report

Results: A 14-year-old female presented with a one-week history of abdominal pain unresponsive to steroids. An abdominal CT revealed bilateral adrenal infarctions. Infectious screening was negative and metabolic evaluation showed hypocortisolemia attributed to prior steroid use. Antiphospholipid syndrome (APLS) was ruled out. Studies also observed hepatomegaly, periportal edema, abdominal lymphadenopathy, pleural effusion and ascites. The patient developed anasarca, dyspnea, anemia, leukocytosis, thrombocytopenia, renal dysfunction and proteinuria. A PET scan revealed hypermetabolic activity in liver, spleen, cervical and axillary lymph nodes. Systemic lupus erythematosus (SLE) was considered as a potential diagnosis; however, autoantibodies were negative. Renal biopsy showed membranoproliferative glomerulonephritis with endothelitis and no immune complexes. Bone marrow biopsy revealed increased reticulin myelofibrosis and megakaryocytic hyperplasia. Multisystemic involvement in the absence of infectious, neoplastic or autoimmune causes ultimately led to the diagnosis of TAFRO syndrome. Adrenal involvement has been reported in up to 50% of adult cases; however, this represents the first pediatric case with such a presentation. Typical laboratory findings—leukocytosis, elevated CRP, and hypoalbuminemia—were present, though fever was notably absent, highlighting its clinical variability. Treatment for iMCD highlight the effectiveness of IL 6 inhibitors, alone or with steroids. In this patient, steroids and tocilizumab effectively resolved her symptoms. She remained asymptomatic on a maintenance regimen of tocilizumab, with no recurrence of disease or treatment-related infections during follow-up

Conclusion: This is the first reported pediatric case of TAFRO syndrome presenting with adrenal infarctions and polyserositis. The condition’s broad clinical spectrum can mimic SLE, APLS, neoplasms and infections. Early recognition is important to achieve favorable outcomes

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Disclosure of Interest: None Declared

Keywords: Serositis, Systemic Lupus Erythematosus (SLE), TAFRO

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Pediatric Rheumatology

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Characterization of a population diagnosed with juvenile systemic lupus erythematosus in Bogotá - Colombia.

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

Background/Objectives: Juvenile systemic lupus erythematosus (JSLE) is a chronic, autoimmune, multisystemic disease that affects children and adolescents. The variability in disease expression, influenced by genetic, epigenetic, and environmental factors, leads JSLE to be characterized, unlike adult patients, by increased inflammatory activity, severe organ involvement, and a significant impact on quality of life. This study aims to characterize patients under 18 years of age with JSLE treated at the HOMI Foundation, in Colombia, during the period from January 1 to December 31, 2023.

Methods: Retrospective observational study with a cross-sectional analytical design was conducted based on a cohort of patients under 18 years old with a confirmed diagnosis of JSLE according to the ACR/EULAR 2019 criteria. Descriptive analysis of quantitative variables was performed using measures of central tendency and dispersion. Qualitative variables were analyzed through frequencies and percentages. For bivariate comparisons, chi-square tests or Fisher's exact test were applied for categorical variables, and the Mann-Whitney U test for non-parametric continuous variables.

Results: The cohort consisted of 113 patients, 78.8% of whom were female. The current average age was 14.2 ± 2.9 years, while the mean age at diagnosis was 10.9 ± 3.3 years. The predominant educational level was secondary (71.7%). Regarding the ACR/EULAR 2019 score at the time of JSLE diagnosis, patients had an average of 18 points (SD ± 8.1). Clinical manifestations included hematological (82.3%), renal (53.1%), cutaneous (22.1%), musculoskeletal (28.3%), serositis (19.5%), and neuropsychiatric (6.2%). Among serological findings, anti-dsDNA antibodies were observed in 61.9%, hypocomplementemia in 61.1%, and the presence of antiphospholipid antibodies in 25.7%. 18.6% of the patients presented polyautoimmunity, with autoimmune thyroiditis being the most frequent (7.1%). Only 0.9% of the cohort had a fatal outcome.

Conclusion: Our findings emphasize the complexity and clinical diversity of JSLE. The predominance of hematological and renal symptoms, along with intensive use of immunosuppressive treatments, suggests that, despite advancements in management, patients with JSLE require multidisciplinary, continuous, dynamic, and strict follow-up. Moreover, these

findings not only reinforce existing literature but also underscore the importance of ongoing research in our populations to improve long-term outcomes.

Reference 1: Ramírez Gómez, L A et al. “Childhood systemic lupus erythematosus in Latin America. The GLADEL experience in 230 children.” *Lupus* vol. 17,6 (2008): 596-604. doi:10.1177/0961203307088006.

Reference 2: Kavrul Kayaalp, Gülşah et al. “Childhood-onset systemic lupus erythematosus: A descriptive and comparative study of clinical, laboratory, and treatment characteristics in two populations.” *Lupus* vol. 33,10 (2024): 1130-1138. doi:10.1177/09612033241265975

Disclosure of Interest: None Declared

Keywords: SLE, juvenile systemic lupus erythematosus, pediatrics, autoimmune, nephritis, polyautoimmunity.

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Antiphospholipid Antibodies In Pediatric Patients. Is There A Relationship With Non-Thrombotic Manifestations?

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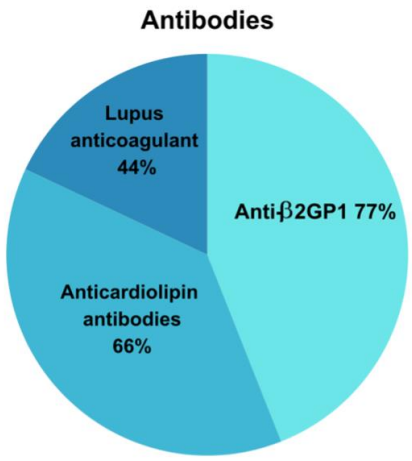
Has this paper been previously presented at another conference?: No

Background/Objectives: Antiphospholipid antibodies are associated with Antiphospholipid Antibody Syndrome (APS). In some patients, like the pediatric population, there are non-thrombotic manifestations, particularly neurological, hematological, involvement of heart valves or nephropathy, for which there is limited worldwide information. Currently, there is no consensus on the diagnostic criteria or treatment for these manifestations at pediatric age.

Methods: A descriptive, observational, and retrospective study was carried out in pediatric patients at the hospital for children from Puebla, México. A database of patients with positive antiphospholipid antibodies and non-thrombotic manifestation was created from 2018 to 2023. The clinical manifestation was associated with antiphospholipid antibodies when no other explanation for the patient's symptoms was identified.

Results: 18 patients were included, the mean age at diagnosis was 14.4 years. 77.7% of the patients were female. The non-thrombotic features we found were thrombocytopenia, hemolytic anemia, leukolymphopenia, hallucinations, hearing loss, seizures, Guillain Barré Syndrome, episcleritis, nephrotic syndrome and Raynaud phenomenon. Based on these results hematologic features were predominant (72.2%). Followed for neurological features. The immunologic pattern was positive for anti-beta-2-glycoprotein in 77%, positive anticardiolipin antibodies in 66% as well as lupus anticoagulant in 44%, It is notable that 22 % had a triple positive serology, and 33% with only one positive antibody (Figure 1).

Image 1:



Conclusion: Non-thrombotic features in pediatric age associated with antiphospholipid antibodies are diverse. The most common feature at our hospital was thrombocytopenia. The presence of aPL in patients with non-thrombotic features should be assessed as well to stratify the risk of thrombosis. We consider a possible pathogenic association between systemic or organ specific manifestations with aPL, and this possiblity should be study. Primary prevention of thrombosis should be thus defined on an individual basis.

Reference 1: Sciascia S, Amigo M-C, Roccatello D, Khamashta M. Diagnosing antiphospholipid syndrome: “extra-criteria” manifestations and technical advances. Nat Rev Rheumatol [Internet]. 2017;13(9):548–60. Disponible en: http://dx.doi.org/10.1038/nrrheum.2017.124.

Reference 2: Bertolaccini ML, Sanna G. Recent advances in understanding antiphospholipid syndrome. F1000Res [Internet]. 2016;5:2908. Disponible en: http://dx.doi.org/10.12688/f1000research.9717.1.

Disclosure of Interest: None Declared

Keywords: Antiphospholipid antibodies, Antiphospholipid syndrome, Children

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Anti-Neutrophil Cytoplasmic Antibody (Anca)- Associated Vasculitis: Debut And Clinical Course In A Group Of Colombian Children

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

Background/Objectives: Anti-neutrophil cytoplasmic antibody (ANCA)- associated vasculitis (AAVs) are generally rare diseases of childhood. AAVs include two main disorders, microscopic polyangiitis (MAP) and granulomatosis with polyangiitis (GPA). AAVs represent a diagnostic challenge, and their timely recognition and treatment are essential to avoid organ damage, complications and mortality. It is associated with anti-proteinase 3 (PR3) and/or anti-myeloperoxidase (MPO) antibody positivity. Clinical manifestations are variable, with kidney, lung, airway, eye, and skin being the most commonly involved organs. Limited information is available in the pediatric population.

The objective is to describe the clinical and paraclinical manifestations at diagnosis, complications, treatment and prognosis of a group of pediatric Colombian patients diagnosed with AAVs.

Methods: Retrospective descriptive study. Data analysis with SPSS 2017

Results: N= 33. 72.7% female. Median age at diagnosis was 14 years (5-17 years). 87.9% of patients had renal involvement; the most common clinical manifestation was nephrotic proteinuria with hematuria in 14/29 and 58.6% had renal insufficiency. Renal biopsy was performed in 69.7%, the most common finding was segmental necrotizing glomerulonephritis with extracapillary proliferation of pauciimmune type.12.1% had upper airway compromise. 17/33 had pulmonary involvement, 41.1% alveolar hemorrhage. Palpable purpura in 7/12 and erythema nodosum in 5/12. 9,1% had ophthalmologic involvement. Other symptoms were musculoskeletal, fever, weight loss, hepatitis, anemia and facial paralysis. At diagnosis, 21/29 were positive for ANCA by Indirect Immunofluorescence (52.3% pANCA) and 11/19 were positive by ELISA (54.5% PR3 and 45.4% MPO). Treatment at diagnosis was: steroid in all patients (94% intravenous), 57.6% cyclophosphamide (CFM), 21.2% CFM + rituximab (RTX), and 12.1% CFM + RTX + plasmapheresis. Most patients received maintenance therapy with azathioprine (30.3%) and 18.1% received rituximab alone or in combination

with azathioprine or mycophenolate mofetil. The median follow-up was 15.5 months. 15% presented serious infections. 91% were alive at the end of follow-up. 18% of patients have chronic renal disease (67% on renal replacement therapy). **Conclusion:** In this group of patients, the frequency of severe renal and pulmonary involvement at debut was high, requiring intensive treatment. It continues to be a therapeutic challenge to minimize the possibility of complications and mortality.

Disclosure of Interest: None Declared

Keywords: ANCA-associated vasculitis, Children, Diagnosis

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Pediatric Rheumatology

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INTEGRAL APPROACH TO PEDIATRIC RHEUMATOLOGICAL DISEASES: EPIDEMIOLOGICAL, CLINICAL, AND THERAPEUTIC FEATURES

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

Background/Objectives: General: Describe the epidemiological, clinical, and therapeutic characteristics of pediatric patients aged 16 years or younger with systemic lupus erythematosus (SLE(, juvenile idiopathic arthritis (JIA) , and juvenile dermatomyositis (JDM) treated at Roosevelt Hospital and General Hospital San Juan de Dios in the Republic of Guatemala from 2019 to 2023.

Specific: Establish the epidemiological data of the patients. Detail the clinical characteristics of the patients. Identify the therapy used in the patients.

Methods: A descriptive, cross-sectional, and retrospective study was conducted on 131 clinical records of pediatric patients hospitalized and seen in outpatient Pediatric Rheumatology consultations, with authorization from the Department of Epidemiology and the Department of Archives and Records of Roosevelt Hospital (RH) and General Hospital San Juan de Dios (GHSJDD)

SELECTION OF STUDY SUBJECTS

Inclusion criteria

- Clinical records of pediatric patients hospitalized in the inpatient services and the outpatient Pediatric Rheumatology consultations at RH and GHSJDD. Clinical records of pediatric patients diagnosed with SLE , JIA and JDM. Clinical records of pediatric patients of both sexes aged 16 years or younger.

Exclusion criteria: Duplicated clinical records. Clinical records in poor condition. Illegible clinical records. Clinical records outside the temporal range from 2019 to 2023.

VARIABLES:

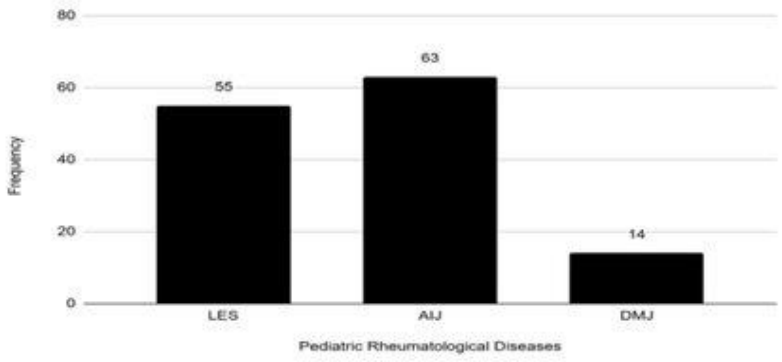
- Macrovariable: Epidemiological characteristics

- SLE , Clinical characteristics, Neuropsychiatric manifestations, Hematological manifestations, Renal manifestations, Immunological manifestations.
- JIA, Clinical manifestation. Type of JIA according to the patient's final diagnosis.
- JDM, Clinical manifestations
- Therapeutic Characteristics
- Health Related Data

Results: 41.67% had SLE, 47.73% had JIA, and 10.60% had JDM. 71.76% were treated at HR and 28.24% at HGSJDD. The year with the highest number of diagnoses was 2023, with 32.82%. 94.66% were admitted in stable condition, and 5.34% in unstable condition.

Image 1:

Graph No. 1: Patients less than or equal to 16 years of age with a diagnosis of SLE, JIA and JMD at the Roosevelt and General San Juan de Dios Hospitals, 2019 to 2023



Conclusion: The most common age was 9-12 years, with a predominance of girls who lived in or came from the Metropolitan Region. All patients were students. The most frequent symptoms were arthralgia in SLE, sacroiliac pain in JIA, and muscle weakness in JDM. Prednisone was commonly used as an immunosuppressant, ibuprofen as an NSAID, and supplements as complementary therapies; etanercept was the only DMARD used. The mortality rate was 30 per 1,000 children.

Reference 1: Avellan P. Comportamiento clínico y epidemiológico de Lupus Eritematoso Sistémico en niños atendidos en el servicio de reumatología del Hospital Infantil Manuel de Jesús Rivera, durante el periodo enero 2016 a diciembre 2017. [tesis de Maestría]. Nicaragua: Universidad Nacional Autónoma de Nicaragua, Departamento de Posgrado; 2019. [citado 17 Feb 2024]. Disponible en: https://core.ac.uk/download/pdf/250409042.pdf

Reference 2: Medina H. Comportamiento y evolución clínica de pacientes con Artritis Idiopática Juvenil atendidos en el servicio de Reumatología del Hospital Manuel de Jesús Rivera en el periodo comprendido de 1 enero 2015- 31 de octubre 2017. [tesis de Maestría]. Nicaragua: Universidad Nacional Autónoma UNAN- MANAGUA, Departamento de Posgrado; 2018. [citado 17 Feb 2024]. Disponible en: https://repositorio.unan.edu.ni/9046/1/98611.pdf

Disclosure of Interest: None Declared

Keywords: Juvenile Dermatomyositis, Juvenile Idiopathic Arthritis, Systemic Lupus Erythematosus (SLE)

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An inception cohort of Juvenile Idiopathic Arthritis (JIA) patients. The Brazilian results from the INCA project.

Raul Gutierrez-Suarez[*1], Ana María Loroño Terrazas [2], Maria Teresa Terreri [3]
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Has this paper been previously presented at another conference?: No

Background/Objectives: Objectives: To report disease activity, functional capacity, disease damage and therapeutic response as principal outcome measures from an inception cohort of JIA patients from two Brazilian Pediatric Rheumatologist Centers.

Methods: Patients were scheduled in 4 visits (Basal-12,26 and 54 weeks). Demographics, disease activity (JADAS-27), functional capacity (CHAQ disability index), disease damage (JADI) and therapeutic response (ACR-Ped 30,50,70,90) were prospectively evaluated. A logistic regression analysis to define explanatory variables at baseline for principal outcome measures at 52-week visit was performed.

Results: A total of 127 patients with JIA criteria (ILAR) completed programmed visits. Female: 87%; median age of onset: 6 years (IR: 2-12); median disease duration: 4.1 years (IR: 2.2-7.4); median time for diagnosis and treatment: 4.1 years (IR: 2.2-7.4); ILAR subtype: Systemic: 7 (5.5%); Polyarticular RF (+): 16 (12.6%); Polyarticular RF (-): 31 (21 %); Persistent oligoarthritis: 53 (41.7%); Extended oligoarthritis; 14(11 %); Enthesitis related arthritis: 7 (5.5%) and undifferentiated arthritis: 5 (3.9 %). No psoriatic arthritis patients were included. A statistically significant differences were found between visits 1 and 54 for physician's global assessment of disease activity, active joints, joints with limitation on motion, joints with swelling, joints with pain; PCR, CHAQ, parent's assessment of child's well-being, parent's assessment of child's pain, ACR-Ped-30, 50, 70, 90 and JADAS 27 (p=<0.001). No differences were found for the JADI-A and JADi-E (p=0.43). Fifty one percent of patients receive biological drugs from baseline and 70.7% at visit 4. The baseline explanatory variables in the best-fitted logistic regression model for JADAS-27 (>8) at visit 54 were: physician's global assessment of disease activity: >2; >4 active joints; >8 joints with pain and PCR (>10 mg/dl) (p=<0.0001); and for the CHAQ (>1) at visit 54 were: >8 active joints and >4 joints with limitation on motion (p=<0.002). No explanatory variables were found for the JADI A (>1) or JADI-E (>0.5).

Conclusion: A significantly improvement in disease activity, functional capacity and therapeutic response was observed in one year of follow-up. Different explanatory variables at baseline were related with persistent disease activity and functional discapacity. Early biological treatment improve disease activity and functional discapacity

Disclosure of Interest: None Declared

Keywords: Juvenile Idiopathic Arthritis, Real Life Studies

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GLOBAL RHEUMATOLOGY
BY PANLAR

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Pediatric Rheumatology

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Duchenne muscular dystrophy and its differential diagnosis with inflammatory myopathies

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

Background/Objectives: Duchenne muscular dystrophy (DMD) is a rare, progressive genetic disease. It is characterized by a spectrum that can range from less severe muscle weakness to isolated cardiomyopathy in female carriers. Its prevalence is 1/3,500-1/9,300 male births and it is inherited in an X-linked recessive manner. Its incidence in female carriers is unknown.

Objective: To determine the differential diagnosis of muscular pathologies that mimic rheumatic diseases in pediatric patients.

Methods: We present the case of a 6-year-old girl who presented ocular alterations classified as Terrien degeneration. She was referred to our service to investigate possible connective tissue diseases. The physical examination did not reveal data suggesting rheumatic disease, however, it did show elevated muscle enzymes, so an approach for myopathy was performed.

Results: Based on the findings in magnetic resonance imaging compatible with proximal pelvic girdle myositis, elevated muscle enzymes, antibodies associated with myopathy, electromyography compatible with myopathic pattern; a diagnosis of inflammatory myopathy is made and treatment is started. However, the patient persistently presented elevated muscle enzymes, even higher than those of its debut, then gave her different lines of treatment like methotrexate, azathioprine, human immunoglobulin, and mycophenolate mofetil. without achieving improvement, so genetic sequencing is performed looking for differential diagnoses, a positive outcome was obtained for the DMD variant, with muscle biopsy with atrophy and multifocal perimysial fibrosis.

Image 1:

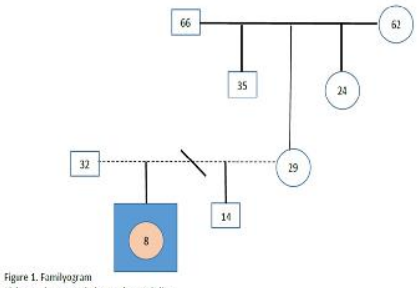

Figure 1. Familyogram
Elaborate by: Ana Cristina Muñoz Cedeño
Source: Harmoni system

Image 2:

Studies	Results
Muscle enzymes	CPK 10000, ALT 292, AST 165, LDH 655, Aldolase 35
MRI	Bilateral quadriceps myositis
Electromyography	Polyphasic potentials with decreased duration and amplitude
Auto-antibodies	PmSCL 75+, Mi2+, Ku+
Exome sequencing	DMD variant
Karyotype analysis	46, XX
Muscle biopsy	Multifocal perimysial atrophy and fibrosis

Conclusion: DMD is caused by a mutation in a gene responsible for the production of the dystrophin protein. This case is relevant because the challenge it represents in its diagnosis and treatment. The clinical presentation in women is milder, with elevated muscle enzymes or myocardial hypertrophy being the only indication of this entity. Reports of these findings are scarce, and the history of cases in women is unknown, generating uncertainty about the clinical evolution.

Clinical findings can be observed in both pathologies, however, they have different medical treatments, which makes it a challenge to achieve balance. The importance of evaluating it comprehensively lies in establishing an adequate differential diagnosis.

Reference 1: Guapi Nauñay VH, García Orbe JR. Distrofia muscular de Duchenne: reportes de caso. Univ Médica [Internet]. 2017;58(4). Disponible en: http://dx.doi.org/10.11144/javeriana.umed58-4.duch
Reference 2: Neurologia.com. [citado el 30 de diciembre de 2024]. Disponible en: https://neurologia.com/articulo/2011030.

Disclosure of Interest: None Declared

Keywords: duchenne, myopathy, differential diagnoses

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GLOBAL RHEUMATOLOGY
BY PANLAR

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Pediatric Rheumatology

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An inception cohort of Juvenile Idiopathic Arthritis (JIA) patients. The Mexican results from the INCA project.

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

Background/Objectives: Objectives: To report disease activity, functional capacity, disease damage and therapeutic response as principal outcome measures from an inception cohort of JIA patients from three Mexican Pediatric Rheumatologist Centers.

Methods: Patients were scheduled in 4 visits (Basal-12,26 and 54 weeks). Demographics, disease activity (JADAS-27), functional capacity (CHAQ disability index), disease damage (JADI) and therapeutic response (ACR-Ped 30,50,70,90) were prospectively evaluated. A logistic regression analysis to define explanatory variables at baseline for principal outcome measures at 52-week visit was performed.

Results: A total of 147 patients with JIA criteria (ILAR) completed programmed visits. A female: male ratio: 1.7; median age of onset: 6 years (IR: 2-12); median disease duration: 4 years (IR: 1-8); median time for diagnosis and treatment: 2 years (IR: 1-4); ILAR subtype: Systemic: 12 (8.1%); Polyarticular RF (+): 34 (23.1%); Polyarticular RF (-): 31 (21 %); Persistent oligoarthritis: 18 (12.2%); Extended oligoarthritis; 5 (3.4%); Psoriatic arthritis: 3 (2 %); Enthesitis related arthritis: 38 (25.8%) and other arthritis: 6 (4 %). A statistically significant differences were found between visits 1 and 54 for physician's global assessment of disease activity, active joints, joints with limitation on motion, joints with swelling, joints with pain; PCR, CHAQ, parent's assessment of child's well-being, parent's assessment of child's pain, ACR-Ped-30, 50, 70, 90 and JADAS 27 (p=<0.001). No differences were found for the JADI-A and JADi-E (p=0.43). The baseline explanatory variables in the best-fitted logistic regression model for JADAS-27 (>8) at visit 54 were: median time for diagnosis and treatment: >1 year; physician's global assessment of disease activity: >4; >6 active joints; >6 joints with pain and PCR (>7 mg/dl) (p=<0.0001) and delayed biological treatment (>3 months); and for the CHAQ (>1) at visit 54 were: >6 active joints and >6 joints with limitation on motion (p=<0.002). No explanatory variables were found for the JADI A (>1) or JADI-E (>0.5).

Conclusion: A significantly improvement in disease activity, functional capacity and therapeutic response was observed in one year of follow-up. Different explanatory variables at baseline were related with persistent disease activity and

functional discapacity including sociocultural and economical factors that can be modified improving outcome in JIA Mexican children.

Disclosure of Interest: None Declared

Keywords: Juvenile Idiopathic Arthritis, Outcome measures, Real Life Studies

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Pediatric Rheumatology

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Myositis-specific autoantibodies in patients with juvenile dermatomyositis. Case series in a referral hospital in Medellin, Colombia 2014- 2024

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

Background/Objectives: Juvenile dermatomyositis (JDM) is characterized by well-defined clinical manifestations, yet, delays in diagnosis remain common. The differential diagnosis for muscle weakness in children is broad, including muscular dystrophies and other genetic muscle diseases. Myositis-specific antibodies (MSAs), found exclusively in patients with inflammatory myopathies, are identified in approximately 60% of JDM cases. MSAs help define homogeneous clinical phenotypes, aiding in prognosis and in some cases, guiding therapy. However, their availability remains limited in several Latin American countries.

Methods: Case series report. Retrospective review of clinical records of patients with JDM and a positive result in the MSA panel between January 2014 and October 2024

Results: Seven cases of JDM were identified, involving patients aged 1.5 to 11 years at diagnosis, five of whom were female. Four MSAs were detected: Mi2, MDA5, TIF1-γ, and NXP2, with Mi2 being the most common. While Mi2-positive patients typically exhibited a classical skin rash, two experienced severe outcomes, including calcinosis and lipodystrophy, due to late diagnosis. MDA5 was identified in two patients with mild myopathy, skin rash and ulcers, without interstitial lung disease (ILD); one of them presented severe constitutional symptoms initially raising suspicion of an oncological cause. The patient with TIF1-γ showed severe skin disease with ulcerations and obesity as a comorbidity. MSA testing proved critical in specific cases: it guided the diagnosis in the MDA5-positive patient with constitutional symptoms and helped identify the cause in the NXP2-positive patient, where young age, absence of cutaneous signs and severe myopathy suggested alternative diagnoses such as congenital or metabolic causes.Musculoskeletal involvement varies by autoantibody type. Anti-NXP2 is associated with severe myositis, joint contractures, and intermediate CK levels, as seen in our patient without cutaneous manifestations. Anti-MDA5 is linked to amyopathic disease and arthritis, exemplified by a patient who developed refractory arthritis. Anti-TIF1-γ is associated with muscle atrophy and low CK levels, while anti-Mi2 corresponds to classical JDM symptoms.

Conclusion: MSAs are associated with clinical phenotypes in JDM, providing information on prognosis, associations with specific complications and exclusion of differential diagnoses. The patients presented exhibited the most typical features of the described phenotypes.

Disclosure of Interest: None Declared

Keywords: Clinic phenotype, Juvenile Dermatomyositis, Miositis specific antibidies

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BY PANLAR

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Pediatric Rheumatology

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Clinical Characteristics of Inflammatory Myopathies in a Pediatric Population in Mexico

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

Background/Objectives: Inflammatory myopathies (IM) are diseases that affect the musculoskeletal system as well as other organs such as the skin, gastrointestinal tract, lungs, heart, joints, and central nervous system. The general prevalence of these diseases ranges from 2 to 25 cases per 100,000 people, although there are no clear prevalence figures in the pediatric population. IM are classified into subgroups: dermatomyositis, antisynthetase syndrome, necrotizing myopathy, and inclusion body myositis. Each subgroup has associated clinical characteristics and antibodies that influence the prognosis.

The objective is to describe the clinical characteristics of pediatric patients with IM in western Mexico.

Methods: Descriptive study including the calculation of mean, minimum, and maximum values, as well as percentages of clinical characteristics.

Results: A total of 8 patients aged 7 to 12 years were included (mean 7 years), 87% of whom were female. All patients had elevated levels of at least one muscle enzyme (AST, ALT, LDH, CPK). All presented with proximal muscle weakness, assessed using the CMAS scale (scores ranging from 7 to 42, mean 28). 87% exhibited cutaneous manifestations of juvenile dermatomyositis, and 50% had arthritis. None showed gastrointestinal, cardiac, or neurological involvement. 37% had positive anti-RNP antibodies and mixed connective tissue disease. Two cases were associated with systemic lupus erythematosus, and one with scleroderma and polymyositis. Other detected antibodies included anti-Ku (25%), anti-Ro (25%), anti-TIF (12.5%), and anti-MDA5 (12.5%). Only the patient with anti-MDA5 antibodies presented with interstitial lung disease. *(Table 1, Figure 1)*

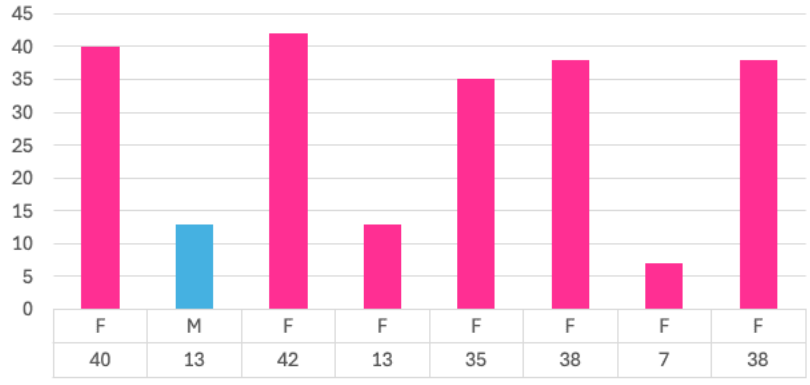
Image 1:

Table 1. Clinical Characteristics of Inflammatory Myopathies in a Pediatric Population in Mexico		
Value		**Mean (Minimum, maximum)**
CPK		2255 (70, 9799)
LDH		905 (479, 1933)
TGO/AST		537 (74, 1619)
TGP/ALT		215 (35, 689)
Value		**Clinical manifestations Percentage (number of patients)**
Myositis-specific antibodies	Total	62.5% (5)
	Anti MDA5	12.5% (1)
	Anti Tif 1	12.5% (1)
	Anti Ro	25% (2)
	Anti Ku	25% (2)
	Anti RNP 70	37.5% (3)
Association with another rheumatological disease		37.5% (3)
Dermatologic manifestations.		87.5% (7)
Presence of arthritis.		50% (4)
Pulmonary involvement.		12.5% (1)

Source: Written by the authors.

Image 2:

Figure 1. Muscle strength assessed with the CMAS scale.



Source: Written by the authors.

Conclusion: Inflammatory myopathies are rare in children and adolescents, with a higher prevalence in females. They primarily present with proximal muscle weakness and cutaneous manifestations, particularly juvenile dermatomyositis. The detection of specific antibodies aids in patient monitoring and prognosis, as it is associated with various clinical manifestations.

Reference 1: Khoo T, Lilleker JB, Thong BY-H, Leclair V, Lamb JA, Chinoy H. Epidemiology of idiopathic inflammatory myopathies. *Nat Rev Rheumatol* [Internet]. 2023;19(11):695–712. Available at:http://dx.doi.org/10.1038/s41584-023-01033-0.

Reference 2: Bolko L, Gitiaux C, Allenbach Y. Dermatomyosites: nouveaux anticorps, nouvelle classification. *Med Sci (Paris)* [Internet]. 2019;35 Hors série n° 2:18–23. Available at:http://dx.doi.org/10.1051/medsci/2019178.

Disclosure of Interest: None Declared

Keywords: inflammatory myopathies, specific antibodies, pediatrics, Mexican population.

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Myasthenic Crisis as a Neurological Manifestation of Pediatric Systemic Lupus Erythematosus

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

Background/Objectives: The coexistence of myasthenia gravis (MG) and systemic lupus erythematosus (SLE) is rare. MG often precedes SLE and is characterized by fluctuating muscle weakness, ptosis, and dysphagia, without sensory involvement or altered reflexes. Acetylcholine receptor antibodies, present in 85% of cases, are responsible for the neuromuscular symptoms. This report describes a case of myasthenic crisis (MC) in a pediatric patient with SLE.

Objective: To describe a case of MC as a manifestation of pediatric SLE.

Methods: An 11-year-old previously healthy girl presented with difficulty walking, frequent falls, and progressive muscle weakness in the upper and lower extremities, along with bilateral ptosis, dysphagia, and nasal speech. She was diagnosed with MG, showing partial improvement with intravenous immunoglobulin (IVIG). Subsequently, she developed malar rash and macular dermatosis; a skin biopsy confirmed cutaneous lupus, and immunological studies (cytoplasmic ANA 1:80, anti-DNA 182.5) established the diagnosis of SLE based on ACR 1997 criteria. Initially treated with cyclophosphamide and azathioprine, six months later, she experienced a relapse with severe muscle weakness and myalgias, classified as a second myasthenic crisis. She received IVIG, steroids, and pyridostigmine. Due to insufficient response, rituximab and mycophenolate mofetil were initiated, resulting in progressive clinical improvement.
Results: MG, caused by acetylcholine receptor antibodies, and SLE, a multisystem immune dysregulation, share an autoimmune basis but involve distinct mechanisms. In this case, MG preceded the diagnosis of SLE, highlighting the challenge of differentiating between the two entities. Myasthenic crisis, a severe complication of MG, is unusual as the first manifestation of SLE. SLE may exacerbate MG through polyclonal activation of B lymphocytes and autoantibody production, although this interaction requires further study. The coexistence of SLE and MG presents diagnostic challenges, requiring differentiation between SLE-related myopathies and associated disorders such as polymyositis, dermatomyositis, or thyroid dysfunctions. Proper identification and management are essential to improve prognosis.
Image 1:

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ELECTROMYOGRAPHY
Nerve Conduction Study:
Compound muscle action potential of bilateral ulnar and tibial nerves: normal latencies, amplitudes, and conduction velocities.
Sensory nerve action potential of bilateral ulnar and sural nerves: normal latencies, peaks, and amplitudes.
F-wave response of bilateral tibial and ulnar nerves: normal latencies and provocation frequencies.
Monopolar Needle Electrode Study:
Normal insertion at rest, with no membrane instability observed in studied muscles. Motor unit action potentials showed normal amplitude, duration, and morphology.
Incomplete interference pattern in deltoid and vastus medialis muscles with myopathic recruitment pattern.
ABNORMAL STUDY INDICATIVE OF MYOPATHY

Image 2:

ANTIBODY PROFILE:	
ANA	MG 1:40 FI 1:80
Anti-DNAds	182.58 IU/ ml
Anti-nucleosomes:	<2 RU/ml
Anti-Sm	<2 RU/ml
Anti P ribosomal	<2 RU/ml

Conclusion: MC as a manifestation of peripheral nervous system involvement in SLE is rare. Accurate clinical diagnosis and early multidisciplinary treatment are key to optimizing functionality and long-term outcomes.

Disclosure of Interest: None Declared

Keywords: Myasthenic crisis (MC), Pediatrics, SLE

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GLOBAL RHEUMATOLOGY
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Pediatric Rheumatology

PANLAR2025-1447

CASE SERIES: EVALUATION OF ANTI-PHOSPHATIDYLSERINE/PROTHROMBIN ANTIBODIES IN PEDIATRIC ANTIPHOSPHOLIPID SYNDROME

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

Background/Objectives: Antiphospholipid syndrome (APS) is an autoimmune disease characterized by thrombosis and obstetric complications. The EULAR 2023 criteria include antibodies such as lupus anticoagulant (LA), anticardiolipin (aCL), and anti-β2 glycoprotein (anti-β2GP). Seronegative antiphospholipid syndrome (SN-APS) describes patients with clinical manifestations but negative conventional antibodies, requiring the evaluation of non-criteria antibodies, such as anti-phosphatidylserine/prothrombin (anti-PS/PT).

Methods: Case 1: Female, 16 years old, arterial and venous thrombosis in the lower extremity. Conventional APS antibodies were negative, while anti-PS/PT IgM was positive (48.6 U/mL). **Case 2**: Male patient, 10 years old, Raynaud's phenomenon, lacunar infarction on MRI, and positive LA. Anti-PS/PT IgM was positive (49.8 U/mL). **Case 3**: Female, 17 years old, thrombocytopenia, history of spontaneous abortion, and negative conventional antibodies. Anti-PS/PT IgM was positive (79.1 U/mL). **Case 4**: Female, 4 years old, history of refractory ITP and persistently positive LA. Anti-PS/PT IgM was positive (37.8 U/mL). **Case 5**: Female, 15 years old, with headache, arthralgia, and areas of gliosis on MRI. Conventional antibodies were negative; anti-PS/PT IgM was positive (77.3 U/mL). **Case 6**: Female, 14 years old, hemolytic anemia and ultrasound findings suggestive of post-thrombotic changes. Triple marker for APS positive, with anti-PS/PT IgM (132 U/mL) and IgG (302 U/mL).

Results: In the presented cases, two patients showed thrombosis, both with positive anti-PS/PT IgM, confirming their associaton with previous studies. Three patients had central nervous system alterations, including gliosis on MRI, in line with reports in SN-APS (3.5%). Two cases include persistent thrombocytopenia with positive anti-PS/PT IgM. The identification of anti-PS/PT broadens the diagnostic spectrum of SN-APS, particularly in patients with suggestive clinical features and negative conventional antibodies. Initial treatment included acetylsalicylic acid and enoxaparin in thrombosis, alongside azathioprine for managing hematological and neurological complications.

Conclusion: Non-criteria antibodies, are key tools in diagnosing pediatric SN-APS. Their evaluation should be considered in patients with suggestive clinical features, as livedo reticularis, Raynaud's phenomenon, and persistent thrombocytopenia. Thus reducing the morbidity and mortality in pediatrics.

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*Reference anti-PS/PT IgM/ IgG from Quantalite INOVA kit.

Disclosure of Interest: None Declared

Keywords: Antiphospholipid syndrome, Non-criteria antibodies, Pediatric seronegative antiphospholipid syndrome

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PANLAR 2025

Pediatric Rheumatology

PANLAR2025-1219

Sociodemographic And Clinical Aspects Of Rheumatic Disorders Observed In An Adolescent Clinic Setting.

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

Background/Objectives: The new health agenda places a significant focus on adolescents. The health-related behaviors and conditions that contribute to major noncommunicable diseases often emerge or are reinforced during the second decade of life.

According to the WHO, the creation of favorable environments, in which comprehensive services are made available to adolescents and their families, is a crucial aspect of addressing adolescent health. The WHO report indicates that endocrine, hematologic, and autoimmune disorders are responsible for approximately 30,000 adolescent deaths and result in approximately 6 million disability-adjusted life years lost due to back and neck pain.

Objective. To describe the characteristics of adolescents with rheumatologic diseases seen at the adolescent clinic from May to November 2024.

Methods: The study included patients aged from 10 to <20 seen at the clinic. Data on age, sex, and other variables was collected during the consultation. The data was analyzed and approved by the Health Research Ethics Committee of the HNZ.

Results: A total of 44 adolescents were included in the study, 81.8% of whom were female. Of the participants, 31.8% were evaluated for the first time. The majority 86.4% were between the ages of 14 and 19. A total of 29.6% had completed elementary school and 50% had completed high school. 38.6% of the participants were classified as having an unhealthy weight, either overweight or obese. Most household were single parent, with women being responsible in 55.8% of then cases.

A total of 54.5% of the participants had some form of systemic autoimmune disease, with the most prevalent being systemic lupus erythematosus in 48.3% and juvenile idiopathic arthritis in 20.8%. Additional pathologies identified included hyperlaxity syndrome, bone dysplasia, unclassified painful syndrome, and other conditions.

Conclusion: Our findings reveal a significant prevalence of females in our sample population, with 55% of subjects presenting with systemic autoimmune disorders. Additionally, 25% of the sample demonstrated evidence of nutritional imbalances, while women were observed to assume most household responsibilities.

Reference 1: The adolescent health indicators recommended by the Global Action for Measurement of Adolescent health: guidance for monitoring adolescent health at country, regional and global levels. Ginebra: Organización Mundial de la Salud; 2024.

Reference 2: Lites TD et al. Arthritis Among Children and Adolescents Aged <18 Years - United States, 2017-2021. MMWR Morb Mortal Wkly Rep. 2023 Jul 21;72(29):788-792.

Disclosure of Interest: None Declared

Keywords: adolescent, Juvenile Idiopathic Arthritis, lupus erythematosus systemic

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PANLAR 2025

Psoriatic arthritis

PANLAR2025-1308

Platelet-To-Lymphocyte Ratio As A Marker Of Echocardiographic Abnormalities In Patients With Psoriatic Arthritis

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

Background/Objectives: Patients with psoriatic arthritis (PsA) are at increased risk for cardiovascular (CV) events, yet effective risk stratification methods are lacking. The platelet-to-lymphocyte ratio (PLR), a pro-thrombotic marker, may serve as a valuable tool for CV risk assessment. This study explores PLR's potential to identify echocardiographic abnormalities in PsA patients

Methods: A cross-sectional study included PsA patients >18 years who met the 2006 CASPAR criteria. Transthoracic echocardiography was performed to assess left ventricular (LV) characteristics. Subclinical diastolic dysfunction (SDD) was defined per 2016 American Heart Association guidelines, and subclinical systolic dysfunction (SSD) as a global longitudinal strain > -18%. The platelet-to-lymphocyte ratio (PLR) was calculated by dividing the platelet count by the lymphocyte count, with values >142 considered high. Statistical analyses included Kolmogorov-Smirnov, Chi-square, Fisher’s exact test, Student's t-test, and Mann-Whitney U test. A p-value <0.05 was considered statistically significant

Results: A total of 42 PsA patients were included. The high PLR group was older (57.9±10.7 vs. 47.8±10.1, p=0.003) and had a major prevalence of LV geometric abnormalities. The low PLR group had the lowest prevalence of SDD and a higher TAPSE (21 [19–24] vs. 24 [23–25], p=0.024). Additional findings are shown in Table 1.

Table 1:

	High PLR (n= 21)	

Age, years, ±SD	57.9±10.7	0.003
Women,n (%)	12(57.1)	NS
Diabetes,n (%)	4(19.0)	NS
Hypertension,n (%)	5(23.8)	NS

Obesity,n (%)	6(28.7)	NS
Geometric characteristics		
LV mass index,±SD	87.8±39.4	NS
Remodeling classification		
Normal,n (%)	12(57.1)	0.09

Concentric remodeling,n (%)	6(28,1)	NS
Concentric hypertrophy,n (%)	3(14.2)	NS
Subclinical diastolic dysfunction		
Normal,n (%)	8(38.0)	NS
Pseudonormal,n (%)	13(61.9)	NS

RRP,n (%)	-	NS
IRP,n (%)	-	-
Subclinical systolic dysfunction		
TAPSE,median (IQR)	21(19-24)	**0.024**
LVEF,mean ±SD	60.1±5.8	NS

SSD,n (%)	3(14.2)	NS
RRP, reversible restrictive pattern;IRP, irreversible restrictive pattern; TAPSE, tricuspid annular plane systolic excursion;LVEF, left ventricular ejection fraction; SSD, subclinical systolic dysfunction.		

Conclusion: Our findings suggest that PLR correlates with reduced TAPSE values, indicating its potential as a useful marker for detecting subclinical right ventricular dysfunction. Larger prospective studies are recommended to evaluate its utility in CV risk assessment

Disclosure of Interest: None Declared

Keywords: Cardiovascular risk, echocardiogram abnormalities, Psoriatic arthritis

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PANLAR 2025

Psoriatic arthritis

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Time To Clinical Response To Secukinumab Across Disease Domains Among Patients With Psoriatic Arthritis: A Pooled Post Hoc Analysis Of 4 Phase 3 Trials

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

Background/Objectives: To evaluate time to achievement of clinical responses across the GRAPPA-OMERACT core domains in patients with PsA treated with secukinumab in the FUTURE 2-5 studies

Methods: This post hoc analysis evaluated data pooled from 1366 patients with PsA receiving secukinumab 300 or 150 mg in the phase 3 FUTURE 2-5 studies.

Efficacy outcomes assessed across GRAPPA-OMERACT PsA core domains included musculoskeletal disease activity, skin and nail disease activity, systemic inflammation, and patient-reported outcomes. For each outcome, the proportion of patients achieving MCID or complete resolution was assessed through Week 52 using as-observed data

–Median time to the initial efficacy response and the response rate by Week 52 were estimated using the Kaplan-Meier method

Results: Patients treated with either dose of secukinumab generally experienced rapid improvements across GRAPPA-OMERACT domains

•Achievement of MCID across musculoskeletal disease activity outcomes generally occurred within the first 4 weeks of secukinumab treatment

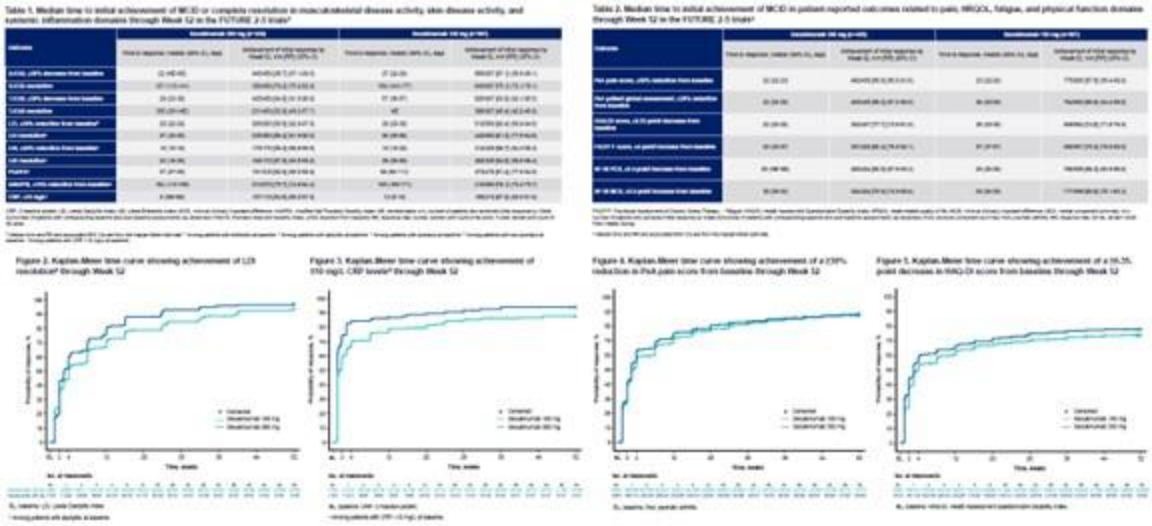
–Across treatment arms, median time to achievement of MCID for musculoskeletal disease activity outcomes was generally similar; however, median time to achievement of a =50% decrease from baseline in TJC68 was shorter for patients receiving secukinumab 300 mg than for those receiving secukinumab 150 mg

•Median time to resolution of SJC66, TJC68 (300-mg dose only), enthesitis, and dactylitis was approximately 18 to 24 weeks, 51 weeks, 8 to 12 weeks, and 4 weeks, respectively

•Among patients with psoriasis at baseline, the median time to achievement PASI75 was approximately 8 and 12 weeks for patients receiving secukinumab 300 mg and 150 mg, respectively

•Across treatment arms, patients with nail psoriasis at baseline achieved mNAPSI-75 after approximately 24 weeks of treatment

Image 1:



Conclusion: In this post hoc analysis, patients with PsA receiving secukinumab 300 or 150 mg in the FUTURE 2-5 trials demonstrated rapid and sustained clinical responses across key GRAPPA-OMERACT domains, including musculoskeletal disease activity, skin disease, and systemic inflammation

•MCID in SJC66, TJC68, enthesitis, and dactylitis was observed as early as 2 to 4 weeks, along with reductions in CRP levels, reflecting the anti-inflammatory effect of secukinumab

•Notably, the impact of secukinumab extended beyond clinical efficacy endpoints as patients with PsA experienced early and meaningful improvements in HRQOL, physical function, and pain.

Reference 1: 1.Ritchlin CT, et al. N Engl J Med. 2017;376(21):2095-2096.
2.Orbai AM, et al. Ann Rheum Dis. 2017;76(4):673-680.

Reference 2: 3.Orbai AM, et al. J Rheumatol. 2020;47(6):854-864.
4.Orbai AM, et al. Rheumatol Ther. 2021;8(3):1223-1240.

Disclosure of Interest: J. C. Pozos Employee with: Novartis Employee

Keywords: SECUKINUMAB

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PANLAR 2025

Psoriatic arthritis

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Comorbidities in Patients with Psoriatic Disease (PsD): Data from the ReNaEPso Registry

(Argentine National Psoriatic Disease Registry)

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

Background/Objectives: Psoriatic disease (PsD) refers to the clinical manifestations affecting patients with psoriasis (PsO). Psoriatic arthritis (PsA) occurs in approximately 30% of patients and is associated with multiple comorbidities. Around 50% of patients with PsA present with more than one comorbidity, increasing morbidity and mortality while negatively affecting their quality of life.

The aim of this study was to assess comorbidities in patients with PsO and PsA included in the ReNaEPso registry.

Methods: A retrospective analysis was conducted using the baseline visit data of patients with PsD included in the ReNaEPso registry. Inclusion criteria for the registry were age ≥ 18 years with PsD, and patients with less than 75% of complete data were excluded from this analysis. Sociodemographic, disease-related, and treatment-related variables were analyzed. A p-value of < 0.05 was considered statistically significant.

Results: 253 patients with PsD were included: 127 had PsA and 126 had PsO. Sociodemographic characteristics, clinical features, treatments, and comorbidities are presented in Table 1. 77% (n=94) of patients with PsA had at least one comorbidity, compared to 59% (n=69) of those with PsO (p=0.004).

Image 1:

Table 1. Sociodemographic, Clinical, Treatment, and Comorbidity Variables of Patients with Psoriatic Arthritis (PsA) and Psoriasis (PsO)

Variables	PsA (N=127)	PsO (N=126)	P
Age: years (SD)	55.5 (13.5)	47.7 (13.2)	<0.001
Female Sex: n (%)	69 (54.3%)	51 (40.5%)	0.037
Ethnicity			
Mestizo: n (%)	64 (50.4%)	17 (13.5%)	<0.001
Socioeconomic Level			
Medium: n (%)	54 (42.5%)	54 (42.9%)	0.0094
Disability Certificate: n (%)	20 (19.8%)	3 (2.91%)	<0.001
Delay in months to specialist consultation. Median [Q1, Q3]	6.00 [2.00, 12.0]	4.00 [2.00, 7.75]	0.019
Comorbidities: n (%)	94 (77.0%)	69 (59.0%)	0.004
Smoker: n (%)	11 (10.2%)	22 (22.9%)	0.034
Sedentary lifestyle: n (%)	76 (71.7%)	51 (59.3%)	0.098
Systemic Treatments: n (%)	93 (78.2%)	59 (52.7%)	<0.001
DMARDcs Methotrexate: n (%)	75 (59.1%)	51 (40.5%)	0.004
DMARDb: n (%)	70 (60.9%)	51 (44.0%)	0.014
Adalimumab: n (%)	26 (20.5%)	10 (7.94%)	0.007
Secukinumab: n (%)	26 (20.5%)	13 (10.3%)	0.039
DMARD Small Molecules: n (%)	9 (8.82%)	3 (2.80%)	0.116

Nomenclature: APS: Psoriatic arthritis. PsO: Psoriasis. HTA: Hypertension. DBT: Diabetes Mellitus. DMARDcs: Conventional synthetic disease-modifying anti-rheumatic drugs. DMARDb: Biological disease-modifying anti-rheumatic drugs. n: number of patients. SD: standard deviation.

Conclusion: Comorbidities were more frequent in PsA patients than in PsO patients in the ReNaEPso registry. It is crucial to understand the characteristics of individuals with PsD in Argentina to implement appropriate health policies.

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Disclosure of Interest: None Declared

Keywords: psoriasis, Psoriatic arthritis, Psoriatic disease

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PANLAR 2025

Psoriatic arthritis

PANLAR2025-1495

Comorbidities in Psoriatic Arthritis, Santo Domingo, Dominican Republic

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

Background/Objectives: Psoriatic arthritis (PsA) is a chronic inflammatory disease affecting joints and periarticular tissue, with a prevalence of 0.1 to 1% of the general population. The Charlson Comorbidity Index, a tool used to classify patients; comorbidity and
predict their prognosis. A high score indicates a higher level of comorbidity and a higher risk of mortality. The aim of this study was to evaluate comorbidities in patients with psoriatic arthritis

Methods: An observational, analytical, cross-sectional and retrospective study was conducted. Of the patient cohort of the Rheumatology Service. The clinical records of outpatient patients in the period from July to December 2024 were reviewed. Inclusion criteria: ≥ 18 years; meet CASPAR classification criteria for PsA, have attended at least 2 consultations. Exclusion criteria: diagnosis of another systemic inflammatory autoimmune disease. To evaluate comorbidity the Charlson Comorbidity Index was used. A descriptive statistical analysis was performed, quantitative variables were expressed as means, categorical variables were expressed as absolute values and percentages, using the SPSSv25 program.

Results: From the cohort of the Rheumatology Service, 85 patients met inclusion criteria, 63%(65) female, mean age 55+/-4 years, mean duration of diagnosis 8 years. Alcoholism 25%(12), sedentary lifestyle 25.5%(12), normal weight 78.7%(37), obesity 14.9%(7), overweight 6.4%(3), smoking 20.8%(10), dyslipidemia 16.7%(8), HT 29% (30), CHF 2.9% (3), MI 1(1), DM 20(19), thyroid disease 14.6%(7). Methotrexate 23%(24), Glucocorticoids 38%(40), 31%(32) secukinumab, 39(38) adalimumab, 3%(3) golimumab, 3%(3) ustekinumab, 2%(2) etanercept. Prognosis by Charlson Comorbidity Index: 24.3% (25), 2pts 27.2% (27), 3pts 19.4% (20), 4pts 21.4% (22), 5pts 5.8% (6), 6pts 1.9% (2).

Conclusion: Our study found a result of the Charslon comorbidity index that suggests a moderate mortality prognosis and a relatively low 10-year life expectancy according to age and comorbidities. The
main co-morbidity was DM.

Disclosure of Interest: None Declared

Keywords: CHARLSON SCORE, Comorbidities, Psoriatic arthritis

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PANLAR 2025

Psoriatic arthritis

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Diagnosis delay in Psoriatic Arthritis in Argentina: data from the National Psoriatic Disease Registry (ReNaEPso)

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

Background/Objectives: Psoriatic Arthritis (PsA) is a chronic, heterogeneous, an immune-inflammatory disease. In recent years, the term Psoriatic Disease (PsD) has been introduced to define a spectrum of manifestations affecting patients with psoriasis (PsO), including PsA. PsA diagnosis had a significant delay, being an underdiagnosed rheumatic disease

OBJETIVES

- To estimate the delay of PsA diagnosis in patients included in ReNaEPso.
- To analyze differences in diagnosis time in different regions of Argentina

Methods: A retrospective analysis of the baseline visit from patients included in ReNaEPso was performed. Patients with incomplete data were excluded. This study is a longitudinal, multicenter cohort, which includes PsD (PsO and/or PsA) patients over 18 years old from Argentina. Sociodemographic, clinical and comorbidity variables were evaluated. Parametric or non-parametric tests were used as appropriate. P value of ≤ 0.05

Results: 121 patients with PsA were included.97 patients (80%) were from the central region of the country, 9 (6.52%) from the Northwest, 8 (5.80%) from Patagonia, 5 (3.62%) from the Litoral, and 3 (2.17%) from Cuyo. 46.2% (56) of the patients were diagnosed within 5 months of clinical onset, while 53.8% (65) were diagnosed after this period. 80% (45 patients) of those diagnosed before 5 months were from the central region. Social, clinical characteristics, and time to diagnosis are shown in Table 1

Image 1:

Variables	PsA diagnosed < 5 months N=56	PsA diagnosed >=5 months N=65	p value
Age (years)	56 (43-63)	60 (45-65)	0.41
Female sex n (%)	31 (55.4%)	33 (50.8%)	0.748
Ethnicity Mestizo n (%)	25 (44.6%)	33 (50.8%)	0.331
Residence Urban n (%)	55 (98.2%)	62 (95.4%)	1
Socioeconomic status Middle class n (%)	48 (85.7%)	44 (83.1%)	0.648
Social security n (%)	28 (50%)	41 (63.1%)	0.0419
Disability certificate No n (%) Yes n (%)	41 (87.2%) 6 (12.8%)	44 (80%) 11 (20%)	0.477
EMPLOYMENT Full Time n (%)	34 (60.7%)	26 (40%)	0.0596
Psoriasis history n (%)	11 (24.4%)	24 (72.6%)	0.085
Comorbidities n (%)	43 (63.2%)	45 (72.6%)	0.513
Clinical presentation at diagnosis n (%)			
Peripheral	32 (94.1%)	43 (87.8%)	0.462
Axial	9 (28.1%)	12 (23.5%)	0.834
Enthesitis	16 (48.5%)	22 (45.8%)	0.993
Dactylitis	9 (28.3%)	18 (37.5%)	0.53
Treatments n(%)			
cDMARDS	29 (51.79%)	45 (69.19%)	0.10
TNFi	13 (23.18%)	24 (36.98%)	0.75
Anti IL	20 (35.76%)	18 (27.71%)	0.75
tsDMARDS	5 (10.4%)	4 (8%)	0.73

Table 1. cDMARDs: Conventional Disease Modifying Anti-Rheumatic Drugs. TNFi: Tumor Necrosis. Factor Inhibitors. IL: Interleukin. tsDMARDs: Targeted Synthetic Disease Modifying Anti-Rheumatic Drugs

Conclusion: Early diagnosis is essential in PsA to reduce the impact on joint damage and the quality of life. Diagnostic delay was less than 6 months in half of PsA patients particularly in the central area of Argentina in the ReNaEPso cohort.

Disclosure of Interest: None Declared

Keywords: Psoriatic arthritis

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PANLAR 2025

Psoriatic arthritis

PANLAR2025-1262

Antinuclear Antibodies (Ana) In Patients With Psoriatic Disease (Psd): Relation With Disease Activity And Comorbidities

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

Background/Objectives: Antinuclear antibodies (ANA) have been described from 7 to 77% in patients with PsD. However, its association and clinical significance have been poorly studied. Objective: To study the frequency of ANA in patients with PsD and its relation with clinical manifestations, disease activity and comorbidities.

Methods: We retrospectively studied all the patients with diagnosis of PsD attended to Rheumatology Unit at Cordoba Hospital from 2018 to 2022. Patients ≥18 years old, with a diagnosis of Psoriatic Arthritis (PsA) according to CASPAR criteria and psoriasis (PsO) were included. Patients with drug-induced PsO and other inflammatory diseases were excluded. Demographic, clinical and laboratory variables were evaluated. ANA was performed by indirect immunofluorescence in (HEp-2) and the disease activity was assessed by: PASI, BSA, DAPSA and MDA. $p<0.05$ was considered significant.

Results: 112 patients with PsD were included, 69 (61.6%) had PsA and 43 (38.39%) PsO. 9 (7%) patients with ANA (+) were identified, 2 of them had PsO and 7 PsA. ANA (+) patients had a mean PASI of 6.24 (± 8.81) vs 6.93 (± 7.81) of ANA (-) (p =NS); BSA 8.13 (± 11.56) vs 8.32 (± 12.83) in ANA (+) and (-) patients respectively (p=NS). The mean DAPSA was 16.51 (± 9.52) vs 15.95 (± 10.41) in ANA (+) vs ANA (-), (P=NS) and in relation to MDA, 6 patients (86%) were ANA positive with minimal disease activity and 44 (77%) of the patients were ANA negative. 3 patients with ANA (+) were under treatment with adalimumab.

Image 1:

TABLA 1 Características demográficas y parámetros de actividad e inflamación de población estudiada.

VARIABLES	ANA POSITIVO n= 9	ANA NEGATIVO n= 103	P
EPs n (%)	9 (7)	103 (93)	0,11
Femenino n (%)	5 (56)	47 (54)	0,93
Edad	58,56	49,72	0,07
PARÁMETROS ACTIVIDAD			
PASI **	6,24	6,93	0,81
BSA **	8,13	8,32	0,83
DAPSA **	16,51	15,95	0,89
MDA n (%)	6 (86)	44 (77)	0,60
PARÁMETROS INFLAMATORIOS			
VSG (mm/h)	22	19,21	0.63
PCR (mg/dl)	0,51	0,51	0.97

EPs: enfermedad psoriásica, APs: artritis psoriásica, PSo: psoriasis. PASI: Psoriasis Area Severity Index, BSA: Body Surface Area, DAPSA: Disease Activity in PSoriatic Arthritis, MDA: Minimal Disease Activity. VSG: eritrosedimentacion, PCR: proteina c reactiva.

Conclusion: The frequency of ANA in PsD was low and it was not associated with disease activity, comorbidities or inflammation. The role of them in PsD prognosis should be addressed in future studies.

Disclosure of Interest: None Declared

Keywords: Psoriasis, Psoriatic arthropathy, Psoriatic disease

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GLOBAL RHEUMATOLOGY
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PANLAR 2025

Psoriatic arthritis

PANLAR2025-1389

Association of small dense low-density lipoprotein and atherosclerosis in psoriatic arthritis patients

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

Background/Objectives: Psoriatic arthritis (PsA) is a chronic inflammatory disease. These patients have increased risk of developing cardiovascular (CV) events due to disease characteristics. While reducing low-density lipoprotein cholesterol (LDL-C) remains a primary focus in CV disease prevention, it's important to consider LDL-C subfractions, such as small dense LDL (sdLDL). Even when overall LDL-C levels are within the normal range, sdLDL has been reported to be elevated in chronic inflammatory conditions. The association of CV disease with sdLDL is noteworthy, as these particles possess the capacity to penetrate the arterial wall. We aimed to evaluate the association between sdLDL and subclinical atherosclerosis in PsA patients.

Methods: We recruited a total of 109 consecutive patients with PsA diagnosis according to 2006 CASPAR classification criteria, aged ≥18 years. A carotid ultrasound was performed to all patients. We calculated sdLDL with the following formula: 0.580 [non–high density lipoprotein (HDL-C)]+0.407 (direct LDL-C)–0.719 (calculated LDL-C)–12.05, where calculated LDL-C=Total cholesterol (TC)–HDL-C–(Triglycerides/5). Patients were divided in two groups, with and without CP.

Results: Comparisons between both groups are shown in Table 1. In the univariate analysis we identified a moderately positive correlation between sdLDL and cIMT (rs=0.305, p=0.001), and a low positive correlation between TC and cIMT (rs=0.199, p=0.038). Correlations with the rest of the lipid profile were not significant. Subsequently, a multivariate analysis, adjusted for age and TC, revealed that elevated sdLDL is independently associated with increased cIMT, with a β = 0.007 (95% CI 0.002-0.012, p=0.012). Finally, a ROC-curve analysis of sdLDL and CP showed an AUC 0.651 (95% CI 0.547-0.754, p=0.008), with a cutoff point of 32.3, a sensibility of 63.6% and a specificity of 56.2% (Figure 1).

Image 1:

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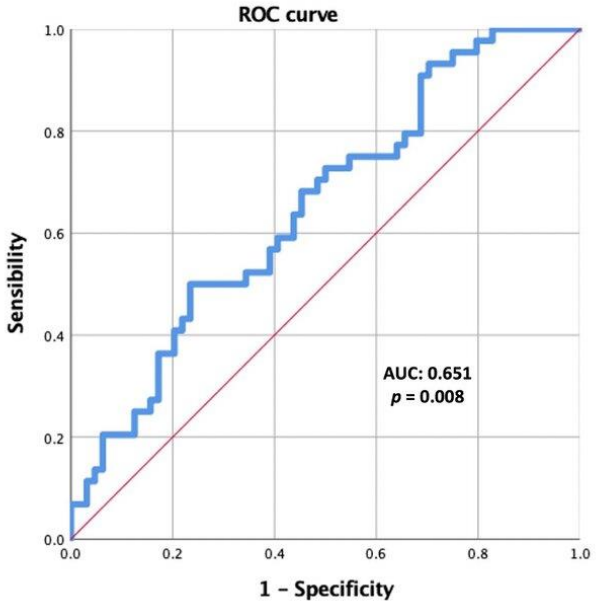
Table 1. Comparison of demographic and disease characteristics between PsA patients with and without CP.

Characteristics	PsA patients with CP (n=44)	PsA patients without CP (n=65)	p-value
Women, n (%)	23 (52.3)	38 (58.5)	0.523
Age, years, mean ± SD	57.9 ± 12.3	50.8 ± 9.1	**0.001**
T2DM, n (%)	15 (34.1)	10 (15.4)	0.023
Hypertension, n (%)	20 (45.5)	21 (32.3)	0.164
Dyslipidemia, n (%)	24 (54.5)	25 (38.5)	0.098
Obesity, n (%)	14 (31.8)	26 (40.0)	0.385
Active smoking, n (%)	7 (15.9)	14 (21.5)	0.528
Disease duration, years, median (p25-p75)	7 (3-12)	4 (2-8)	0.141
MTX, n (%)	28 (63.6)	35 (53.8)	0.310
Glucocorticoids, n (%)	6 (13.6)	11 (16.9)	0.643
bDMARD, n (%)	18 (40.9)	20 (30.8)	0.276
TGL, mg/dl, mean ± SD	176.6 ± 104.6	146.6 ± 68.9	0.073
TC, mg/dl, mean ± SD	186.8 ± 40.5	174.2 ± 34.2	0.082
HDL-C, mg/dl, mean ± SD	49.6 ± 17.1	48.7 ± 14.4	0.766
LDL-C, mg/dl, mean ± SD	102.1 ± 34.5	96.7 ± 29.4	0.378
sdLDL, mg/dl, mean ± SD	37.4 ± 12.1	30.3 ± 11.7	**0.003**

PsA, psoriatic arthritis; CP, carotid plaque; T2DM, type 2 diabetes mellitus; MTX, methotrexate; bDMARD, biological disease modifying anti-rheumatic drugs; TGL triglycerides; TC, total cholesterol; HDL, high density lipoprotein; LDL, low density lipoprotein; sdLDL, small dense LDL.

Image 2:

Figure 1. ROC-curve analysis between sdLDL and CP.



Conclusion: This study revealed a significant association between sdLDL and subclinical atherosclerosis in patients with PsA. Elevated sdLDL levels were observed in patients with CP, and these increased levels were independently linked to higher cIMT. Interestingly, the conventional lipid profile did not demonstrate a comparable association with atherosclerosis. Furthermore, sdLDL demonstrated a specific capability to identify PsA patients with CP. Given these findings, the measurement or calculation of sdLDL should be incorporated into the routine CV risk assessment for PsA patients.

Disclosure of Interest: None Declared

Keywords: cardiovascular biomarker, Psoriatic arthritis, Ultrasonography

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Psoriatic arthritis

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Bimekizumab Maintained Efficacy Responses In Patients With Active Psoriatic Arthritis: Up To 2-Year Results From Two Phase 3 Studies

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

Background/Objectives: Bimekizumab (BKZ; inhibitor of IL-17F in addition to IL-17A) has demonstrated clinically meaningful efficacy improvements to Week (Wk)52 in psoriatic arthritis (PsA) (1, 2). Here, we report the proportion of Wk16 responders maintaining response in joint, skin, and composite efficacy outcomes up to 2 years in BKZ-treated patients (pts) with PsA.

Methods: Phase 3 studies BE OPTIMAL (biologic DMARD [bDMARD]-naïve; NCT03895203) and BE COMPLETE (TNF inhibitor inadequate response/intolerance [TNFi-IR]; NCT03896581) assessed efficacy and safety of BKZ 160 mg every 4 weeks in pts with PsA. BE OPTIMAL Wk52 and BE COMPLETE Wk16 completers could enter BE VITAL (open-label extension; NCT04009499). Efficacy data reported for BKZ-randomized pts at baseline (BL); safety data reported for all BKZ-treated pts.

Maintenance of response reported as the proportion of Wk16 responders who responded at Wk104/100 (BE OPTIMAL/BE COMPLETE). Efficacy outcomes include ACR20/50/70, PASI75/90/100, Minimal/Very Low Disease Activity (MDA/VLDA), and Disease Activity Index for PsA remission or low disease activity responses (REM ≤4; REM+LDA ≤14) at Wk104/100 (BE OPTIMAL/BE COMPLETE). Data reported as observed case or non-responder/worst category

imputation. Exposure-adjusted incidence rates/100 pt-years (EAIR/100 PY) reported for treatment-emergent adverse events (TEAEs) to Wk104.

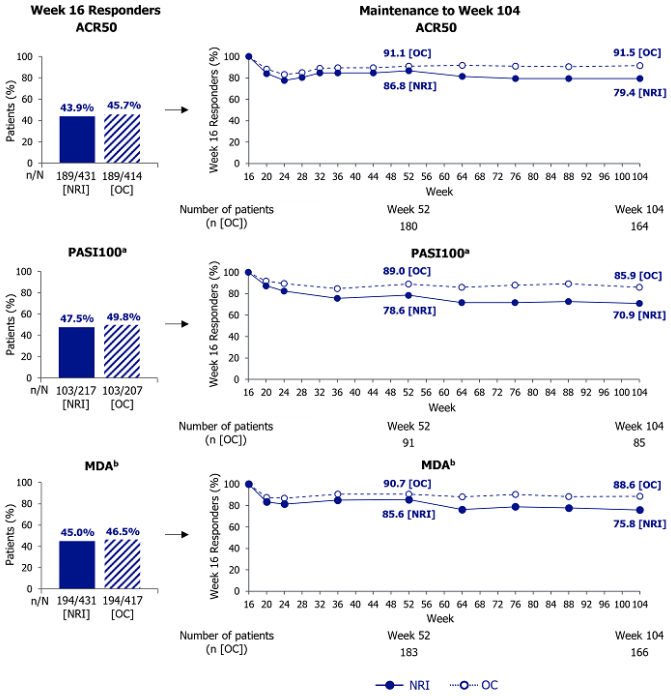
Results: Of BKZ-randomized pts, 359/431 (83.3%) bDMARD-naïve and 215/267 (80.5%) TNFi-IR pts completed Wk104/100.

High proportions of Wk16 ACR50, PASI100, and MDA responders maintained Wk104/100 responses (**Figure 1, 2**). 189 (43.9%) bDMARD-naïve and 115 (43.1%) TNFi-IR pts achieved Wk16 ACR50, of which 150 (79.4%) and 87 (75.7%), respectively, maintained Wk104/100 response. In pts with BL psoriasis affecting ≥3% body surface area, 103/217 (47.5%) bDMARD-naïve and 103/176 (58.5%) TNFi-IR pts achieved Wk16 PASI100, of which 73 (70.9%) and 83 (80.6%), respectively, maintained Wk104/100 response. Wk16 MDA was achieved by 194 (45.0%) bDMARD-naïve and 117 (43.8%) TNFi-IR pts, of which 147 (75.8%) and 87 (74.4%), respectively, maintained Wk104/100 response. Similar Wk104/100 results observed for other joint, skin, and composite efficacy outcomes.

To Wk104, EAIR/100 PY in BKZ-treated pts with ≥1 TEAE was 179.9 in bDMARD-naïve and 100.3 in TNFi-IR.

Image 1:

Figure 1. Maintenance of ACR50, PASI100, and MDA efficacy responses to Week 104 in BE OPTIMAL (bDMARD-naïve) Week 16 responders (NRI, OC)



Randomized set, in patients randomized to BKZ 160 mg Q4W at baseline (n=431). Maintenance data are reported as the proportion of Week 16 responders who also achieved a response at subsequent study assessment visits. [a] In patients with baseline psoriasis affecting ≥3% BSA; [b] MDA response defined as achievement of ≥5 of the following 7 criteria: TJC ≤1, SJC ≤1, PASI ≤1 or BSA ≤3%, patient pain (VAS ≤15 mm), PGA-PsA (VAS ≤20), HAQ-DI ≤0.5, and tender entheseal points (LEI) ≤1. ACR50: ≥50% improvement from baseline in American College of Rheumatology response criteria; bDMARD: biologic disease-modifying antirheumatic drug; BKZ: bimekizumab; BSA: body surface area; HAQ DI: Health Assessment Questionnaire-Disability Index; LEI: Leeds Enthesitis Index; MDA: Minimal Disease Activity; NRI: non-responder imputation; OC: observed case; PASI: Psoriasis Area and Severity Index; PASI100: 100% improvement from baseline in Psoriasis Area and Severity Index; PGA-PsA: Patient's Global Assessment of PsA; PsA: psoriatic arthritis; Q4W: every 4 weeks; SJC: swollen joint count; TJC: tender joint count; VAS: visual analog scale.

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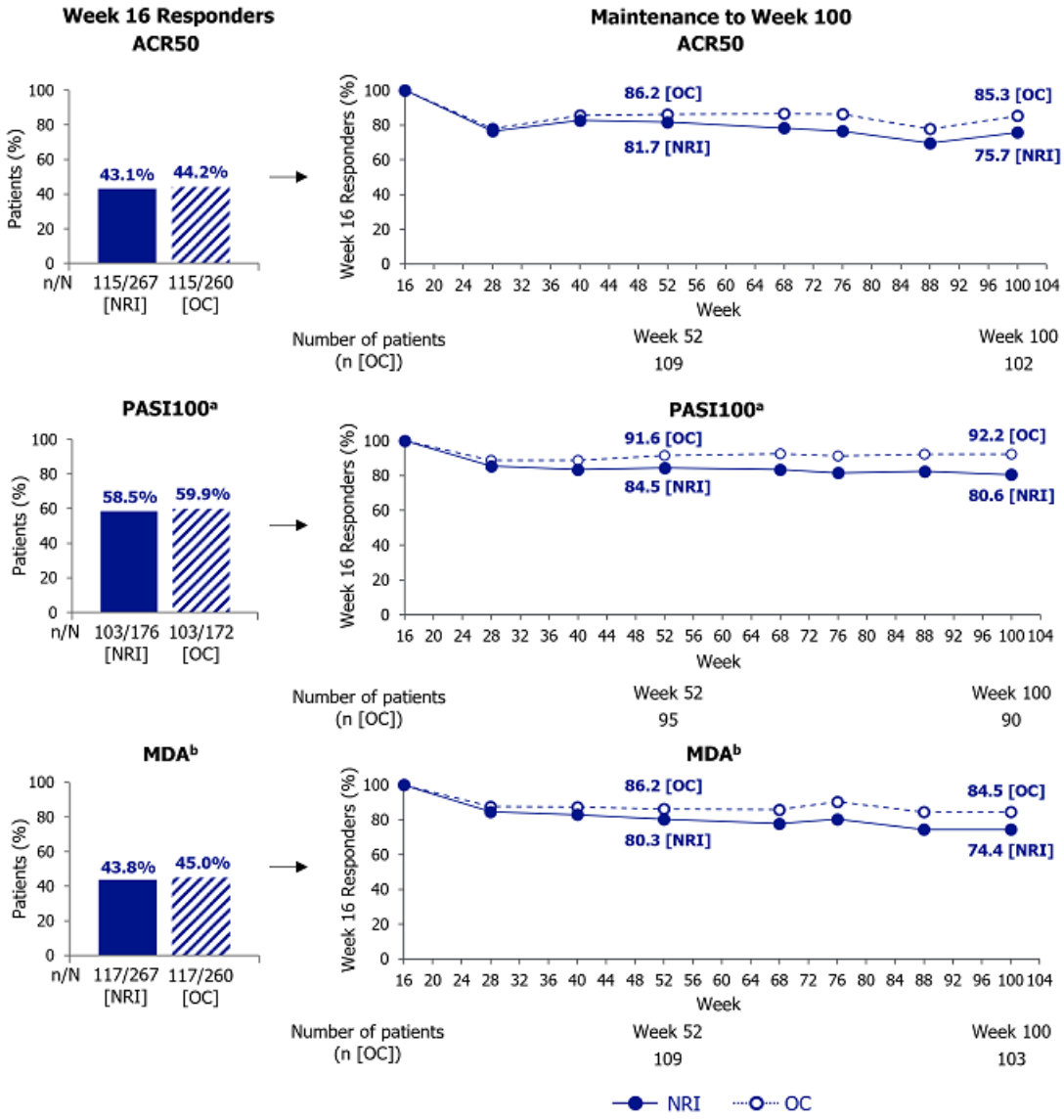
Image 2:

Figure 2. Maintenance of ACR50, PASI100, and MDA efficacy responses to Week 100 in BE COMPLETE (TNFi-IR) Week 16 responders (NRI, OC)



Randomized set, in patients randomized to BKZ 160 mg Q4W at baseline (n=267). Maintenance data are reported as the proportion of Week 16 responders who also achieved a response at subsequent study assessment visits. [a] In patients with baseline psoriasis affecting ≥3% BSA; [b] MDA response defined as achievement of ≥5 of the following 7 criteria: TJC ≤1, SJC ≤1, PASI ≤1 or BSA ≤3%, patient pain (VAS ≤15 mm), PGA-PsA (VAS ≤20), HAQ-DI ≤0.5, and tender entheseal points (LEI) ≤1. ACR50: ≥50% improvement from baseline in American College of Rheumatology response criteria; BKZ: bimekizumab; BSA: body surface area; HAQ DI: Health Assessment Questionnaire-Disability Index; LEI: Leeds Enthesitis Index; MDA: Minimal Disease Activity; NRI: non-responder imputation; OC: observed case; PASI: Psoriasis Area and Severity Index; PASI100: 100% improvement from baseline in Psoriasis Area and Severity Index; PGA-PsA: Patient's Global Assessment of PsA; PsA: psoriatic arthritis; Q4W: every 4 weeks; SJC: swollen joint count; TJC: tender joint count; TNFi-IR: tumor necrosis factor inhibitor inadequate response/intolerance; VAS: visual analog scale.

Conclusion: BKZ demonstrated robust maintenance of response at 2 years in bDMARD-naïve and TNFi-IR pts with PsA who were Wk16 responders. Safety profile was consistent with previous reports (1, 2).

Funding: UCB

Reference 1: Ritchlin CT, Coates LC, McInnes IB, Mease PJ, Merola JF, Tanaka Y, et al. Bimekizumab treatment in biologic DMARD-naïve patients with active psoriatic arthritis: 52-week efficacy and safety results from the phase III, randomised, placebo-controlled, active reference BE OPTIMAL study. Ann Rheum Dis. 2023;82(11):1404–1414. https://doi.org/10.1136/ard-2023-224431

Reference 2: Coates LC, Landewé R, McInnes IB, Mease PJ, Ritchlin CT, Tanaka Y, et al. Bimekizumab treatment in patients with active psoriatic arthritis and prior inadequate response to tumour necrosis factor inhibitors: 52-week safety and efficacy from the phase III BE COMPLETE study and its open-label extension BE VITAL. RMD Open. 2024;10(1):e003855. https://doi.org/10.1136/rmdopen-2023-003855

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Keywords: None

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Psoriatic arthritis

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Epidemiological, Clinical And Therapeutic Characterization Of Psoriasis In Adult Patients Of The San Juan De Dios General Hospital, Guatemala From The Year 2019 To 2024

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

Background/Objectives: General objective

To describe the epidemiological, clinical and therapeutic characteristics of adult patients with psoriasis who attend the dermatology outpatient clinic at the San Juan de Dios General Hospital in the period from 2019 to 2024.

Specific objectives

1. Determine the incidence of psoriasis by age, sex and place of residence of the patients.

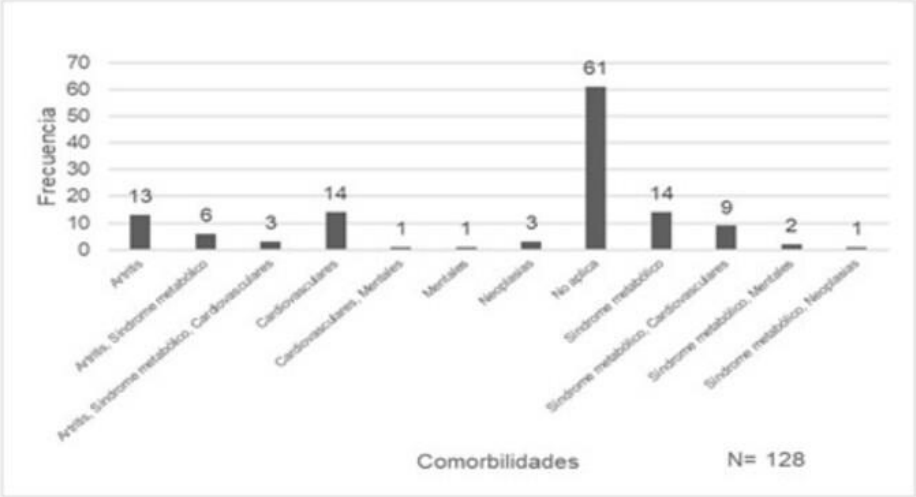
2. Identify the clinical manifestations documented in the clinical records.

3. Classify first-line treatment and adjuvant treatment in patients with psoriasis.

Methods: This study is quantitative approach, bservational, descriptive, cross-sectional and retrospective design. The analysis and Information unit is Epidemiological, clinical and therapeutic data recorded in the designed instrument, clinical records from the dermatology outpatient clinic of the HGSJDD. The patients diagnosed with psoriasis who attended the HGSJDD dermatology clinic during the period from 2019 to 2024. And sample, all existing data in the clinical records of patients who attended the HGSJDD Dermatology consultation with a diagnosis of psoriasis in the period from 2019 to 2024 will be analyzed.
Results: In the archive area, 253 records of adult patients who attended the outpatient dermatology clinic of the HGSJDD were requested during the study period; distributed as follows: year 2019, 33.99%; 2020, 9.88%; 2021, 9.88%; 2022, 14.22%; 2023, 9.48%; 2024, 22.52%. In this study carried out at the HGSJDD, patients with a diagnosis of psoriasis who suffer from psoriatic arthritis were identified and we concluded that 10.15% suffer from this comorbidity, 4.69% suffer from psoriatic arthritis and metabolic syndrome. In this study carried out in the outpatient clinic of dermatology of the HGSJDD, it was identified that 46.87% of patients diagnosed with psoriasis used topical treatment as first-line treatment, 49.22% used combined, topical and systemic therapy with methotrexate and 3.90% did not have first-line treatment recorded.

Image 1:

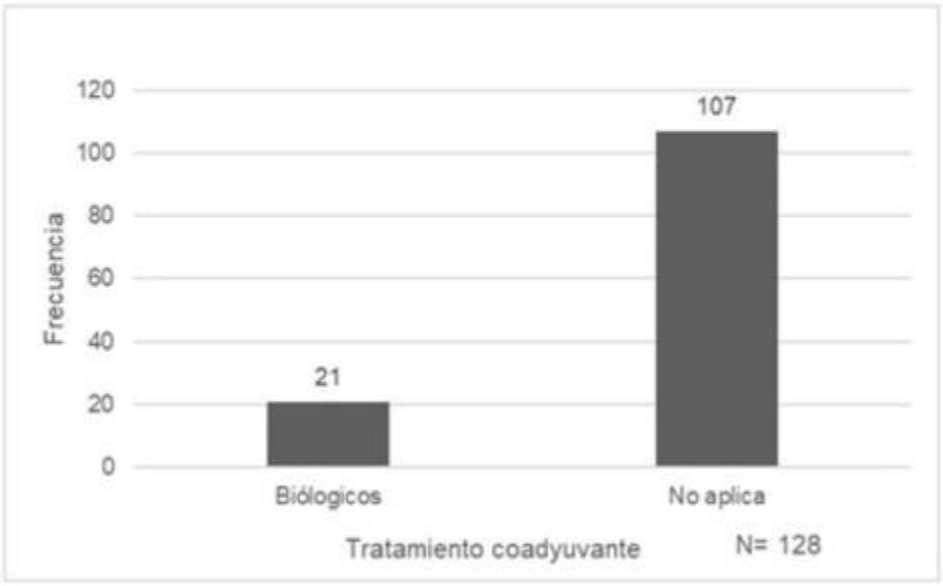
Gráfica No. 1
Distribución de casos de psoriasis según las comorbilidades presentadas durante los años 2019 a 2024



Fuente: boleta de recolección de datos.

Image 2:

Gráfica No. 2
Distribución de casos de psoriasis según el tipo de tratamiento coadyuvante durante los años 2019 a 2024



Fuente: boleta de recolección de datos.

Conclusion: The most frequent epidemiological characteristics in adult patients who attended the Dermatology outpatient clinic of the HGSJDD, in terms of place of residence corresponds to the Metropolitan Region, the predominant sex was female and the average age was 52 years.

The clinical characteristics that were found most frequently were: vulgar or plaque psoriasis as the most common type of psoriasis.

The most used therapy was combined therapy (topical and systemic) and biological drugs as adjuvant treatment

Reference 1: Kamiya K, Kishimoto M, Sugai J, Komine M, Ohtsuki M. Risk Factors for the Development of Psoriasis. Int J Mol Sci. 2019 Sept; 5(18):43-47. doi:10.3390/ijms20184347

Reference 2: Yamazaki F. Psoriasis: Comorbidities. J Dermatol. 2021; 48(6):732-740. doi:https://doi.org/10.1111%2F1346-8138.15840

Disclosure of Interest: None Declared

Keywords: arthritis, dermatology, psoriasis

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GLOBAL RHEUMATOLOGY
BY PANLAR

PANLAR 2025

Psoriatic arthritis

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SPANISH COHORT OF PSORIATIC ARTHRTIS PATIENTS TREATED WITH GUSELKUMAB IN NORTHERN SPAIN.

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

Background/Objectives: Psoriatic arthritis is a chronic inflammatory joint disorder associated with psoriasis. Recent breakthroughs in understanding the molecular mechanisms underlying this condition, particularly the IL-23/Th17 interleukin pathway, have facilitated the development of novel biologic agents such as guselkumab and other IL-23 inhibitors[1]. These therapies have shown greater persistence compared to traditional treatments like tumor necrosis factor alpha (TNF-α) inhibitors, offering sustained benefits for managing joint and skin symptoms [2]. Here we explore the efficacy and safety of guselkumab in clinical practice.

Methods: Descriptive, retrospective study from patients diagnosed with psoriatic arthritis and treated with Guselkumab since it aproval in Spain. The collected data originate from the clinical experience at Hospital Universitario of Navarra in Pamplona, located in northern Spain.

Results: Fifty two patients were included. The mean age was 58 years, being female and active smokers the 62% respectively. The maximum follow-up period was 3 years. A mean of 11.4 years elapsed since psoriatic arthritis was diagnosed, while the mean time from guselkumab initiation was 1.5 years. Clinical domains, previous treatments received, evolution of CRP and joint improvement are showed in figure 1 and 2.

All 52 patients were previously treated with conventional systemic disease-modifying antirheumatic drugs (csDMARDs), being methotrexate (75%), leflunomide (40.4%) and sulfasalazine (5,8%) the most frequent treatments used. A mean of 1.6 non-biologic therapies were used in these patients, including JAK-i (17%) and apremilast (15.4%). A mean of 2.5 biologic therapies prior to guselkumab were used in these patients.

The survival rate of guselkumab in these cohort of patients was 69,23% for the first to the third year of treatment. 16 withdrawals were observed in the first 12 months due to lack of efficacy and 36 patients remain under active treatment

No adverse effects or dropouts related to guselkumab safety profile were detected.

Image 1:

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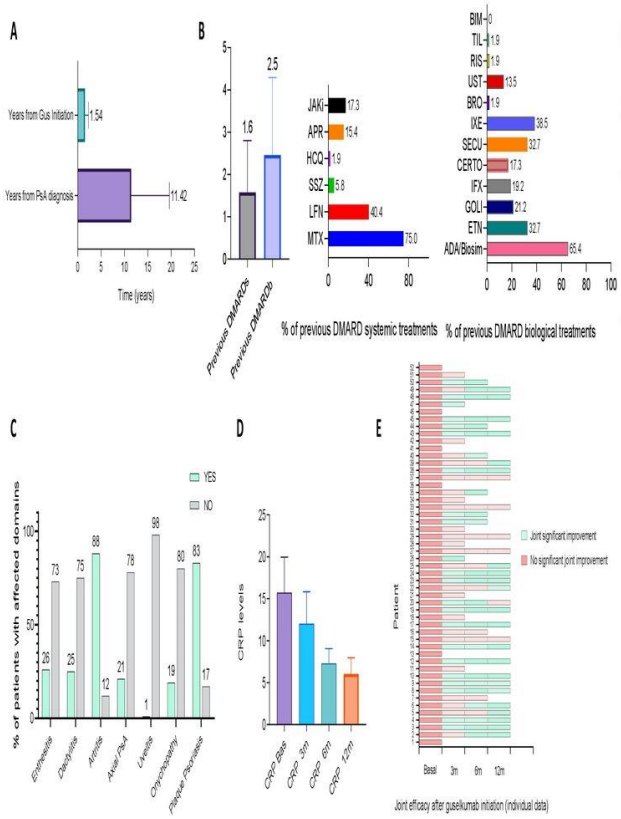
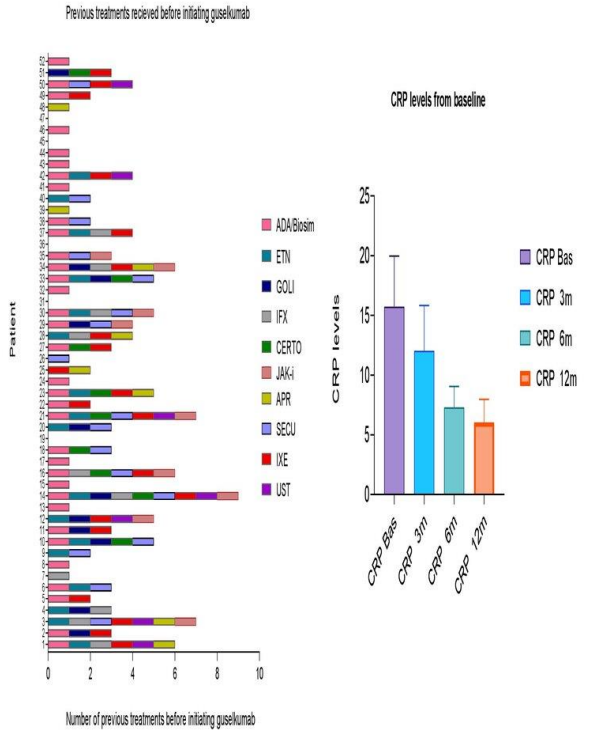


Image 2:



Conclusion: Guselkumab has demonstrated to be an effective and safe treatment in patients with psoriatic arthritis despite the treatment received previously, even in third line or further.

Reference 1: Coates LC, Gossec L. The updated GRAPPA and EULAR recommendations for the management of psoriatic arthritis: Similarities and differences. *Joint Bone Spine.* 2023 Jan;90(1):105469. doi: 10.1016/j.jbspin.2022.105469. Epub 2022 Sep 29.

Reference 2: Coates LC, Kavanaugh A, Mease PJ, et al. Group for Research and Assessment of Psoriasis and Psoriatic Arthritis 2015 treatment recommendations for psoriatic arthritis. *Arthritis Rheumatol.* 2016 May;68(5):1060-71. doi: 10.1002/art.39573.

Disclosure of Interest: None Declared

Keywords: Guselkumab, Psoriatic arthritis, Real-world data

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BY PANLAR

PANLAR 2025

Psoriatic arthritis

PANLAR2025-1109

Ankylosing Spondylitis And Psoriatic Arthropathy: Confluence In The Same Patient - A Case Report

Andres Eduardo Yoli Garrido.*[1], Jose Salas Siado[1], Deissy Noriega Anguila[1], luis blanco castiblanco[1], Carmen Ariza Tamara[1]

[1]atlantico , universidad meropolitana , barranquilla, Colombia

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

Background/Objectives: La espondiloartritis (SpA) engloba un grupo heterogéneo de enfermedades que comparten características clínicas e inmunogenéticas. A pesar de la superposición de características, la diferenciación distintiva entre las condiciones dentro de este espectro plantea un desafío diagnóstico. Presentamos un caso único de un paciente que presenta espondilitis anquilosante (EA) y artritis psoriásica (AP) como entidades separadas pero coexistentes, destacando los hallazgos clínicos, radiológicos e histopatológicos.

Methods: A 56-year-old male presented with a 14-year history of inflammatory lumbar pain, accompanied by a 3-year history of erythematous, scaling lesions on the trunk and extremities. Clinical evaluation included a comprehensive physical exam, laboratory studies, imaging, and histopathological confirmation of psoriatic skin lesions. The diagnostic criteria for axial spondyloarthritis (ASAS) and PsA (CASPAR) were applied to delineate the coexistence of both conditions.

Results: The patient exhibited axial pain, sacroiliitis (radiographic grade 4), and classical bamboo spine findings on imaging. Physical examination revealed a skier's posture, positive Schober's test, sacroiliac pain on provocation, and psoriatic nail and skin changes. Laboratory results showed HLA-B27 positivity with negative inflammatory markers. Skin biopsy confirmed psoriasiform lesions, fulfilling diagnostic criteria for both AS and PsA independently. Treatment with conventional synthetic DMARDs and biological DMARDs was initiated, resulting in clinical improvement.

Conclusion: This case underscores the importance of thorough clinical and diagnostic evaluation in identifying distinct entities within the SpA spectrum. The simultaneous presence of AS and PsA, as independent conditions, is rare and emphasizes the need for individualized treatment strategies. This report provides a foundation for further studies exploring the intersection of these pathologies.

Disclosure of Interest: None Declared

Keywords: Spondyloarthritis, Ankylosing Spondylitis, Psoriatic Arthritis, Connective Tissue Diseases, Psoriasis

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GLOBAL RHEUMATOLOGY
BY PANLAR

PANLAR 2025

Rheumatoid arthritis

PANLAR2025-1227

Depression In Patients With Rheumatoid Arthritis Of A Public Hospital

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

Background/Objectives: Background: Depression is a common comorbidity in people with rheumatoid arthritis (RA) and may be associated withpoorer disease prognosis, increased disease activity, impaired quality of life, and functional disability.

Objectives: Analyze the prevalence of depression in patients with rheumatoid arthritis in a public hospital

Methods: Descriptive, cross-sectional observational study. Inclusion criteria: patients >18 years old, RA according to ACR 1987and/or ACR/EULAR 2010 criteria. The following were evaluated: Disease activity by clinical activity index (CDAI):remission (≤2.8), low activity (≤10), moderate activity(≤22), high activity(>22); Health Assessment Questionnaire (HAQ)function: Normal (<0.3), mild functional impairment (0.3-1.3), moderate (1.31-1.8), severe (>1.8); Quality of life withQuality of Life-Rheumatoid Arthritis (QOL-RA): 0= poor quality of life and 10= good quality of life; Depression with PatientHealth Questionnaire (PHQ-9): normal (0-4) mild (5-9), moderate (10-14), moderately severe (15-19), severe (≥20)symptoms.

Results: A total of 61 patients were included, 83.6% female, median age: 49 years old (19-74 years old), medium to lowsocioeconomic status (Graffar IV) 52.5%.

Clinical characteristics: Charlson Comorbidity Index: mean 1.2, time of disease evolution: 34.5 months, CDAI: low 22.9%, moderate 52.5%, high 24.5%. **Functional involvement:** mild 67.21%, moderate 13.11%, severe 3.28%. **Quality oflife:** 63.93% good quality of life. **Affective evaluation:** No depression: 31%, Mild depression: 40.9%, moderate 21.3%,moderate-severe 5%, severe 1.7%. **Factors related to depression:** Depression was related to disease activity(moderate to high CDAI in 85% of patients with depression vs. 63% of patients without depression, p< 0.031) and toimpaired quality of life (good quality of life in 94.7% of patients without depression vs. 50% of patients with depression,p< 0.00025). No relationship was observed between functional compromise and depression.

Conclusion: Depression is a frequent symptom in patients with rheumatoid arthritis and may be related to greater disease activity andaltered quality of life, so it is important to actively seek it out for its adequate and timely management.

Disclosure of Interest: None Declared

Keywords: Depression, rheumatoid arthritis

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GLOBAL RHEUMATOLOGY
BY PANLAR

PANLAR 2025

Rheumatoid arthritis

PANLAR2025-1489

Level of adherence to treatment in patients with rheumatoid arthritis, Santo Domingo, Dominican Republic.

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

Background/Objectives: Rheumatoid arthritis (RA) is a systemic autoimmune inflammatory disease that affects 0.5-1% of the world's population, with a preference for females. Lack of adherence to treatment can lead to high disease activity, increased risk of disability, and additional costs. Factors related to the patient (educational level, knowledge of the disease, and socioeconomic status) and to the health system (access to medications and coverage) have been associated with lack of adherence. The Morisky Medication Adherence Scale 4 items (MMAS-4) has been used to measure specific adherence behaviors associated with medication intake, with four dichotomous yes/no questions about their attitudes toward medication in an intermixed manner.

Methods: An observational, analytical, cross-sectional study was conducted. Patients were evaluated from July to December 2024. Inclusion criteria: ≥ 18 years, meeting ACR/EULAR 2010 RA classification criteria, attended at least 2 consultations, signed informed consent. Exclusion criteria: Diagnosis of autoimmune rheumatological pathology, fibromyalgia, dementia, cognitive impairment,. Scales: MMAS-4 scale, DAS28, CDAI. Descriptive statistical analysis was performed using the SPSSv25 program.

Results: Of a total of 537 patients, 105 met inclusion criteria, 90% (95) female, mean age 58+/-3.4 years, 47% (51) had comorbidities: 11% (12) HT, 9% (10) DM, 15% (17) osteoporosis, 1% (1) COPD, 3% (3) hypothyroidism, 1% (1) cataracts; 51% (54) without comorbidities. Treatment: methotrexate 25% (26), leflunomide 4% (4), hydroxychloroquine 2% (2), tocilizumab 27% (28), adalimumab 13% (14), tofacitinib 12% (13), etanercept 7% (7), golimumab 7% (7), rituximab 4% (4). The DAS 28 showed: 55% (58) remission, 18% (19) low activity, 21% (22) moderate activity, 6% (6) high activity. The CDAI: 50% (53) remission, 20% (21) low activity, 21% (22) moderate activity, 9% (9) high activity. Adherence using MMAS-4: Adherent 81% (85), Non-adherent 19% (20), the main causes were: low educational level 45% (9), low socioeconomic level 35% (7), poor knowledge of the disease 20% (4)

Conclusion: Our study reported a high level of adherence to treatment in patients with RA. Low educational and socioeconomic levels were among the causes of poor adherence to treatment. The limitation of the study is the lack of correlation with disease activity and the evaluation of possible causes of drug supply to the population.

Disclosure of Interest: None Declared

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Keywords: Adherence to treatment, das28, rheumatoid arthritis

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Rheumatoid arthritis

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Impact Of A Multidisciplinary Care Model On Disease Activity In Ra Patients Treated With Conventional Therapy: A Real-World Evidence Of 8-Years Follow-Up Study

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

Background/Objectives: Rheumatoid arthritis (RA) is a chronic condition that requires long-term management to help maintain joint function and quality of life. Conventional DMARDs (cDMARDs) aim to reduce inflammation and disease activity. Multidisciplinary care models (MCM), which integrate a coordinated team of rheumatologists and other healthcare professionals, may improve disease management and reduce disease activity in patients receiving conventional therapies. This study aimed to evaluate the impact of an MCM on disease activity, functional status, and routine paraclinical parameters in RA patients treated with conventional therapies in a real-world setting.

Methods: A retrospective analysis included 2490 RA patients managed with conventional therapies at a specialized rheumatology center in Colombia from January 2017 to November 2024. The MCM included a team of rheumatologists, physiatrists, physical therapists, occupational therapists, nutritionists, psychologists and pharmaceutical chemists. Clinical outcomes such as disease activity (DAS28), functional status (HAQ), and laboratory parameters were assessed at baseline and follow-up. Paired t-tests compared baseline values to follow-up measurements.

Results: 2940 patients were included, 2022 (81.2%) were women, with a mean age of 64.77 (SD = 12.90). The analysis showed a significant decrease in disease activity, reflected in a marked reduction in DAS28 score (mean difference: 1.317; $p<0.001$); at the end of the follow-up period 94.1% of RA patients achieved remission. There was also a statistically significant improvement in functional status, evidenced by a lower HAQ score (mean difference: 0.253; $p<0.001$). Regarding laboratories, ESR, hemoglobin, and other parameters remained statistically unchanged ($p>0.05$), while leukocyte counts decreased significantly ($p<0.001$).

Image 1:

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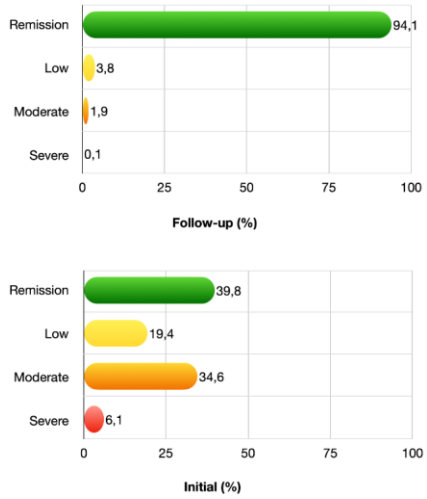

Fig 1. Improvement of disease activity levels after 8 years follow-up in RA patients receiving biologic therapies

Conclusion: Under conventional therapy, patients with RA in this real-world setting experienced a significant reduction in disease activity and improved functional status when the patients were followed-up under MCM. This real-world evidence highlights the effectiveness of MCMs in enhancing patient care using cDMARDs, and offers a replicable model for RA management in healthcare settings facing similar challenges.

Disclosure of Interest: None Declared

Keywords: conventional therapies, Multidisciplinary care models, rheumatoid arthritis

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Rheumatoid arthritis

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CLINICAL EVIDENCE OF CHANGES IN CIRCULATING CALPROTECTIN LEVELS AFTER TREATMENT IN RHEUMATOID ARTHRITIS PATIENTS: A SYSTEMATIC LITERATURE REVIEW

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

Background/Objectives: In the recent years, studies published have shown that circulating calprotectin (cCalpro) may be an alternative biomarker of active inflammatory disorders as well as a prognostic or monitoring biomarker.

We aimed to compile all available evidence on the value of cCalpro as a treatment response biomarker in RA.

Methods: Electronic databases (Scopus, Pubmed and Cochrane Library) were searched (February 4th, 2021) and complemented by registers and hand searches (March 2024), to identify studies including cCalpro levels in RA at baseline and after treatment. Meta-analysis was performed using STATA v17.0.

Results: The systematic review retrieved 15 studies including cCalpro levels at baseline and at a different timepoints after treatment (from 1 to 60 months), 9 studies showing cCalpro levels at baseline and any timepoint in responders and non-responders, and 12 studies comparing cCalpro levels at baseline in responders and non-responders.

In 15 studies, cCalpro levels were measured in 931 RA. cCalpro levels were significantly higher at baseline than at any timepoint during follow-up (estimated SMD=1.58; 95%CI=1.12-2.03; p<0.01). Sub-analysis at 3-, 6- and 12-months confirmed a statistically significant difference in cCalpro levels at baseline and those timepoints.

Nine studies compared cCalpro levels at baseline vs follow-up in 522 RA responders and 227 non-responders. cCalpro levels were significantly higher at baseline compared to follow-up in the responders (estimated SMD=2.15; 95%CI=1.59-2.71; p<0.001) but not in the non-responders (estimated SMD=0.44; 95%CI=-0.34-1.21; p=0.27).

cCalpro levels at baseline were compared in 1182 responding and 694 non-responding RA patients. At baseline there was not statistically significant difference between cCalpro levels in responders vs. non-responders. Significant heterogeneity was observed. In a meta-regression, the definition of the responders´ groups partially explained the heterogeneity.

Conclusion: In this systematic review and meta-analysis, cCalpro levels were significantly higher at baseline vs. follow-up in responding but not in non-responding RA patients. Pooled standardized mean difference between groups should be interpreted with caution due to substantial heterogeneity or small number of studies. Our meta-data provides further evidence about the potential utility of cCalpro in predicting and assessing treatment response in RA patients.

Disclosure of Interest: C. Andalucia Employee with: Werfen, R. Albesa Employee with: Werfen, M. Mahler Employee with: Werfen

Keywords: Calprotectin, systematic review, treatment response

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Rheumatoid arthritis

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2025 Panlar Comparison Of Drug Retention Of Bdmards And Jak Inhibitors (Jaki) In Ra Patients Who Failed Jak Inhibitor Therapy.

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

Background/Objectives: To compare the retention rate of bDMARDs and JAKi in RA patients who failed JAKi therapy.

Methods: RA patients who failed JAKi treatment within PANRED registry (real-world life PANLAR´s register of consecutive patient from Dec 2021 to Nov 2024) were included. A comparative analysis of the baseline characteristics was performed between groups. A Kaplan-Meier curve was created to assess drug survival and a Cox regression analysis was performed to evaluate factors associated.

Results: We included 123 patients who failed a JAKi (94% Tofacitinib). 40.6% of patients received a second JAKi (64% upadacitinib, 34% baricitinib) and 59.4% received bDMARDs (42.5% TNFi, 42.5% IL6i and 12.3% CD20i). At baseline, we found no differences in clinical or demographic characteristics (table 1) between groups (articular and extra-articular activity, cardiovascular comorbidity, radiographic damage, and functional capacity), except that patient receiving JAK

inhibitors had a longer disease duration (171 versus 93.4 months, p=0.001). Patients who initiated a second JAK inhibitor had a significantly higher median number of prior treatments (6, IQR: 5-8, p=0.0001), with a higher rate of failure to bDMARDs (96% vs 68.5%, p=0.0001), particularly TNF inhibitors (92% vs 64.4%, p=0.001). 50 patients in the JAKi contributed 57.6 years of follow-up during the first 18 months, with a median drug survival of 17.5 months while 73 patients in then bDMARDs contributed 83.1 years of follow-up during the first 18 months, with a median drug survival of 16.8 months. In the unadjusted Cox analysis, we found no differences setting the JAKi group as the reference (HR:0,88, p=0.57). In the adjusted analysis, only seropositivity was associated with lower drug survival (HR:2.24, p=0.03). When comparing drug retention rates, we found no differences at 3, 6, 12, or 18 months (Table 2). Although patients on JAKi had higher rate of any adverse events (96% vs 63% p=0.0001), there were no differences regarding serious infectious events or discontinuation due to adverse events. In this group, there were 1 case of mild herpes zoster reactivation. No MACEs were reported.

Image 1:

Table 1. Baseline characteristics for patients who discontinued JAKi and switched to bDMARDs or JAKi

	JAKi (n=50)	bDMARDs (n=73)	p value
Female n, % (95 %CI)	44, 88% (75.4-94.6)	64, 87.7 (77.7-93.5)	ns
Age at initial treatment, years, mean (SD)	53.2 (15.8)	54.2 (14.9)	ns
Duration of disease, months, median (IQR)	171 (115.2-257.9)	93.4 (45.9-178.8)	0.001
Smoker ever, n, % (95%CI)	12, 24% (14.25-38.7)	28, 38.9% (28.2-50.7)	ns
Current smoker, n, % (95%CI)	5, 10% (3.3-21.8)	10, 13.7% (6.7-23.7)	ns
BMI, mean (SD)	27.1 (4.7)	26.3 (4.1)	ns
Any Cardiovascular comorbidity n, % (95%CI)	29, 58% (43.2-71.8)	53, 72.6% (60.9-82.4)	ns
Any MACE n, % (95%CI)	2, 4% (0.5-13.7)	2, 2.7% (0.3-9.5)	ns
RF or ACPA +, n, % (95%CI)	44, 88% (75.7-95.4)	61, 83.5% (73.1-91.2)	ns
DAS28-ESR >3.2, n, % (95%CI)	44, 88% (75.7-95.4)	66, 91.7% (81,2-96.1)	ns
DAS28-CRP >3.2, n, % (95%CI)	42, 84% (70.8-92.8)	66, 91.7% (81,2-96.1)	ns
Extraarticular disease, n, % (95%CI)	9, 18.4% (8.6-31.4)	15, 21.1% (11.9-31.6)	ns
Bone erosión, n, % (95%CI)	33, 67.3% (51.2-78.7)	49, 68.1% (55.1-77.6)	ns
HAQ, mean (SD)	1.41 (1.01)	1.44 (0.75)	ns

IQR: Interquartile range; SD: Standard deviation: CI: Confidence interval; BMI: body mass index; MACE: mayor adverse cardiovascular event; RF: rheumatoid factor; ACPA: Anti-citrullinated protein antibodies; Ns: not significant.

Image 2:

Table 2. Drug retention of JAKi or bDMARDs in RA patients who discontinued JAKi

	JAKi (n=50)	bDMARDs (n=73)	p value
Months 3, % (95%CI)	98% (86.6-99.7)	98.6% (90.7-99.8)	0.78
Months 6, % (95%CI)	85.7% (72.3-92.9)	94.4% (85.8-97.8)	0.052
Months 12, % (95%CI)	72.6% (57.4-83.1)	73.6% (61.4-82.5)	0.8
Months 18, % (95%CI)	42.5% (27.3-56.9)	39.9% (27.5-52.2)	0.8

CI: Confidence interval.

Conclusion: In patients with RA who discontinued JAKi, we found no differences in persistence rates between those who switched to a bDMARD and those who cycled to another JAKi. Seropositivity was the only factor associated with lower persistence. The rates of serious adverse events and discontinuation due to these events were similar between the groups.

Reference 1: This register received a irrestricted grant of Abbvie, Pfizer and Janssen.

Disclosure of Interest: None Declared

Keywords: Janus Kinase Inhibitors, rheumatoid arthritis, world real data

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GLOBAL RHEUMATOLOGY BY PANLAR

PANLAR 2025

Rheumatoid arthritis

PANLAR2025-1270

Proposition Of A Triage System Based On Rapid3 Score For Rheumatoid Arthritis Patients In Brazil

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

Background/Objectives: Routine Assessment of Patient Index Data 3 (RAPID3) in the Multidimensional Health Assessment Questionnaire (MDHAQ) is a simple self-report assessment tool to monitor RA activity. This study aims to propose RAPID3-based triage to identify moderate/high RA activity and compare its performance with DAS28 (ESR), the gold standard.

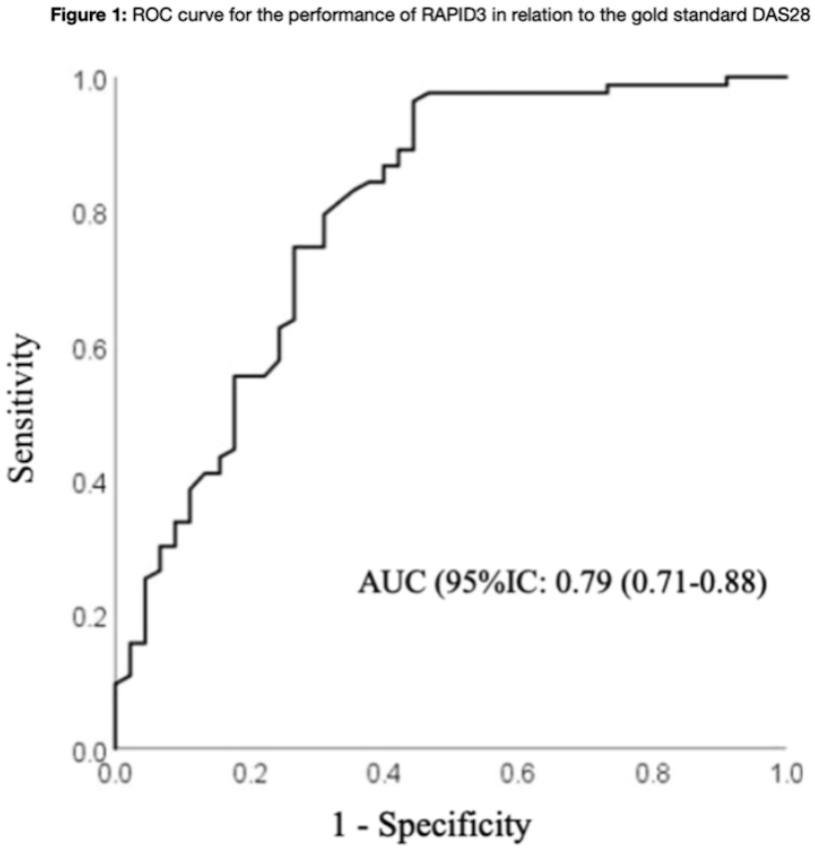
Methods: 129 RA patients with digital access responded MDHAQ/RAPID3 in electronic format prior to elective consultations at Hospital de Clínicas de Porto Alegre. The study was approved by Research Ethics Committee and all patients completed an Informed Consent Form. MDHAQ use had authorization from author[1].

Results: Average age of 59 years (± 13), 108 (83.7%) women, disease duration of 13 years (25-75% interquartile range of 7-23), positive rheumatoid factor or Anti-CCP in 86.7%, 105 (81.4%) using synthetic DMARD, 40 (31%) biological DMARD and 44 (34.1%) corticosteroid. Median time to complete electronic MDHAQ = 20 minutes (25-75% interquartile range of 15-28) and RAPID3 = 5 minutes (25-75% interquartile range of 3-6). Specificity of 49% and high sensitivity to identify moderate/high activity by DAS28, with a 92% negative predictive value (Table 1). Figure 1 relates to RAPID3 ROC curve analysis and area under the curve (AUC) of 0.79 (95%CI 0.71-0.88), with cutoff point of 0.5 for positivity or test negativity, resulting good accuracy triage tool.

Table 1: Sensitivity, Specificity and Negative Post-Test Probability (NPP) of RAPID3 to predict moderate and high activity by CDAI, SDAI and DAS28

Indexes	Sensitivity % (95%CI)	Specificity % (95%CI)	NPP % (95%CI)
CDAI	97 (89-99)	38 (26-52)	8 (1-28)
SDAI	97 (89-99)	40 (27-54)	8 (1-28)
DAS28 (ESR)	97 (89-99)	48 (33-64)	8 (1-28)

Image 1:



Conclusion: RAPID3 demonstrated to be a promising tool for screening disease activity in RA patients at SUS in Brazil, a finding reinforced by a negative post-test probability of 8%. RAPID3 may be useful in telemedicine and for shared decisions, allowing the maintenance of a “treat-to- target” approach in contexts of high demand for consultations and has demonstrated similar consistance of AUC in other studies and populations. Complete MDHAQ allows the extraction of pertinent scores to identify overlapping fibromyalgia, anxiety, and depression and its use can serve to improve patient monitoring in the SUS. This findings will be more elucidated along our programmed Randomized Controlled Trial (NCT06217172).

Reference 1: Pincus T, Yazici Y, Bergman M. Development of a multi-dimensional health assessment questionnaire (MDHAQ) for the infrastructure of standard clinical care. Clin Exp Rheumatol. 2005;23:S19. Access at: https://pubmed.ncbi.nlm.nih.gov/16273781/

Disclosure of Interest: I. Benedet Lineburger Grant / Research support with: 2023 PANLAR INNOVATION AWARD , Employee with: EBSERH - Directory of Teaching, Research and Innovation (DEPI), V. Naomi Hirakata: None Declared, C. Viegas Brenol: None Declared

Keywords: Digital Health, RAPID3, rheumatoid arthritis

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PANLAR 2025

Rheumatoid arthritis

PANLAR2025-1448

Methotrexate permanent discontinuation due to gastrointestinal side-effects: Differences between elderly older and young patients in a large long-term retrospective cohort study.

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

Background/Objectives: Elderly patients with Rheumatoid Arthritis (RA) frequently are in risk of developing side-effects to oral Methotrexate (MTX), these side-effects can lead to discontinuation of that DMARD limiting the effectiveness of treatments. To date, there is a lack of information regarding the risk of permanent withdrawals to oral MTX due to gastrointestinal side-effects in long-term cohorts. The aim of this study was to compare the risk of permanent discontinuation of oral MTX secondary to gastrointestinal side-effects between elderly vs. young patients with RA.

Methods: Methods: In a long-term retrospective cohort were followed 558 patients with RA treated with oral MTX. Two groups were compared: a) elderly patients (≥60 years; n=253), and b) young patients (<50 years; n=305). The comparisons included clinical variables, adverse events and the permanent discontinuation of MTX due to gastrointestinal side-effects. Relative Risks (RR) and their 95%CI were computed.

Results: Elderly patients have a higher proportion of arterial hypertension (44.5% vs. 14.5%) and diabetes mellitus (18.9% vs. 7.3.5%). Elderly patients had higher number of drugs than young patients (p<0.001). The rate of permanent discontinuation of MTX by gastrointestinal events were higher in elderly compared to young patients (15% vs. 5%, respectively p<0.001). Those patients had an increase in the risk of permanent discontinuation of compared to young patients (RR: 2.8-fold, 95%CI:1.5 to 5.1; p<0.001). The use of folic acid supplements showed a protective effect (RR: 0.13, 95%CI: 0.07, 0.23; p<0.001).

Table 1:

	MTX permanent discontinuation secondary to gastrointestinal side effects

	Relative risk	95% CI	P
≥ 60 years old, n (%)	3.13	1.64, 5.98	<0.001
Female gender, n (%)	2.34	0.74, 7.37	0.06
Chronic diseases, n (%)	2.22	1.09, 4.55	0.01
Folic acid usage, n (%)	0.13	0.07, 0.23	<0.001
Polypharmacy, n (%)	0.70	0.23, 2.12	0.2

Abbreviatures: CI: confidence Interval, DMARD: disease modifying antirheumatic drug.

Conclusion: There were significant differences in the risks of permanent discontinuation of oral MTX by gastrointestinal side-effects between elderly and young patients with RA. Although, the use of folic acid supplements is protective for the side-effects, still there is a high rate of permanent discontinuation of the drug by elderly patients. Additional strategies should be implemented to reduce the rate of withdrawals secondary to gastrointestinal side-effects in these patients.

Disclosure of Interest: None Declared

Keywords: elderly patients, Methotrexate withdrawal, Younger patients

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GLOBAL RHEUMATOLOGY
BY PANLAR

PANLAR 2025

Rheumatoid arthritis

PANLAR2025-1102

Elastography Of Interstitial Lung Disease In Rheumatoid Arthritis In Latin America

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

Background/Objectives: Ultrasound elastography is a promising tool for pulmonologists and has the potential to improve patient care, although the current evidence is heterogeneous (1) .

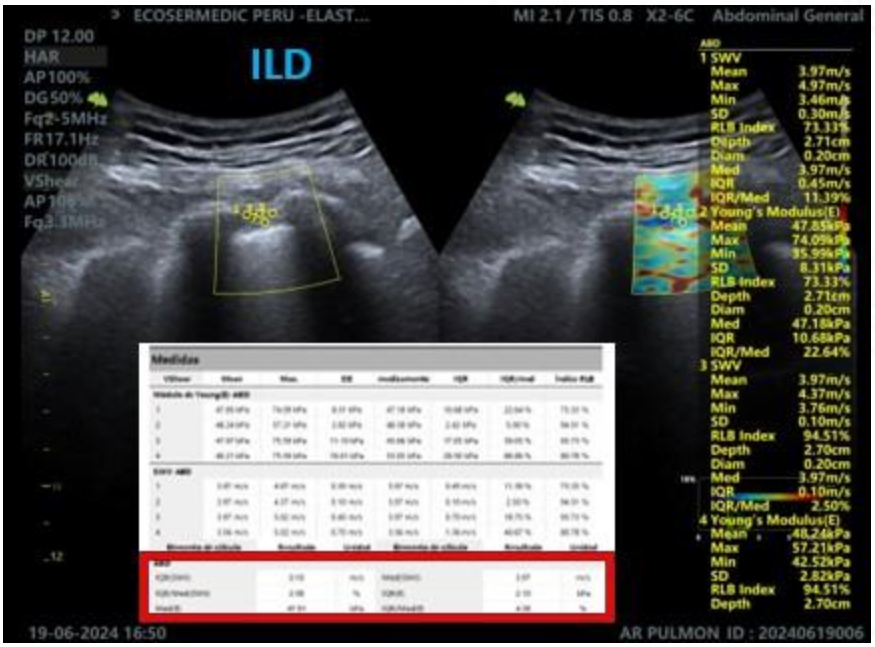
Interstitial lung disease (ILD) is a common lung complication of rheumatoid arthritis

To present the usefulness of shear wave elastography (SWE) to assess the elastic properties of the lung surface and to distinguish healthy lungs from lungs diseased with RA-related interstitial lung disease and to be able to use it to assess the severity of DTC-ILD.

Methods: 15 patients (cases) with CTD-ILD and 10 healthy volunteers (control) were included. All participants underwent lung ultrasound (B-line count and pleural line thickness measurement) and SWE [measurement of Young's modulus (E mean) and shear wave velocity (SMV) (C mean)] at 12 lung sites. All participants also underwent a high-resolution computed tomography (HRCT) scan and a pulmonary function test (PFT). For the evaluation of SWE, the Q-box was adjusted to its minimum size (1 mm) and manually placed in the pleural line, rather than inside the lung, to measure lung surface stiffness. The intra- and interreliability of SWE measurements of healthy controls (HC), the receiver operating characteristic (ROC) curve for SWE for CTD-ILD, and the correlations between different assessment methods were analyzed.

Results: Excellent intra- and interreliability of SWE measurements at the mid-anterior pulmonary site of CHs (correlation coefficient >0.93; P<0.01) was found. The lung ultrasound results of the participants in the case group were significantly higher than those of the CHs at each site (P<0.001). The results of the SWE revealed a significant increase in both the Mean and Cmean in patients with CTD-EPI (P<0.001) compared to controls at certain sites (P<0.001). The areas under the curve (AUC) of E mean and C mean for CTD-ILD were 0.656 and 0.657 (P<0.05), respectively, and the cut-off values for E mean and C mean to distinguish CTD-ILD from healthy lungs were 17.81 kPa and 2.41 m/s, respectively.

Image 1:



Conclusion: As a non-invasive ultrasound elastography (EU) technique, SWE may provide a novel method for differentiating lungs affected by CTD-ILD and healthy lungs. It is a reliable way to measure the stiffness of a healthy lung surface in the supine position. However, the ability of SWEs to assess the severity of CTD-ILD should be standardized

Reference 1: Vargas-Ursúa F, Ramos-Hernández C, Pazos-Area LA, Fernández-Granda I, Rodríguez-Otero I, Gómez-Corredoira E, Pintos-Louro M, Fernández-Villar A. Current evidence for lung ultrasound elastography in the field of pneumology: a systematic review. ERJ Open Res. 2024 Jul 15;10(4):00081-2024

Disclosure of Interest: None Declared

Keywords: elastography, rheumatoid arthritis, shear wave

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GLOBAL RHEUMATOLOGY
BY PANLAR

PANLAR 2025

Rheumatoid arthritis

PANLAR2025-1122

Long-Term Persistence And Effectiveness Of Subcutaneous Methotrexate In Patients With Rheumatoid Arthritis - A Real-World Study

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

Background/Objectives: Methotrexate (MTX) is a cornerstone treatment for rheumatoid arthritis (RA), and subcutaneous MTX (SC MTX) form is an alternative for patients who experience gastric intolerance or suboptimal response to oral formulations. However, there is limited information on long-term effectiveness of the drug. The aim of this study was to describe the effectiveness of SC MTX, and its long-term persistence in real-life of RA patients.

Methods: We conducted an analytical retrospective cohort study of RA patients treated at a reference center in Colombia. We included participants older than 18 years-old with a minimum of one year of follow-up using SC MTX. The main endpoint was to evaluate the changes in the level of disease activity using the DAS28 score from 6 to 48 months of follow-up. Survival curves were estimated using the Kaplan-Meier method to compare different therapies with SC MTX (monotherapy or in combination with other conventional DMARDs). A p-value < 0.05 was considered statistically significant.

Results: 877 patients with RA were included, with a median age of 65 [RIQ: 57-73] years, 87% were women. 78.3% had combination therapy and 22.7% were on monotherapy. Among the different doses of SC MTX, the most frequent dose used was 20 mg/0.4ml pre-filled syringe (29.5%). Of the patients who started with active disease, 50.2% achieved remission after one year of treatment; also, another 20.4% of patients achieved a low level of disease activity. 66% of patients in moderate/high disease activity decreased to 33.3% after 1 year. Overall, effectiveness of 70.6% with MTX SC at one year in patients with RA was achieved. At 5-years of follow-up, of 877 patients who started with active disease, 70.7% achieved remission and 11.1% got low disease activity, for a therapeutic success of 81.8%, considering those who were maintained in low activity or remission during the follow-up period.

Image 1:

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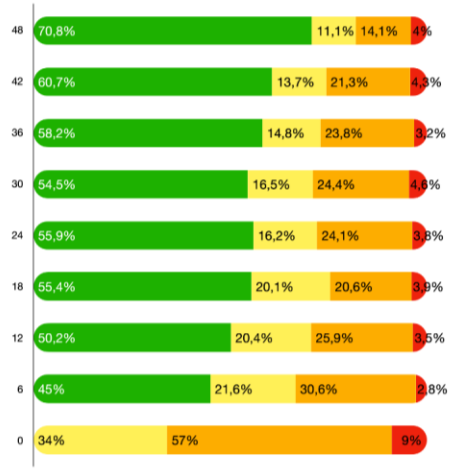

Figure 2. MTX SC persistence over 5 years

Conclusion: This study shows that when SC MTX is used appropriately, there is a rapid and good response after 1 year of treatment; in the long-term, the effectiveness and persistence of SC MTX over time can be extended up to 5 years of follow-up.

Disclosure of Interest: L. Villarreal-Peralta: None Declared, N. Gutiérrez: None Declared, R. V. Barroso Parra: None Declared, M. Carrasquilla Sotomayor: None Declared, N. R. Alviz Zakzuk: None Declared, L. Moyano Támara: None Declared, N. J. Alviz-Zakzuk: None Declared, J. Zakzuk: 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: effectiveness, Methotrexate, Rheumatoid arthritis

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PANLAR 2025

Rheumatoid arthritis

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Impact Of A Multidisciplinary Care Model On Disease Activity In Ra Patients Using Biologics: A Real-World Evidence Of 8-Years Follow-Up Study

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

Background/Objectives: Rheumatoid arthritis (RA) is a chronic disease that requires long-term management to prevent joint damage and improve patient outcomes. In many healthcare settings, including Colombia, RA management can be fragmented, leading to suboptimal outcomes. Multidisciplinary care models (MCM), involving a coordinated team of healthcare providers, may improve disease management and the usefulness of biological therapies. This study aimed to evaluate the impact of a MCM on RA patients treated with biological therapies in a real-world setting, assessing DAS28, HAQ, and routine laboratory parameters.

Methods: A retrospective analysis was conducted on data from 774 RA patients receiving biological treatments at a specialized rheumatology center in Colombia between January 2017 to November 2024. These patients were managed under an MCM that included a team of rheumatologists, physiatrists, physical therapists, occupational therapists, nutritionists, psychologists, and pharmaceutical chemists. Clinical outcomes, including DAS28, HAQ, creatinine levels, hemoglobin, and leukocyte counts, were collected at baseline and regular follow-up visits. Changes in disease activity, physical function, and laboratory parameters were analyzed over time.

Results: Among 774 patients, 632 (81.7%) were women, the mean age was 61.82 years (SD = 12.24). The biological therapies used were categorized as TNF inhibitors (51.94%), non-TNF biologics (40.31%), and JAK inhibitors (7.75%). Disease activity improved significantly. The proportion of patients in remission increased from 26.4% at baseline to 87.5% at follow-up ($p = 0.003$). The DAS28 score decreased by a mean of 1.62 ($p<0.001$), which was statistically significant. The mean change in HAQ was 0.39 ($p<0.001$). There were no significant changes in renal function, hemoglobin, leukocyte counts and other laboratories during the follow-up period (Figure 1).

Image 1:

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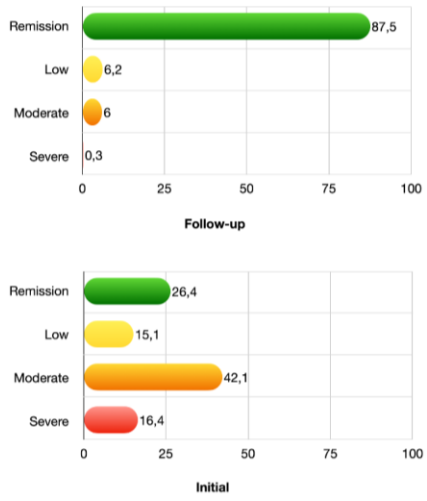

Fig 1. Improvement of disease activity levels after 8 years follow-up in RA patients receiving biologic therapies

Conclusion: The implementation of a MCM for RA patients treated with biologics significantly reduced disease activity without adversely affecting routine laboratory parameters. This real-world evidence supports the effectiveness of the MCM in improving patient outcomes and usefulness of biological therapies, and can serve as a model for RA management in other healthcare settings facing similar challenges.

Disclosure of Interest: None Declared

Keywords: biological therapies, Multidisciplinary care models, rheumatoid arthritis

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GLOBAL RHEUMATOLOGY
BY PANLAR

PANLAR 2025

Rheumatoid arthritis

PANLAR2025-1196

Hand And Feet Edema As A Clinical Sign In Rheumatoid Arthritis

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

Background/Objectives: Edema in the back of the hands and lower limbs in patients with rheumatoid arthritis (RA), unrelated to factors such as anemia, hypoalbuminemia, heart disease, kidney or thyroid disease, are unusual. The pathogenesis is unknown, it is suggested that is related to venous obstruction, increase in capillary permeability due to the action of endothelial growth factor (VEGF), lymphatic obstruction due to inflammatory products and the combination of all of them. It most frequently affects the hands; there does not seem to be a correlation with the positivity of the rheumatoid factor or the clinical activity of RA.

This is a case with edema as a confusing role in RA.

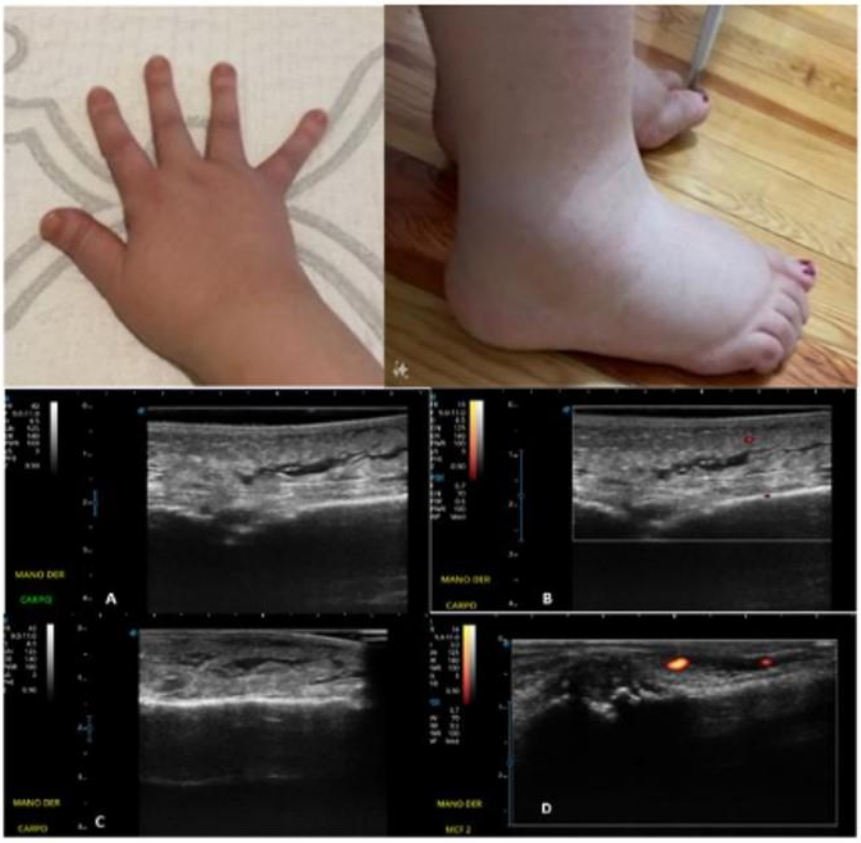
Methods: 43-year-old female, ten months with diagnosis of RA; treated with methotrexate 15 mg weekly, NSAID with partial improvement. Painful edema added in hands, feet and ankles. Prednisone 10 mg every 24 hours added; after 2 months, due to the lack of improvement and weight gain, steroids discontinued.

BP 110/60 mmHg, HR 70x, weight 72 kg, height 160 cm. Arthritis elbow and right knee, edema of the back of both hands, feet, ankles and lower third of legs with pain +++. CDAI 18. Laboratories: CRP 3.1 mg/dL, Cr 0.52 mg/dL, albumin 4.1 g/dL, creatinine clearance 117.8 mL/min. Thyroid profile, hepatitis B and C, HIV and PPD without alterations. Immunological: RF 166.3 IU/ml, antiCCP 2500 u/ ml. Ultrasound with carpal, 2nd and 3rd MCP joint recesses without synovitis; dorsal carpal-soft tissues with increased volume, heterogeneous, hypoanechoic aspect in the subcutaneous soft tissue, no Doppler signal.

Patient began betamethasone single dose and adalimumab 40 mg/SC each two weeks, with significant improvement.

Results: Edema in the upper and lower extremities in patients with rheumatoid arthritis implies a challenge and exclusion of other non-rheumatological causes. In the case of the patient, thyroid disease was initially excluded, considering the common association with RA; no cardiac or kidney disease was documented. Articular ultrasound demonstrated soft tissue edema and the response to intramuscular glucocorticoid and adalimumab was immediate, so the edema was attributed to the joint inflammatory process.

Image 1:



Conclusion: Edema of the hands and feet, with swelling, may occur unusually in some patients with RA. Non-rheumatological systemic causes must be excluded in its analysis.

Chronic and persistent lymphatic involvement may occur in some cases.

In older subjects it may cause confusion with RS3PE syndrome.

Reference 1: Paira S., Caliani L., Luraquiz N. Distal extremity swelling with pitting oedema in rheumatoid arthritis. Clin Rheumatol 2001; 20:76–79

Reference 2: Breznik V., Dai K., Marovt M. Chronic peripheral edema in a patient with rheumatoid arthritis. Acta Dermatovenerol Alp Pannonica Adriat 2018 Mar;27(1):37-39.

Disclosure of Interest: None Declared

Keywords: Diagnosis, edema, Pseudo RS3PE

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BY PANLAR

PANLAR 2025

Rheumatoid arthritis

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Behavior of the Synovial Vascular Pattern in Patients with Active Rheumatoid Arthritis

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

Background/Objectives: Rheumatoid arthritis (RA) is a disabling disease. **Objective:** To determine whether there is an association between synovial vascular patterns and overall disease activity in patients with RA.
Methods: A descriptive, cross-sectional study was conducted between January 2008 and July 2012. The study included 136 RA patients who experienced persistent pain and inflammation in a single joint for more than three months and underwent arthroscopy.
Results: The mean age was 52.4 years; 89 patients (84%) were female, 69 (65%) were of white race, and the mean disease duration was 20.5 years. Women exhibited higher frequencies of moderate and high disease activity, with statistically significant differences ($p < 0.018$). Straight vessels were more frequent in women, with a statistically significant difference compared to men ($p=0.026$). The presence of fibrin showed a significant association with the presence of straight vessels ($p=0.028$). Straight vessels were associated with moderate and high disease activity levels, with a p-value of 0.012.
Conclusion: Female sex and the presence of straight vessels in patients with active RA were associated. The straight vascular pattern was linked to macroscopic synovial features indicative of disease activity, such as the presence of fibrin and glove finger images, and was more frequently associated with moderate and high activity levels according to the Simplified Disease Activity Index for RA.

Disclosure of Interest: None Declared

Keywords: Rheumatoid arthritis, vascular pattern

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GLOBAL RHEUMATOLOGY
BY PANLAR

PANLAR 2025

Rheumatoid arthritis

PANLAR2025-1462

Optimization of biological therapy in patients with rheumatoid arthritis, follow-up of a cohort

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

Background/Objectives: Treatment of rheumatoid arthritis (RA) focuses on improving quality of life, preserving functionality, and reducing relapses and hospitalizations. Biological medications, including those with proven efficacy in inducing and maintaining remission, have a direct impact on the natural evolution of the disease. However, the use of biological therapies has generated increased costs for the health system. Therefore, it is imperative to optimize treatment in those patients who have achieved their therapeutic goals.

To analyze the clinical impact of the biological therapy optimization protocol for patients with rheumatoid arthritis, who are treated in a center specialized in rheumatological diseases in Colombia.

Methods: A study was carried out analytical retrospective cohort observational, with the following inclusion criteria: Patients with a diagnosis of arthritis rheumatoid according to the criteria ACR/EULAR 2010 qualifiers; Maintain a DAS28 (ESR) ≤3.2 consistently persistent for 12 months; Do not present increases in DAS28 (ESR) ≥0.6 over one year. A sampling was used by convenience. Disease activity was assessed initially already nine months through the DAS28-ESR.
Activityfree survival was calculated using the Kaplan-Meier method and subgroup analysis was performed according to the optimization protocol, evaluating differences using the log-rank test. A value of $p < 0.05$ was considered statistically significant. A Cox regression analysis was subsequently performed
Results: A total of 118 patients were analyzed, 49 in the biological optimization group and 69 in the control group. The characteristics of the groups are described in Table 1 and the survival curve can be seen in Figure 1.
Multivariate analysis not documented that the optimization of biological therapy was related to relapses at 9 months of follow-up (p: 0.598), nor
were the other factors analyzed associated with the disease recurrence.

Image 1:

Table 1. Characteristics of patients with rheumatoid arthritis undergoing optimization of biological therapy, Medellín, Colombia

	Biological therapy optimization		
	Yes (n:49)	No (n:69)	
	n (%)	n (%)	p*
Female sex	39 (79.6)	57 (82.6)	0.68
Age at diagnosis (Years)	43.8 (33.9-54.3)	47.6 (38.6-56.6)	0.13
Time of evolution of the disease (years)	19.9 (11.2-31.8)	14.2 (10.0-22.3)	0.33
Erosive disease	26 (66.7)	38 (55.1)	0.24
Non-biological therapy			
None	3 (6.1)	19 (27.5)	0.022
Chloroquine	1 (2.0)	0	
Hydroxychloroquine	1 (2.0)	0	
Leflunomide	17 (34.7)	26 (37.7)	
Leflunomide + chloroquine	0	1 (1.4)	
Leflunomide + methotrexate	2 (4.1)	2 (2.9)	
Metotrexate	25 (51.0)	19 (27.5)	
Sulfasalazine	0	2 (2.9)	
Previous biological therapy	7 (14.3)	14 (20.3)	0.40
Duration of biological therapy before optimization (months)	36.0 (25.0-73.0)	26.0 (18.5-43.5)	0.008
Biological therapy			
Abatacept	10 (20.4)	25 (36.2)	<0.001
Adalimumab	7 (14.3)	25 (36.2)	
Certolizumab	2 (4.1)	8 (11.6)	
Etanercept	28 (57.1)	11 (15.9)	
Golimumab	1 (2.0)	0	
Infliximab	0	1 (0.8)	
Final stage			
DAS28 ≥ 3.2			
Increase ≥ 0.6	1 (2.0)	0	0.22
Increase ≥ 1.2	6 (12.2)	4 (5.8)	
Remission	42 (85.7)	65 (94.7)	0.12

* Analysis using chi-square test
DAS28- ESR: Disease Activity Score 28- erythrocyte sedimentation rate
Relapse was defined as the increase in activity measured by DAS28-ESR ≥3.1, mild relapse if the increase was ≥ 0.6, and severe relapse if the increase was ≥1.2

Image 2:

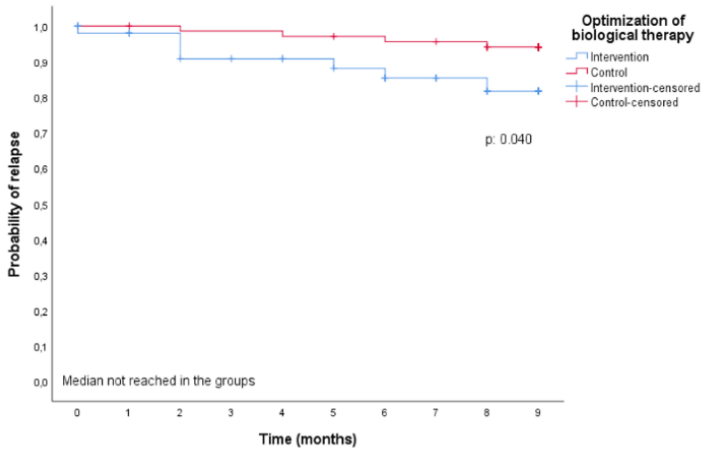

Figure 1. Probability of relapse measured by DAS28-ESR, in rheumatoid arthritis with optimization of biological therapy

Conclusion: Optimization of biological therapy in rheumatoid arthritis is recommended in patients with disease remission. This study demonstrates the safety of implementing an optimization protocol, as no evidence of an increase in disease relapses is observed

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Disclosure of Interest: None Declared

Keywords: Arthritis, Rheumatoid, biological disease-modifying drug, Biological Therapy

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BY PANLAR

PANLAR 2025

Rheumatoid arthritis

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How Do Argentine Rheumatologists Use Jak Inhibitors?

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

Background/Objectives: The latest international recommendations have suggested considering the risk factors of patients with rheumatoid arthritis (RA) before using JAK inhibitors (JAKi) and emphasized the importance of shared decision-making between professionals and patients.

Describe the decision-making of Argentine rheumatologists in the use of JAKi in patients with RA

Methods: A survey through a Google form and sent to 568 rheumatologists of the SAR from August 2023 to February 2024. The survey investigated the prescription trends of JAKi and the comfort level of Argentine rheumatologists with these drugs, simulating different clinical scenarios linked to the safety and efficacy of these drugs. A descriptive analysis of the results was performed and the relationships (chi square) between years of training, age and the results obtained with the simulation of different scenarios were analyzed

Results: 312 surveys were received (54.9% participation). 48.7% were between 25 and 45 years of age. Of these, 5.1% were in training, 63.4% had more than 10 years as specialists. Regarding the use of JAKi in their practice, only 1.4% of them reported not using them currently and 90.7% believe that it is a useful option for patients who fail methotrexate. 76.2% have changed their prescribing behavior after 2022. 65.3% also modified after the last update of the EULAR guidelines, while 14.3% put it at the patient's discretion. Even if the patient has at least one cardiovascular risk factor, 65.8% continue to use JAKi. 34.4% considered that switching to another JAKi would mitigate the excess cardiovascular and oncological risk reported. Considering a patient in remission >65 years old and CV risk factors on tofacitinib treatment, 75.2% of rheumatologists maintain the treatment while 27.4% inform the patient and let him decide the therapeutic approach. Atherosclerotic cardiovascular disease among all options (coronary disease: 83.8%, stroke 80.5% and peripheral arterial disease 79.9%) were unacceptable risk factors for starting a JAKi

Conclusion: Although most have changed their behavior following recent recommendations, the results show that rheumatologists feel confident in using JAKi, even in patients refractory to MTX. Clinical remission is a weighty factor that weighs the decision to continue treatment, even in patients with risk factors. Atherosclerotic arterial disease is the most compelling antecedent to avoid prescribing these drugs

Disclosure of Interest: None Declared

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Keywords: guide recommendations, JAK, shared decision

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BY PANLAR

PANLAR 2025

Rheumatoid arthritis

PANLAR2025-1336

Registry Of Rheumatoid Arthritis Patients With Positive Rheumatoid Factor In A Colombian Caribbean Population

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

Background/Objectives: Rheumatoid arthritis (RA) is characterized by the presence of rheumatoid factor (RF) and anti-citrullinated antibodies, which are detectable in 60-70% of RA patients. Quantification of rheumatoid factor (RF) is an established marker for the diagnosis and classification of RA and represents a prognostic indicator of disease activity and progression. RF isotypes are useful in the management of RA patients from the time of diagnosis to the decision on therapeutic strategy. Nephelometry and enzyme-linked immunosorbent assays (ELISA) are currently used because of their simplicity and greater reproducibility. The present study aims to determine the basal levels of rheumatoid factor in patients with rheumatoid arthritis in a Colombian Caribbean population.

Methods: Descriptive cross-sectional and multicenter study of patients who met the EULAR/ACR 2010 criteria for rheumatoid arthritis, and were attended by rheumatologists of the collaborative research network in rheumatic diseases of the Colombian Caribbean (RICER), where 8 departments were included in the period from September 2023 to October 2024. Sociodemographic indicators, RF levels by Elisa tests, Disease Activity Score 28 (DAS28), functional disability index (Health Assessment Questionnaire score, HAQ) were evaluated. With the information obtained, the data were processed and analyzed using SPSS® software version 2.0

Results: The sample was 619 patients with RA in mean age of 57.5 years (± 13.2), female sex represented 90.6% (n: 561). The median DAS 28 was 3.92 where high activity accounted for 30.5%. The median RF was in the range 64 (16 - 164) where the highest proportion of patients was in the Q2 range with 34.1% (n: 211). (Table 1). Patients represented in the Q1 and Q2 ranges had higher disease activity (P<0.010).

Table 1: Table 1. Determinations of rheumatoid factor values

Characteristics	n	%
RF (UI/ml) *	64 (16 – 164)	
Range		
Q1 ≥160 UI/ml	137	22,1
Q2: ≥30- ≤160 UI/ml	211	34,1
Q3: ≤ 30 UI/ml	160	25,8
NR	111	17,9
TOTAL	619	100,0

Conclusion: Patients with rheumatoid factor located in medium to high titers (Q1- Q2) have a tendency to greater disease activity according to the DAS28 scale, which is comparable to other studies that indicate that the presence of rheumatoid factor positivity with high activity and therefore more structural damage. This work is a starting point in the development of an epidemiological profile of patients with rheumatoid arthritis in the Colombian Caribbean

Disclosure of Interest: None Declared

Keywords: Artritis Reumatoide, Rheumatoid factor

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Rheumatoid arthritis

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The Neutrophil-Lymphocyte Ratio And The Incidence Of Cardiovascular Events And Mortality In Patients With Rheumatoid Arthritis. A Retrospective Cohort Study.

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

Background/Objectives: To evaluate whether the neutrophil-lymphocyte ratio (NLR) at diagnosis predicts major adverse cardiovascular events (MACE) and death from all causes in patients with rheumatoid arthritis (RA).

To evaluate the effect of treatment on the NLR.

Methods: Retrospective cohort study. Patients with RA who were followed up at a university hospital were included.

Patients contributed time from diagnosis to the development of MACE (nonfatal myocardial infarction, nonfatal stroke, or cardiovascular death), death, loss to follow-up, or study completion (1/5/2022). NLR was calculated from the complete blood count at diagnosis, before starting any systemic therapy. Patients with prior MACE were excluded. Incidence rates (IRs) were calculated for incident MACE and all-cause mortality. Associations between NLR (low: <2.5; and high: ≥2.5) and MACE or all-cause death were analyzed using a Cox proportional hazards model adjusted for traditional cardiovascular risk factors. For all-cause mortality, an NLR cutoff value of 2.73 was developed (based on the best sensitivity and specificity value in the ROC curve in our population).

Changes in the percentage of patients with elevated NLR before and after treatment with methotrexate or biologics were calculated.

Results: 361 patients were followed for a total of 2773.49 patient-years (p/y) (Table 1). There were 21 MACE and 56 deaths.

The incidence of MACE in patients with NLR ≥2.5 was 0.87 per 100 p/y vs. 0.66 per 100 p/y in those with NLR <2.5 (IRR: 1.32; 95% CI 0.51-3.54; p= 0.27).

The incidence of all-cause death in patients with NLR ≥2.73 was 3.14 per 100 p/y vs. 1.28 per 100 p/y in those with NLR <2.73 (IRR: 2.45; 95% CI 1.39-4.43, p=0.001).

In the Cox proportional hazards model, after adjusting for age, sex, hypertension, dyslipidemia, smoking, and Charlson index, a NLR ≥2.73 is associated with a higher risk of all-cause mortality: Hazard Ratio (HR): 2.42 (95%CI: 1.35-4.34; p=0.003).

There was no association between NLR ≥2.5 and MACE in the multivariate analysis: HR: 1.02 (95%CI 0.76-1.37; p=0.87).

A reduction in the percentage of patients with elevated NLR was observed after 6-12 months of treatment with methotrexate (delta -6.92% p=<0.001) or biologics (delta -18.52% p=0.047).

Image 1:

Table 1. Baseline characteristics.

Characteristics	Rheumatoid arthritis (n: 361)
Female; n (%)	291 (80.61)
Age at inclusion; mean (SD)	62.14 (14.56)
Follow-up since inclusion (years); mean (SD)	7.62 (4.57)
Positive rheumatoid factor; n (%)	241 (68.08)
Positive anti-CCP; n (%)	254 (77.68)
Erosions; n/N (%)	40/188 (21.28)
Extra-articular involvement; n/N (%)	51/291 (17.53)
Erythrocyte sedimentation; N/ mean (SD)	359/ 40.56 (25.23)
C-reactive protein; N/ mean (SD)	171/ 21.68 (28.81)
HAQ; N/ mean (SD)	44/ 0.80 (0.80)
DAS28; N/ mean (SD)	254/ 4.98 (0.89)
Tenderness joints; N/ mean (SD)	285/ 5.10 (3.26)
Swollen joints; N/ mean (SD)	285/ 4.76 (2.98)
Hypertension; n (%)	139 (38.50)
Dyslipidemia; n (%)	85 (23.55)
Body mass index; mean (SD)	26.73 (5.52)
Current or previous smoking; n (%)	130 (36.01)
Diabetes; n (%)	16 (4.43)
Corticosteroid treatment after inclusion; n (%)	282 (80.80)
DMARDc treatment after inclusion; n (%)	346 (95.84)
Biological treatment after inclusion; n (%)	60 (16.62)
JAKi treatment after inclusion; n (%)	30 (8.31)
NLR; mean (SD)	2.86 (1.79)
NLR ≥2.5; n (%)	184 (50.83)

n: positive number / N: total number evaluated.
CCP: cyclic citrullinated peptide. HAQ: Health Assessment Questionnaire.
DAS28: Disease activity score 28. DMARc: conventional anti-rheumatoid arthritis modifying drug. JAKi: Janus kinase inhibitor. NLR: neutrophil-lymphocyte ratio.

Image 2:

Table 2. Cox proportional hazard model for all-cause mortality

Variable	HR	SD	95%CI
NLR ≥2.73	2.42	**0. 72**	1.35-4.34
Male sex	1.88	**0.64**	0.96-3.67
Age	1.09	**0.03**	1.03-1.15
Hypertension	1.03	**0.35**	0.53-1.99
Dyslipidemia	0.86	**0.29**	0.44-1.67
Smoking	1.69	**0.31**	1.18-2.42
Charlson comorbidity index	1.20	**0.24**	0.81-1.79

Conclusion: NLR is an easily and universally available index, that was associated with an increased risk of mortality, but not of MACE in patients with rheumatoid arthritis.

In general, a reduction in the NLR was observed after 6-12 months of treatment with methotrexate or biologics.

Disclosure of Interest: None Declared

Keywords: major adverse cardiovascular events, neutrophil-lymphocyte ratio, rheumatoid arthritis

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Rheumatoid arthritis

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Rapamycin Reduces Inflammation In A Murine Model Of Rheumatoid Arthritis Through Senescence-Related Mechanisms

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

Background/Objectives: Rheumatoid arthritis (RA) is associated with features of immunosenescence, including decreased thymus function, telomere loss, and excessive proinflammatory cytokine production, known as the senescence-associated secretory phenotype. This immunosenescent profile contributes to early age-related comorbidities like osteoporosis and cardiovascular complications (1). The detailed molecular mechanisms linking senescence signaling to inflammation remain poorly understood. This study explores the link between immunosenescence and inflammation in a murine RA model by comparing the transcriptomes of treated and untreated joints with rapamycin, an anti-senescence drug.

Methods: This study included male DBA/1 mice with collagen-induced arthritis (CIA), divided into two groups: CIA-control (untreated) and CIA-Rapamycin (treated). Rapamycin (44 ppm) was administered via drinking water for 40 days. Clinical, histopathological, and transcriptomic analyses assessed the treatment's effects. RNA sequencing was conducted to identify differentially expressed genes (DEGs) and perform pathway analyses. Bioinformatic analysis of the sequences provided insights into the impact of rapamycin on both arthritis and senescence mechanisms and the connection between these processes.

Results: Rapamycin reduces arthritis and inflammation and downregulates pathways linked to ECM, skeletal development, and PI3K-Akt while upregulating glucose and bone metabolism pathways. RNA sequencing identified 354 DEGs, including key upregulated genes Sost and Npy and downregulated genes Col1a1 and Ptgs2 (Figure 1). STRING analysis revealed clusters associated with aging, immune processes, and abnormal skeletal phenotypes. Key mediators bridging these processes include Pck1 and Npy, highlighting their role in rapamycin’s effects (Figure 2).

Image 1:

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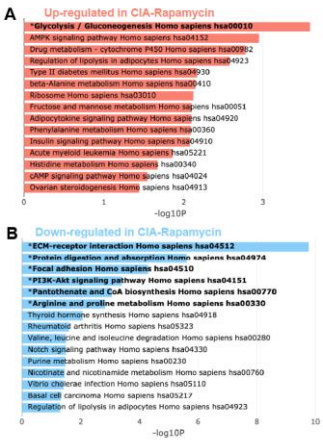

Figure 1. Effect of Rapamycin on Inflammation in a Murine Model of Rheumatoid Arthritis Through Senescence-Related Mechanisms. The genes differentially expressed due to rapamycin treatment were associated with upregulated (A) and downregulated (B) KEGG pathways using the BioJupies

Image 2:

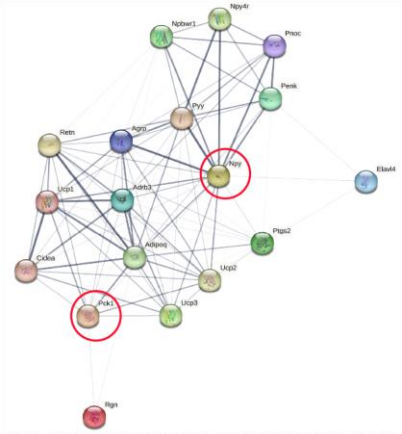

Figure 2. Differentially expressed genes related to the aging pathway by effect of Rapamycin in a Murine Model of Rheumatoid Arthritis. Protein-protein interaction network created using the STRING database.

Conclusion: Rapamycin increased Pck1 and Npy, linking senescence modulation and anti-inflammatory effects in arthritis. Pck1, a critical enzyme in gluconeogenesis, enhances energy homeostasis, reduces oxidative stress, and maintains mitochondrial function, preventing the accumulation of senescent cells and their pro-inflammatory phenotype. Npy acts as a neuro-immunomodulator, regulating immune cell polarization, cytokine production, and stress response pathways, creating an anti-inflammatory environment. Pck1 and Npy highlight rapamycin's ability to alleviate inflammation and address senescence-driven processes, offering novel therapeutic insights for arthritis.

Reference 1: Bauer ME. Accelerated immunosenescence in rheumatoid arthritis: impact on clinical progression. Immun Ageing. 2020 Dec;17(1):6.

Disclosure of Interest: None Declared

Keywords: Aging, Rapamycin, Senescence

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Rheumatoid arthritis

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Emphasizing The Need For Early Cardiac Screening In Postmenopausal Women With Rheumatoid Arthritis

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

Background/Objectives: Rheumatoid arthritis (RA) is linked to increased cardiovascular (CV) risk, particularly in women aged 35–45 years during menopause. Studies show that postmenopausal women may be vulnerable to heart failure with preserved ejection fraction (HFpEF). This study aims to compare the prevalence of subclinical cardiac abnormalities between post and premenopausal women with RA.

Methods: A cross-sectional study included women aged 30–75 years with RA. Participants underwent echocardiography to assess left ventricle (LV) geometry. Subclinical diastolic dysfunction was defined by the 2016 ACC classification and subclinical systolic dysfunction by a GLS >-18%. Normality was assessed with the Kolmogorov-Smirnov test, and comparisons used Chi-square, T-test, or Mann-Whitney U tests, with $p \leq 0.05$ considered significant.

Results: A total of 120 RA patients were included: 74 post and 46 premenopausal. Postmenopausal women had a higher LV mass index (82.5 vs. 66.1, p=0.003). Most premenopausal women had normal diastolic function (60.8%, p=0.009), while postmenopausal women predominantly had pseudonormal diastolic function (59.7%, p=0.03). Complete results are shown in Table 1.

Table 1:

Conclusion: Our study shows higher LVMI and more subclinical diastolic dysfunction in postmenopausal women with RA, emphasizing the need for early echocardiographic screening to prevent future CV events.

Reference 1: Zhao Z, Wang H, Jessup JA, Lindsey SH, Chappell MC, Groban L. Role of estrogen in diastolic dysfunction. American Journal of Physiology-Heart and Circulatory Physiology. 2014 Mar 1;306(5):H628–40.

Reference 2: Maiello M, Cecere A, Ciccone MM, Palmiero P. Early diagnosis of subclinical left ventricular dysfunction in postmenopausal women with rheumatoid arthritis. Clinical Physiology and Functional Imaging. 2023 May 2;43(5):313–7.

Disclosure of Interest: None Declared

Keywords: Echocardiography, Menopause, Rheumatoid Arthritis

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Rheumatoid arthritis

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Actual Clinical Practice Data In Patients With Rheumatoid Arthritis On Jak Inhibitor Therapy In A Tertiary Care Hospital During 18 Months Of Follow-Up.

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

Background/Objectives: To describe and compare the clinical response to treatment with JAK inhibitors (JAKI) for disease control in terms of improvement in disease activity measured by indices, analytical parameters and pain perception in patients with RA in real clinical practice.

Methods: An observational, descriptive, retrospective study was performed at a tertiary hospital. A total of 126 patients diagnosed with RA treated with JAKI were included. Demographic data, activity indices, laboratory parameters (ESR/CRP) and autoantibodies (RF/ACPA) were collected at baseline, 6, 12 and 18 months of treatment, and a descriptive statistical analysis and comparisons were performed using Friedman's test.

Results: The majority of patients were women (81%), with a mean age of 55.29 (10.65) years, mean disease duration of 15.28 (10.59) years, and prevalence of RF positivity of 81.7% and ACPA of 82.5%. The proportion of first-line JAKI was 42.1%. Variables related to disease activity were evaluated and statistically significant reductions compared to baseline were observed at 6, 12 and 18 months in number of tender (TJ) and swollen (SJ) joints, CRP levels, SDAI, CDAI and in DAS28-ESR/CRP indices. The visual analog scale (VAS) for patient-reported pain also indicated perceived improvement (Table 1).

Image 1:

Table 1. Descriptive and comparative analysis of response to treatment with JAK inhibitors in patients with baseline rheumatoid arthritis at 6, 12 and 18 months of follow up.

	Basal	6 months	12 months	18 months	p-value
Age, mean (SD)	55,29 (10,65)	-	-	-	-
Gender, Female	102 (81%)	-	-	-	-
Time of evolution years, mean (SD)	15,28 (10,59)	-	-	-	-
Smoker, Yes	63 (50%)	-	-	-	-
Diabetes, Yes	6 (4,8%)	-	-	-	-
Arterial hypertension, Yes	27 (21,4%)	-	-	-	-
Rheumatoid factor, Positive	103 (81,7%)	-	-	-	-
Rheumatoid factor value, mean (SD)	132,78 (190,65)	-	-	-	-
Anti Citrullinated Antibody, Positive	104 (82,7%)	-	-	-	-
Anti Citrullinated Antibody Value, mean (SD)	329,86 (816,40)	-	-	-	-
DMARDs, Yes	70 (55,6%)	-	-	-	-
Line of treatment					
- 1	53 (42,1%)	-	-	-	-
- 2	26 (20,6%)	-	-	-	-
- ≥3	47 (37,3%)	-	-	-	-
JAKI					
- Baricitinib	66 (52,38%)	-	-	-	-
- Filgotinib	28 (22,22%)	-	-	-	-
- Tofacitinib	19 (15,07%)	-	-	-	-
- Upadacitinib	13 (10,31%)	-	-	-	-
TJ, mean (SD)	6,02 (4,26)	1,36 (4,11)	0,74 (1,23)	1,24 (2,22)	<0,001
SJ, mean (SD)	3,24 (3,50)	0,79 (3,97)	0,29 (0,85)	0,39 (1,48)	<0,001
CRP mg/dl, mean (SD)	12,73 (14,57)	4,74 (9,97)	3,25 (4,34)	3,93 (5,68)	<0,001
ESR mm/1°h, mean (SD)	22,78 (18,46)	18,00 (14,28)	17,43 (13,10)	19,26 (16,17)	0,233
SDAI, mean (SD)	23,58 (9,53)	8,08 (6,14)	7,29 (5,15)	8,76 (7,10)	<0,001
CDAI, mean (SD)	22,32 (9,15)	7,62 (5,73)	6,98 (4,99)	8,37 (7,00)	<0,001
DAS 28 ESR, mean (SD)	4,56 (1,15)	2,58 (1,00)	2,55 (0,89)	2,77 (1,13)	<0,001
DAS 28 CRP, mean (SD)	4,32 (1,03)	2,18 (0,89)	2,09 (0,73)	2,32 (0,94)	<0,001
VAS patient-reported, mean (SD)	6,86 (1,90)	3,31 (2,29)	3,0 (1,95)	3,47 (2,35)	<0,001

Conclusion: This study provides a description of a population of RA patients treated with JAKI in a tertiary care hospital. Real-world evidence studies support efficacy and therapeutic response with JAKI through clinical and disease activity parameter improvement. Our data confirm in real-world practice the data from pivotal studies of JAKI, as well as the adequate therapeutic response maintained up to 18 months.

Disclosure of Interest: None Declared

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Rheumatoid arthritis

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Adherence to the Mediterranean Diet in Patients with Early Rheumatoid Arthritis: Insights from the Brasília RA Cohort (Pilot Study)

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

Background/Objectives: Rheumatoid arthritis (RA) is a chronic autoimmune disease with multifactorial origins, including environmental and genetic factors. While pharmacological treatment remains central to RA management, non-pharmacological measures, like dietary modifications, may mitigate disease manifestations. The Mediterranean diet (MD), rich in fruits, vegetables, whole grains, olive oil and fish, is associated with anti-inflammatory effects and benefits in chronic diseases. This pilot study evaluated adherence to the MD in Brazilian patients with early RA, offering insights into dietary patterns and their potential impact on RA management.

Methods: This study is part of the Brasília RA Cohort, a prospective and ongoing cohort study conducted at the University Hospital of Brasília and approved by the ethics committee (CEP-FM/UnB-002/2005). Patients diagnosed with RA according to the ACR/EULAR criteria and with symptoms for ≤12 months were included. Adherence to the MD was assessed using the Mediterranean Diet Scale (MDS), scoring dietary patterns from 0 to 13. Scores ≤5 indicate low adherence and >10, high adherence. Sociodemographic, anthropometric, metabolic, and inflammatory parameters were collected for analysis.

Results: The study included 41 women. Detailed characteristics of the study population are summarized in Table 1.

No significant associations were observed between MDS scores and inflammatory markers or disease activity scores.

Table 1: Characteristics of the study population.

Variable	Value
Mean Age (years, SD)	54.5 (SD 13.6)
Overweight/Obesity (%)	60.5%
Mean Income (USD, SD)	666.46 (SD 180.2)
Time Since Diagnosis (years, SD)	13.45 (SD 5.04)
Mean MDS Score (SD)	6.07 (SD 1.72)
Low Adherence (%)	31.7% (13 participants)

Moderate Adherence (%)	68.3% (28 participants)
High Adherence (%)	0%
CDAI	9.78 (SD 9.30)
SDAI	10.78 (SD 9.14)
PCR	1.62 (SD 2.52)
VHS	28.34 (SD 21.89)
HAQ	0.54 (SD 0.69)

Conclusion: This study highlights low adherence to the MD among early RA patients. Findings suggest that socioeconomic constraints and nutritional challenges limit adherence. While the small sample size hindered a robust evaluation of the MD's impact, the MDS proved valuable for assessing dietary patterns and guiding interventions. Strategies focusing on increasing intake of MD components, like natural foods, olive oil, nuts, and fish, are needed to address dietary gaps. Future studies with larger cohorts are necessary to validate these findings and explore the role of the MD in RA management.

Disclosure of Interest: None Declared

Keywords: mediterranean diet, rheumatoid arthritis

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Rheumatoid arthritis

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Characterization of late-diagnosed rheumatoid arthritis and factors associated with activity

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

Background/Objectives: Rheumatoid arthritis (RA) manifests clinically in two distinct forms based on the age of diagnosis: early-onset and late-onset, with the latter occurring after the age of 60. Despite its prevalence, complete information in the medical literature on the clinical behavior of late-diagnosed RA is scarce.
objetive: To characterize a cohort of patients with late-diagnosed RA and factors associated with disease activity.
Methods: Observational, retrospective follow-up study of a cohort of patients diagnosed with RA according to ACR/2010 criteria. With onset of symptoms after 60 years of age, treated between January and December 2022, in an institution specialized in rheumatology, Colombia. Bivariate analysis was performed using the Chi-square and Mann-Whitney U test for differences between groups, remission or low activity versus moderate to severe activity according to DAS28 (ESR ≤3.1 vs >3.1)
Results: A total of 366 records were analyzed. The female sex was documented in 81.4%, with a median age at diagnosis of 71.3 years. The most common initial symptoms were inflammatory joint pain without swelling in 323 patients (97.8%), followed by lumbosacral pain (11.8%), fatigue (6.7%), myalgia (5.5%). At diagnosis, 92.7% presented polyarticular and symmetrical involvement in 92.0% of the population. The most affected joints were the metacarpophalangeal joints (84.0%), wrists (74.0%), proximal interphalangeal joints (57.6%), and knees (40.3%). The presence of two or more comorbidities occurred in 73.5%; the most prevalent are blood pressure, osteoporosis, osteoarthritis, and diabetes mellitus. Disease remission was observed in 60.2%, 18.2% in mild activity, 16.0% in moderate activity and 5.5% in severe activity. Rheumatoid factor was positive in 77.3%, and anti- citrullinated peptide in 66.8%. Methotrexate was the most used drug in 64.8%, followed by chloroquine in 39.1%. Biological therapy was documented in 4.4% (n:16). When analyzing moderate to severe activity, it was found that the following factors were associated: positive rheumatoid factor (p:0.04), high ESR and CRP values (p<0.001), use of leflunomide (p:0.001), sulfasalazine(p<0.001) and biological therapy (p<0.001)
Conclusion: Moderate to severe activity of late-onset RA is associated with the presence of positive rheumatoid factor, elevated ESR and CRP. Leflunomide, sulfasalazine and biological therapy are associated with moderate or high activity while methotrexate has a negative association with it.

Disclosure of Interest: None Declared

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Keywords: Arthritis, Rheumatoid, epidemiology, late-diagnosed rheumatoid arthritis

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Rheumatoid arthritis

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Transcranial Direct Current Stimulation As Non-Pharmacological Treatment For Chronic Pain In Rheumatoid Arthritis: A Randomized, Double-Blind, Sham-Controlled Clinical Trial

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

Background/Objectives: RA patients often experience chronic pain from neuroinflammation and neuronal hyperexcitation. tDCS has proven effective in reducing pain in central sensitization syndromes like fibromyalgia.To verify the efficacy and tolerance of tDCS on chronic pain symptoms in RA patients.

Methods: Women aged 18–70 years, stable low inflammatory status (3 months; low DAS28-CRP; CRP≤10mg/L; ESR≤20mm/h; ≤1 swollen joint), and persistent pain (VAS≥40mm) participated in this randomized, double-blind, sham-controlled trial. Patients were randomized to active (n=17) or sham (n=17) treatment. Twenty 20-min sessions (active tDCS 2mA; sham tDCS 0mA with brief ramping) targeted the primary motor cortex daily at home (5 days/week). The main outcome was pain (VAS, mm), with secondary outcomes including PPT (Kg), analgesic use, CSI, FACIT-F, HAQ-DI, PSQI, biomarkers (BDNF, TNF-α, IL-1, IL-6), safety, and adherence. The sample size (n=34) was based on a pilot trial by our group using the same protocol due to the lack of prior RA-tDCS studies.

Results: Thirty-four patients (mean age: active 57.2±7.9; sham 54.2±9.5) had similar baseline characteristics. After 4 weeks, the active group showed significant pain reduction (-33.52mm,p=0.009), increased PPT (0.97Kg,p=0.003), reduced analgesic use (-1.41days,p=0.025), and higher BDNF levels (156.64pg/ml,p=0.041) vs. sham. Both groups improved secondary outcomes. tDCS was well tolerated (low-intensity itch reported), with high adherence and no dropouts.

Table 1: Table 1. Primary and secondary outcomes at baseline and after tDCS.

	Baseline		After tDCS		Δ		Δp	Cohen's d
	Active (n=17)	Sham (n=17)	Active	Sham	Active	Sham		

DAS-28 (score)	1.77(1.2-3.2)	2.47(1.2-3.2)	1.82(1.2-3.2)	2.12(1.2-3.2)	-0.14±0.76	-0.13±0.49	0.357	0.1
VAS-pain, (mm)	72.35±17.14	62.94±15.71	38.82±17.27	48.82±13.63	-33.52±23.43	-14.11±15.83	0.009*	1.0
PPT min, (Kg)	1.50(1.2-2.5)	1.80(1.5-2.8)	3.00(2.6 - 4.0)	2.00(1.7 - 3.0)	0.97±0.71	0.37±1.18	0.003*	0.6
Weekly frequency of analgesic use	3.41±1.0	3.41±0.8	1.18±0.52	2.0±0.0	1.61±0.44	1.41±0.46	0.025*	0.5
BDNF	1289.88±398.72	1280.57±655.67	1446.52±511.59	1207.22±596.48	156.64±279.49	-73.35±170.07	0.002*	1.1

Min: Minimum PPT; Mean values are presented as '±' the s.d. and median (IQR). Δ,value after tDCS-baseline; Δp between groups,p<0,05;Cohen's d,effect size:≤0.2 Small effect, ≥0.5 Medium effect, ≥0.8 Large effect.*

Conclusion: Home-based tDCS significantly reduced pain and was well tolerated by RA patients with chronic pain and low-inflammation.

This approach may contribute to the management of this complex condition.

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Reference 2: Caumo W, Alves RL, Vicuña P, Alves CFDS, Ramalho L, Sanches PRS, Silva DP, da Silva Torres IL, Fregni F. Impact of Bifrontal Home-Based Transcranial Direct Current Stimulation in Pain Catastrophizing and Disability due to Pain in Fibromyalgia: A Randomized, Double-Blind Sham-Controlled Study. J Pain. 2022 Apr;23(4):641-656. doi: 10.1016/j.jpain.2021.11.002. Epub 2021 Nov 13. PMID: 34785366.

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Keywords: chronic pain, rheumatoid arthritis, tDCS

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BY PANLAR

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Rheumatoid arthritis

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Assessing Subclinical Atherosclerosis In Rheumatoid Arthritis: The Role Of Menopause

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

Background/Objectives: Women with rheumatoid arthritis (RA) face an elevated cardiovascular (CV) risk, which increases further during menopause due to declining estrogen levels and vasomotor symptoms that may accelerate subclinical atherosclerosis. Despite this, the impact of menopause on CV risk in RA remains poorly studied. This study aims to compare subclinical atherosclerosis prevalence in premenopausal and postmenopausal women with RA.

Methods: A cross-sectional, comparative study included women aged 30–75 years with RA meeting ACR/EULAR 2010 criteria, excluding those with CV disease, pregnancy, or overlapping syndromes. Carotid ultrasound assessed carotid plaque (CP), defined as intima-media thickness (IMT) ≥1.2 mm diffusely or ≥0.8 mm focally, and subclinical atherosclerosis, defined as CP or IMT ≥0.8 mm. Data normality was tested with Kolmogorov-Smirnov, and comparisons used Chi-square, T-test, or Mann-Whitney U tests, with $p \leq 0.05$ considered significant.

Results: A total of 281 RA patients were included, comprising 159 post and 122 premenopausal women. Postmenopausal women were older (59.9 ± 7.7 vs. 50.9 ± 9.7 years, $p<0.001$) and had a higher prevalence of hypertension (40.5% vs. 21.7%, $p=0.05$). Carotid plaque was more prevalent in postmenopausal women (56.6% vs. 39.2%, $p<0.001$). Detailed results are in Table 1.

Table 1:

Conclusion: Our study reveals significant differences in subclinical atherosclerosis prevalence between post and premenopausal women with RA, suggesting that menopause may increase CV risk beyond traditional factors. This underscores the need for early evaluation and carotid ultrasound screening in this population.

Reference 1: Drosos GC, Vedder D, Houben E, Boekel L, Atzeni F, Badreh S, et al. EULAR recommendations for cardiovascular risk management in rheumatic and musculoskeletal diseases, including systemic lupus erythematosus and antiphospholipid syndrome. Ann Rheum Dis. 2022 Jun;81(6):768–79.

Reference 2: Muka T, Oliver-Williams C, Colpani V, Kunutsor S, Chowdhury S, Chowdhury R, et al. Association of Vasomotor and Other Menopausal Symptoms with Risk of Cardiovascular Disease: A Systematic Review and Meta-Analysis. DeAngelis MM, editor. PLoS ONE. 2016 Jun 17;11(6):0157417.

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Disclosure of Interest: None Declared

Keywords: Carotid Plaque, Menopause, Rheumatoid arthritis

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PANLAR 2025

Rheumatoid arthritis

PANLAR2025-1391

Effectiveness of Rituximab Treatment in a Cohort of Patients with Rheumatoid Arthritis

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

Background/Objectives: Background: Rheumatoid arthritis (RA) is a systemic autoimmune disease that causes chronic joint inflammation. Treatment includes the use of conventional synthetic, targeted synthetic, and biological disease-modifying antirheumatic drugs, such as rituximab (RTX), a chimeric monoclonal antibody that specifically binds to the CD20 molecule on B lymphocytes to deplete them. RTX treatment is not curative and requires the administration of effective cycles. **Objectives:** To evaluate the efficacy of RTX treatment in patients with rheumatoid arthritis
Methods: An ambispective observational study was conducted involving 114 patients diagnosed with rheumatoid arthritis who were treated with intravenous RTX in the protocolized consultation of the Hermanos Ameijeiras Clinical Surgical Hospital between May 2004 and June 2020, with follow-up until May 2021.
Results: Patients with RA were characterized by a predominance of the female sex, non-white skin color, dyslipidemia, and hypertension as the main comorbidities. The average duration between RTX cycles to maintain an adequate response was 10 months (range 7–13 months). The number of RTX cycles, seropositivity, and therapy as the first or second biological line were associated with a longer duration of favorable response. Adverse effects with RTX were infrequent. **Conclusions:** RTX treatment in patients with RA induces remission in most patients, achieves a good biological response, and has a low frequency of adverse effects.
Conclusion: RTX treatment in patients with RA induces remission in most patients, achieves a good biological response, and has a low frequency of adverse effects.

Disclosure of Interest: None Declared

Keywords: Rheumatoid arthritis, Rituximab, Rhematology

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GLOBAL RHEUMATOLOGY
BY PANLAR

PANLAR 2025

Rheumatoid arthritis

PANLAR2025-1091

Adverse Drug Reactions Associated With Jak Inhibitors In Patients With Rheumatoid Arthritis

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

Background/Objectives: Janus kinase inhibitors (JAKi) are effective targeted synthetic DMARDs for Rheumatoid Arthritis (RA). Due to safety concerns, they are not first-line treatments and adverse drug reactions (ADR) are systematically monitored during follow-up. Real-world evidence provides valuable documentation of ADR associated with JAKi. We aimed to compare the incidence of ADR in a cohort of RA patients treated with JAKi in Colombia

Methods: A cohort study was conducted at Medicarte, a facility specializing in immune-mediated diseases from 2016 to 2024. RA patients ≥18 years receiving JAKi were included. During the follow-up, a pharmaceutical chemist recorded ADR in the electronic database, verifying and classifying symptoms related to ADR while excluding overdose as a potential cause. Qualitative variables are summarized using frequency and percentage. A bivariate logistic regression model was used to estimate the Odds Ratio (OR) associated with infections and infestations-related ADR associated with JAKi, with 95% confidence intervals and p-values reported considering <0.05 as statistically significant

Results: Of 10,129 RA patients, 3.9% (n=397) were receiving JAKi, with a mean treatment duration of 3.3 years: tofacitinib (42.3%, n=168), baricitinib (29.2%, n=116) and upadacitinib (28.4%, n=113). A total of 18,537 ADR were recorded in the cohort. Of these, 284 events were associated with JAKi: 74.3% (211/284) with tofacitinib, 20.1% (57/284) with baricitinib and 5.6% (16/284) with upadacitinib. The most frequently reported were infections (33.1%, n=94) (Table 1), gastrointestinal disorders (18.3%, n=52) and nervous system disorders (11.2%, n=32). Regarding severity, 270 (95.1%) were classified as non-serious with one possible death reported. Most infections occurred in patients on tofacitinib. Patients treated with baricitinib had a significantly lower infection risk than those receiving tofacitinib (p=0.031), whereas the risk associated with upadacitinib did not reach statistical significance (Table 2)

Table 1: Table 1. Types of infection

Infection	n	%
Herpes zoster	24	25.5

Upper respiratory	19	20.2
Urinary tract	11	11.7
Soft tissue	6	6.4
Pneumonia	6	6.4
Others	28	29.8

Table 2. Estimation of Odds Ratios

JAKi	n	Events	OR	95% CI	p-value
Tofacitinib	168	78	Reference		
Baricitinib	116	12	**0.46**	0.23 – 0.93	**0.031**
Upadacitinib	113	4	0.58	0.18 – 1.86	0.360

Conclusion: Baricitinib was associated with a lower risk of infections. Further research is needed to identify strategies for minimizing infection-related adverse outcomes in RA patients treated with JAKi

Disclosure of Interest: None Declared

Keywords: Janus Kinase Inhibitors, Pharmacovigilance, Rheumatoid Arthritis

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GLOBAL RHEUMATOLOGY
BY PANLAR

PANLAR 2025

Rheumatoid arthritis

PANLAR2025-1127

Prevalence And Clinical Characteristics Of Difficult To Treat Rheumatoid Arthritis

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

Background/Objectives: Rheumatoid arthritis (RA) is a chronic autoimmune disease affecting joints and leading to inflammation, cartilage and bone destruction, and joint dysfunction. Despite treatment advances, 5.87% to 7.9% of RA patients develop difficult to treat rheumatoid arthritis (D2T-RA), in which patients fail at least for two biological treatments, presenting significant challenges due to poor prognosis. Identifying clinical and demographic factors associated with D2T-RA is vital for improving management. This study aimed to assess the clinical and demographic characteristics of patients with D2T-RA and identify potential factors associated with the disease.

Methods: This cross-sectional study involved patients diagnosed with D2T-RA from a RA cohort. Data were collected from medical records, including demographic information, disease characteristics, laboratory results, comorbidities, and the biologic therapies used. Descriptive statistics were performed to explore the clinical and demographic features of patients with D2T-RA.

Results: This study included 82 patients with D2T-RA. The mean age of patients was 58.24 years, with 89% being female. The most common comorbidities were osteoporosis (34.25%), hypertension (31.71%), and cardiovascular disease (30.49%). In terms of treatment, Anti-TNF biologics were the most commonly used in the first and second lines (62.96% and 53.66%), while costimulatory modulators (30.48%) and Anti-IL 6 inhibitors (23.17%) were most frequently used in the third line. Patients with D2T-RA had higher disease activity as reflected by DAS28 scores (3.00 vs. 2.07, $p < 0.001$), and worse functional scores (HAQ 0.34 vs. 0.13, $p < 0.001$). Additionally, in patients with D2T-RA, significant differences in laboratory markers were observed, including higher leucocyte counts (7108.31 vs. 5962.85, $p < 0.001$), elevated PCR levels (24.68 vs. 10.75, $p < 0.001$), and higher VSG levels (28.72 vs. 19.68, $p < 0.001$).

Image 1:

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Figure 1. Patients and percentages by Lines of treatment

Conclusion: This study describes the clinical and demographic characteristics of patients with D2T-RA. Early identification of clinical and laboratory features may be helpful for guiding treatment strategies in these patients. Personalized approaches, along with close monitoring, are crucial for improving clinical outcomes and quality of life for these patients. Further research is needed to better understand the underlying mechanisms of therapeutic resistance in D2T-RA and to optimize management strategies.

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Keywords: Biologics, Difficult-to-treat rheumatoid arthritis, Epidemiology

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GLOBAL RHEUMATOLOGY
BY PANLAR

PANLAR 2025

Rheumatoid arthritis

PANLAR2025-1415

EVALUATION OF CARDIOVASCULAR RISK USING THE PROCAM, FRAMINGHAM, SCORE SYSTEMS AND ITS CORRELATION WITH THE DAS-28 IN A COHORT OF SOUTH AMERICAN PATIENTS WITH RHEUMATOID ARTHRITIS.

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

Background/Objectives: It is still debated whether uncontrolled rheumatoid arthritis is an independent risk factor for cardiovascular events. Our objective was to assess the association between rheumatoid arthritis control and the risks of cardiovascular events and mortality through 3 stratification systems. Objectives: To analyze the prevalence and characteristics of comorbidities in patients with generalized psoriasis across different age groups.

Methods: A retrospective study was carried out by reviewing medical records in the period of January 2015 - December 2018 in a South American hospital. Patients who had fasting total cholesterol, high-density lipoprotein (HDL) cholesterol, triglycerides, and plasma glucose were included. Quantitative variables are presented as mean ± standard deviation or median (interquartile range) according to their distribution, and qualitative variables as percentages. Student's t test was performed to assess the differences between two variables. All statistical analyzes of the database results were performed with (SPSS for Windows, v.20.1; Chicago, IL)

Results: The present study demonstrated that the presence of metabolic syndrome criteria in patients diagnosed with rheumatoid arthritis is really high. The male gender was 9% compared to the female 91%. The Framingham equation classified a higher percentage of female patients with hypothyroidism as low cardiovascular risk compared to the PROCAM and SCORE equations. It was found that there was a higher cardiovascular risk in those patients with an uncontrolled rheumatoid arthritis profile according to the DAS-28 score, showing statistical correlation of said alteration for the 3 stratification systems used

Conclusion: Poor control of rheumatoid arthritis is a risk factor for cardiovascular disease, since it is associated with greater adverse outcomes in the medium and long term. This study alerts us to the need to better characterize these patient cohorts.

Disclosure of Interest: None Declared

Keywords: COPD, metabolic syndrome, epidemiology.

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BY PANLAR

PANLAR 2025

Rheumatoid arthritis

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Diagnostic and therapeutic delay in patients with Rheumatoid Arthritis and their clinical and serological characteristics: in a third level hospital in Antigua, Guatemala.

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

Background/Objectives: Objective of the study is to determine the diagnostic and therapeutic delay in patients with rheumatoid arthritis (RA) who attend the outpatient clinic of the Rheumatology Unit, as well as their clinical and serological characteristics

Methods: Prospective descriptive study. Clinical and serological data were obtained, including the time elapsed between the onset of symptoms, diagnosis and the start of treatment of 165 patients who met ACR 1997 and ACR 2010 criteria. In the period from May 2022 to December 2024.

Results: The main characteristics of the study, the female gender represented 94% of the sample and 6% the male gender, the mean age of the patients with a standard deviation was 42±13.05. Ethnicity documents that 75.75% of the population is non-Maya.

The time of diagnosis was determined in months with a mean and standard deviation of 24.12±16.18, the time of treatment initiation 27.15±13.18.

Table 1:

Variables	n =165		(%)
Genero			
Femenino	162		(94)
Masculino	3		(6)
Edad (· ±)		42±13.05	

Etnia			
Maya	40		(24.24)
No Maya	125		(75.75)
Procedencia			
Metropolitano	28		(16.96)
Central	125		(76.96)
Sur-oriente	4		(2.42)
Nor-oriente	3		(3.63)
Nor-occidente	2		(2.42)
Su-occidente	3		(1.8)
Ocupación			
Ama de casa	127		(76.96)
Comerciante	28		(16.96)
Empleado	7		(4.24)
Estudiante	2		(1.2)
Agricultor	1		(0.6)
Escolaridad			
Primaria	131		(79.39)

Secundaria	12		(7.27)
Diversificado	4		(2.42)
Universidad	4		(2.42)
Analfabeta	12		(7.27)
Tiempo de retraso diagnostico (· ± meses)		24.12±16.18	
Tiempo de retraso de incio de FARMES (· ± meses		27.15±13.12	
Tabaquismo			
No Fumador	148		(66)
Fumador pasivo	16		(32)
Fumado activo	1		(2)
DAS 28 (· ±)		3.24±1.03	
Actividad de la enfermedad			
Remisión	10		(6.06)
Leve	38		(23.03)
Moderada	40		(24.24)

Alta	77		(46.66)
Factor Reumatoide		354±413.90	
Anti-CCP (· ±)		471.80 ±403.90	
HAQ			
Clase I	87		(52.72)
Clase II	35		(21.21)
Clase III	43		(26.06)

Conclusion: According to our results, a greater delay of 24 months on average was found, these patients due to risk factors were considered to have a poor prognosis, 26.6% of these patients developed some type of disability.

Reference 1: Pratt AG, Lendrem D, Hargreaves B, Aslam O, Galloway JB, Isaacs JD. Components of treatment delay in rheumatoid arthritis differ according to autoantibody status: validation of a single-centre observation using national audit data. Rheumatology (Oxford) 2016; 55: 1843-8. DOI: https://doi.org/10.1093/rheumatology/kew261

Reference 2: Corominas H, Narváez J, Díaz-Torné C, et al. Diagnostic and therapeutic delay of rheumatoid arthritis and its relationship with health care devices in Catalonia. The AUDIT study. Reumatol Clin. 2016 May-Jun;12(3):146-50. English, Spanish. doi: 10.1016/j.reuma.2015.08.002

Disclosure of Interest: None Declared

Keywords: Artritis Reumatoide, caracteristicas clinicas, Retraso diagnostico y terapeutico

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GLOBAL RHEUMATOLOGY
BY PANLAR

PANLAR 2025

Rheumatoid arthritis

PANLAR2025-1324

Difficult-To-Treat Rheumatoid Arthritis: Associated Factors And Treatment Persistence

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

Background/Objectives: Implementation of treat-to-target and tight control strategies have contributed to improved outcomes for patients with rheumatoid arthritis (RA). However, some patients with RA do not reach low disease activity or remission after several cycles of disease-modifying antirheumatic drug (DMARD). The main objective of the present study was to evaluate associated factors with difficult-to-treat rheumatoid arthritis (D2T RA), in addition to analyzing predictors of treatment persistence.

Methods: Data from patients with RA from 13 centers in Brazil, followed up for 12 months in the PANLAR Register of Rheumatic Diseases (PANRED), were analyzed. Patients were classified as D2T RA according to the EULAR Definition 2021. Univariate and multivariate logistic regression models were adjusted.

Results: Of the total of 572 patients included, 209 (36.5%) were classified as D2T RA. They were predominantly female (94.3% vs 83.8%, p<0.001), with a lower mean age [55 (11.4) vs 57(11.1), p=0.08], longer disease duration [15.9 (9) vs 10.3(8.9), p<0.001] and had higher body mass index (BMI) values [28 (5.6) vs 26.6 (4.6), p=0,025]. After adjusting the covariates in the multivariate model, female gender [OR=2.6(1.28-5.260,p=0.08], younger age [OR=0.96(0.95-0.98),p<0.001], longer disease [OR=1.06 (1.04-1.09),p<0.001], presence of comorbidities [OR=2.05(1.36-3.08),p<0.001] and erosive disease [OR=2.33(1.54-3.52),p<0.001] were independently associated with D2T RA. Among 209 patients with D2T RA, 59 (28.2%) discontinued treatment during the 12-month follow-up, 45 (76.3%) of them permanently. The most frequent reasons for discontinuation of treatment were loss of primary efficacy (37.3%), followed by medication-related adverse event (32.9%). To assess predictors of treatment discontinuation in patients with D2T, multivariate model were

performed. In the final model, treatment group [biological(b) vs targeted synthetic(st) DMARD) was predictor of drug discontinuation. Patients in the bDMARD group were 5 times more likely [OR=5.1(1.04-25.2), p=0.04] to permanently discontinue treatment compared to patients in the tsDMARD group.

Conclusion: In this sample of Brazilian patients with RA, female gender, younger age, longer disease, comorbidities and erosive disease were associated factors with D2T RA. tsDMARDs were associated with longer treatment persistence in this group of patients with D2T RA.

Disclosure of Interest: G. A. Ferreira: None Declared, G. G. Resende: None Declared, M. F. B. D. R. Guimarães: None Declared, R. D. R. D. Oliveira: None Declared, S. A. D. S. Studart: None Declared, G. D. L. Vasconcelos: None Declared, R. D. N. Giorgi: None Declared, N. D. C. Sacilotto : None Declared, V. A. D. Souza: None Declared, L. F. Barbosa: None Declared, B. S. Kahlow: None Declared, C. M. Lupo: None Declared, M. L. G. Ochtrop: None Declared, C. V. Brenol: None Declared, N. P. B. D. Andrade: None Declared, A. C. D. M. Ribeiro: None Declared, I. G. D. Silveira: None Declared, J. B. Farani: None Declared, V. Fernandes: None Declared, J. P. Cardoso : None Declared, H. M. D. Resende: None Declared, T. H. Schultz: None Declared, V. A. Cruz: None Declared, M. P. G. U. S. Souza : None Declared, D. G. F. Ávila: None Declared, N. M. M. Zucaro: None Declared, L. Brance: None Declared, E. Soriano Grant / Research support with: THIS REGISTER RECEIVED IRRESTRICTED GRANT OF ABBVIE. PFIZER. JANSSEN."

Keywords: Difficult-to-treat rheumatoid arthritis, disease-modifying antirheumatic drug, treatment persistence

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GLOBAL RHEUMATOLOGY
BY PANLAR

PANLAR 2025

Rheumatoid arthritis

PANLAR2025-1508

Cardiovascular risk assessment by carotid/femoral ultrasound in patients with Rheumatoid Arthritis

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

Background/Objectives: Rheumatoid arthritis (RA) is a systemic autoimmune disease associated with a chronic inflammatory process. Systemic inflammation is an important cause of endothelial dysfunction. Subclinical atherosclerosis in RA is accelerated. Measurement of carotid arterial intima-media thickness by ultrasound has been shown to be important in the diagnosis of atherosclerosis.

Methods: A descriptive, cross-sectional study was designed. It was conducted at the Isidro Ayora General Hospital in Loja-Ecuador between May-November 2024. 90 adults between 30 and 74 years old with a diagnosis of RA ≥ 5 years according to ACR/EULAR criteria were recruited. Patients with diabetes mellitus, arterial hypertension, showed cardiovascular disease and use of statins in the previous 2 months were excluded. CVR was considered according to the SCOREm EULAR. The CVR was calculated with the Framingham scale and the result was multiplied by the constant 1.5, classified as low risk, moderate, high, and very high. The measurement of the arterial intima-media layer was done using an ultrasound scanner with a 4-8 MHz multifrequency linear transducer. The mean and 95% confidence interval, absolute and relative frequency were calculated. The Chi square test was used, with Yates correction, Mann-Whitney U test, and Kruskal-Wallis correction. A p value < 0.05 was established. SPSS statistical software version 22 was used in the data analysis.

Results: The prevalence of subclinical atherosclerosis was 7.8%. In the AR(+) group, LCC Left common carotid artery, RCC Right common carotid artery, LFC Left common femoral artery, and RFC Right common femoral artery presented grade II intimal medial thickening in 5%, 3.3%, 8.3% and 8.3% respectively, and a moderate (73.3%), high (18.3%) and very high (8.3%) CVR, while in the AR (-) group, grade II was presented in 6.7%, 6.7%, 10.0% and 10% respectively. In the AR(-) group, they presented moderate (74.7%), high (16.7%) and very high (8.9%) risk.

Table 1: Image 1 Distribution of the mean thickness of the intimal wall by US.

Image 2 Percentage of CV risk based on arterial intima-media thickness measurement using US

Image 1:

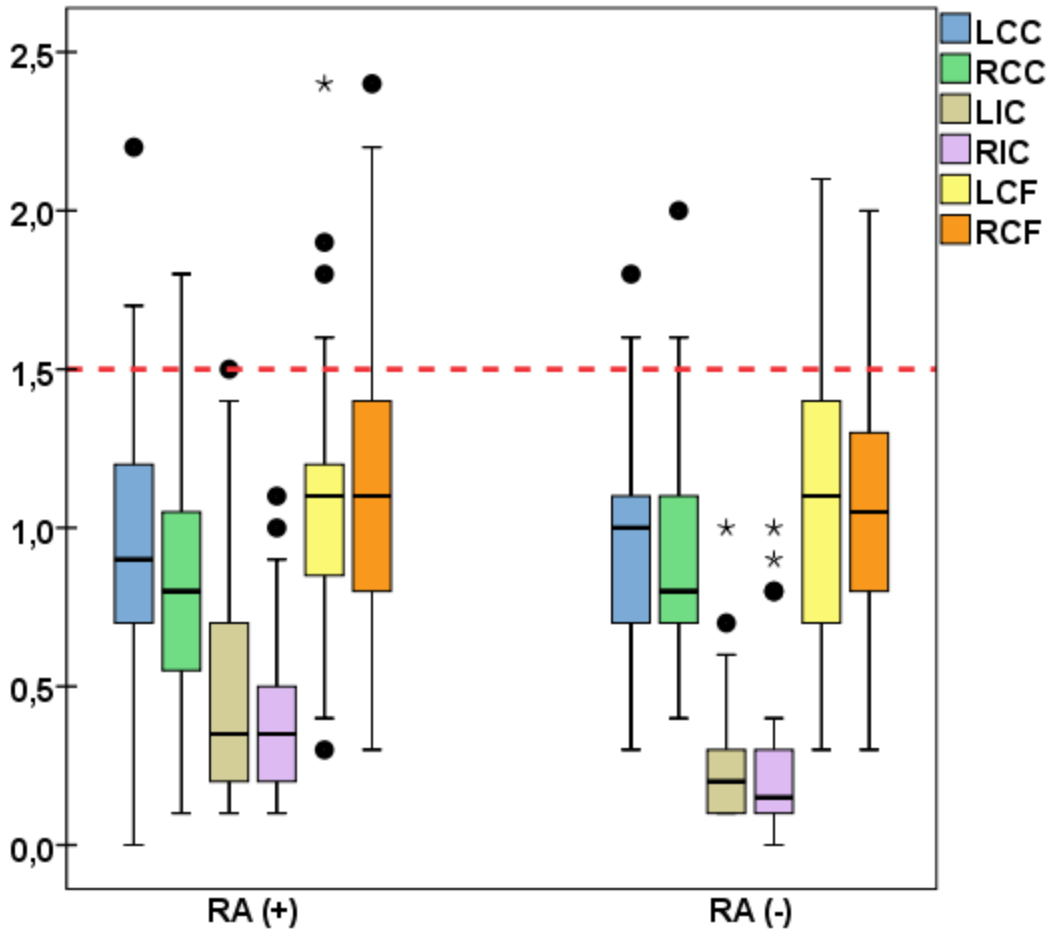
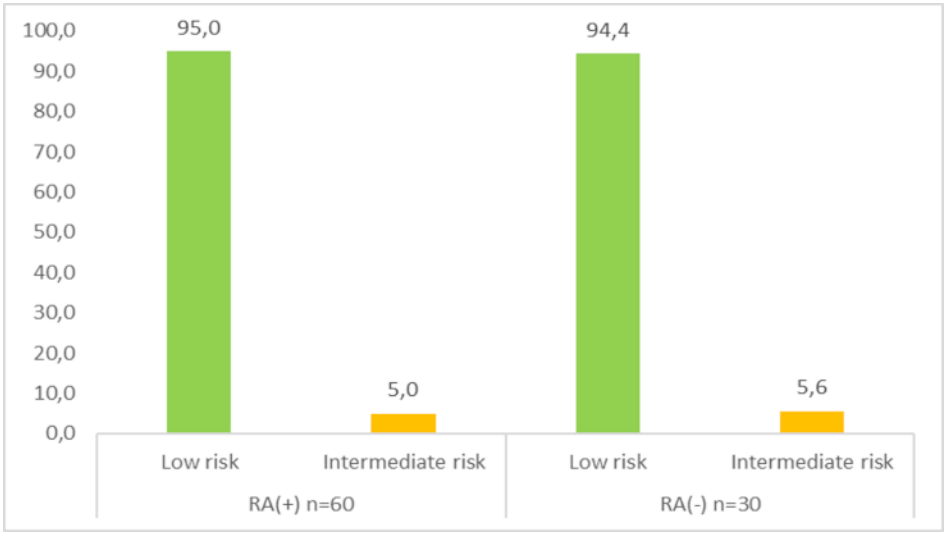


Image 2:



Conclusion: The prevalence of subclinical atherosclerosis in patients with rheumatoid arthritis (RA) was 7.8%. The arterial intima-media thickness was more predmoninate in femoral arteries. Moderate to high cardiovascular risk was predominant in both groups. Femoral ultrasound may be a noninvasive tool for early detection of subclinical atherosclerosis in RA.

Reference 1: Avina-Zubieta JA, Thomas J, Sadatsafavi M, Lehman AJ, Lacaille D. Risk of incident cardiovascular events in patients with rheumatoid arthritis: a meta-analysis of observational studies. Ann Rheum Dis. 2012;71(9):1524-9.
Reference 2: Khaliq T, Shan S, Shah SA, Saleem S, Adil MH. Carotid Intimomedial Thickness (CIMT) in Patients with Rheumatoid Arthritis; the Need for More Aggressive Cardiovascular Screening in RA. J Coll Physicians Surg Pak. 2023;33(4):427-32.

Disclosure of Interest: None Declared

Keywords: Cardiovascular risk assessment, Carotid intimal medial thickness, Carotid ultrasound

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GLOBAL RHEUMATOLOGY
BY PANLAR

PANLAR 2025

Rheumatoid arthritis

PANLAR2025-1048

Adherence to treatment in Cuban patients with rheumatoid arthritis

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

Background/Objectives: To determine adherence to treatment in patients with rheumatoid arthritis and associated factors

Methods: Analytical cross-sectional study from April 2017 to January 2019 using the Compliance Questionnaire on Rheumatology CQR

Results: There are included 410 female patients were studied, 86% average age 55 years, 32% completed secondary education, 8 years of evolution, remission of disease activity was related to adherence and those who completed secondary education, the female sex predominated 86.8%, average age 55.4 years ± 13.5, secondary educational level 32.2%, marital status married 69.8%, employed 22.2%, evolution time 8.8 years. Adherence to treatment was associated with remission of disease activity using the DAS 28-VSG and was also related to some difficulty according to HAQ

Image 1:

Variable	Value	Adherence	Non Adherence	p
		Media	Media	
Age		32,6 years	36,2 years	0,673
Evolution time		8.8 years	8.2 years	0,28
Gender	Female	23,2%	21,3%	0,630
Schooling	High school	29,0%	23,2%	0,028
Marital status	Married	37,1%	32,7%	0,977
Ocupation	Employee	23,7%	20,7%	0,706
Origin	Havana	37,8%	22,2%	0,803
Comorbidities	No	21,0%	19,8%	0,883
	2 or more	10,9%	8,7%	
Rheumatoid factor		33,2%	36,2%	0,801
CCP		32,2%	23,2%	0,293
MCV		33,2%	30,0%	0,033
csFAMEs	1	37,3%	36,1%	0,233
	2 or more	11,7%	9,3%	
Glucorticoids		28,3%	22,9%	0,702

Image 2:

Adherence relationship between disease activity, functional capacity				
		Adherence	Non Adherence	p
DAS28-VSG	High	2,2%	3,2%	0,092
	Moderate	9,0%	8,0%	
	Low	3,1%	7,6%	
	Remission	32,6%	28,0%	
HAQ	No difficulty	21%	11,7%	0,218
	Some difficulty	18%	11,2%	
	A lot of difficulty	32,6%	29%	

Conclusion: Cuban patients with RA who adhere to treatment are related to secondary educational level as a significant variable when using the CQR

Disclosure of Interest: None Declared

Keywords: adherence, rheumatoid arthritis

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GLOBAL RHEUMATOLOGY
BY PANLAR

PANLAR 2025

Rheumatoid arthritis

PANLAR2025-1191

Effect Of The Chronic Disease Self-Management Program In Women With Rheumatoid Arthritis Attended In A Health Institution In Bogotá. A Pragmatic Randomized Clinical Trial Protocol.

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

Background/Objectives: Living with a chronic, autoimmune and disabling disease such as rheumatoid arthritis generates low levels of health-related quality of life in people who suffer from it and the constant need to restructure their way of life for their well-being and health.

Although clinical treatment is fundamental, the available scientific evidence calls for intervention strategies that, together with pharmacological treatment, aim to strengthen the active role of individuals in the management of their health. Objective. To evaluate the effect of the *Chronic Disease Self-management Program* on the variables of self-management, self-efficacy and health-related quality of life of women with rheumatoid arthritis attended at the Arthritis Clinical Care Center of the Fundación Santa Fe de Bogotá VS conventional care.

Methods: This is a pragmatic randomized clinical trial with experimental and control groups and pre- and post-intervention measurements. The experimental group will receive the virtual version of the *Chronic Disease Self-management Program*, which consists of a total of six group sessions, each session being held once a week and lasting 2 hours and 30 minutes; the control group will receive the conventional educational intervention.

For the measurement of the study variables, the following will be used: the specific QOLRA-II scale for health-related quality of life; the ASES-8 for self-efficacy in arthritis; and the self-management scale in chronic disease for self-management behaviors.

The research was approved by the Ethics Committees of the Faculty of Nursing of the Universidad Nacional de Colombia and the Fundación Santa Fe de Bogotá. The protocol was registered in Clinical Trials, NCT06337370.

Results: The sociodemographic and clinical variables of the participants will be described along with the measurement of the effect of CDSMP on health-related quality of life; self-efficacy; and self-management behaviors of the intervention group vs. the control group.

Conclusion: The strengthening of self-efficacy in individuals is determinant for the generation of behavioral changes that promote the health of those who put it into practice.The CDSMP can be effective in improving the related quality of life and self-management behaviors of women with rheumatoid arthritis treated in a health institution in Bogotá.

Reference 1: Lorig K, Ritter PL, Plant K. A disease-specific self-help program compared with a generalized chronic disease self-help program for arthritis patients. Arthritis Rheum. 2005;53(6):950–7.
Reference 2: Peñarrieta de Córdova MI, Leon R, Gutierrez T, Mier N, Banda O, Delabra M. Effectiveness of a chronic disease self-management program in Mexico: A randomized controlled study. J Nurs Educ Pract. 2017 Feb 21;7(7):87.

Disclosure of Interest: None Declared

Keywords: Arthritis, Rheumatoid, Pragmatic randomized clinical trial, Self-Management

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GLOBAL RHEUMATOLOGY
BY PANLAR

PANLAR 2025

Rheumatoid arthritis

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Beyond The Joints: Unusual Hepatic Artery Involvement In Rheumatoid Vasculitis

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

Background/Objectives: Rheumatoid Vasculitis (RV), an extra-articular manifestation of Rheumatoid Arthritis (RA), occasionally presents atypically with gastrointestinal tract artery involvement, necessitating careful consideration in diagnosis.

Methods: Case report

Results: A 54-year-old female smoker presented with one week of abdominal pain. Physical examination revealed tenderness in the mesogastrium. Initial imaging, including contrast-enhanced abdominal CT, unveiled hepatic artery vasculitis and an aneurysm of the celiac trunk, later confirmed by PET-CT SCAN. Additional studies showed elevated C-reactive protein, Rheumatoid Factor (67 IU/ml RR ≤14), and Anti-Citrullinated Antibodies (285 U/mL RR ≤30). Rigorous testing systematically ruled out alternative diagnoses. Hands and feet X-rays showed decreased joint space and bone erosions. Despite the absence of classical systemic symptoms, a diagnosis of possible Rheumatoid Vasculitis (RV) was established. The patient responded positively to steroids and methotrexate, leading to symptom resolution. At a 6-month follow-up, sustained improvement and normalized inflammatory markers were observed.

Table 1: Image 1. Contrast-enhanced abdominal computed tomography: aneurysm of the celiac trunk and wall thickening of the hepatic artery with lumen narrowing, findings suggestive of vasculitis. **Image 2.** PET-CT FDG scan: Soft tissue thickening in the territory of the proper hepatic artery, which shows increased metabolism as a sign of vasculitis.

Image 1:

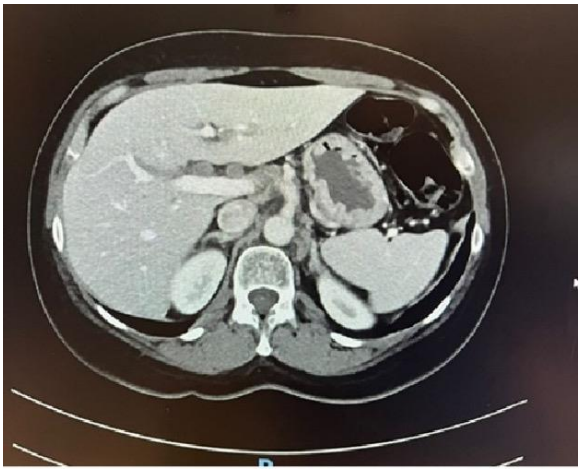
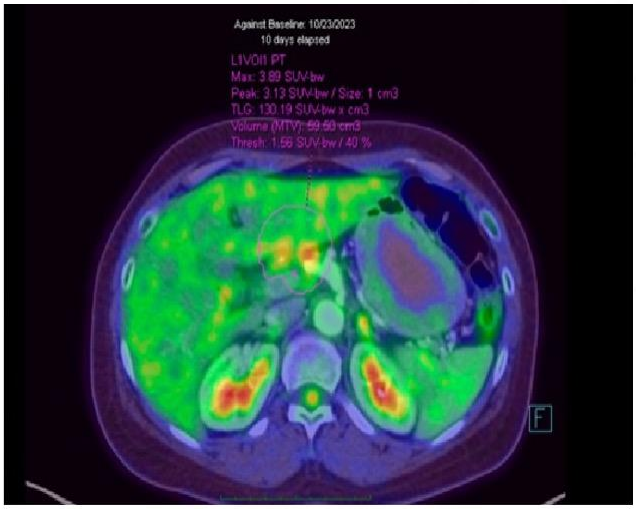


Image 2:



Conclusion: Atypical manifestations in the early course of RA underscore the need to consider RV, even in the absence of classical systemic symptoms. Elevated Rheumatoid Factor and Anti-Citrullinated Antibodies played a pivotal role in diagnosing RA, highlighting the importance of serological markers in atypical presentations. Alternative diagnoses, including infections, autoimmune conditions, and systemic vasculitides, must be excluded. Prompt initiation of treatment is crucial for achieving positive clinical outcomes.

Disclosure of Interest: None Declared

Keywords: immunosuppressive therapy, rheumatoid arthritis, vasculitis

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BY PANLAR

PANLAR 2025

Rheumatoid arthritis

PANLAR2025-1463

Evaluation of quality of life in patients with rheumatoid arthritis, Santo Domingo, Dominican Republic.

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

Background/Objectives: Rheumatoid arthritis (RA) is a systemic autoimmune inflammatory disease with a preference for females. This condition impacts physical capacity and quality of life of patients.

Methods: Observational, cross-sectional study was conducted on patients from the Rheumatology Service. Patients were evaluated from July to December 2024. Inclusion criteria: ≥ 18 years, meet ACR/EULAR 2010 RA classification criteria, attended at least 2 consultations, signed informed consent. Exclusion criteria: Diagnosis of another autoimmune rheumatological pathology apart from RA, fibromyalgia, dementia, cognitive impairment, treatment with antidepressants. Scales: HAQ-DI, DAS28. A descriptive statistical analysis was performed using SPSSv25.

Results: Of 537 patients, 105 met inclusion criteria, 90%(95) women, mean age was 58+/-3.4 years. 47% (51) had comorbidities: 24%(12) HT, 20%(10) DM, 36% (17) osteoporosis, 2%(1) COPD, 6%(3). DAS28: 55%(58) remission, 18%(19) low, 21%(22) moderate, 6%(6) high activity. CDAI: 50%(53) remission, 20%(21) low, 21%(22) moderate, 9%(9) high. HAQ-DI difficulty: none 21%(22) average 0.27, slight 11%(12) average 1.54, moderate 39%(41) average 2.20, high 29%(30) average 3.31. Dressing difficulty: none 1.9% (2), slight 0.9%(1), moderate 1.9%(2), high 2.9%(3). Getting up without difficulty 2.8%(3), slight 0.9%(1), moderate 1.0%(1), high 2.8%(3), Eating without difficulty 1.9%(2), slight 0.9% (1), moderate 0.9%(1), very 1.9%(2), Walking without difficulty 2.8%(3), slight 0.9%(1), moderate 0.9%(1), high 2.8%(3), Hygiene without difficulty 1.9%(2), moderate 1.9%(2), high 1.9%(2), Reaching without difficulty 2.8%(3), slight 2.8%(3), moderate 14.3%(15), high 7.6%(8), Grip without difficulty 4.8%(5), slight 4.8%(5), moderate 17.1%(18), high 6.7%(7), Others without difficulty 1.9%(2), moderate 0.9%(1), high 1.9%(2), Activities that require help: Walking and strolling: moderate difficulty 6.7%(7), very difficult 4.8%(5), Personal hygiene: moderate difficulty 1.9%(2), high 1.9%(2) Reaching: moderate difficulty 4.8%(5), very difficult 4.8%(5), Pressure: moderate difficulty 7.6%(8), very difficult 3.8%(4). Housework: moderate difficulty 1.9%(2), Cane: moderate difficulty 11.4%(12), very difficult 9.5%(10), Walker: moderate difficulty 4.8%(5).

Conclusion: Our study showed that more than half of RA patients have moderate to severe difficulty in their daily activities. The main support identified was the cane. The items with the greatest impairment were Reaching, Gripping, Dressing and Walking.

Disclosure of Interest: None Declared

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Keywords: HAQ, quality of life, rheumatoid arthritis

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GLOBAL RHEUMATOLOGY BY PANLAR

PANLAR 2025

Rheumatoid arthritis

PANLAR2025-1241

Membranous Nephropathy In A Patient With Rheumatoid Arthritis: A Case Report

Melissa Guadalupe Castillo Baas*[1], Rubén Conrado Reyes García[2,3], Ana Laura Mena Rodríguez[4], Víctor Alfonso Méndez Zurita[3], Mario René Pavía Espinosa[1]

[1]Internal Medicine, [2]Hemodialysis, Clínica Hospital Mérida, [3]Nephrology, Hospital Lic. Ignacio García Téllez T-1, [4]Pathological Anatomy, Clínica Hospital Mérida, Mérida, Mexico

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

Background/Objectives: Membranous nephropathy (MN) is a well-documented complication of disease-modifying antirheumatic drugs (DMARDs) in patients with rheumatoid arthritis (RA). However, MN resulting from RA itself is extremely rare. This case shows a 61-year-old woman with RA who also exhibits advanced diabetic glomerulosclerosis and membranous nephropathy, emphasizing its multifactorial etiology and clinical implications.

Methods: The 61-year-old patient was treated with leflunomide (20 mg/day) after methotrexate discontinuation. Besides her RA, the patient had a longstanding type 2 diabetes mellitus (DM), managed with glimepiride, and hypertension, treated with nifedipine (30 mg BID). The patient presented symptoms of progressive lower extremity edema, exertional dyspnea, and decrease in residual urine output. Over two years, her renal function showed significant decline: 2022: eGFR 56 ml/min/1.73 m²; 2023: eGFR 26 ml/min/1.73 m²; 2024: eGFR 11 ml/min/1.73 m². Upon admission, findings indicative of rapidly progressive nephritic syndrome led to the immediate initiation of hemodialysis. Investigative procedures included: Urinary sediment: Dysmorphic red blood cells (acanthocytes and "signet ring cells"), Rheumatological panel: Negative (table 1), and percutaneous renal biopsy.

Results: Histopathological findings (Table 1 and Image 1) showed Glomerular Sclerosis: 4/8 glomeruli were globally sclerosed, 4 exhibited segmental sclerosis. These findings confirmed a diagnosis of advanced diabetic glomerulosclerosis (class IV) with superimposed membranous nephropathy.

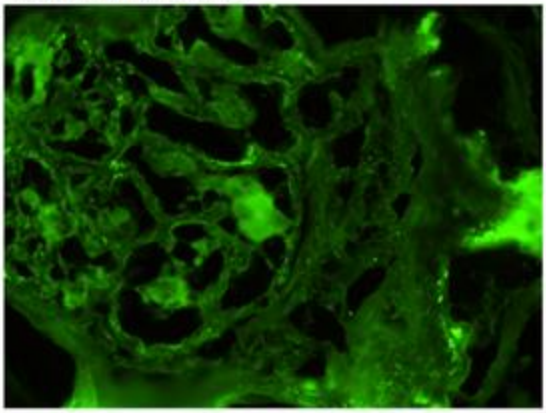
Table 1:

Laboratory test	Patient's findings
Rheumatoid Factor	460.8 UI/ml
Erythrocyte sedimentation rate	0 mm/hr

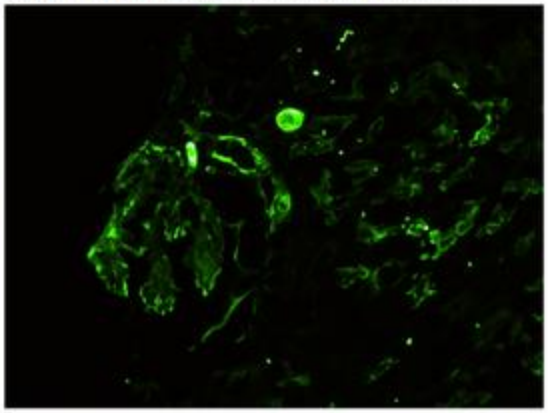
C3 complement	99
C4 complement	34.2
ELISA test for HIV, HBsAg and HCV antibody test	Non-reactive
Beta-2 glycoprotein 1 antibody IgG	<6.4
Lupus anticoagulant	1.22
MPO (P-ANCA)	0.14
Anti-proteinase 3	0.16
Anti-cardiolipin (IgM)	0.14
Anti-dsDNA	0.76
Direct immunofluorescence (DIF) in percutaneous renal biopsy	
Positive Albumin	IgM, IgA, C1Q, C3c, Fibrinogen: Negative

Image 1:

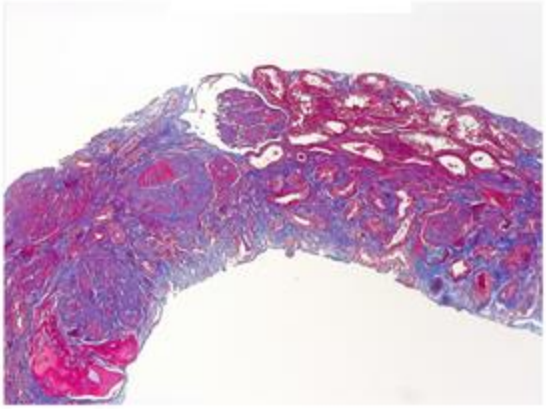
a) IF IgG positive: Granular pattern in glomerular basement membranes



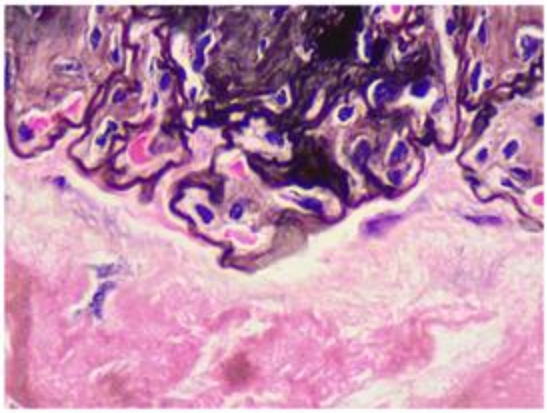
b) IF Kappa and Lambda positive: Granular pattern in glomerular basement membranes



c) Masson's Trichrome Stain (PAS): Glomeruli with global sclerosis and advanced intersticial fibrosis



d) Metanamine Silver Stain: Filling defects in glomerular basement membranes



Conclusion: The etiology of secondary MN (SMN) in this patient is likely multifactorial, involving long-term exposure to DMARDs such as leflunomide and methotrexate, chronic metabolic stress from poorly controlled diabetes and hypertension, and potential direct autoimmune activity associated with RA. Early recognition and a multidisciplinary approach are essential for better outcomes in similar cases.

Disclosure of Interest: None Declared

Keywords: DMARD-induced nephropathy, membranous nephropathy, Rheumatoid arthritis

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PANLAR 2025

Rheumatology education

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Podcasting In Rheumatology: Consumption Patterns In The Americas

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

Background/Objectives: To analyze the consumption patterns of a Spanish-language rheumatology podcast, focusing on downloads from PANLAR member countries, identifying regions with the highest participation, and evaluating its impact over a year of publications.

Methods: An observational, descriptive, and retrospective analysis was conducted, reviewing the download patterns of a Spanish-language rheumatology podcast available worldwide. The analysis covered a one-year period from December 20, 2023, to December 20, 2024. A total of 4,982 downloads were recorded globally, of which 3,814 came from countries in the Americas. The data for this analysis was provided by the podcast hosting platforms.

Results: Between December 20, 2023, and December 20, 2024, 4,982 downloads were recorded, with the Americas accounting for 76.54% of the total global downloads. The distribution was as follows: Mexico (25.29%), Colombia (20.11%), Argentina (7.99%), Peru (5.12%), and the United States of America (4.84%) **(Figure 1)**. The most downloaded podcasts reflect diverse interests in educational and professional update topics, with the top three categories being: Reumaguardias: Monthly reports on key publications in rheumatology journals, b**asic education in rheumatology, reviews of management guidelines and recommendations (Figure 2).**

Image 1:

Figure 1. Countries with the highest podcast downloads

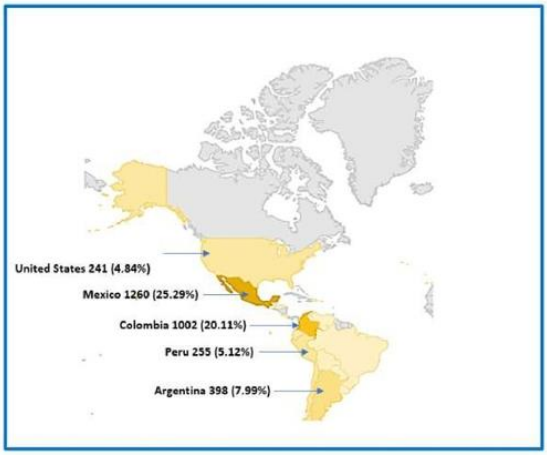
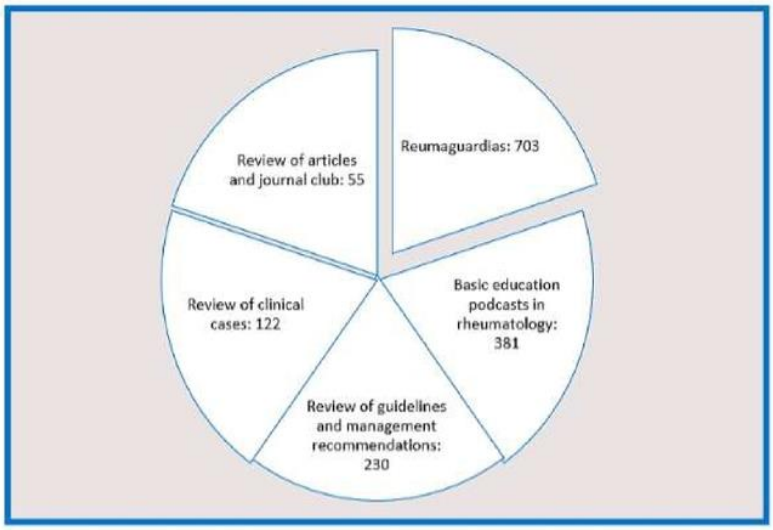


Image 2:

Figure 2. Annual number of podcasts downloaded in reviewed countries



Conclusion: There is significant interest in Spanish-language rheumatology podcasts within the PANLAR region, accounting for over 75% of global downloads during the reviewed one-year period. Mexico, Colombia, and Argentina were the main consumers, highlighting the interest of Spanish-speaking audiences in the region. Notably, the United States was in the top 5 countries in downloaded content. The most popular topics included basic education, guideline reviews and clinical cases, emphasizing the need for multi-channel offerings for continued medical education in the specialty. While the results are positive, there is an opportunity to expand its reach in countries such as Peru and the United States through focused strategies. This podcast is positioned as a key tool for continued education in rheumatology, strengthening knowledge and promoting constant learning across the continent.

Disclosure of Interest: None Declared

Keywords: america, podcas, Rheumatology

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PANLAR 2025

Rheumatology education

PANLAR2025-1072

Prevalence of autoimmune disease in patients with anti-nucleocytoplasmic antibodies performed in a public hospital in the city of Buenos Aires

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

Background/Objectives: Objective: To evaluate the prevalence of autoimmune diseases (AID) in patients who underwent ANA testing at a public hospital.

Methods: A retrospective and observational study was conducted using the central laboratory database of the Argerich Hospital for the period from September 2023 to June 2024, analyzing the ANA determinations performed. A dilution value of ≥1/80 was considered positive. Positive results were correlated with patients' medical records to determine the presence of autoimmune diseases (AID), documenting the originating service of the request according to the specialty. Categorical variables were expressed as frequencies and percentages.

Results: Out of a total of 485 ANA determinations performed, 405 (83.5%) were positive. The recorded titers were as follows: 1/80 (16.29%), 1/160 (24.9%), 1/320 (29.2%), 1/640 (9.3%), and 1/1280 (20.3%). Autoimmune diseases (AID) were identified in 272 out of 405 positive determinations (68%), of which 222 cases (81%) corresponded to rheumatologic diseases (Table 1) and 50 cases (32%) to other diagnoses (see Table 2). Among patients with a 1/80 titer, 47% did not have an AID diagnosis. Similarly, 21% and 13.4% of patients with titers of 1/640 and 1/1280, respectively, lacked an AID diagnosis. The requesting services were as follows: Rheumatology: 214 (44.1%), Internal Medicine: 91 (18.7%), Dermatology: 44 (9.1%), Nephrology: 44 (9.1%), and Other Services: 92 (19%).

Table 1:

Titer	n	%	AID, n (%)	not AID, n (%)
1/80	66	16,3	34(53)	32(47)
1/160	101	24,9	57(56,44)	44(43,56)

1/320	118	29,2	80(67,8)	38(32,2)
1/640	38	9,3	30(79)	8(21)
1/1280	82	20,3	71(86.6)	11(13.4)

Conclusion: The presence of antinuclear antibodies (ANA) likely reflects mechanisms of tissue injury, genetic factors, microenvironmental influences, and potentially the underlying etiology. In our study, the majority of ANA tests requested were associated with autoimmune diseases (68%), findings consistent with other reviewed series. The most common autoimmune pathology associated with positive ANA was systemic lupus erythematosus (SLE), while among non-rheumatologic causes, infectious diseases were predominant. The optimal utilization of ANA results depends on close collaboration between clinicians and biochemists.

Reference 1: *Definition of human autoimmunity-autoantibodies versus autoimmune disease.* **Lleo A, Invernizzi P, Gao B, Podda M, Gershwin ME. 2010.** 2010, Autoimmun Rev., pp. A259–66

Reference 2: Francescantonio Carvalho PL, de Melo Cruvinel W, Dellavance A, Coelho Andrade LE, Tabiberti BH, von Mühlen CA. IV Consenso Brasileiro para pesquisa de autoanticorpos em células HEp-2. Rev Bras Reumatol 2014; 54(1):44-50

Disclosure of Interest: None Declared

Keywords: enfermedad autoinm

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Rheumatology education

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Assessment of reproductive health knowledge in patients with lupus and rheumatoid arthritis: Strategic approach to improve education.

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

Background/Objectives: Autoimmune rheumatic diseases (ARD) affect women of childbearing age, who may be considering pregnancy or facing an unplanned pregnancy. Therefore, the Rheuma Reproductive Behavior (RRB) questionnaire was validated in Mexico to measure knowledge and practices of SR. Knowing the level of knowledge about SR in patients with ARD is essential to implement interventions that prevent adverse outcomes. Patients with rheumatoid arthritis (RA) and systemic lupus erythematosus (SLE) have a low knowledge of SR, which can lead to health complications, unplanned pregnancies, and poor adherence to treatments. Objective: To assess knowledge about reproductive health in patients with RA and SLE who attend rheumatology consultation at the ISSSTE Morelia Regional Hospital.

Methods: The RRB questionnaire was applied to women aged 18 to 49 years diagnosed with SLE and RA who attended a rheumatology consultation between January and June 2024 at the ISSSTE Morelia Regional Hospital, also evaluating disease activity.

Results: 60 patients were evaluated (30 SLE and 30 RA), obtaining the following results: Mean age 34 years (SD=6.2), higher education 50%, 25% arterial hypertension, 15% diabetes, 10% smokers, 80% use of corticosteroids and 15% teratogenic medications. 60% used a contraceptive method at first sexual intercourse, 55% are sexually active, 85% know a contraceptive method: oral contraceptive (70%) and condom (65%), 50% use some method, 75% positive reproductive desire, 65% satisfied parity, 50% reported at least one pregnancy and mean gestational age 38 weeks (SD = 1.5), 30% reported postpartum disease activation. Disease activity: SLE had a mean SLEDAI score of 8.2 (SD = 2.3); AR showed a mean DAS 28 score of 4.5 (SD = 1.1), indicating moderate disease activity in both. Reproductive health knowledge was moderate: 85% knew some contraceptive method, mainly oral (70%) and condoms (65%), but only 50% used them regularly.

Conclusion: Patients have limited knowledge of reproductive health, which is reflected in low contraceptive use and scarce discussion of the topic during consultations. Despite a high reproductive desire (75%), moderate disease activity

and use of teratogenic medications reinforce the need for educational interventions and multidisciplinary strategies to improve reproductive health and outcomes.

Disclosure of Interest: None Declared

Keywords: Autoimmune Rheumatic Diseases, Knowledge assessment, Reproductive Health

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GLOBAL RHEUMATOLOGY
BY PANLAR

PANLAR 2025

Rheumatology education

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Cupcake Model: Arthrocentesis didactics

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

Background/Objectives: The “cupcake model” was designed to assist medical students in learning arthrocentesis. The aim of this study was to describe the production and use of the model simulating a joint with joint effusion to be punctured during the rheumatology course. In addition, it highlights an effective alternative for using this type of material as a pedagogical tool in medicine, respecting animal and human well-being, ethics, and protection.

Methods: The plaster manufacturer's recommendations were followed, in a clean container, mixing the proportion of 700 ml of filtered water to 1.0 kilogram of plaster. To mix for 2-5 minutes, until obtaining a homogeneous mass and applying it to the silicone cupcake mold. The drying time to unmold was 24 hours and the plaster model is 6 cm in diameter and 3 cm in height. Using a serrated knife, cut a rectangular channel (6x1x2 cm) in the plaster model. In another clean container, mix 1 teaspoon of yellow hair gel and 1 tablespoon of water until the gel is completely dissolved. Test whether the mixture can be aspirated by a syringe with a 30x0.8 mm needle. Using scissors, cut off a finger from a surgical glove and fill it with 2 ml of this solution. Tie a knot to tie the cut glove finger and fit it into the space created in the plaster model. Cover with the cupcake mold and place it upside down on the counter (Image 1). At this point, the model is able to simulate the bone with the plaster and the joint recess filled with synovial fluid with the yellowish solution inside the channel (Image 2).

Results: It was possible to train the arthrocentesis technique repeatedly, from the identification of bone texture and joint recess to local asepsis, anesthesia and joint puncture. The model uses simple and inexpensive resources and is easy and quick to manufacture, for pedagogical application in practical classes of the rheumatology discipline.

Image 1:

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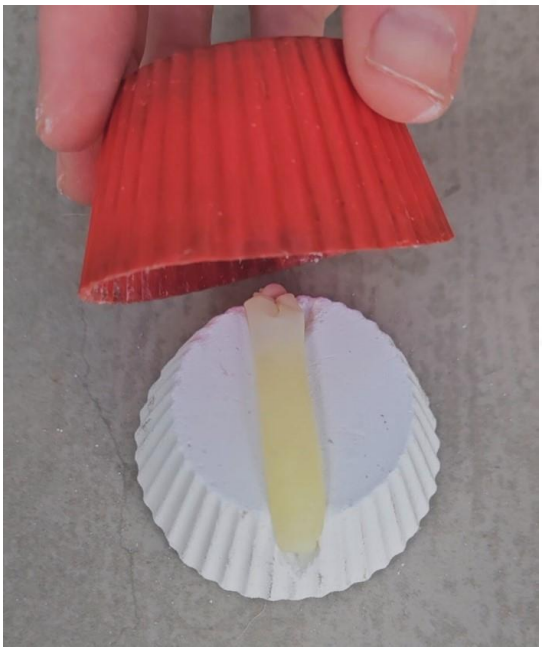

Image 2:

Conclusion: Arthrocentesis is a medical procedure that requires knowledge and skill for asepsis, anesthesia and identification of local anatomy. The “cupcake model” allows medical students to undergo consecutive training and develop manual and emotional skills, such as self-confidence and safety, for later performance on a human patient.

Disclosure of Interest: None Declared

Keywords: Arthrocentesis, cupcake model, silicone

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PANLAR 2025

Sjogren's and other systemic autoimmune diseases

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Bioinformatics Analysis Of Cerna Networks And Signaling Pathways In Sjögren's Syndrome

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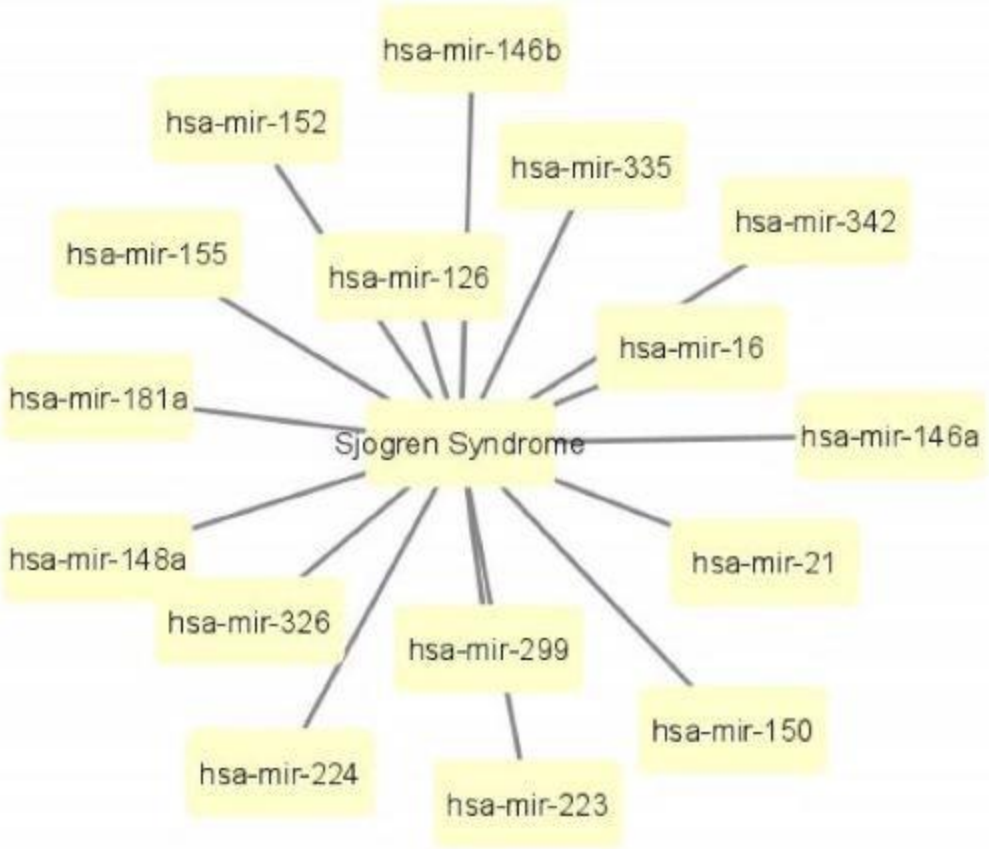
Has this paper been previously presented at another conference?: No

Background/Objectives: Sjögren's syndrome (SjS) is an autoimmune disease characterized by glandular dysfunction, and its etiopathogenesis remains incompletely understood. Identifying key molecular targets is crucial for advancing our understanding of its pathogenesis. This study aimed to identify, through bioinformatics analysis, various microRNAs (miRNAs), long non-coding RNAs (lncRNAs), and associated genes interacting through endogenous competitive RNA (ceRNA) networks, as well as the major signaling pathways involved in the pathogenesis of SjS.

Methods: The miRNet platform was used to identify the most relevant miRNAs associated with SjS. Molecular targets of these miRNAs were predicted using several databases (miRDB, miRWalk, TargetScan, and PITA), facilitating the construction of a ceRNA interaction network, which included miRNAs, lncRNAs, and target genes, using Cytoscape software. A functional enrichment analysis was conducted with the DAVID platform to identify signaling pathways related to SjS. These pathways were selected based on their potential direct relationship with the disease's pathophysiology and their impact on glandular dysfunction and chronic inflammation characteristic of SjS.

Results: The results highlight that the identified miRNAs regulate several key genes and biological processes, as well as interact with relevant lncRNAs, forming complex networks that could influence disease progression. Moreover, the identified signaling pathways provide a functional context that links these molecular findings to the mechanisms underlying glandular dysfunction and altered immune responses. Among the most notable pathways are apoptosis regulation, receptor tyrosine kinase signaling, glandular development, and cellular metabolism regulation.

Image 1: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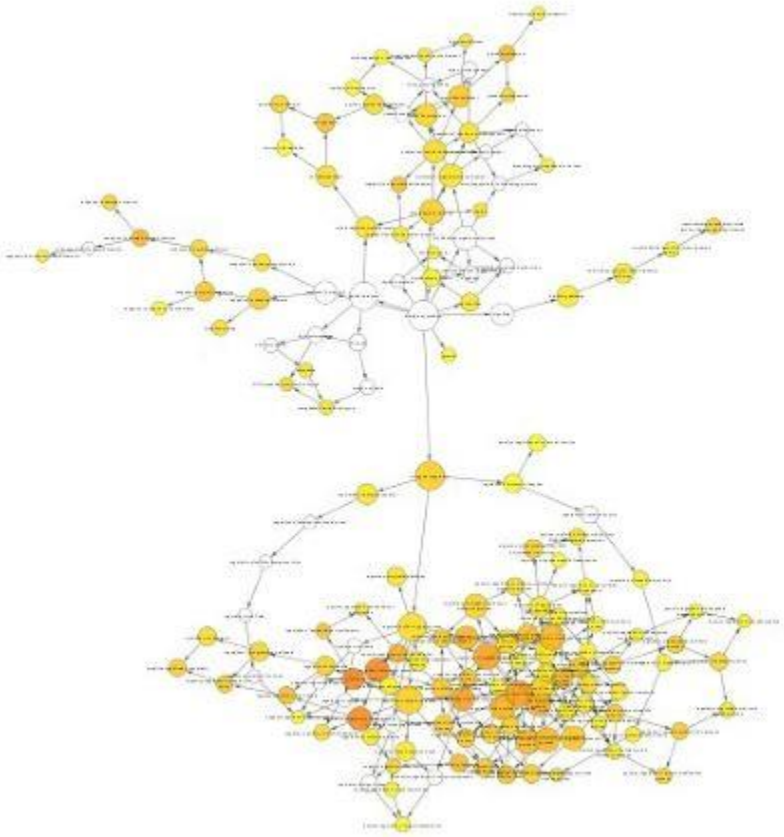
hsa-mir-152
hsa-mir-335
hsa-mir-342
hsa-mir-155
hsa-mir-126
hsa-mir-16
hsa-mir-181a
Sjogren Syndrome
hsa-mir-146a
hsa-mir-148a
hsa-mir-21
hsa-mir-326
hsa-mir-299
hsa-mir-150
hsa-mir-224
hsa-mir-223


hsa-mir-181a-3p
HELLPAR
CPT1A
hsa-mir-146a-3p
AC0X1
HMGA2
DNAJB4
CXCR4
ARL5B
SHOC2
VEGFA
MYC
ZNF207
PTEN
CDKN1A
TNRC6B
CPEB4
hsa-mir-21-3p
DDX3X
FOXO3
BCL2
PDCD4
FGF2
AGO2
hsa-mir-299-5p
DNMT1
CREBRF
hsa-mir-146b-3p
SLC12A7
EGFR
EEF2
hsa-mir-152-3p
IGF1R
RANGAP1
JARID2
BRCA1
TXNIP
TBL1XR1
ASB6
SLC35A1
CCND2
CDK6
RECK
DMD

Image 2:



Conclusion: This bioinformatics study integrates data on miRNAs, lncRNAs, and genes, along with their associated signaling pathways, to provide a more comprehensive understanding of the molecular mechanisms involved in SjS. The findings not only offer new insights into the pathogenesis of the disease but also identify potential biomarkers and therapeutic targets for future research. The next crucial step is the experimental validation of these molecules.

Reference 1: Chen X, Cheng Q, Du Y, Liu L, Wu H. Differential long non-coding RNA expression profile and function analysis in primary Sjogren's syndrome. BMC Immunol. 2021;22(1).

Reference 2: Negrini S, Emmi G, Greco M, Borro M, Sardanelli F, Murdaca G, et al. Sjögren's syndrome: a systemic autoimmune disease. Vol. 22, Clinical and Experimental Medicine. 2022.

Disclosure of Interest: None Declared

Keywords: lncRNAs, miRNAs, Sjögren's Syndrome

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Sjogren's and other systemic autoimmune diseases

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Sexual Health Challenges In Primary Antiphospholipid Syndrome: Exploring Prevalence And Clinical Correlates

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

Background/Objectives: Antiphospholipid syndrome (APS) is a systemic thromboinflammatory disease where information about sexual function is limited. It is unclear whether dysfunction is linked to chronic damage or other clinical parameter.
Methods: We conducted a cross-sectional study at two tertiary centers in Mexico City and Monterrey between January and May 2024. Participants aged ≥16 years met the revised Sapporo criteria for APS and were sexually active in the past six months. Patients with other autoimmune diseases, prothrombotic disorders, liver conditions, or chronic viral infections were excluded. All participants completed the Changes in Sexual Functioning Questionnaire-14 (CSFQ-14) to assess sexual function and underwent ankle-brachial index (ABI) measurement. Three questions were asked: 1) Do you think you have sexual dysfunction?, 2) Would you like to be referred to a specialist in sexual health?, and 3) Does your illness influence your sexual function? The thrombotic APS damage index (DIAPS) was calculated alongside demographic and clinical data collection.
Results: A total of 47 APS patients were included in the study, with a mean age of 40.9 ± 10.9 years; 87.5% of them were women. Median disease duration was 7.0 years, and thrombotic APS was observed in 68%. Mean DIAPS was 2, and mean ABI was 0.97 ± 0.16. Sexual dysfunction, identified in 34% of patients using CSFQ-14, most often affected the pleasure domain (94%). Patients with sexual dysfunction had lower education levels (12.8 vs. 15.8 years, p=0.01), prior immunosuppressant use (p=0.03), thrombocytopenia history (p=0.04), and self-perceived sexual dysfunction (p=0.01). They were less likely to seek sexual health specialist care (p=0.003). Women more often reported sexual dysfunction in the desire/frequency domain than men (70% vs. 30%, p=0.05). Positive correlations were found between ABI and the frequency (r=0.31, p=0.03) and arousal/erection domains (r=0.29, p=0.04). Additional variables are presented in Table 1 and Figure 1.

Image 1:

Characteristics	Total n = 47	Sexual dysfunction n = 16 (34%)*	No sexual dysfunction n = 31 (66%)	p
Women, n (%)	38 (81)	14 (87.5)	24 (77)	0.40
Age, years, mean ± SD	40.9 ± 10.9	44.3 ± 13.6	39.2 ± 9.0	0.13
Scholarship, years, mean ± SD	14.8 ± 3.9	12.8 ± 2.4	15.8 ± 4.2	**0.01**
Time since APS diagnosis, years, median (IQR)	7 (4-14)	7 (5.5-14.5)	10 (3-14)	0.98
Obstetric APS, n (%)	12/38 (31)	3/14 (21)	9/24 (37.5)	0.40
Thrombotic APS, n (%)	32 (68)	9 (56)	23 (74)	0.20
History of thrombocytopenia, n (%)	17 (36)	9 (56)	8 (26)	**0.04**
Current use of vitamin k antagonist, n (%)	33 (70)	8 (50)	25 (81)	**0.02**
Current use of antimalarial, n (%)	14 (30)	2 (12.5)	12 (39)	0.09
Current use of prednisone, n (%)	8 (17)	2 (12.5)	6 (19)	0.70
Current use of immunosuppressive therapy, n (%)	16 (34)	7 (44)	9 (29)	0.31
Previous use of immunosuppressive therapy, n (%)	14 (30)	8 (50)	6 (19)	**0.03**
Current prednisone dose, mg/day, mean ± SD	2.4 (9.2)	0.5 (1.35)	3.5 (11.2)	0.30
Cumulative dose of prednisone in the last year, mg, mean ± SD	0.53 (1.5)	0.12 (0.45)	0.74 (1.8)	0.18
Menopause, n (%)	4/38 (10)	1/14 (7)	3/24 (12.5)	1.0
Overweight, n (%)	38 (81)	14 (87.5)	24 (77)	0.40
Obesity, n (%)	12 (25.5)	2(12.5)	10 (32)	0.17
Type 2 diabetes, n (%)	4 (8.5)	1 (6)	3 (10)	0.10
Hypertension, n (%)	4 (8.5)	2 (12.5)	2 (6.5)	0.60
Dyslipidemia, n (%)	11 (23)	3 (19)	8 (26)	0.72
Other comorbidities, n (%)	13 (28)	6 (37.5)	7 (23)	0.30
Belief of having sexual dysfunction, n (%)	8 (17)	6 (37.5)	2 (6.5)	**0.01**
Desire to see a specialist, n (%)	42 (89)	11 (69)	31 (100)	**0.003**
Believes that APS influences sexual function, n (%)	21 (45)	7 (44)	14 (45)	0.092
Current smoking, n (%)	8 (17)	3 (19)	5 (16)	1.00
Previous smoking, n (%)	21 (45)	8 (50)	13 (42)	0.60
Normal ABI, n (%)	11 (35.5)	6 (27)	5 (56)	0.21
Total ABI, points, mean ± SD	0.97 (0.16)	0.94 (0.2)	0.99 (0.14)	0.31
Creatinine, mg/dl, median (IQR)	0.71 (0.65-0.85)	0.73 (0.66-0.89)	0.71 (0.65-0.83)	0.79
Cholesterol, mg/dl, median (IQR)	158.5 (134-189)	156 (122-182)	171 (143-205)	0.10
Hemoglobin, g/dl, median (IQQ)	14 (12.8-15)	14.2 (13.2-14.8)	13.9 (12.3-15)	0.72
Lymphocyte, cell/mm^3 x10^3, median (IQR)	1680 (1340-2240)	1605 (1290-2140)	1765 (1410-2440)	0.43
Antiphospholipid triple positive, n (%)	22 (47)	6 (37.5)	16 (52)	0.36
aGAPSS score, points, median (IQR)	9 (5-13)	9 (4-12.5)	9 (7-13)	0.2
Total DIAPS score, points, median (IQR)	2 (0-4)	2 (0-4)	2 (0-4)	0.9

Table 1. Baseline demographic, clinical and laboratory characteristics of patients with APS
***Based on CSFQ-14 total score**

Image 2:

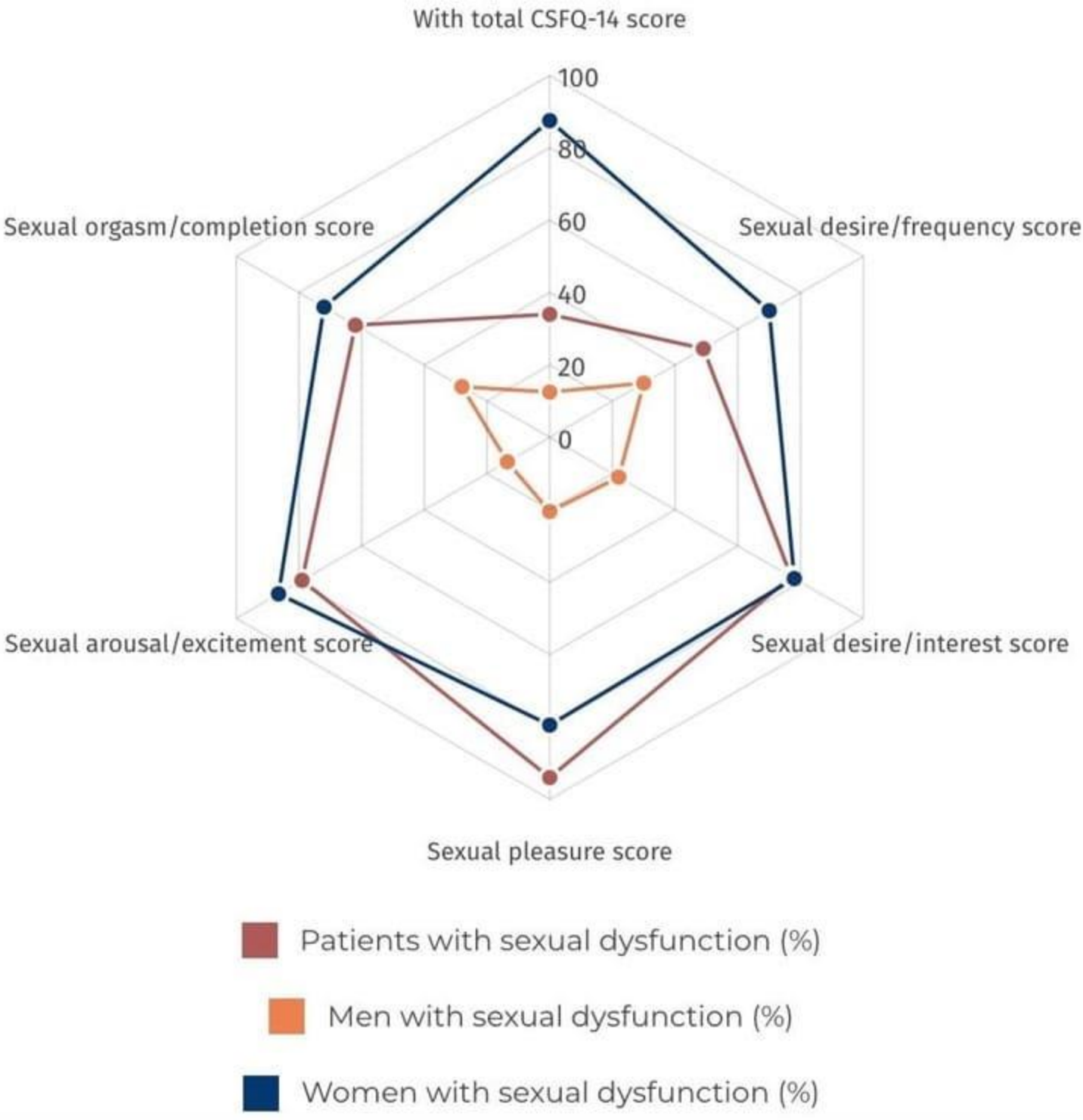

Figure 1. Patients with sexual dysfunction categorized by gender.
Sexual dysfunction was assessed using the CSFQ-14 cut-off points for both the total score and the different domains.

Conclusion: This study highlights the prevalence of sexual dysfunction in APS patients, a relatively young group with low comorbidity. The findings emphasize the need for rheumatologists to address sexual health in routine assessments. Further research should explore pathophysiological mechanisms, focusing on endothelial damage and thrombotic alterations to better understand and manage sexual dysfunction in APS.

Disclosure of Interest: None Declared

Keywords: Antiphospholipid syndrome, Sexual function, Sexual health

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Sjogren's and other systemic autoimmune diseases

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Incidence of neoplasms during 10 years of follow-up of a cohort of patients with rheumatological disease from a South American hospital.

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

Background/Objectives: Background

The incidence of neoplasms in patients with rheumatic diseases has been observed to be higher compared to the general population. However, data on this phenomenon in South America remains limited. Rheumatic diseases, along with their associated immunosuppressive therapies and functional alterations, may contribute to an increased cancer risk, highlighting the need for regional studies to characterize these patients and their outcomes.

Objectives

To determine the incidence of neoplasms over a 10-year follow-up period in a cohort of patients with rheumatic diseases treated at a South American hospital.

Methods: A retrospective study was conducted by reviewing 3,328 medical records of patients from the Rheumatology service. After applying inclusion criteria, 1,362 patients aged over 50 years with more than 10 years of rheumatic disease diagnosis were included. All patients had undergone cancer screening within the past five years. The study covered the period from 2012 to 2022, focusing on the occurrence of neoplasms within this cohort.
Results: The majority of the cohort were female patients aged between 50 and 65 years. The most common rheumatic conditions were rheumatoid arthritis (657 cases, 48.3%), systemic lupus erythematosus (354 cases, 25.9%), osteoarthritis (242 cases, 17.76%), and other rheumatic diseases (109 cases, 8%). Over the follow-up period, 57 cases of cancer were identified, including 12 cases of lung adenocarcinoma, 10 of gastric adenocarcinoma, 9 of ductal breast carcinoma, 7 of colon neoplasms, 6 brain tumors (stage II or higher based on WHO classification), 5 squamous cell skin carcinomas, 5 pancreatic neoplasms, and 2 endometrial tumors. Of these 57 cases, 41 were in patients with lupus, 8 with rheumatoid arthritis, 5 with osteoarthritis, and 3 with other diseases. Only 2 cases were observed in male patients.
Conclusion: Patients with rheumatic diseases are not exempt from developing neoplasms, likely due to the effects of immunosuppressive therapies and the functional alterations associated with autoimmune diseases. This study

underscores the importance of characterizing cancer risk in Latin American patients and emphasizes the need for vigilant monitoring in this population.

Disclosure of Interest: None Declared

Keywords: Rheumatic diseases Neoplasms Immunosuppressive therapy Latin America

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Sjogren's and other systemic autoimmune diseases

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Salivary Flow And Its Association With Dry Eye Severity In Patients With Primary Sjögren'S Syndrome

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

Background/Objectives: Sjögren's Syndrome (SS) is a multisystemic autoimmune disease that causes hypofunction of salivary and lacrimal glands. Unstimulated whole salivary flow rate (UWSF) is a test used to quantify saliva production. Similarly, dry eye tests are useful tools in everyday clinical practice to identify inflammatory damage to the ocular surface. However, the association between UWSF and dry eye tests is poorly known. We aimed to explore if there is an association between UWSF and dry eye severity.

Methods: We performed a cross-sectional study, including patients of 18 years or older, with DED symptoms and primary SS (according to 2016 ACR/EULAR criteria), between 2015-2024. Patients were divided into two groups according to UWSF in 5 minutes (group 1: UWSF ≤0.5 ml/5 min, group 2: UWSF >0.5 ml/5 min). Minor salivary gland biopsy, tear film osmolarity, matrix metalloproteinase 9 (MMP-9), Ocular Surface Disease Index (OSDI), Tear break-up time (TBUT), SICCA Ocular Surface Staining (SICCA OSS), and Schirmer tear test with and without anesthesia were evaluated. Only the worst eye was included, which was selected as the eye with the higher SICCA OSS score.

Results: Fifty-three patients with primary SS were included, the mean age was 44.9 ± 11.9 years, and 96.2% (51/53) of the patients were female. Twenty-nine (54.7%) patients had a UWSF ≤0.5 ml/5 min, and 24 (45.3%) patients had a UWSF >0.5 ml/5 min. The patients from the low UWSF group had lower median SICCA OSS scores (10, IQR: 0-12) compared to the patients with a UWSF >0.5 ml/5 min (median 4, IQR: 0-12; p=0.018) (**Table 1**). We observed a numerically higher proportion of patients with positive MMP-9 in the UWSF ≤0.5 ml/5 min group (11/29,37.9%) than those with a UWSF >0.5 ml/5 min (3/24,12.5%) (p=0.062). Patients with UWSF ≤0.5 ml/5 min also showed numerically higher OSDI scores (51.0 ± 29.7) than patients with UWSF >0.5 ml/5 min (37 ± 23.6; p=0.080). The Schirmer's tear test with or without anesthesia, the tear film osmolarity, and the tear break-up time were similar for the patients in both groups (UWSF ≤0.5 ml/5 min or >0.5 ml/5 min).

Image 1:

Table 1. Dry eye severity according to unstimulated whole salivary flow rate (UWSF) among patients with Sjögren's Syndrome.

	All N= 53	**UWSF ≤0.5 ml/5 min N=29**	**UWSF >0.5 ml/5 min N=24**	**p-value***
Age, years, mean ± SD	44.9 ± 11.9	53.1 ± 12.1	49.8 ± 11.7	0.324
Sex, n (%)				0.2
Female	51 (96.2)	29 (100)	22 (91.7)	
Male	2 (3.8)	0 (0.0)	2 (8.3)	
Positive MSG biopsy, n (%)	43 (81.1)	24 (82.8)	19 (79.2)	0.999
Positive MMP-9, n (%)	14 (26.4%)	11 (37.9%)	3 (12.5%)	0.062
OSDI score, mean ± SD	51.6 ± 44.9	51.0 ± 29.7	37.6 ± 23.6	0.080
SICCA OSS score, mean ± SD	7 (0-12)	10 (0-12)	4 (0-12)	0.018
Schirmer's tear test w/o anesthesia, median (IQR)	7 (0-35)	7 (0-35)	7 (0-35)	0.926
Schirmer's tear test with anesthesia, median (IQR)	5 (1-35)	5 (1-35)	7(1-30)	0.293
TBUT, median (IQR)	4 (1-15)	4 (2-15)	4 (1-15)	0.450
Tear film osmolarity, mean ± SD	310 ± 21	314.1 ± 23.4	305.7 ±17.1	0.152

UWSF= Unstimulated Whole Salivary Flow rate, MSG= minor salivary gland, MMP-9= Matrix metalloproteinase 9, OSDI= Ocular Surface Disease Index, SICCA OSS= SICCA ocular surface staining, STT= Schirmer tear test with and without anesthesia, TBUT= tear break-up time.

*Comparison between UWSF ≤0.5 ml/5 min and UWSF >0.5 ml/5 min.

Conclusion: In patients with primary SS, a lower UWSF was associated with greater ocular surface damage as evaluated by SICCA OSS. Further studies with larger sample size are needed to confirm these findings.

Disclosure of Interest: None Declared

Keywords: Dry Eye Syndromes, sjogren's syndrome, Xerostomia

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BY PANLAR

PANLAR 2025

Sjogren's and other systemic autoimmune diseases

PANLAR2025-1419

Damage Index in IgG4-Related Disease According to Phenotypes: A New Tool for Damage Assessment

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

Background/Objectives: IgG4-related disease (IgG4-RD) is a systemic, immune-mediated fibroinflammatory disorder that can involve multiple organs, leading to irreversible injury. Both the disease and its treatments can contribute to organ damage. Therefore, assessing the extent of organ damage is essential for patient outcomes. The IgG4-RD Damage Index (IgG4-RD DI) was recently introduced in China as a means of evaluating persistent organ damage. Therefore, our aim was to assess organ damage according to phenotypes in a cohort of patients with IgG4-RD using the IgG4-RD DI.

Methods: We included adults aged 18 years or older who fulfilled the 2019 ACR/EULAR classification criteria for IgG4-RD and were followed at our institution from 2000 to 2024. Irreversible organ damage lasting at least 6 months was defined as damage. We identified distinct disease phenotypes and assessed organ damage using the IgG4-RDDI, which evaluates 14 domains, at diagnosis, 6, and 12 months. Cumulative corticosteroid dosage was calculated.

Results: Forty-nine patients were included, 35 males (71.4%), with a median age at diagnosis of 61.5 years (IQR 50.9-70.5) and a median follow-up of 19 months (IQR 10-33). Of these, 35 patients (71.4%) had a confirmatory biopsy. The majority presented with multi-organ involvement (n=37, 75.5%), and the distribution according to phenotypes was as follows: pancreatobiliary disease (n=19, 38.8%); retroperitoneal fibrosis and/or aortitis (n=5, 10.2%); disease limited to the head and neck (n=9, 18.4%); classic Mikulicz syndrome with systemic involvement (n=9, 18.4%); and unclassifiable (n=7, 14.3%).

Using the IgG4-RD DI, at baseline assessment, 33 patients (67.3%) already had a damage score ≥1, at 6 months 35 (83.3%) and at 12 months 38 patients (95.0%) (Table 1). The most frequent damage was evidenced in the "other" domain, which included patients with osteoporosis, cataracts, diabetes, and surgical damage (67.5%), followed by the pancreatic domain (17.5%), hepatobiliary (17.5%) and pulmonary (15%).

The cumulative dose of corticosteroids at the end of follow-up was 5.1 grams of prednisone (IQR 3.5-7.4).

Image 1:

Damage and cumulative corticosteroid dose according to phenotypes	Damage score ≥1 at diagnosis (n=49)	Damage score ≥1 at 6 months (n=42)	Damage score ≥1 at 12 months (n=40)	Cumulative dose of prednisone, mg, median (IQR)
Pancreato-biliary	10 (52.6%)	11 (73.3%)	14 (100%)	5.7 (2.6-7.2)
Retroperitoneal-aortic	3 (60%)	2 (66.6%)	1 (50%)	4.8 (3.6-5.3)
Head and neck	8 (88.9%)	8 (88.9%)	9 (100%)	3.5 (1.8-5.6)
Mikulicz-systemic	8 (88.9%)	8 (100%)	8 (100%)	7.2 (4.2-10.0)
Unclassified	4 (57.1%)	6 (85.7%)	6 (85.7%)	5.0 (2.4-11.4)

Conclusion: In this cohort of IgG4-RD patients, using the IgG4-RDDI, it was shown that almost all patients (95%) presented at least one organ damage at 12 months follow-up, with treatment-related damage (corticosteroids and surgeries) being the most frequent, and a median cumulative corticosteroid dose of 5.1 grams of prednisone over 19 months of follow-up.

Disclosure of Interest: None Declared

Keywords: daño, fibrosis, IgG4-related disease

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PANLAR 2025

Sjogren's and other systemic autoimmune diseases

PANLAR2025-1226

Utility Of Minor Salivary Gland Biopsy In Suspected Sjogren's Syndrome In An Ecuadorian Group.

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

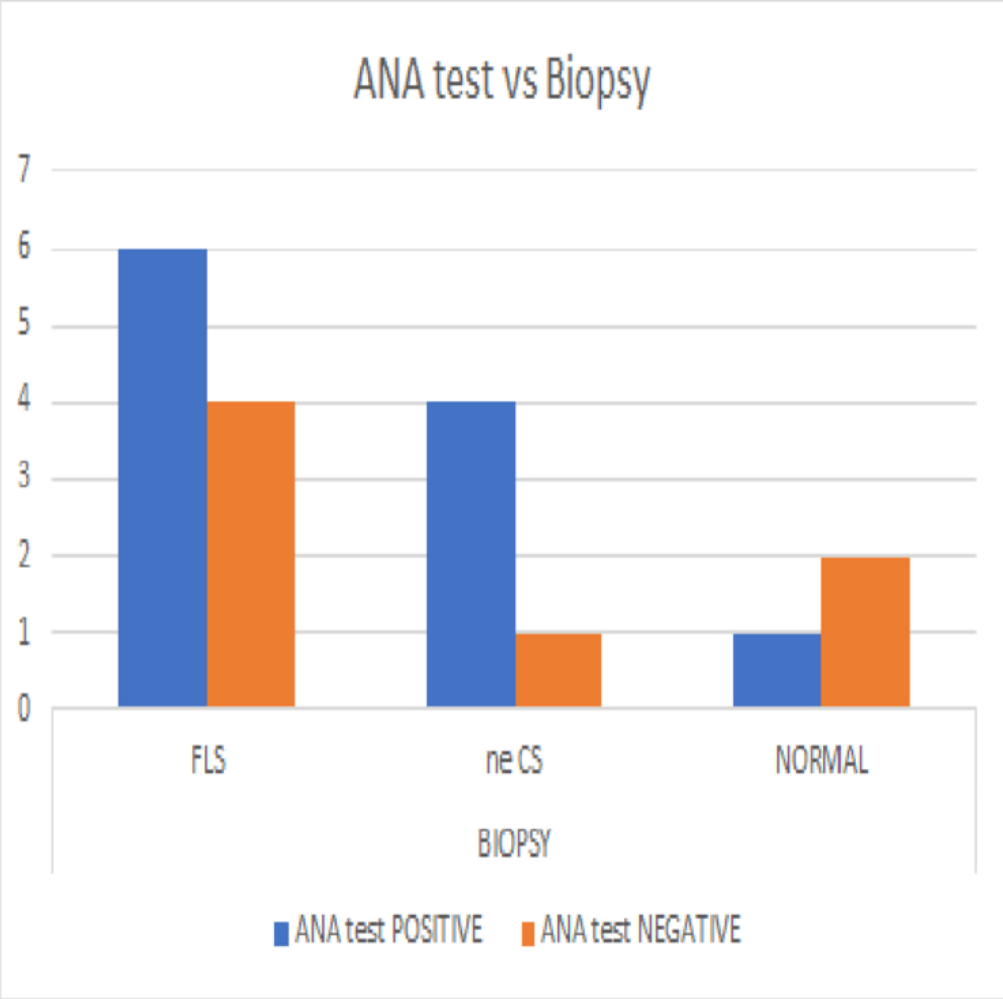
Background/Objectives: To describe the clinical characteristics and histopathological findings of patients undergoing minor salivary gland biopsy with clinical suspicion of Sjogren's syndrome.

Methods: This is a retrospective study of a database of patients undergoing incisional biopsy of the minor salivary gland with persistent dry symptoms suspected of Sjögren's syndrome belonging to the Rheumatology consultation, at Quito city since January 2023 to December 2024. Demographic variables such as age and sex were collected, as well as specific organ/system clinical manifestations and determination of autoantibodies.

Results: A total of 18 patients were included, the majority were female (94.5%). The mean was 50.94 ± 10.14 years. Regarding the additional manifestations to the symptoms of dryness, 44.4% of patients had a diagnosis of interstitial lung disease, 11.1% had liver manifestations and 5.5% had kidney involvement. About laboratory tests performed only 11.1% were positive for anti-SSA and anti-SSB antibodies. Of the 18 patients who had an ANA test 11 (61.1%) had a positive result. There were 11 (55.5%) patients who had a positive minor salivary gland biopsy for focal lymphocytic sialadenitis (FLS), and in 27.7% nonspecific chronic sialadenitis (neCS). In this sample, the minor salivary gland biopsy had a specificity of 100%. According to the EULAR/ACR classification criteria, the 11 patients with positive results were classified as having Sjogren's syndrome.

Table 1:

Image 1:



Conclusion: The minor salivary gland biopsy is an useful tool in the study of patients with persistent dry symptoms for more than 3 months, with negative autoimmunity studies and, given the specialist's clinical suspicion, it gives us the opportunity to reach a definitive diagnosis. In patients with sicca symptoms and negative anti-Ro autoantibodies, a minor salivary gland biopsy is recommended.

Disclosure of Interest: None Declared

Keywords: dryness, Salivary gland biopsy

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BY PANLAR

PANLAR 2025

Sjogren's and other systemic autoimmune diseases

PANLAR2025-1053

Incidence Of Cancer In Patients With Idiopathic Inflammatory Myopathies And Associated Risk Factors. Cohort Study

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

Background/Objectives: Introduction: Idiopathic Inflammatory Myopathies (IIM) are a heterogeneous group of autoimmune diseases that can occur alone or in association with cancer.

Objectives: To determine the incidence of cancer in adults with MII. To analyze risk factors associated with the development of cancer.

Methods: Retrospective cohort study. Adult patients with IIM (ACR/EULAR 2017) diagnosed in or after 2000, who were cancer-free at diagnosis and followed up for at least 3 years were included. Demographic and clinical characteristics of patients at the time of IIM diagnosis were recorded. The incidence density of cancer was calculated; each included subject provided follow-up time from IIM diagnosis until their last hospital visit, death, or the end of the study (30/06/2024). Univariate and multivariate Cox regression models were performed to determine risk factors associated with the development of cancer.

Results: A total of 139 patients with IIM were included, 67.6% (95% CI 59.1-75.2) were women, the mean age at IIM diagnosis was 53 years (SD 15) and the median follow-up was 7.3 years (IQR 4-12). The most frequent form of IIM was DM in 42.4% of patients (95% CI 34.2-51.1). The baseline characteristics of the patients according to the development of cancer are shown in Table 1. The incidence density of cancer was 1.9 per 100 patient-years (95% CI 1.2-2.9). In the multivariate analysis, age older than 50 years at IIM diagnosis, the predominance of cutaneous manifestations and a baseline LDH value greater than 2 times the reference level were significantly associated with an increased risk of cancer during follow-up.

Table 1: Baseline characteristics of patients with IIM according to the development of cancer CI: Confidence Interval/ SD: Standard Deviation/ MRI: Magnetic Nuclear Resonance / EMG: Electromyogram/ DM: Dermatomyositis/ IMACS: International Myositis Assessment and Clinical Studies Group/ ESR: Erythrocyte Sedimentation/ CPK: Creatine Phosphokinase / LDH: Lactic Dehydrogenase

Image 1:

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Characteristics	No cáncer n= 116	With cancer n= 23	p
Female sex % (95% CI)	68.1 (58.7-76.3)	65.2 (42.8-82.8)	0.787
Age at diagnosis IIM mean (SD)	51.1 (15.3)	63.1 (12.1)	**< 0.001**
Smoking (ever), % (95% CI)	44.3 (31.8-57.5)	50.0 (28.0-72.0)	0.573
Predominant clinical manifestation			0.140
Myopathy (clinically, MRI, EMG, muscle enzymes)	57.8 (48.2-66.8	39.1(20.5-61.2)	
Interstitial lung disease (ILD)	6.9 (3.2-13.5)	8.7 (1.5-29.5)	
Dysphagia	7.8 (3.8-14.6)	4.3 (0.2-24.0)	
Cutaneous	19.0 (12.5-27.5)	39.1 (20.4-61.2)	
Articulate	5.2 (2.1-11.4)	4.3 (0.2-24.0)	
Raynaud	1.7 (0.3-6.7)	0	
Type of IIM			0.511
Amyopathic DM	12.9 (7.7-20.7)	8.7 (1.5-29.5)	
DM	41.4 (32.4-50.9)	47.8 (27.4-68.9)	
IIM for inclusion bodies	12.2 (7.0-19.7)	17.4 (5.7-39.5)	
Polymyositis	29.3 (21.4-38.6)	17.4 (5.7-39.5)	
Antisynthetase	2.6 (0.7-7.9)	8.7 (1.5-29.5)	
Necrotizing	1.7 (0.3-6.7)	0	
Type of antibody	**n: 88**	**n: 17**	0.434
Seronegative	64.8 (53.8-74.4)	82.4 (55.8-95.3)	
DM (MI2/ SAE/ MDA 5)	1.1 (0.06-7.0)	5.9 (0.3-30.8)	
Antisynthetase (Jo1/ PL7/ PL12)	12.5 (6.7-21.7)	5.9 (0.3-30.8)	
Necrotizing (SRP)	2.3 (0.4-8.7)	0	
Associated with IIM (Ro/ RNP/ PM Scl/ Ro52)	15.9 (9.3-25.6)	5.9 (0.3-30.8)	
Paraneoplastic (NXP2/ TIF1 γ/ TIF 1 δ)	3.4 (0.9-10.3)	0	
IMACS Intermediate/High Risk	82.8 (74.4-88.9)	91.3 (70.5-98.5)	0.305
Laboratory data: median (IQR)			
Basal ESR	25 (13-50)	41 (23-55)	0.207
Basal CPK	1021 (346-3625)	911 (243-1703)	0.726
Basal LDH	325 (392-497)	411 (248-652)	0.315
Death	6.0 (2.7-12.4)	17.4 (5.7-39.5)	**0.051**

Conclusion: The incidence of cancer was 1.9 per 100 patient-years, DM was the most frequent IIM. Among the factors that were significantly associated with the development of cancer were age over 50 years, predominance of skin lesions and LDH value 2 times above the reference value.

Disclosure of Interest: None Declared

Keywords: cancer, idiopathic inflammatory myopathies

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PANLAR 2025

Sjogren's and other systemic autoimmune diseases

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Is anti-Ku positive systemic sclerosis a distinct subset?: An exploratory analysis of serum cytokines

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

Background/Objectives: Previous reports have described a subset of “seronegative” SSc patients that mainly express anti-Ku antibodies. We aimed to explore whether serum cytokine concentrations differ between anti-Ku positive and anti-Ku negative patients with SSc.

Methods: We obtained sera from 28 patients with SSc who fulfilled the 2013 ACR/EULAR and were confirmed by a rheumatologist. We measured 20 autoantibodies using either ELISA or ANA-LIA and 20 serum cytokines using Cytometric Bead Array (CBA). We performed exploratory analysis between anti-Ku positive and negative patients.

Results: We included 27 patients in the analysis, (excluded: 1 patient positive for CENPB and Ku). Three patients were only positive for anti-Ku. We did not observe statistically significant differences in serum cytokine concentrations; however, our graphical analysis suggested higher concentrations of pro-inflammatory cytokines in the anti-Ku positive group.

Table 1: Characteristics of anti-KU positive patients and antiKU negative systemic sclerosis patients

Variable	Ku positive (n = 3)	Ku negative (n = 24)	p value
Female	1 (33.3)	23 (95.8)	0.001
Age, years, (IQR)	61 (56-64)	57.5 (51.5-65.5)	0.615

Sclerodactyly > MCP	1 (33.3)	7 (29.2)	0.882
Puffy fingers	2 (66.7)	18 (75)	0.756
Sclerodactyly < MCP 12	0	3 (12.5)	0.516
Digital ulcers	2 (66.7)	14 (58.3)	0.782
Pitting scars	3 (100)	19 (79.2)	0.381
Telangiectasia	1 (33.3)	9 (37.5)	0.888
Compatible Capillaroscopy	3 (100)	18 (75)	0.326
Pulmonary Hypertension	2 (66.7)	16 (66.7)	1
Interstitial Lung Disease	2 (66.7)	21 (87.5)	0.338
Raynaud's Phenomenon	3 (100)	24 (100)	-
Centromere antibody	2 (66.7)	15 (62.5)	0.888
Scl-70	2 (66.7)	23 (95.8)	0.069
RNA-Poly-3	NA	NA	-
Calcinosis (ever)	0	7 (29.2)	0.277
GERD	1 (33.3)	10 (41.7)	0.782
Dysfagia	3 (100)	16 (66.7)	0.233
Autoantibodies	0	1 (4.2)	0.719
SmD1	0	1 (4.2)	0.719
SSa/Ro60	1 (33.3)	1 (4.2)	0.069

SSa/Ro52	0	1 (4.2)	0.719
SSb/La	0	9 (37.5)	0.194
CENPB	0	2 (8.3)	0.603
Scl70	0	3 (12.5)	0.516
U1snRNP	0	2 (8.3)	0.603
AMA-M2	0	2 (8.3)	0.603
DFS70	0	0	-
PMScl	0	0	-
Mi2			
Rheumatoid factor (units)	2 (66.7)	13 (54.2)	0.681
CCP3 (units)	0	6 (25)	0.326
Anti- TPO (IU)	1 (33.3)	6 (25)	0.756
Anti-TG (IU)	0	4 (16.7)	0.444
B2GPI - IgM (SMU)	0	3 (12.5)	0.516
B2GPI - IgG (SGU)	0	4 (16.7)	0.444
Cardiolipin - IgM (MPL)	1 (33.3)	5 (20.8)	0.623
Cardiolipin - IgG (GPL)	0	3 (12.5)	0.516

Image 1:

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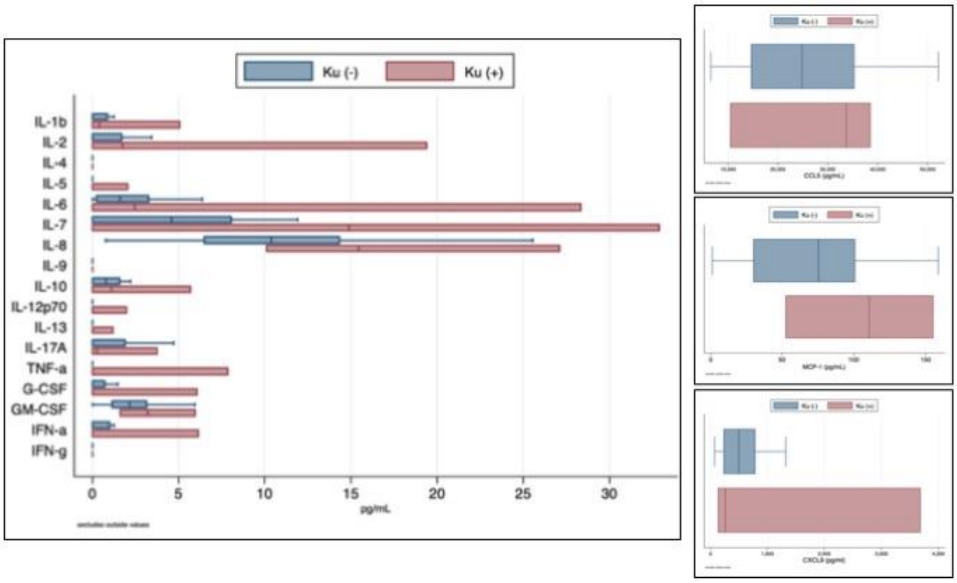

Conclusion: Our exploratory analysis of cytokine concentrations revealed no significant differences between SSc patients with exclusive anti-Ku positivity, although we observed a trend towards higher concentrations of pro-inflammatory cytokines.

Reference 1: We thank the Colombian Association of Rheumatology (ASOREUMA) for their support

Disclosure of Interest: None Declared

Keywords: antiKu antibodies, cytokines, systemic sclerosis

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PANLAR 2025

Sjogren's and other systemic autoimmune diseases

PANLAR2025-1323

Evaluation Of Thromboinflammatory Biomarkers And Sledai-2K Activity Index In Women Of Reproductive Age Diagnosed With Systemic Lupus Erythematosus

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

Background/Objectives: Background:

Normal pregnancy is considered a proinflammatory and procoagulant state, these physiological changes are important to minimize blood loss during delivery. In patients diagnosed with Systemic Lupus Erythematosus (SLE), it is crucial to investigate the presence of prothrombotic biomarkers, which have not been traditionally evaluated during pregnancy, in order to monitor disease activity and reduce risks that may compromise maternal-fetal health.

Objective

To evaluate the thromboinflammatory status of pregnant patients with SLE.

Methods: 71 female patients over 18 years of age were included, classified into 4 groups; Group 1: Healthy without pregnancy (n=25), Group 2: SLE without pregnancy (n=12), Group 3: Healthy with pregnancy (n=23) and Group 4: SLE with pregnancy (n=11) who attended follow-up consultation at the Rheumatology Service of the General Hospital "Dr. Miguel Silva" in the city of Morelia, Mexico. The study was approved by the ethics committee with registration number 676/02/23. Disease activity was evaluated using the SLEDAI-2K scale. The following inflammatory biomarkers were analyzed; Interleukin-6 (IL-6), Interleukin-8 (IL-8), the immunothrombotic biomarkers were: P-Selectin, Tissue Factor and D-Dimer. Plasma biomarker assessment was performed by flow cytometry using a LEGENDplex kit. Statistical analysis: Kolmogorov-Smirnov and Kruskal-Wallis.

Results: We observed that the mean clinical SLEDAI-2K score was 2, which represents low disease activity. Plasma concentrations of the inflammatory and immunothrombotic biomarkers IL-6, IL-8, P-Selectin, Tissue Factor and D-Dimer were not statistically different in the SLE with pregnancy and Healthy with pregnancy groups ($p > 0.05$).

Conclusion: Pregnancy in patients diagnosed with SLE with low disease activity does not represent a thromboinflammatory risk.

Disclosure of Interest: None Declared

Keywords: Biomarkers, Pregnancy, SLEDAI-2K

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PANLAR 2025

Sjogren's and other systemic autoimmune diseases

PANLAR2025-1381

Rapidly Progressive Interstitial Pneumonia and Progressive Pulmonary Fibrosis are not the same: One-Year Follow-up of 10 Patients with Interstitial Lung Disease Positive for Anti-MDA5.

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

Background/Objectives: Anti-MDA5 dermatomyositis involves skin, hypo- or amyopathic compromise, and sometimes Rapidly Progressive Interstitial Lung Disease (ILD), which has high mortality. The acute phase requires aggressive treatment with glucocorticoids and immunosuppressants. Afterward, patients should be reassessed for Progressive Pulmonary Fibrosis (PPF), as defined by ATS/ERS. This study aims to evaluate the long-term evolution of these patients and the need for antifibrotic treatment.

Methods: We conducted an observational, longitudinal, prospective study at INER in Mexico City involving patients diagnosed with interstitial lung disease (ILD) confirmed by HRCT or biopsy and positive for anti-MDA5 (immunoblot intensity ≥ 15). Clinical, laboratory, and pulmonary function variables were recorded, and statistical analysis was performed to compare baseline and follow-up FVC values over one year within the cohort.

Results: Of the 10 patients, 60% were women, with an average age of 59 years. 80% tested positive for antinuclear antibodies. The most common patterns were organized pneumonia (70%) and usual interstitial pneumonia (30%). The baseline Goh score was 46%, reducing to 36% at follow-up (p = 0.06). FVC% was 76.3 at baseline and 75.85 at follow-up (p = 0.76). DLCO% showed minimal change (44.33 vs. 44.14, p = 0.70).

Table 1: Table 1. Follow-up of patients with ILD positive for Anti-MDA5

Variable	Basal n=10	Follow-up n= 8	p
Percentage of Pulmonary Disease Extent (median (Q1-Q3))	46 (36-74)	36 (22-46)	0.06

Percentage of Ground-Glass Opacity Extent (median (Q1-Q3))	19.3 (16.56-30)	16.98 (12.02-20.5)	0.56
Percentage of Fibrosis Extent (median (Q1-Q3))	5.4 (0-11.96)	4.24 (0.58-7.16)	0.89
Variable[&]	**Basal n=10**	**Follow-up n= 7**	**p**
% FVC (mean ± SD)	76.3 ± 32.24	75.85 ± 33.27	0.76
% DLCO (mean ± SD)	44.33 ± 20.29*	44.14 ± 16.90d	0.70
* Diffusing Capacity of the Lung for Carbon Monoxide available for 9 patients. d Diffusing Capacity of the Lung for Carbon Monoxide available for 7 patients. [&]Days between baseline and follow-up respiratory function tests: 189 (138-367).			

Conclusion: This study shows that after acute interstitial pneumonia resolves, ILD patients with anti-MDA5 positivity often have a favorable prognosis, with stabilized %FVC decline. In our cohort, none required antifibrotic therapy. It's important to distinguish between Rapidly Progressive Interstitial Pneumonia and Progressive Pulmonary Fibrosis, as they have different treatment approaches: the former needs intensive immunosuppression, while the latter requires timely antifibrotic therapy.

Disclosure of Interest: None Declared

Keywords: anti-mda5, interstitial lung disease, progressive pulmonary fibrosis

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Sjogren's and other systemic autoimmune diseases

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Factors Associated with the Presence of Extraglandular Manifestations of Sjögren's Syndrome in a High-Complexity Center: A Case-Control Study

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

Background/Objectives: Sjögren's syndrome is an autoimmune disease causing glandular and extraglandular manifestations. While 95% of patients have glandular symptoms, 30% to 90% experience extraglandular ones, impacting morbidity and costs. Detecting these patients is crucial.

Objective: To identify the factors associated with the presence of extraglandular manifestations in patients with Sjögren's syndrome at a high-complexity center during 2019-2024.

Methods: Analytical observational case-control study nested in a historical cohort, which included 206 patients with Sjögren's syndrome, of whom 104 patients presented glandular manifestations (cases) and 102 patients presented extraglandular manifestations. Logistic regression models were designed to evaluate the association between serological markers and clinical factors with extraglandular manifestations.

Results: A total of 206 patients were evaluated, of whom 102 presented glandular manifestations and 104 presented extraglandular manifestations. The prevalence of female gender was 92%, with a mean age of 55 years and a mean disease duration of 7 years.

Among the serological biomarkers (Table 1), patients with extraglandular manifestations had higher levels of rheumatoid factor, anti-Ro, anti-La, and complement C3 and C4 consumption. However, due to missing values, not all biomarkers were included in the multivariate analysis.

The multivariate model (table 2) documented that extraglandular manifestations were associated with high levels of anti-La and complement C3 consumption. Osteoporosis and thyroid disease were linked to a lower risk of extraglandular manifestations, while systemic sclerosis may be associated with a higher risk of systemic symptoms, though no significant findings were observed for this association.

Table 1: Table 1. Serological biomarkers

Biomarker	Cases n:104	Controls n:102	p-value
Rheumatoid Factor	53/79	24/83	<0.001
Anti-Ro	66/102	33/99	<0.001
Anti-La	39/100	8/99	<0.001
Anti-DNA	4/52	1/40	0.276
Gammapathy	36/51	15/41	0.001
Beta-2 Microglobulin	5/16	0/8	0.076
Complement C3	22/83	1/69	<0.001
Complement C4	16/82	1/69	<0.001

Table 2. Multivariate model

Variable	OR	95% CI	p-value
Anti-La	3.35	1.53-7.34	0.040
Complement C3	2.6	1.42-5.00	0.002

Thyroid disease	0.48	0.24-0.96	0.040
Osteoporosis	0.53	0.25-1.12	0.097
SSc	8.34	0.87-79.37	0.065

SSc: Systemic sclerosis

Conclusion: Extraglandular manifestations were associated with high levels of anti-La and complement C3 consumption. Further and prospective studies are needed to evaluate the associations highlighted in the current study.

Disclosure of Interest: None Declared

Keywords: extraglandular disease, risk factor, sjogren's syndrome

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PANLAR 2025

Sjogren's and other systemic autoimmune diseases

PANLAR2025-1311

Characterization of Patients Included in the Argentine Systemic Sclerosis Registry

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

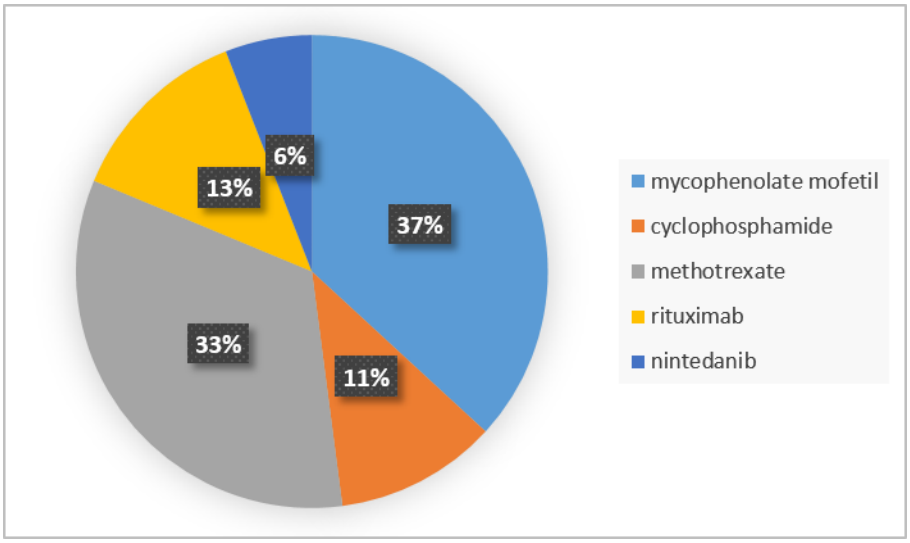
Background/Objectives: Systemic sclerosis (SSc) is a chronic multisystem disease characterized by vascular damage, immune alterations, and fibrosis. Its low incidence and clinical variability complicate the understanding of this disease. Multinational patient cohorts have collaborated to improve the available information on this condition, but local data is scarce. For this reason, the Argentine Society of Rheumatology (SAR), through the GESAR Scleroderma study group, developed a National Registry of SS patients to create a prospective multicenter cohort that enhances regional knowledge.
Objective: To describe the clinical, demographic, and socioeconomic characteristics of patients diagnosed with SSc according to ACR/EULAR 2013 classification criteria, enrolled in the SAR´s SSc Registry.
Methods: A descriptive, multicenter, cross-sectional study. Patients diagnosed with SSc according to ACR/EULAR 2013 criteria were included. Clinical, demographic, socioeconomic, and treatment information were collected. Baseline data were entered, and a descriptive analysis was performed on the data entered between March 2023 and June 2024.
Results: A total of 151 patients with SSc were included in the registry. Of these, 45.7% (n:69) had limited SSc, while 26.5% (n:40) had diffuse SSc, and 5.3% (n:8) had SSc without scleroderma. Additionally, 44.4% (n:67) tested positive for anti-centromere antibodies, and 22.5% (n:34) tested positive for anti- Scl70 antibodies. Regarding organ involvement, 66% (n:100) showed a specific SD pattern in capillaroscopy. Primary cardiovascular involvement was observed in 6%, and 69.5% had gastrointestinal involvement, with esophageal involvement being the most common. Of the patients included,55.6% of the patients included had interstitial lung disease, with the most frequent tomographic pattern being NSIP.

Table 1:

FEMALE n (%)	**131 (86,8%)**
AGE IN YEARS, MEAN (± SD)	56 ± 12

YEARS SINCE DIAGNOSIS OF SSc, median (IQR)	7 (1-18)
URBAN AREA n (%)	131 (86,8%)
EDUCATION LEVEL > 12 YEARS OLD n (%)	50 (33,2%)
HEALTH COVERAGE: PUBLIC + INSURANCE n (%)	103 (68,2%)
CERTIFICATES OF DISABILITY n (%)	37 (24,5%)
PAID EMPLOYMENT n (%)	44 (29,2%)

Image 1:



Conclusion: This is the first analysis of the Argentine SS Registry. We found similarities in the frequency of gastrointestinal and pulmonary organ involvement compared to other cohorts, but differences in the use of immunosuppressive medication. It is essential to continue enrolling patients to improve understanding of this disease in line with regional epidemiology.

Reference 1: Bellando-Randone S, Del Galdo F, Lepri G, Minier T, Huscher D, Furst DE, Allanore Y, Distler O, Czirják L, Bruni C, Guiducci S, Avouac J, Cutolo M, Smith V, Matucci-Cerinic M; Very Early Diagnosis of Systemic Sclerosis collaborators. Progression of patients with Raynaud's phenomenon to systemic sclerosis: a five-year analysis of the European Scleroderma Trial and Research group multicentre, longitudinal registry study for Very Early Diagnosis of

Systemic Sclerosis (VEDOSS). Lancet Rheumatol. 2021 Dec;3(12):e834-e843. doi: 10.1016/S2665-9913(21)00244-7. PMID: 38287630.

Reference 2: Hoffmann-Vold AM, Allanore Y, Alves M, Brunborg C, Airó P, Ananieva LP, Czirják L, Guiducci S, Hachulla E, Li M, Mihai C, Riemekasten G, Sfikakis PP, Kowal-Bielecka O, Riccardi A, Distler O; EUSTAR collaborators. Progressive interstitial lung disease in patients with systemic sclerosis-associated interstitial lung disease in the EUSTAR database. Ann Rheum Dis. 2021 Feb;80(2):219-227. doi: 10.1136/annrheumdis-2020-217455. Epub 2020 Sep 28. PMID: 32988845; PMCID: PMC7815627.

Disclosure of Interest: None Declared

Keywords: inmunosuppressive, intersticial lung disease, systemic sclerosis

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PANLAR 2025

Sjogren's and other systemic autoimmune diseases

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Predictors of Remission and Low Activity in Systemic Lupus Erythematosus

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

Background/Objectives: Systemic lupus erythematosus (SLE) is a multifactorial disease with autoimmune pathogenesis.
Objective: To identify predictors of remission and low disease activity in patients with SLE
Methods: Remission or low activity was defined as a MEXSLEDAI score between 0–5, with prednisone ≤7.5 mg or immunosuppressive drugs at maintenance doses. Inadequate control was defined as a MEXSLEDAI score ≥6 with prednisone >7.5 mg or immunosuppressive drugs at induction doses. Patients with at least two prior evaluations of inadequate control within two years were included and followed between January 2017 and January 2022. The primary outcome was achieving remission or low activity during five years with two annual evaluations. Logistic regression analysis was performed to determine predictive variables.
Results: Out of 948 patients comprising the study population, 402 had inadequate control and were included in the sample. Of these, 270 patients (67.2%) achieved remission or low activity, while 132 (32.8%) did not. Predictive variables for remission or low activity included white skin color (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), absence of serositis (OR: 1.841; CI: 1.075–3.153, p=0.026), absence of hematological abnormalities (OR: 1.802; CI: 1.035–3.135, p=0.037), absence of chronic kidney disease (OR: 16.522; CI: 1.206–226.288, p=0.036), and not using immunosuppressive drugs (OR: 1.776; CI: 1.093–2.887, p=0.020)
Conclusion: Patient-dependent variables and treatment factors serve as predictors of achieving remission or low activity in SLE.

Disclosure of Interest: None Declared

Keywords: Systemic lupus erythematosus, predictors of low activity and remission.

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PANLAR 2025

Sjogren's and other systemic autoimmune diseases

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Understanding cardiovascular risk from the immunological point of view in patients with psoriasis from a hospital in South America

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

Background/Objectives: Psoriasis is a chronic inflammatory disease associated with systemic comorbidities, including metabolic syndrome (MetS) and cardiovascular disease (CVD), driven by shared inflammatory pathways involving cytokines like TNF-α and IL-6. Patients with psoriasis have a higher prevalence of MetS, characterized by obesity, hypertension, hyperglycemia, and dyslipidemia, with its frequency increasing alongside psoriasis severity, as measured by PASI. These comorbidities elevate cardiovascular risk, emphasizing the importance of timely assessment using tools like ATP-III, Framingham Risk Score, and GLOBORISK. This study aims to investigate the prevalence of MetS and its correlation with psoriasis severity, providing insights into cardiometabolic risks in this population.Objectives: To know the frequency of Metabolic Syndrome in patients with Psoriasis who come to the consultation of the Dermatology Service of the Autonomous University Hospital of the Andes November 2017 to May 2018

Methods: Observational analytical descriptive study. Patients with Psoriasis diagnoses who attended the dermatology office were selected, PASI, ATP-III, Framingham and
GLOBORISK were applied

Results: 55 patients, 55% men and 45% women, there was statistical correlation between older age groups and PASI index (p=0.023). The main modifiable cardiovascular risk factors were smoking, sedentary lifestyle and obesity, statistical correlation was found for sedentary lifestyle (p=0.047). The main non-modifiable cardiovascular risk factors were Hypertension and Diabetes showing both statistical significance (p=0.004), (p=0.0001). The ATP-III criteria showed statistical significance for Hypertension, glycemia, total cholesterol and low HDL (p=0.003, p=0.008, p=0.027, p=0.017). The frequency of metabolic syndrome represented 47.27% of the sample. The most affected gender was male (61.54%). Statistical correlation was found in the older age groups for the presence of Metabolic Syndrome (p=0.0001). The group with the highest frequency of metabolic syndrome was the one with 6 to 10 years of the disease (p=0.001). When applying the Framingham and GLOBORISK scores, there were higher scores in the patients as PASI was increased

Conclusion: There is a higher frequency of Metabolic Syndrome in patients with Psoriasis, so it is recommended to establish measures aimed at reducing the burden of cardiovascular disease in these patients.

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Disclosure of Interest: None Declared

Keywords: Psoriasis Metabolic Syndrome Cardiovascular Risk

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PANLAR 2025

Sjogren's and other systemic autoimmune diseases

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The Relationship Between Patient Report Outcomes And Hematologic Manifestations Of Systemic Lupus Erythematosus

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

Background/Objectives: Systemic Lupus Erythematosus (SLE) presents with symptoms in several domains. Improvement in serological markers of SLE does not always lead to significant or patient-reported improvement, especially within hematological domain. Patients with clinical and serological improvement may continue to report poor outcomes. A better understanding of what aspect of SLE is important to patients will allow the healthcare team to better target patient care.

We investigated patient-reported outcomes in hematological SLE using the health-related quality of life and assessed if hematologic SLE disease activity correlates with patient-reported outcomes in health-related quality of life.

Methods: Single-center prospective observational pilot study, patients >18 years with SLE with activity with the hematologic domain needing systemic immunosuppressive therapies were enrolled. A total of 12 patients were enrolled, and a Short Form 36 was completed monthly. Clinical and laboratory data was collected from the enrolled patients. Results were analyzed utilizing linear and multivariable linear regression (MLR) models to assess the correlation between white blood cell count (WBC), leukopenia, lymphopenia, and HRQoL.

Results: The WBC and absolute lymphocyte count (ALC) correlated with C3 levels ($r=0.7260$, $p<0.01$; $r=0.3947$, $p<0.1$) and C4 levels ($r=0.7006$, $p<0.01$; $r=0.8273$, $p<0.05$). WBC & ALC had a negative relationship with dsDNA antibody levels ($r=-0.4917$, $p<0.05$; $r=-0.1587$, $p=0.4806$). There was no relationship between WBC, ALC and SF-36 scores. MLR models demonstrated a single point increase in SF-36 sub-scores was predictive of a <0.1 change in the total WBC (F statistic=3.109, $p<0.1$) and <0.02 change in ALC (F statistic=5.923, $p<0.05$).

Image 1:

TABLE 1	
Cohort Characteristics	**Patients (n=12)**
Gender	
Male	3 (25%)
Female	9 (75%)
Age	
18-30	1 (8.33%)
30-40	1 (8.33%)
40-50	2 (16.7%)
50-60	5 (41.7%)
60+	3 (25%)
Race	
White	4 (33.3%)
Black	8 (66.6%)
Pharmacologic Treatment	
Azathioprine	5 (41.6%)
Belimumab	1 (8.33%)
Hydroxychloroquine	9 (75%)
Mycophenolate Mofetil	2 (16.7%)
Hematologic Values	
White Blood Cell Count (mean)	4.92
Absolute Lymphocyte Count (mean)	1.89

Image 2:

Table 2 Multivariable Linear Regression WBC & ALC with SF-36 Sub-Scores			
SF-36 Sub score	Hematologic Value	Pearson's Correlation	p-value
General Health	WBC	0.2806	0.0593
	ALC	0.5434	0.0296
Pain	WBC	0.2361	0.3456
	ALC	0.5196	0.0391
Social Function	WBC	0.5434	0.0309
	ALC	0.6893	0.0031
Physical Function	WBC	0.5303	0.0285
	ALC	0.8148	0.0002
Role of Limitations due to Emotional Problems	WBC	0.3828	0.1295
	ALC	0.6187	0.0106
Role of Limitations due to Physical Health	WBC	0.4717	0.0483
	ALC	0.3360	0.2033
Fatigue	WBC	0.5314	0.0232
	ALC	0.5009	0.0159

Conclusion: Our results demonstrate that though the hematological domain relates to SLE activity, there was not a statistically significant relationship between this and HRQoL. We noted no predictability between the hematological domain and changes in SF-36 scores. Our findings suggest that the hematologic domain may have only a mild impact on the HRQoL and targeting this domain may also have little or no impact on patient-reported outcomes.

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Reference 2: Gomez A, Qiu V, Cederlund A, Borg A, Lindblom J, Emamikia S, Enman Y, Lampa J, Parodis I. Adverse Health-Related Quality of Life Outcome Despite Adequate Clinical Response to Treatment in Systemic Lupus Erythematosus. Front Med (Lausanne). 2021 Apr 16;8:651249.

Disclosure of Interest: None Declared

Keywords: cytopenia, lupus, patients reported outcomes

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PANLAR 2025

Sjogren's and other systemic autoimmune diseases

PANLAR2025-1414

ANALYSIS OF COMORBIDITIES BY AGE GROUP AND THEIR CHARACTERISTICS IN A COHORT OF SOUTH AMERICAN PSORIASIS PATIENTS

Jorge Hernandez[*1], Luis Andrés Dulcey Sarmiento[2], Juan Theran León[1], Jaime Gómez Ayala[3], Andrés Otero[4]
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Has this paper been previously presented at another conference?: No

Background/Objectives: Psoriasis is a chronic inflammatory skin disease often associated with multiple comorbidities, including gastrointestinal, endocrine, and cardiovascular disorders. These comorbidities tend to increase with age, significantly impacting patient management and outcomes. Understanding the relationship between psoriasis and concomitant diseases is crucial for developing effective, personalized treatment strategies to improve patient care.
Objective: To analyze the structure of concomitant pathologies in patients with generalized psoriasis who received medical care at a hospital in Mérida, Venezuela, during 2020–2022.
Methods: A retrospective, open-label, uncontrolled, single-center study was conducted based on the medical records of 100 patients with generalized plaque psoriasis hospitalized in the dermatology department. Of these, 69% were male and 31% female. Patients were divided into three age groups: under 40, 40–60, and over 60 years. Concomitant pathologies were identified through medical history, physical examination, laboratory tests, and consultations with therapists and specialists.
Results: Gastrointestinal diseases were observed in 74% of patients, with non-alcoholic fatty liver disease detected in 39%. Endocrine disorders were present in 59%, with 51% of patients showing varying degrees of obesity and 27% diagnosed with type 2 diabetes mellitus. Circulatory system pathologies were identified in 42% of patients, with hypertension diagnosed in 35%. Psoriatic arthritis was present in 18% of cases. Among patients under 40 years old, an average of 1–2 comorbid conditions were observed, while patients over 60 years exhibited an average of 4–5 concomitant conditions ($p=0.004$). Only 12% of patients had no comorbid conditions.
Conclusion: Psoriasis is associated with several comorbidities in the majority of patients and serves as a precursor to their development. These findings underscore the importance of considering associated conditions when selecting personalized treatment strategies.

Disclosure of Interest: None Declared

Keywords: Psoriasis, Comorbidities, Age groups

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PANLAR 2025

Sjogren's and other systemic autoimmune diseases

PANLAR2025-1183

Case Series: Antisynthetase Syndrome, Much More Than A Myopathy. Report In Ecuadorian Patients

FRANKLIN UGUNA SARI[*1], CARINA CORONEL PAZOS[2], GIOCONDA GARCES[3], MARLA RODRIGUEZ LOPEZ[1]
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Has this paper been previously presented at another conference?: No

Background/Objectives: To describe the clinical, immunological, imaging and capillaroscopic characteristics of Ecuadorian patients with antisynthetase syndrome

Methods: A descriptive study was carried out in patient records between June 2023 and March 2024

Results: Included 4 patients with an average age of 49 years were included. The Raynaud's phenomenon in 75% with positivity for anti Jo1, anti Ro 52 and Ro 60 antibodies, as well as the relationship of antibodies with mechanic's hands; Arthritis was present in 50% and pulmonary involvement in 100% with positivity for anti Ro 52 and 75% positive for Ro 60, three patients positive for anti Jo 1. 75% of the patients started with subacute respiratory symptoms and one with acute respiratory failure, three with NSIP tomographic pattern and one with NO pattern. Respiratory function tests such as spirometry presented a severe non-obstructive pattern in two patients, one moderate and one mild; DLCO all with a severe decrease. Capillaroscopy two patients had an active sclerodermiform phase

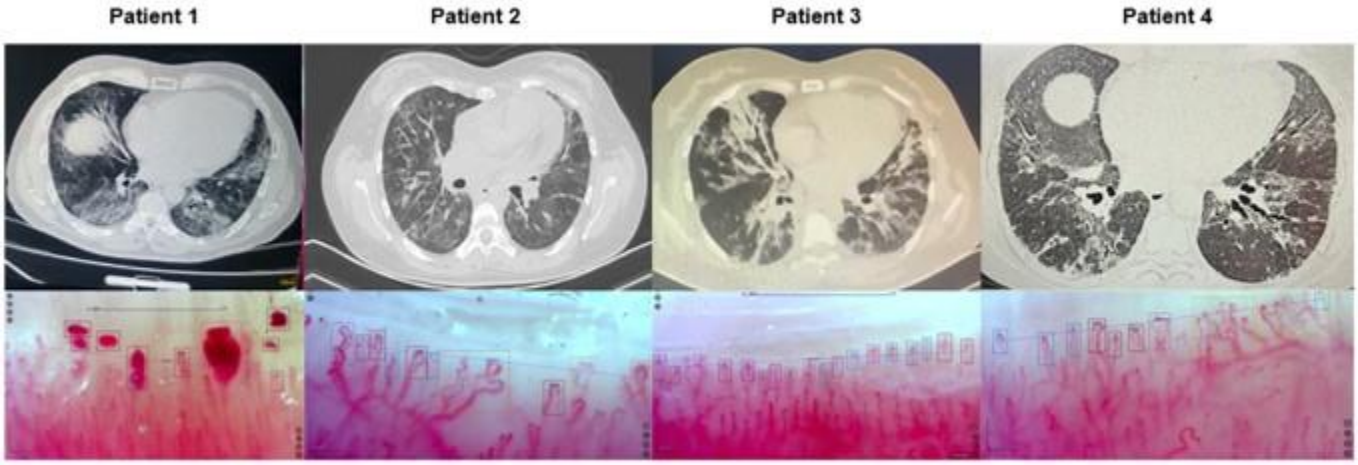
Table 1:

PATIENT	1	2	3	4
GENDER	M	F	F	F
AGE	58	32	48	59
ONSET OF SYMPTOMS	2 Years	6 Mounts	7 Days	6 Mounts
RAYNAUD'S PHENOMENON	X	X	X	

MECHANIC'S HANDS	X		X	
ARTHITIS		X	X	
ILD	X	X	X	X
FEVER			X	
SUBACUTE MYOSITIS	X		X	X
ANA IFI	1/640 Cytoplasmatic	1/80 Cytoplasmatic	1/160 Fine granular	1/2560 Cytoplasmatic
ANTI Ro 60	200U/ML		425,68U/ML	47.1U/ML
ANTI Jo 1	200U/ML	130U/ML	121U/ML	
ANTI Ro 52	200U/ML	129U/ML	93U/ML	105
ANTI PL 12				148
ANTI PM-SCL 75			53	
CPK	213 U/L	367U/L	399U/L	282U/L
ALDOLASA	2.3U/ML		4U/ML	

TOMOGRAPHIC PATTERN	NSIP	NSIP	NO	NSIP
SPIROMETRY	Mild non-obstructive	Severe non-obstructive	Severe non-obstructive	Moderate non-obstructive.
DLCO	Severely	Severely	Severely	Severely
CAPILLAROSCOPY PATTERNS	Sclerodermiform active phase	Sclerodermiform active phase	Unspecific	Unspecific
TREATMENT	Methylprednisolone Rituximab	Prednisone Cyclophosphamide	Methylprednisolone Cyclophosphamide	Prednisone Rituximab

Image 1:



Conclusion: This study presents the first documented series of cases of antisynthetase syndrome in Ecuadorian adults, highlighting interstitial lung disease as the most common initial clinical manifestation, with an NSIP tomographic pattern and its relationship with anti-Ro 52 and Jo 1 antibodies. Capillaroscopy was identified as a key diagnostic tool by showing specific pathological patterns, useful for differentiating autoimmune lung diseases. The importance of a comprehensive approach with pulmonology to improve diagnosis and treatment is underlined. This work provides a basis for future research on antisynthetase syndrome in the Ecuadorian population

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Disclosure of Interest: None Declared

Keywords: Antisynthetase syndrome, interstitial lung disease, Videocapillaroscopy

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PANLAR 2025

Sjogren's and other systemic autoimmune diseases

PANLAR2025-1213

Systemic Sclerosis: 12-Year Follow-Up of the Ramses Cohort – Experience in a Public Hospital in Buenos Aires, Argentina

Sandra Fabiana Montoya[*1], Pablo Szwarstein[2], Mariana Natividad Martínez Lozano[1], Mauricio Machado Rivis[1], Paula Kaplan[2], Nicolas D´Amelio[3], Martin Sivori[2], Eduardo Kerzberg[1]

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

Background/Objectives: Systemic sclerosis (SSc) is a disease characterized by immune dysfunction, vasculopathy, inflammation, and fibrosis. Interstitial lung disease (ILD) is the leading cause of death, making multidisciplinary follow-up the best care approach for these patients.

The objective of this study was to determine the demographic characteristics of a cohort of SSc patients followed up in a multidisciplinary manner (rheumatology - pulmonology - cardiology) for 12 years at a public hospital in Buenos Aires, evaluate the presence of interstitial lung disease (ILD), its extent, progression, the presence of pulmonary hypertension, treatment, and survival.

Methods: A retrospective study of a cohort of SSc patients followed at Ramos Mejía Hospital from 2011 to the present. Functional tests (spirometry, DLCO), high-resolution chest tomography (HRCT), clinical follow-up, and physical exams were performed. Descriptive statistics were used. Continuous variables were reported as mean and standard deviation or median and interquartile range, depending on their distribution.

Results: Out of a total of 296 patients, 123 had ILD. The median age was 53 years (IQR 25-75% 44-62.75), and 93.98% were women. Limited SSc was presented in 89.9% (n=206), and 31% (n=93) had diffuse SSc. Interstitial pathology was found in 40%, and pulmonary hypertension in 13%.

The median FVC was 2.55 L (IQR 2.12-3.03), 88% predicted (IQR 73-110). DLCO corrected was 18.05 ml/min/mmHg (IQR 14.1-21.36), DLCO 77.5% predicted (IQR 60-102).

Among all patients with ILD, 89% presented an NSIP pattern, 7% had UIP, and 3.3% had emphysema. Almost half (48.8%) of patients with ILD had extensive disease; and 21% (63 patients) progressed according to INBUILD study criteria. Overall mortality was 5.34%. Mortality associated with ILD accounted for 77% of total mortality.

Only 65 patients (21.9%) received immunosuppressive treatment, of whom 52 (80%) were initially treated with cyclophosphamide, 11 (17%) with mycophenolate, and 2 (3%) with azathioprine.

Image 1:

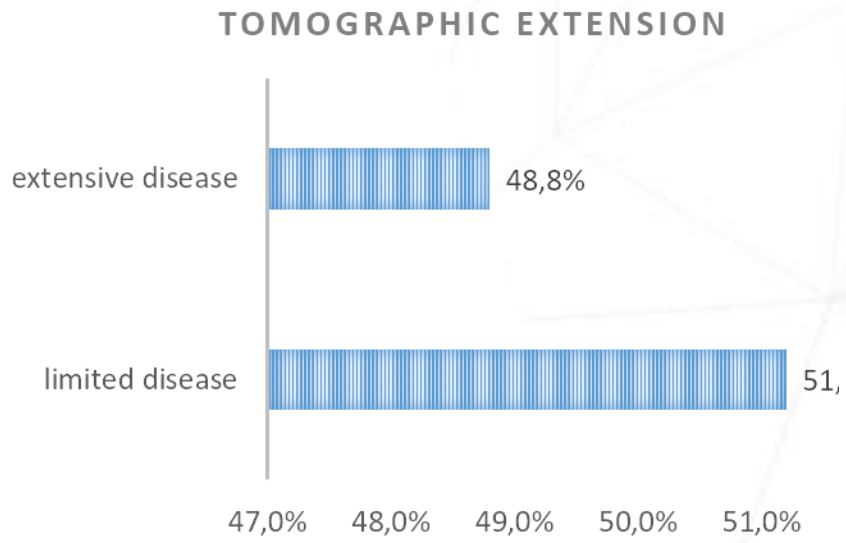
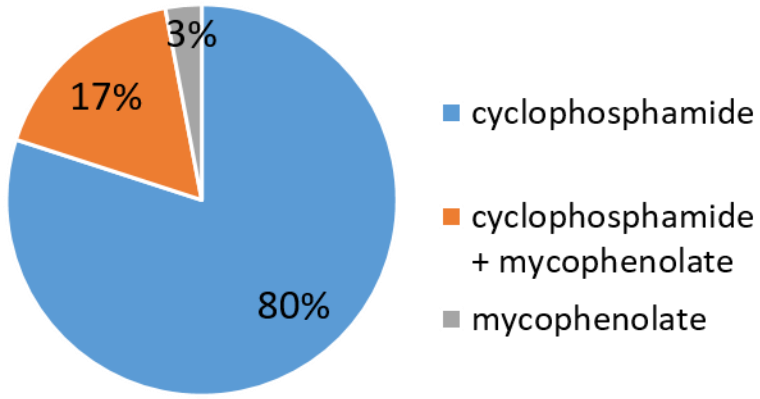


Image 2:



Conclusion: In this study of 296 SS patients followed up in a multidisciplinary setting for 12 years, the percentage of patients with ILD was similar to that reported in other cohorts. Regarding progression, our cohort showed slightly lower progression than reported in other studies.

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Disclosure of Interest: None Declared

Keywords: interstitial lung disease, pulmonary hypertension, systemic sclerosis

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Sjogren's and other systemic autoimmune diseases

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Non-Thromboembolic Manifestations in Patients with Systemic Lupus Erythematosus and Antiphospholipid Antibodies

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

Background/Objectives: The study of antibodies present in systemic lupus erythematosus (SLE) has established the relationship of many of them with clinical manifestations. The prevalence of antiphospholipid antibodies (APS) in SLE ranges between 15% and 35%. **Objective:** To determine the behavior of non-thromboembolic manifestations in SLE patients with APS at the Hermanos Ameijeiras Hospital during the period from May 2014 to January 2015.

Methods: A descriptive, cross-sectional study was conducted with a sample of 165 patients. Medical records and follow-up protocols served as secondary data sources.

Results: Results were compared across three groups: 99 patients without APS, 34 patients with antibodies but without APS, and 32 patients with APS. Livedo reticularis occurred in 34.4% of patients with APS. Thrombocytopenia was present in 31.3% of patients with APS, and 38.3% of patients with antibodies compared to 14.1% of patients without antibodies.

Conclusion: The most frequent clinical manifestations in patients with APS were Raynaud's phenomenon, cutaneous vasculitis, lower limb ulcers, psychosis, and serositis. Livedo reticularis, thrombocytopenia, chorea, and transverse myelitis were statistically significant. Patients with APS more frequently exhibited damage related to non-thromboembolic manifestations compared to other patient groups.

Disclosure of Interest: None Declared

Keywords: systemic lupus erythematosus, antiphospholipid antibodies, non-thromboembolic manifestations

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Sjogren's and other systemic autoimmune diseases

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INFECTIOUS PATHOLOGY IN PATIENTS WITH AUTOIMMUNE DISEASES: A 2-YEAR FOLLOW-UP IN A SOUTH AMERICAN HOSPITAL, RETROSPECTIVE STUDY

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

Background/Objectives: Background: Infections have been identified as a significant cause of decompensation in certain connective tissue diseases. **Objectives:** To describe the frequency of infections associated with various rheumatologic pathologies in patients attending the University Hospital of the Andes.
Methods: A retrospective study was conducted, reviewing 3,328 medical records of patients from the Rheumatology service.
Results: The majority of patients were female. The most common rheumatologic pathology was rheumatoid arthritis, followed by systemic lupus erythematosus, osteoarthritis, and other conditions. The most frequent infections were urinary tract infections, followed by skin and soft tissue infections, pneumonia, and other types of infections. A statistically significant association was found between the type of therapy and rheumatologic pathology (p=0.001). However, no significant association was observed between the type of infection and the underlying rheumatologic disease (p=0.724). The main cause of hospitalization across all four patient groups was infectious events, with a p-value of 0.001
Conclusion: Based on the findings of this study, it is recommended to evaluate rheumatologic patients using stratification systems to identify infection risks and develop strategies to reduce their occurrence.

Disclosure of Interest: None Declared

Keywords: Rheumatic disease, Infections, Therapy

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Sjogren's and other systemic autoimmune diseases

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Factors Associated With Sexual Dysfunction In Women With Sjögren's Syndrome At A University Hospital In Bogotá

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

Background/Objectives: Primary Sjögren's syndrome (pSS) is a chronic autoimmune disease that disrupts quality of life, particularly through its impact on sexual health. Although this condition has been studied extensively in other populations, there is limited data addressing the sexual dysfunction (SD) experienced by Colombian women with pSS.

Objective: To explore the relationship between pSS and SD, identify the most affected domains of sexual function, and assess how disease activity correlates with sexual health outcomes.

Methods: This 1:1 matched cross-sectional study evaluated 146 sexually active women aged 18–69 years, including 49 with a confirmed diagnosis of pSS. Participants completed the Female Sexual Function Index (FSFI) and MGH-SFQ questionnaires to assess SD. Disease activity in the pSS group was measured using ESSDAI and ESSPRI indices. Statistical analyses included logistic regression and correlation tests to examine associations between pSS, SD, and relevant clinical variables.

Results: Women with pSS exhibited a significantly higher prevalence of SD compared to controls (79.6% vs. 49.5%, $p<0.001$) and lower mean FSFI scores (17.1 ± 9.5 vs. 22 ± 11.3, $p=0.009$). Key domains impacted were desire, lubrication, and orgasm ($p<0.05$). Multivariate analysis (table 1) confirmed pSS as an independent risk factor for SD (OR 4.1; 95% CI 1.8–9.9, $p=0.001$). Age was also identified as a contributor, with each additional year increasing the likelihood of SD by 4% ($p=0.006$). Correlations between disease activity scores and FSFI results were inversely proportional but weak (r=-0.28 for ESSDAI, r=-0.13 for ESSPRI).

Table 1: Univariate and Multivariate Analysis of Factors Associated with Sexual Dysfunction.

Variable	*Univariate analysis* *OR (95% CI)*	*Multivariate analysis* *p-value*

Sjögren syndrome	4.2 (1.8 – 10.2)	0.001
Age	1.04 (1.0 – 1.1)	0.078
Postmenopausal status	1.0 (0.3 – 3.2)	0.992
Use of antihypertensives	4.8 (0.8 – 31.5)	0.076
Diabetes mellitus	1.3 (0.2 – 8.2)	0.730
Hypertension	0.63 (0.1 – 2.3)	0.474

OR: Odds Ratio; CI: Confidence Interval.

Conclusion: Sexual dysfunction is notably more prevalent and severe in women with pSS, with significant impacts on desire, lubrication, and orgasm. These findings emphasize the need for routine sexual health evaluations in clinical practice and the development of tailored interventions to enhance the well-being of this population.

Disclosure of Interest: None Declared

Keywords: quality of life, Sexual function, sjogren's syndrome

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Sjogren's and other systemic autoimmune diseases

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Extraglandular Manifestations of Primary Sjögren's Syndrome in a Cohort of Chilean Patients

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

Background/Objectives: Primary Sjögren's Syndrome (pSS) is an autoimmune disease characterized by glandular (GM) and extraglandular manifestations (EGM). EGMs are relevant due to their impact on morbidity and mortality associated with pSS, yet their description in Latin American populations is limited. This study aims to characterize EGMs in Chilean patients treated at the Hospital Clínico of the Universidad de Chile (HCUCH) and analyze potential correlations between clinical and laboratory findings.

Methods: An observational, descriptive, and cross-sectional study was conducted through the review of clinical records in 88 pSS patients treated at HCUCH between January 2016 and April 2024.Correlations between variables were assessed using univariate and multivariate logistic regression models.

Results: Among the 88 patients, 98.9% were women, mean age of 49.5 years (interquartile range: 39.8–58.3 years). 40% presented EGMs. The most common being: Musculoskeletal manifestations: 69.6%; Detailed characteristics of EGMs are provided in Table 1. The most frequent comorbidity was hypothyroidism. Table 2. No statistically significant correlations were identified between the studied variables in univariate and multivariate analyses.

Image 1:

Table 1: Characteristics and frequency of EGMs in pSS

System	Characteristics	n	N	Freq (%)
Musculoskeletal	Arthralgias	58	79	73.4
	Arthritis	14	79	17.7
	Myalgias	3	79	3.8
	Myositis	1	79	1.3
Mucocutaneous	Rash	3	77	3.9
	Oral ulcers	12	77	15.6
	Cutaneous vasculitis	2	77	2.6
Neurological	CNS involvement	5	88	5.7
	Demyelinating	3	88	3.4
	Stroke (CVA)	2	88	2.3
	PNS involvement	9	88	10.2
	Polyneuropathy	5	88	5.7
	Carpal tunnel	2	88	2.3
Renal	Interstitial nephritis	3	60	5.0
	Glomerulonephritis	1	60	1.7
Pulmonary	ILD	2	48	4.2
	Nodules	9	48	18.8
	Bronchiectasis	4	48	8.3
Lymphoma	MALT lymphoma	0	75	0.0
	Large B-cell NHL	2	75	2.7

Image 2:

Table 2: Comorbidities associated with pSS.

Comorbidities	n	N	%
Thyroid - Euthyroid	63	79	79.7
Thyroid - Hypothyroidism	16	79	20.3
Thyroid - Hyperthyroidism	0	79	0.0
Liver - Normal	76	80	95.0
Liver - Primary biliary cholangitis	2	80	2.5
Liver - Autoimmune hepatitis	1	80	1.2
Liver - Primary sclerosing cholangitis	0	80	0.0
Liver - Mixed	1	80	1.2
Vitiligo	3	86	3.5
Celiac disease	3	79	3.8
Chronic urticaria	2	79	2.5
Type 1 diabetes mellitus	0	79	0.0
Pernicious anemia	1	79	1.3
Addison's disease	1	79	1.3
Smoking	16	61	26.2

Conclusion: This study highlights that 40% of pSS patients exhibit extraglandular manifestations, with musculoskeletal involvement being the most prevalent. Although no significant correlations were found between clinical and laboratory features, the findings underscore the importance of a comprehensive evaluation of EGMs in this population. This approach is essential for optimizing pSS management, particularly in settings where data remains limited.

Disclosure of Interest: None Declared

Keywords: clinical features, Extraglandular Manifestations, sjogren's syndrome

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Sjogren's and other systemic autoimmune diseases

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Serum cytokines in patients with systemic sclerosis-associated interstitial lung disease: An exploratory analysis

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

Background/Objectives: Patients with systemic sclerosis (SSc) are at an increased risk of developing interstitial lung disease (ILD). We aimed to explore serum cytokine concentrations in patients with SSc-associated ILD.

Methods: We obtained serum from 28 patients with SSc who fulfilled the 2013 ACR/EULAR and were confirmed by a rheumatologist. We measured 20 autoantibodies using either ELISA or ANA-LIA and 20 serum cytokines using Cytometric Bead Array (CBA). We performed exploratory analyses between patients with and without high-resolution CT-confirmed ILD.

Results: Four patients presented with ILD. Patients with ILD were more frequently receiving rituximab and less often methotrexate. SSa/Ro52 positivity was more frequent among ILD patients. We did not observe significant differences in serum cytokines concentration between groups; however, there was a trend towards: increased concentrations of GM-CSF, IL-8 and MCP-1; decreased concentrations of CCL5 and CXCL9 in the ILD group.

Table 1: Summary characteristics of patients treated with and without ILD

Variable	With ILD(n = 4)	Without ILD (n = 24)	p value
Female	3 (75)	22 (91.7)	0.318
Age, years, (IQR)	57.5 (55-61.5)	59.5 (51.5-67.5)	0.843
Limited *SSc*	4 (100)	21 (87.5)	0.454

Rodnan (n=12) (IQR)	5 (4-6)	5.5 (3-10)	0.746
SSc Classification Criteria			
Sclerodactyly > MCP	0	9 (37.5)	0.137
Puffy fingers	4 (100)	17 (70.8)	0.212
Sclerodactyly < MCP 12	0	3 (12.5)	0.454
Digital ulcers	2 (50)	15 (62.5)	0.636
Pitting scars	1 (25)	22 (91.7)	0.001
Telangiectasia	2 (50)	9 (37.5)	0.636
Compatible Capillaroscopy	3 (75)	18 (75)	-
Pulmonary Hypertension	4 (100)	14 (58.3)	0.107
Raynaud's Phenomenon	4 (100)	24 (100)	-
Centromere antibody	4 (100)	14 (58.3)	0.107
Scl-70	4 (100)	22 (91.7)	0.549
RNA-Poly-3	NA	NA	-
Calcinosis (ever)	0	7 (29.2)	0.212
GERD	1 (25)	10 (41.7)	0.527
Dysfagia	3 (75)	17 (70.8)	0.864
SmD1	0	1 (4.2)	0.678
SSa/Ro60	0	1 (4.2)	0.678

SSa/Ro52	2 (50)	0	<0.001
SSb/La	0	1 (4.2)	0.678
CENPB	0	10 (41.7)	0.107
Scl70	1 (25)	1 (4.2)	0.134
U1snRNP	0	3 (12.5)	0.454
AMA-M2	0	2 (8.3)	0.549
Ku	1 (25)	3 (12.5)	0.508
DFS70	0	2 (8.3)	0.549
PMScl	0	0	-
Mi2	0	0	-
Rheumatoid factor (units)	2 (50)	11 (45.8)	0.877
CCP3 (units)	0	6 (25)	0.259
Anti- TPO (IU)	2 (50)	5 (20.8)	0.212
Anti-TG (IU)	0	4 (16.7)	0.378
B2GPI - IgM (SMU)	0	3 (12.5)	0.454
B2GPI - IgG (SGU)	0	4 (16.7)	0.378
Cardiolipin - IgM (MPL)	1 (25)	6 (25)	-
Cardiolipin - IgG (GPL)	0	3 (12.5)	0.454

Image 1:

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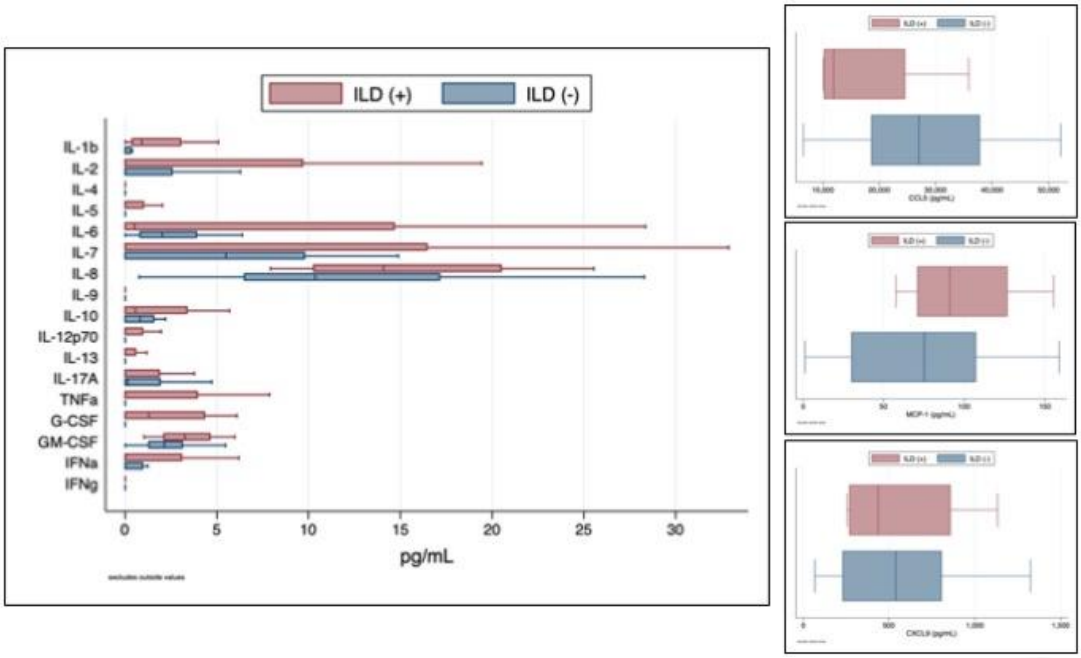

Conclusion: Our exploratory analysis of serum cytokine concentrations in patients with SS-associated ILD did not find differences when compared with patients without ILD. We observed a trend toward increased concentrations of key cytokines involved in ILD pathogenesis.

Reference 1: We thank the Colombian Association of Rheumatology (ASOREUMA) for their support

Disclosure of Interest: None Declared

Keywords: cytokines, interstitial lung disease, systemic sclerosis

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Sjogren's and other systemic autoimmune diseases

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Variables related to the risk of diabetes using the Finnish score in patients with dermatological rheumatism

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

Background/Objectives: Patients with psoriasis are at considerable risk for developing cardiometabolic disorders, including diabetes. However, studies focusing on diabetes in relation to the FINDRISC score are limited. The primary objective of this study is to describe this risk in a cohort of patients with psoriasis in relation to the FINDRISC score and its correlation with the Psoriasis Area and Severity Index (PASI) at a South American hospital between November 2017 and May 2018. Objectives: To assess the cardiometabolic risk using the FINDRISC score and its correlation with the Psoriasis Area and Severity Index (PASI) in a cohort of psoriasis patients, and to identify the prevalence of metabolic syndrome and associated risk factors in a South American hospital setting.

Methods: This observational study included all psoriasis patients who were assessed using the PASI and FINDRISC scores and the ATP-III criteria for metabolic syndrome.

Results: Among 55 patients (55% male and 45% female), a statistically significant correlation was found between older age groups and a higher PASI score (p=0.023). The main modifiable cardiovascular risk factors were smoking and sedentary lifestyle, with a statistically significant correlation for sedentary lifestyle (p=0.047). The main non-modifiable cardiovascular risk factors were hypertension and diabetes, both showing statistical significance (p=0.004, p=0.0001). The ATP-III criteria revealed statistical significance for hypertension, blood glucose, total cholesterol, and low HDL levels (p=0.003, p=0.008, p=0.027, p=0.017). The frequency of metabolic syndrome was 47.27% of the sample, with males being the most affected group (61.54%). A statistically significant correlation was observed between older age groups and the presence of metabolic syndrome (p=0.0001). A high-risk FINDRISC score was associated with severe and very severe PASI scores.

Conclusion: There is a significant frequency of metabolic syndrome among psoriasis patients, along with an elevated FINDRISC score as PASI severity increases. These findings underscore the need to identify cardiometabolic risk based on psoriasis severity to mitigate these risks.

Disclosure of Interest: None Declared

Keywords: Psoriasis, Diabetes, Risk, Rheumatology

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Sjogren's and other systemic autoimmune diseases

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Clinic is outstanding : a case that challenges the anatomopathological diagnosis

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

Background/Objectives: IgG4 related disease (IgG4RD) disorder characterized by fibrosis and lymphoplasmacytic infiltrate with IgG4 positivity in immunohistochemical studies. Although these histological findings are suggestive, they are not pathognomonic, and interpretation must be driven in the clinical context. This case underlines the importance of integrating clinical and imaging findings with pathological results, emphasizing that clinical judgment is irreplaceable, even with apparently conclusive histological markers.

Methods: A 46 years old woman with metrorrhagia was admitted. Imaging studies revealed a 8 cm diameter parauterine mass , with irregular edges, infiltrating the uterus, bladder, ureter and ovary, with areas of central necrosis. Biopsy was performed, whith nonspecific findings. A second revealed partially peritonealized fibro-adipose tissue with fibrosis, lymphoplasmacytic infiltrate, predominantly perivascular eosinophils and IgG4 positive. New images confirmed the sudden growth of the mass and an associated deep vein thrombosis. A third biopsy revealed spindle cells without atypia, collagenous stroma and mononuclear inflammatory infiltrate with positive IgG4 immunostaining. Laboratory studies revealed anemia, elevated acute phase reactants, and normal serum levels of IgG4. Although histological and immunohistochemical findings suggested IgG4RD, the fast growth of the mass and its infiltrating extension made it necessary to rule out oncological disease. A laparotomy biopsy finally confirmed malignant cells, probably of squamous or urothelial origin, with high-grade infiltrating behavior. chemotherapy was started, with a diagnostic delay of nine months, which negatively impacted the patient's prognosis.

Results: This case highlights the diagnostic challenges of IgG4-RD, emphasizing the importance of interpreting histological findings in the clinical setting. Although the presence of IgG4+ plasma cells and a high IgG4+/IgG+ ratio have high positive predictive value for IgG4-RD diagnosis, they are not specific and can be observed in inflammatory, infectious, and neoplastic conditions. Definitive diagnosis of IgG4-RD requires careful clinicopathological correlation and the exclusion of mimics, such as cancer, which can delay diagnosis and treatment.

Conclusion: Positive immunostaining for IgG4 is not enough to establish the diagnosis of IgG4-RD. A multidisciplinary approach is essential to avoid errors that can negatively impact the patient's prognosis.

Reference 1: Deshpande V. The pathology of IgG4-related disease: criticalissues and challenges. Semin Diagn Pathol. 2012 Nov;29(4):191-6. doi: 10.1053/j.semdp.2012.08.001. PMID: 23068297.

Reference 2: Deshpande V, Zen Y, Chan JK, Yi EE, Sato Y, Yoshino T, Yamamoto M , Zamboni G , Umehara H , Stone JH . Declaración de consenso sobre la patología de la enfermedad relacionada con IgG4. Mod Pathol. Septiembre de 2012; 25(9):1181-92. doi: 10.1038/modpathol.2012.72. PMID:22596100.

Disclosure of Interest: None Declared

Keywords: cancer, IgG4 related disease

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Sjogren's and other systemic autoimmune diseases

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Impact of statins on serum cytokine levels in patients with systemic sclerosis: An exploratory analysis

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

Background/Objectives: Patients with systemic sclerosis (SSc) are at an increased risk of cardiovascular events that will render them candidates for statin therapy or may receive a statin due to SSc. We aimed to investigate serum cytokine concentrations in patients with SSc treated with statins and compared them to those in statin-naïve patients.

Methods: We obtained serum from 28 patients with SSc who fulfilled the 2013 ACR/EULAR and were confirmed by a rheumatologist. We measured 20 autoantibodies using either ELISA or ANA-LIA and 20 serum cytokines through Cytometric Bead Array (CBA). We performed exploratory analyses between patients with and without current treatment with statins.

Results: Ten patients were receiving statin. Patients with statin therapy were older, and were more often found to have at least one cardiovascular risk factor, compared to patients without statin use. Patients on statin presented less frequently with digital ulcers during their disease course and received less frequently an ERA. No significant differences in autoantibodies profile was observed. We detected a higher concentration of IL-2, IL-6, IL-8, IL-10, IL-17A, and GM-CSF in patients exposed to statin.

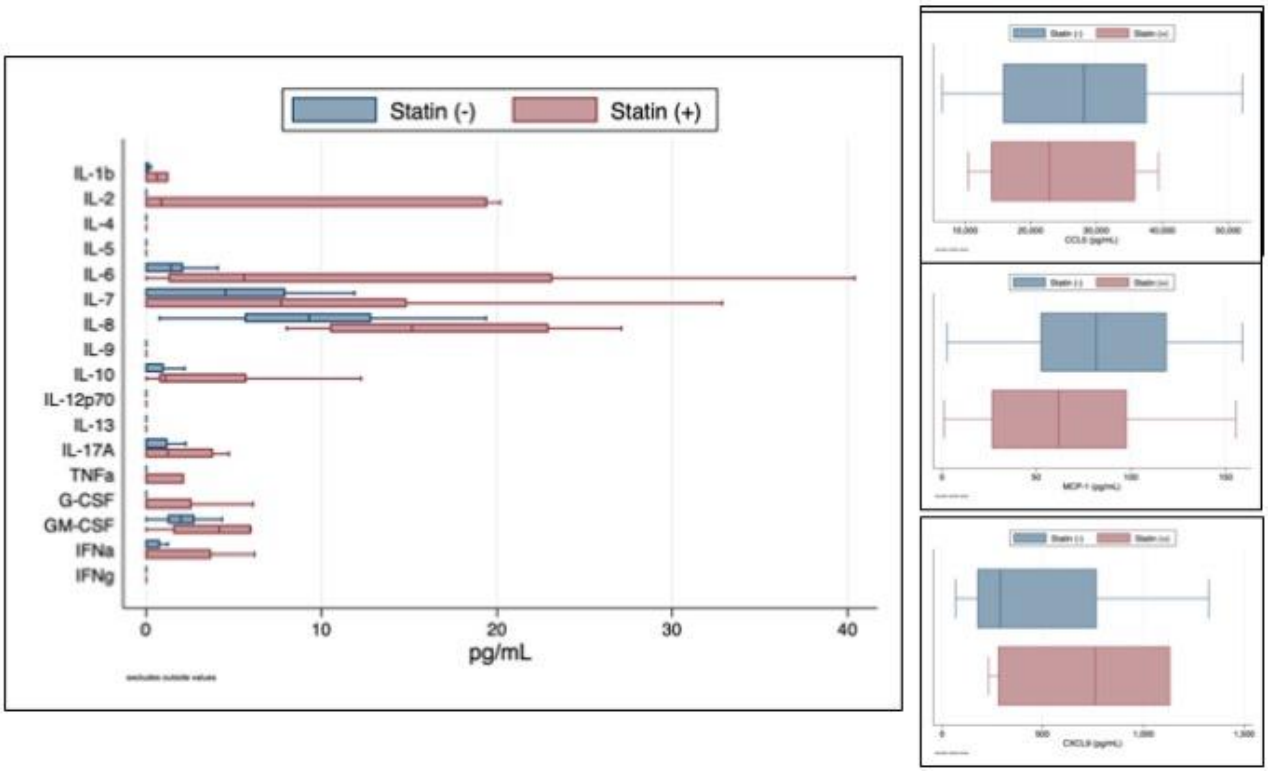
Table 1: TABLE 1: Summary characteristics of patients treated with and without statins

Variable	Use (n = 10)	No use (n = 18)	p value
Biological sex	7 (70)	18 (100)	**0.014**

Female Age, years, (IQR)	68.5 (64-80)	55 (51-60)	**0.003**
Cardiovascular Risk Factors (any)	9 (90)	9 (50)	**0.034**
Diagnosis SSc Limited/Diffuse Rodnan (n=12) (IQR)	10 (100)/ - 6 (5-6)	15 (83.3)/ 3 (16.7) 5 (3-10)	0.172 0.517
Autoantibodies	1 (10)	0	
SmD1	0	1 (5.6)	0.172
SSa/Ro60	2 (20)	0	0.448
SSa/Ro52	1 (10)	0	**0.049**
SSb/La	4 (40)	6 (33.3)	0.172
CENPB	0	2 (11.1)	0.724
Scl70	1 (10)	2 (11.1)	0.274
U1snRNP	1 (10)	1 (5.6)	0.927
AMA-M2	3 (30)	1 (5.6)	0.662
Ku	1 (10)	1 (5.6)	0.077
DFS70	4 (40)	11 (61.1)	0.662
Rheumatoid factor (units)	2 (20)	4 (22.2)	0.283
CCP3 (units)	3 (30)	4 (22.2)	0.891

Anti- TPO (IU)	1 (10)	3 (16.7)	0.649
Anti-TG (IU)	1 (10)	2 (11.1)	0.629
B2GPI - IgM (SMU)	2 (20)	2 (11.1)	0.927
B2GPI - IgG (SGU)	4 (40)	3 (16.7)	0.418
Cardiolipin - IgM (MPL)	1 (10)	2 (11.1)	0.172
Cardiolipin - IgG (GPL)			0.927

Image 1:



Conclusion: Although statins are usually associated with an anti-inflammatory response, our exploratory analysis of serum cytokine concentrations in patients with SSc found higher concentration levels of pro-inflammatory cytokines in patients exposed to statins. The exact anti-inflammatory effects of statins are not fully understood, since statins influence the immune response at various levels.

Reference 1: We thank the Colombian Association of Rheumatology (ASOREUMA) for their support

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Keywords: cytokines, statins, systemic sclerosis

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Sjogren's and other systemic autoimmune diseases

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Exploring the impact of methotrexate on serum cytokine concentrations in patients with systemic sclerosis

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

Background/Objectives: Methotrexate (MTX) is commonly used in systemic sclerosis (SSc), particularly to treat skin and musculoskeletal involvement. We aimed to explore serum cytokine concentrations in patients with SSc treated with MTX.

Methods: We obtained serum from 28 patients with SSc who fulfilled the 2013 ACR/EULAR and were confirmed by a rheumatologist. We measured 20 autoantibodies using either ELISA or ANA-LIA and 20 serum cytokines through Cytometric Bead Array (CBA). We performed exploratory analyses between patients with and without current treatment with MTX.

Results: Fifteen patients were receiving MTX and 10 were receiving another immunosuppressor; three patients did not receive any immunosuppressor. Patients treated with MTX had higher frequency of pulmonary hypertension and lower frequency of interstitial lung disease. We observed a statistically significant elevation in MCP-1 levels among MTX-treated patients. Although not statistically significant, IL-6 and IL-8 proinflammatory cytokine levels were lower in the treated group.

Table 1: TABLE 1: Summary characteristics of patients treated with and without MTX

Variable	Use (n = 15)	No use (n = 13)	p value

Female	14 (56)	11 (44)	0.457
Age, years, (IQR)	56 (50-69)	59 (54-64)	0.628
Limited/Diffuse	14 (93.3)/1 (6.7)	11 (84.6)/2 (15.4)	0.457
Rodnan (n=12) (IQR)	7 (3-10)	5 (4-6)	0.747
Current rheumatologic medications			
Antimalarials	1 (6.7)	2 (15.4)	0.457
Rituximab	1 (6.7)	3 (23.1)	0.216
Prednisone	2 (13.3)	1 (7.7)	0.630
Azathioprine	0	1 (7.7)	0.274
Cyclophosphamide	0	2 (15.4)	0.115
Mycophenolate mofetil	0	2 (15.4)	0.115
Colchicine	1 (6.7)	2 (15.4)	0.457
ERA	4 (26.7)	2 (15.4)	0.468
Nifedipine	7 (46.7)	9 (69.2)	0.229
Sildenafil	5 (38.5)	5 (41.7)	0.870
Pilocarpine	1 (8.3)	1 (8.3)	-
Statin	4 (40)	11 (61.1)	0.283
Autoantibodies (ANA-LIA)	0	1 (7.7)	0.274

SmD1	0	1 (7.7)	0.274
SSa/Ro60	0	2 (15.4)	0.115
SSa/Ro52	1 (6.7)	0	0.343
SSb/La	8 (53.3)	2 (15.4)	**0.037**
CENPB	0	2 (15.4)	0.115
Scl70	3 (20)	0	0.088
U1snRNP	1 (6.7)	1 (7.7)	0.916
AMA-M2	1 (6.7)	3 (23.1)	0.216
Ku	1 (6.7)	1 (7.7)	0.916
DFS70	0	0	-
PMScl	0	0	-
Mi2			
Rheumatoid factor (units)	7 (46.7)	8 (61.5)	0.431
CCP3 (units)	5 (33.3)	1 (7.7)	0.099
Anti- TPO (IU)	3 (20)	4 (30.8)	0.512
Anti-TG (IU)	3 (20)	1 (7.7)	0.353
B2GPI - IgM (SMU)	2 (13.3)	1 (7.7)	0.630
B2GPI - IgG (SGU)	2 (13.3)	2 (15.4)	0.877
Cardiolipin - IgM (MPL)	4 (26.7)	3 (23.1)	0.827
Cardiolipin - IgG (GPL)	2 (13.3)	1 (7.7)	0.630

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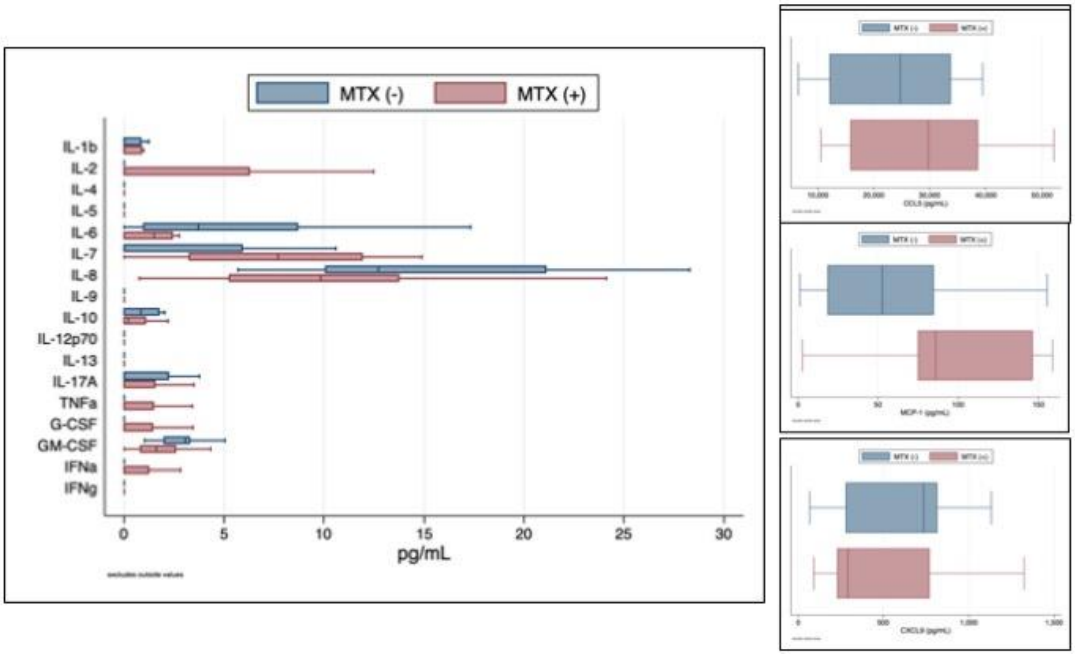
Image 1:



Conclusion: This exploratory analysis of serum cytokine concentrations in patients with SSc revealed higher concentration of MCP-1/CCL-2 levels in patients treated with MTX, suggesting an immune regulation in those exposed to MTX.

Disclosure of Interest: None Declared

Keywords: cytokines, systemic sclerosis

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BY PANLAR

PANLAR 2025

Sjogren's and other systemic autoimmune diseases

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Diagnostic Pitfalls: Antisynthetase Syndrome Masquerading As Infective Endocarditis

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

Background/Objectives: Antisynthetase syndrome (ASyS) is a rare idiopathic inflammatory myopathy with multisystemic involvement. Key extra-muscular manifestations include fever, arthritis, and interstitial lung disease, caused by a response against aminoacyl tRNA synthetases[1-2]. ASyS can mimic various diseases, posing a diagnostic challenge. This case illustrates an Anti-Jo1 positive ASyS initially resembling infective endocarditis

Methods: A healthy 44-year-old male was admitted due to a a 4-week history of fatigue, fever, and myalgia. He had previously received two ineffective antibiotic cycles (amoxicillin-clavulanate and levofloxacin). On admission, he was febrile, tachycardic and a systolic murmur was found. Initial labs showed mild anemia, leukocytosis, and elevated CRP. Infective endocarditis was suspected; blood cultures were taken, and cefotaxime, vancomycin, and doxycycline were initiated. Despite treatment, he showed no improvement, cultures were negative, and an trans esophagic echocardiogram showed no vegetations. Further examination revealed proximal bilateral weakness and hyperkeratosis on the radial aspects of both hands, elevated CPK (24,120 IU/L), AST (989 IU/L), ALT (502 IU/L), and ferritin (30,000 µg/L).

Results: Electromyography was compatible with myopathic motor potentials, and immunofluorescence was positive for AC-4 and AC-20 patterns. A myositis panel confirmed Anti-Ro52 and Anti-Jo1 positivity. After confirming ASyS, the patient received high-dose methylprednisolone, intravenous immunoglobulin, and methotrexate, resulting in significant improvement. He was discharged in stable condition, with follow-up showing disease remission.

Image 1:

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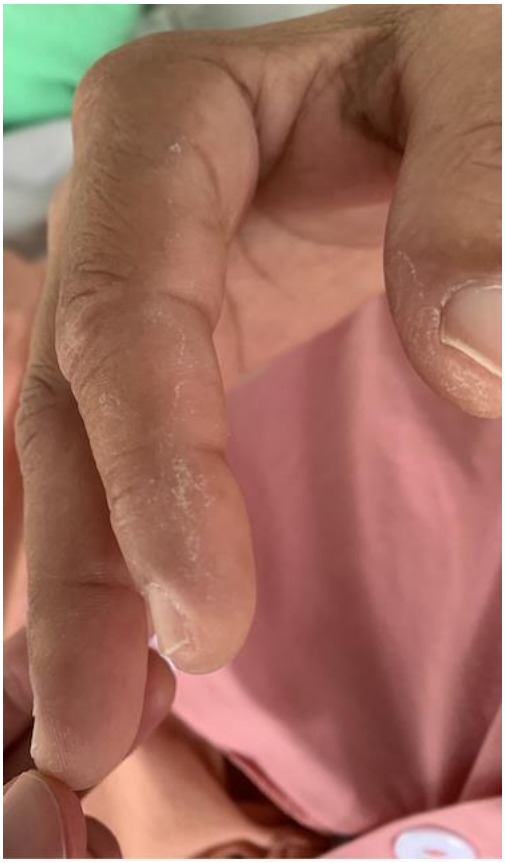

Conclusion: Antisynthetase syndrome is a rare disorder with prominent extra-muscular symptoms that are often nonspecific, requiring extensive diagnostic work-up. Fever is reported in up to 60% of ASyS cases, including cases of fever of unknown origin, prompting careful evaluation for ASyS in complex cases. This case, initially suspected as infective endocarditis, highlights the importance of thorough assessment when initial treatments fail.

Reference 1: Zhang Y, Ge Y, Yang H, Chen H, Tian X, Huang Z, et al. Clinical features and outcomes of the patients with anti-glycyl tRNA synthetase syndrome. Clin Rheumatol 2020. doi: 10.1007/s10067-020-04979-8LK.

Reference 2: Jain TK, Basher RK, Bhattacharya A, Mittal BR, Shukla J, Prakash M. 18F-FDG PET/CT in diagnosis and response evaluation in an unusual case of Antisynthetase syndrome presenting as pyrexia of unknown origin. Rev Esp Med Nucl Imagen Mol 2016;35:197–9. doi: 10.1016/j.remn.2015.08.013.

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Keywords: Antisynthetase syndrome, Fever of unknown origin, idiopathic inflammatory myopathies

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Spondyloarthritis

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Maintenance Of Stringent Clinical Responses With Bimekizumab In Patients With Axial Spondyloarthritis: 2-Year Outcomes From Two Phase 3 Studies

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

Background/Objectives: Maintenance of response is an internationally recommended axial spondyloarthritis (axSpA) treatment target (1). We report maintenance of response to bimekizumab (BKZ; inhibitor of interleukin-17F in addition to interleukin-17A) using stringent clinical response criteria, and BKZ safety, over 2 years in patients with axSpA, from the phase 3 BE MOBILE 1 and 2 studies and their ongoing open-label extension (OLE).

Methods: Patients in BE MOBILE 1 (NCT03928704; non-radiographic axSpA) and 2 (NCT03928743; radiographic axSpA) were randomized to subcutaneous BKZ 160 mg every 4 weeks or placebo (2). All received BKZ from Week 16–52; patients could then enter the ongoing OLE (BE MOVING; NCT04436640).

We report pooled Week 104 responder rates for Assessment of SpondyloArthritis international Society ≥40% improvement (ASAS40), low disease activity (LDA; axSpA Disease Activity Score [ASDAS]<2.1), and enthesitis resolution (Maastricht Ankylosing Spondylitis Enthesitis Score [MASES]=0) among BKZ-randomized patients who achieved each outcome at Week 16. Data are reported using non-responder imputation (NRI) and multiple imputation (MI).

Treatment-emergent adverse events (TEAEs) to Week 104 are reported for patients who received ≥1 BKZ dose, including placebo-switchers.

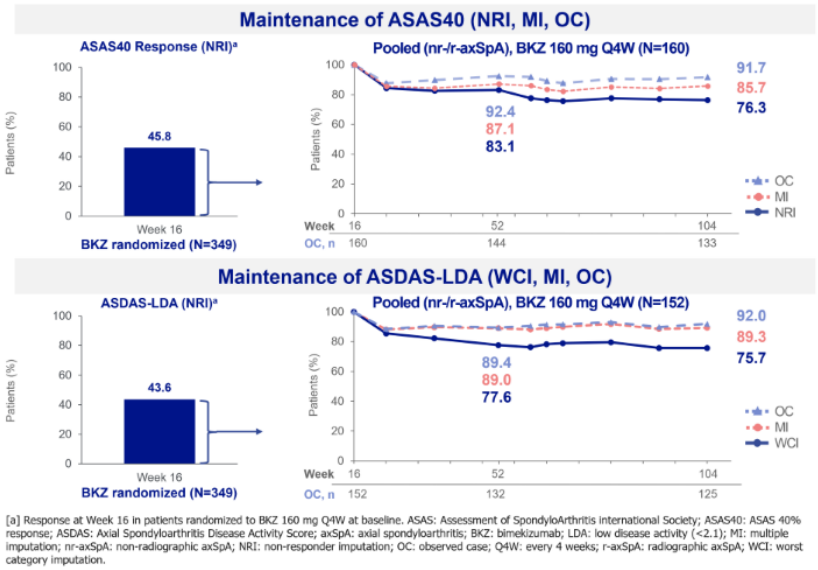
Results: Overall, 128 and 221 patients were randomized to BKZ in the BE MOBILE 1 and 2 studies (N=349), respectively.

Of 160/349 ASAS40 responders at Week 16 (45.8%; NRI), 85.7% achieved ASAS40 at Week 104 (MI). Of 152/349 patients who achieved ASDAS-LDA at Week 16 (43.6%; NRI), 89.3% achieved this at Week 104 (MI) (**Figure**). Of 226 patients with enthesitis (MASES>0) at baseline, 116 achieved enthesitis resolution at Week 16 (51.3%; NRI); 76.8% achieved this at Week 104 (MI).

Through Week 104, 514/574 (exposure-adjusted incidence rate/100 patient-years: 141.9) patients receiving BKZ had ≥1 TEAE; 72 (5.4) had serious TEAEs; 39 (2.8) discontinued BKZ due to TEAEs.

Image 1:

Figure. Maintenance of ASAS40 and ASDAS-LDA to Week 104 of BKZ 160 mg Q4W among Week 16 ASAS40 and ASDAS-LDA responders, respectively



[a] Response at Week 16 in patients randomized to BKZ 160 mg Q4W at baseline. ASAS: Assessment of SpondyloArthritis international Society; ASAS40: ASAS 40% response; ASDAS: Axial Spondyloarthritis Disease Activity Score; axSpA: axial spondyloarthritis; BKZ: bimekizumab; LDA: low disease activity (<2.1); MI: multiple imputation; nr-axSpA: non-radiographic axSpA; NRI: non-responder imputation; OC: observed case; Q4W: every 4 weeks; r-axSpA: radiographic axSpA; WCI: worst category imputation.

Conclusion: BKZ maintained stringent clinical responses from Week 16 to Week 104 in axSpA, with no new safety signals.

Funding: UCB

Reference 1: Ramiro S, Nikiphorou E, Sepriano A, Ortolan A, Webers C, Baraliakos X, et al. ASAS-EULAR recommendations for the management of axial spondyloarthritis: 2022 update. Ann Rheum Dis. 2023;82(1):19–34. https://doi.org/10.1136/ard-2022-223296

Reference 2: Baraliakos X, Deodhar A, van der Heijde D, Magrey M, Maksymowych WP, Tomita T, et al. Bimekizumab treatment in patients with active axial spondyloarthritis: 52-week efficacy and safety from the randomised parallel phase 3 BE MOBILE 1 and BE MOBILE 2 studies. Ann Rheum Dis. 2024;83(2):199–213. https://doi.org/10.1136/ard-2023-224803

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PANLAR 2025

Spondyloarthritis

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Difficult-to-Manage Axial Spondyloarthritis: Insights from the Reuma-Check Argentinian Cohort

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

Background/Objectives: The concept of difficult-to-Manage axial spondyloarthritis (axSpA D2M), recently introduced by ASAS, describes patients who fail ≥2 lines of biological treatment and remain active (among others). Refractory patients are defined as those with D2M and objective signs of inflammation. This study aimed to estimate the frequency of D2M in the Argentinian Reuma-Check axSpA cohort, describe treatment trends, and analyze baseline characteristics associated with D2M during follow-up.

Methods: Prospective observational study Included axSpA patients. The Reuma-Check program conducted structured assessments, including blood tests, X-rays MRI (ASAS protocol), and ultrasound. Data collected included demographics, educational, back pain , diagnostic delay, NSAID response, VAS, morning stiffness, BASDAI, BASFI, MASES. D2M was defined as the lack of response to ≥2 therapies and active disease. Descriptive statistics, comparative analyses, and logistic regression were performed,

Results: A total of 129 axSpA patients were included, with a median follow-up of 12 months (IQR: 3–36). The frequency of D2M was 8.53% (n=11; 95% CI: 4.83%-14.62%). The average time on the first biologic was 19 months (SD: 16), and 21 months (SD: 19) on the second before D2M definition. Among first-line therapies, 85% failed TNFi, 10% IL17, and 5% JAKi. Only four patients met criteria for refractory disease, with two showing elevated CRP and two active MRI findings. Baseline variables associated with D2M included BASFI (4.16 ± 2.54 vs. 2.87 ± 2.15; p=0.04), BASDAI (5.11 ± 2.87 vs. 3.54 ± 2.42; p=0.01), and ASDAS (3.72 ± 1.45 vs. 2.84 ± 1.16), smoking (OR=6.347; 95% CI: 1.256–32.084; p=0.012), psoriasis (OR=3.771; 95% CI: 1.069–13.305; p=0.029), sacroiliac joint maneuvers (OR=3.71; 95% CI: 1.030–13.417; p=0.043), peripheral X-rays+(OR=5; 95% CI: 1.3–6.487; p=0.01), and articular ultrasound (OR=10.65; 95% CI: 1.42–80.09; p=0.022). Multivariate analysis identified articular ultrasound as the only significant predictor (OR=10.651; 95% CI: 1.416–80.094). Among D2M patients, six received JAKi, three IL17, and two TNFi as third-line therapies.

Conclusion: The Reuma-Check cohort revealed a low but significant prevalence of axSpA D2M. Clinical and imaging features, particularly articular ultrasound and disease activity scores (BASFI, BASDAI, ASDAS), were predictive of D2M. These findings underscore the importance of advanced diagnostic tools and a multidimensional approach to optimizing the management of this complex population

Disclosure of Interest: None Declared

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Keywords: AXIAL SPONDYLOARTHRITIS, Difficult to Manage, Reuma-Check

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GLOBAL RHEUMATOLOGY
BY PANLAR

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Spondyloarthritis

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Incidence And Prevalence Of Spondyloarthritis In Patients With Inflammatory Bowel Disease

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

Background/Objectives: The most frequent extraintestinal manifestations (EIMs) of inflammatory bowel disease (IBD) are musculoskeletal, typically presenting as axial spondyloarthritis (axSpA) or peripheral spondyloarthritis (pSpA). The objectives are to estimate the incidence and prevalence of spondyloarthritis (SpA) in patients with IBD and to evaluate risk factors associated with its development.

Methods: This retrospective cohort study included adults diagnosed with IBD between 01/01/2000 and 06/30/2023, who were affiliated with a Health Management Organization (HMO) and had at least one year of follow-up. Patients were monitored from the IBD diagnosis until death, disaffiliation from the HMO, or the end of the study period (06/30/2024). Clinical and demographic data were collected. The incidence rate and prevalence of SpA (defined by ASAS criteria) were calculated. Risk factors for SpA development were analyzed using Cox models.

Results: A total of 306 patients were included, of whom 40.7% were male. The mean age at IBD diagnosis was 46 years, and 78.4% had ulcerative colitis (UC). The prevalence of SpA was 11% (95%CI: 6.7–17.3), 9.7% (95%CI: 5.7–15.8) for pSpA and 1.9% (95%CI: 0.5–6.0) for axSpA. The incidence rate was 6.4 (95%CI: 3.9–9.7), 5.8 (95%CI: 3.5–9.1), and 1.2 (95%CI: 0.3–3.2) per 1000 patient-years for SpA, pSpA, and axSpA, respectively. Multivariate analysis revealed that a family history of IBD, the presence of non-musculoskeletal EIMs, and azathioprine use were significantly associated with an increased risk of SpA (HR 13.2, 10.6, and 15.3, respectively; $p<0.05$).

Table 1: Baseline characteristics of patients according to SpA development.

*Includes: Indeterminate and unclassifiable.

**Musculoskeletal manifestations: Arthralgia/arthritis, enthesitis, dactylitis, inflammatory back pain, fibromyalgia.

Non-musculoskeletal manifestations: Uveitis, psoriasis, pyoderma gangrenosum, erythema nodosum, hidradenitis suppurativa.

#Local treatments include... (local corticosteroids, mesalamine suppositories) and systemic treatments include...

(biologicals, azathioprine, sulfasalazine).

Image 1:

Characteristic	Total n= 306	Without SpA (n = 292)	With SpA (n = 14)	p-valu e
Male sex, % (IC95%)	40.7 (35.0-46.3)	39.4 (33.8-45.3)	57.1(29.6-81.2)	0.173
Age at IBD diagnosis, years, mean (SD)	46 (21)	45 (21)	49 (16)	0.521
Ever smoked, % (95%CI)	16.0 (12.2-20.7)	15.8 (11.9-20.6)	21.4 (5.71-51.18)	0.847
Family history of IBD, % (95% CI)	2.6 (1.22-5.28)	2.1 (0.8-4.6)	14.3 (2.51-4.38)	0.052
Type of IBD, % (95%CI)				0.719
Ulcerative colitis	78.4 (73.3-82.8)	78.4 (73.2-82.9)	78.6 (48.8-94.3)	
Crohn's disease	17.3 (13.3-22.1)	17.5 (13.4-22.4)	14.2 (2.5-43.8)	
Other*	4.2 (2.3-7.3)	4.1 (2.2-7.2)	7.1 (0.3-35.8)	
Follow-up, years, median (IQR)	11 (7-16)	11 (7-16)	11 (9-15)	0.564
Erythrocyte sedimentation rate (mm/h), , median (IQR)	23 (10-36)	23 (10-35)	36 (23-57)	**0.022**
C-reactive protein (mg/L), median (IQR)	3.8 (1.1-9.4)	3.7 (1.1-9.4)	7.3 (2.8-31.2)	0.235
HLA-B27, % (95% CI)				
Measured	3.3 (0.2-6.1)	2.4(1.0-5.1)	23.1 (5.7-51.2)	**0.001**
Positive	0.3 (0.01-2.1)	0	7.7% (0.3-35.8)	0.645
Extraintestinal manifestations ** (EIMs), % (95% CI)				
Musculoskeletal	21.5 (17.2-26.7)	17.8 (13.7-22.8)	92.9 (73.2-100)	**<0.001**
Non-musculoskeletal	4.6 (2.6-7.7)	4.4 (2.5-7.7)	7.1% (0.3-35.8)	0.638
Initial IBD treatment#, % (95% CI)				0.138
Local	16.7	17.5	0	
Systemic	82.5	0	100	
Mesalazine use, % (95% CI)	84.3% (79.6-88.1)	83.6% (78.7-87.5)	100 (73.2-100)	0.199
Non-biological immunosuppressants for IBD, % (95% CI)	40.5 (35.0-46.3)	39.0 (33.5-44.9)	71.4 (42.0-90.4)	**0.017**
Sulfasalazine	23.2 (18.7-28.4)	22.3 (17.7-27-6)	42.9 (18.8-70.3)	0.082
Azathioprine	21.6 (17.2-26.7)	20.2 (23.8-25.4)	50.0 (26.8-73.2)	**0.016**
Systemic corticosteroid use, % (95% CI)	52.0 (46.2-57.7)	50.3 (44.5-56.2)	85.7 (56.2-97.5)	**0.012**
Biological therapy for IBD, % (95% CI)	17.3 (13.3-22.1)	17.1 (13.1-22.0)	21.4 (5.7-51.2)	0.716
Type of biological therapy for IBD, % (95% CI)				0.241
Anti-TNF	14.7 (11.0-19.3)	14.7 (11.0-19.4)	14.3 (2.5-43.8)	
Ustekinumab	2.3 (1.0-4.9)	2.1 (0.8-4.6)	7.1 (0.3-35.8)	
JAK inhibitors	0	0	0	
Vedolizumab	0.3(0.02- 2.1)	0.3 (0.02-2.2)	0	

Conclusion: In this cohort, the incidence and prevalence of SpA in IBD were similar to previously reported findings. SpA was significantly associated with a family history of IBD, non-musculoskeletal EIMs, and azathioprine use.

Disclosure of Interest: None Declared

Keywords: None

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GLOBAL RHEUMATOLOGY
BY PANLAR

PANLAR 2025

Spondyloarthritis

PANLAR2025-1283

Deciphering Difficult-To-Treat Psoriatic Arthritis (D2t-Psa): Insights From An International Grappa Patient Survey

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

Background/Objectives: Despite advances, many psoriatic arthritis (PsA) patients remain refractory to treatment. GRAPPA classified "complex-to-manage" PsA (C2M-PsA), involving psychosocial and clinical complexities, and "difficult-to-treat" PsA (D2T-PsA), marked by persistent inflammation despite multiple therapies. While a healthcare professional survey informed these classifications, patient perspectives are vital to refine definitions and address unmet needs. This study explored patient-reported factors defining D2T- and C2M-PsA across diverse contexts

Methods: An electronic survey, developed with GRAPPA members and patient research partners (PRPs), included demographic, structured, and open-ended questions. It was translated into 9 languages, ensuring cultural relevance through native speakers and PRP review. Quantitative responses were analyzed descriptively, and qualitative responses underwent thematic coding using Dedoose.

Results: The survey included 570 patients across 10 languages. Persistent joint pain (65.7%) and skin psoriasis (65.7%) were the most frequently endorsed manifestations for defining D2T- or C2M-PsA, followed by daily life restrictions (54.9%) and fatigue (52.8%). Arthritis (47.3%) and fatigue (41.4%) were the most cited personal challenges (**Figure 1A**). Symptom ranking, where lower values represent greater impact, identified arthritis as the most impactful (mean ranking: 2.25) (**Figure 1B**).

Language-specific differences revealed variations in symptom priorities. For example, Dutch-speaking respondents emphasized fatigue (78.7%) and its impact on QoL and work, compared to English- (45.6%) and Portuguese-speakers

(39.2%). Italian-speakers prioritized restrictions on daily activities (59.4%) and social life, linking these to emotional distress and frustration.

Thematic analysis linked treatment failure to diminished QoL, pain, and uncertainty (**Figure 2**). Language-specific differences persisted: Dutch-speakers associated fatigue with reduced QoL, Italians prioritized daily activity restrictions, and English- and Portuguese-speakers focused on pain and mobility limitations.

Image 1:

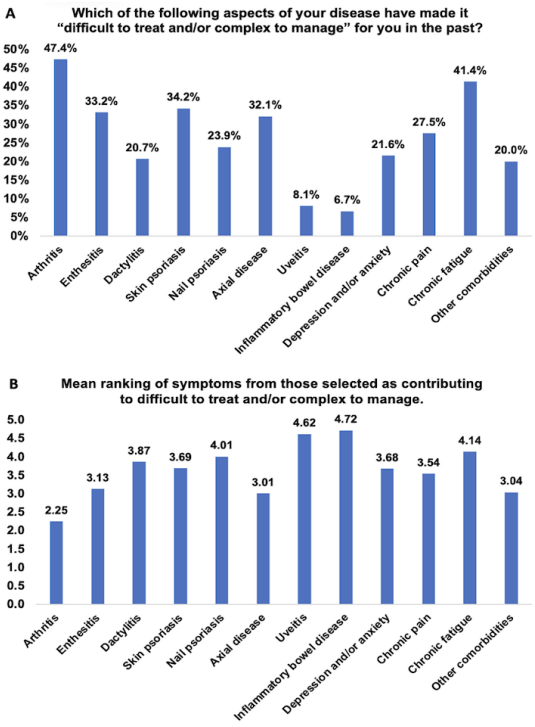

Figure 1. Patients' responses regarding what are the characteristics that made their psoriatic arthritis difficult to treat and/or complex to manage, with 1A showing the distribution of patients' responses, and 2B depicting the average ranking of these symptom (lower values indicate higher priority or more cumbersome symptoms).

Image 2:

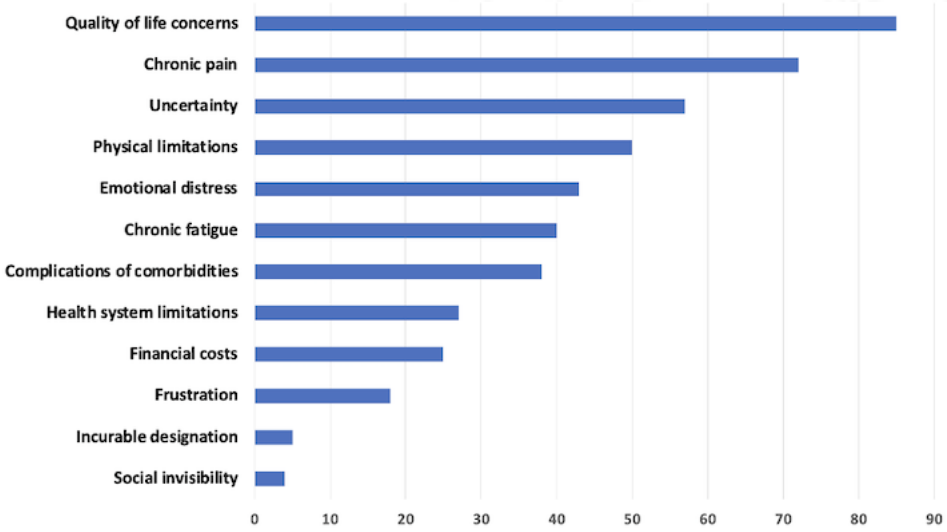

Figure 2. Co-occurrence for all comments coded with treatment failure. The figure illustrates the frequency through which themes overlap in the ways patients think about their experience regarding treatment failure.

Conclusion: This study highlights patient-reported challenges in defining D2T- and C2M-PsA, emphasizing persistent symptoms, fatigue, and psychosocial burden. Consensus on the importance of QoL and work impairment underscores PsA complexity, while language-specific differences highlight the need for culturally tailored interventions. These findings will guide GRAPPA-endorsed definitions and inclusive treatment strategies.

Disclosure of Interest: None Declared

Keywords: Patient-Reported Outcomes, Psoriatic arthritis, Quality of life

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Spondyloarthritis

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Attitudes And Knowledge Of First Contact Physicians About Inflammatory Back Pain And Spondyloarthritis Associated Clinical Conditions

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

Background/Objectives: Assess the knowledge of first contact physicians FCP regarding inflammatory low back pain, spondyloarthritis associated clinical conditions, relevance assigned to different complementary methods and referral patients

Methods: An online survey about characteristics of low back pain and spondyloarthritis associated clinical conditions was distributed to rheumatologists with a request to share it with their colleagues in orthopedic surgeons and general practitioner. Complementary methods for the initial evaluation of patients with suspected axial spondyloarthritis were assessed using Likert scale (0=not important, 5=fundamental importance).

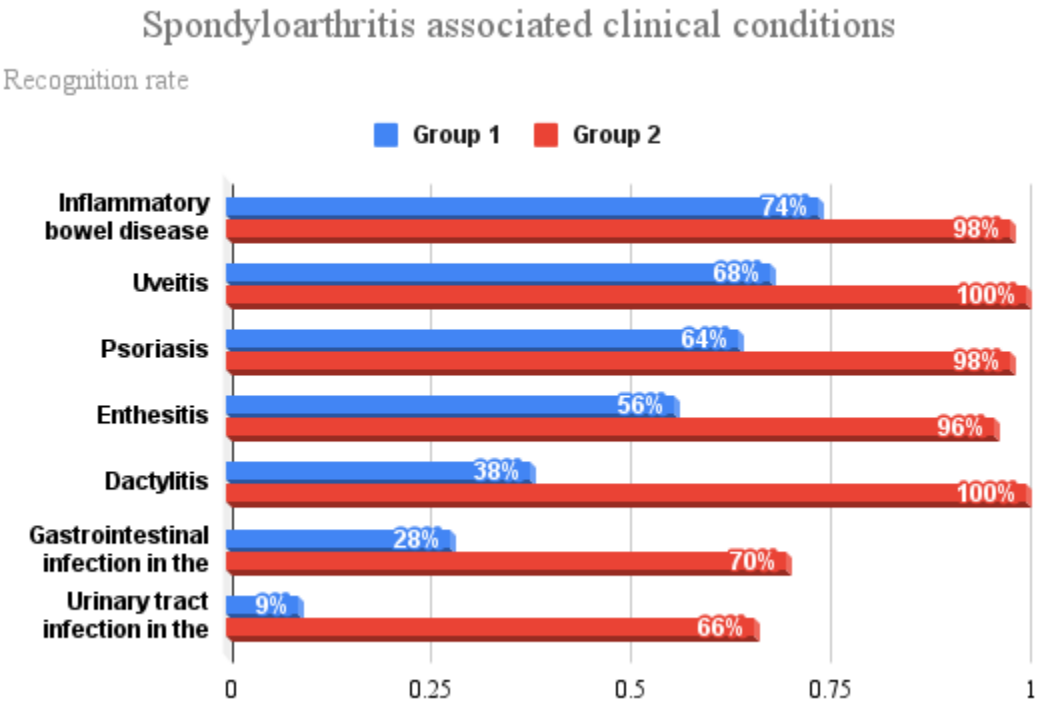
Results: Responses from 108 first contact physicians (general practitioner 88.8%, orthopedic surgeons 11.2% Group 1) and 56 rheumatologists (Group 2) were analyzed. Significant differences were found between groups regarding current training (40% vs. 35%, p=0.05) and hospital activity (86% vs. 73%, p=0.04). Mean years in practice (SD): 12.7 (9.8) for Group 1 and 18.9 (11.7) for Group 2 (p<0.001). Eight characteristics of IBP were recognized by 5% and 43% of Groups 1 and 2 (p<0.001). In Group 1, alternating buttock pain was the least recognized manifestation (27%). Only morning stiffness and insidious onset did not show statistical differences between groups. Associated features recognized by more than 50% of Group 1 included inflammatory bowel disease (74%), uveitis (68%), psoriasis (64%), and enthesitis (56%). Less than half recognized dactylitis and preceding infections as associated with spondyloarthritis. A higher percentage of first contact physicians assigned importance (Likert 4 and 5) to MRI (56.6%), followed by RF (47.7%), HLA B27(40.8%), and X-ray (25.5%). There were no significant differences between groups. Regarding management of a patient with possible spondyloarthritis, 36/108 (33%) of Group 1 referred the patient without initiating studies, 91% to a rheumatologist.72/108 initiated studies and treatment, 54/72 referred to rheumatologist (75%) or orthopedic surgeon. 18 (25%) did not refer the patient at all.

Table 1:

IBP	Recognition (Group 1)	Recognition (Group 2)
Morning stiffness > 30 minutes	61%	71%
Insidious onset	64%	64%
Symptom duration > 3 months	58%	82%

Improvement with exercise	54%	89%
Nocturnal pain	50%	89%
Worsening with rest	48%	82%
Rapid relief with NSAIDs	41%	79%
Alternating buttock pain	27%	82%

Image 1:



Conclusion: It was knowledge gap in FCP that may impact the timely diagnosis and management of spondyloarthritis leading to potential delays in referral to specialists.

Disclosure of Interest: None Declared

Keywords: AXIAL SPONDYLOARTHRITIS, INFLAMMATORY BACK PAIN

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GLOBAL RHEUMATOLOGY
BY PANLAR

PANLAR 2025

Spondyloarthritis

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"NEUTROPHIL/LYMPHOCYTE RATIO AS A PREDICTOR OF RESPONSE TO DISEASE-MODIFYING BIOLOGICAL DRUGS IN PATIENTS WITH SPONDYLOARTHRITIS".

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

Background/Objectives: Spondyloarthritis is an inflammatory arthritis. There is no standard laboratory test as a diagnostic and follow-up tool unique for SpA. C-reactive protein (CRP) and erythrocyte sedimentation rate (ESR) which are used for assessment of spondyloarthritis related disease activity have poor specificity and sensitivity.Neutrophil to lymphocyte ratio (NLR) is a marker for many inflammatory diseases but haven't been investigated a biomarker that can predict a patient's response to treatment with biologic disease-Modifying Antirheumatic drugs (bDMARDs). In this study, we aimed to evaluate the utility of the NLR to predicting lack of response to the first bDMARDs in patients with active spondyloarthritis.

Methods: An observational, analytical, retrospective, longitudinal study was carried out. The work universe was the patients treated in the Department of Rheumatology of Dr. Antonio Fraga Mouret Specialty Hospital of the La Raza National Medical Center with a diagnosis of ankylosing spondylitis and psoriatic arthritis treated in this unit during the period of January 1, 2015 until December 31, 2023 who had failed treatment with conventional DMARDs and were being treated with their first bDMARDs. Sociodemographic, clinical and laboratory variables were obtained from clinical records. Descriptive statistics included qualitative variables expressed in simple frequencies and percentages, quantitative variables were expressed with standard deviations or medians and interquartile ranges depending on the distribution. A bivariate analysis was performed using Chi square, Student's T or Mann Whitney U. The SPSS V.25 program was used.

Results: 67 patients were included, 60.3% were male, the average age was 45. The therapeutic failure was at 6 months, the area under the curve was 0.45, with a cut-off point of 2.14, a sensitivity of 35% was estimated, specificity of 37%, PPV 48% and NPV 47% (figure 1). ; and regarding the therapeutic failure at 12 months the area under the curve was 0.45, with a cut-off point of 2.17, sensitivity of 50%, specificity of 51%, PPV 29% and NPV 57% (figure 2). A bivariate analysis was performed to compare ESR, CRP and NLR and therapeutic failure at 6 and 12 months without finding statistical significance in any case.

Image 1:

Figure 1.ROC curve of the baseline neutrophil-lymphocyte ratio and therapeutic failure at 6 months

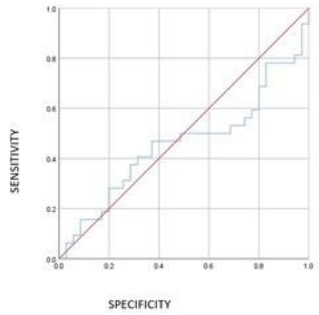
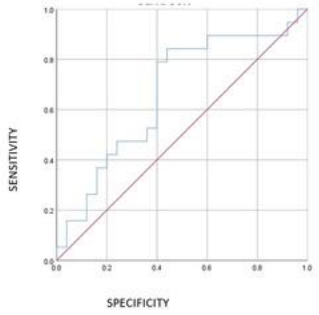


Image 2:

Figure 2.ROC curve of the baseline neutrophil-lymphocyte ratio and therapeutic failure at 12 months



Conclusion: No relationship was found between NLR and the lack of response to the first biological DMARD in patients with spondylarthritis at 6 and 12 months of treatment.

Disclosure of Interest: None Declared

Keywords: biological disease-modifying drug, Neutrophil/Lymphocyte Ratio (NLR), Spondylarthritis

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GLOBAL RHEUMATOLOGY
BY PANLAR

PANLAR 2025

Spondyloarthritis

PANLAR2025-1064

Safety Of Secukinumab In Patients With Psoriasis, Psoriatic Arthritis, Axial Spondyloarthritis And Hidradenitis Suppurativa: Updated Pooled Data From 69 Clinical Trials

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

Background/Objectives: To provide comprehensive long-term safety data based on an expanded pool of clinical trials, incorporating the newly approved indication for moderate to severe HS.

Methods: • The pooled safety analysis included data from 69 clinical trials (PsO: 41; PsA: 13; axSpA : 13; HS: 2 trials) of patients who had received =1 dose of secukinumab during the entire treatment period (cutoff date: Dec 2023).

• Adverse events (AEs) were reported as exposure-adjusted incidence rates (EAIRs)/100 PYs.

• Safety topics of interest (based on treatment emergent Adverse Events) were assessed with standardized grouping and medical terminology from Medical Dictionary for Regulatory Activities (MedDRA; version 26.1).

• For safety topics without existing MedDRA hierarchy or query, a customized MedDRA Query (CMQ) was utilized to analyze specific event groups.

Results: • A total of 22,603 patients (PsO [N=12,782], PsA [N=4648], axSpA [N=4113], HS [N=1060]) with overall exposure of 36,649.3 PYs were included in the analysis.

• Baseline demographics and disease characteristics see Table 1.

• 16.6% (n=2117) and 82.7% (n=10,570) of patients with PsO were exposed to 150-mg and 300-mg secukinumab (including both regimens of every 2 [SECQ2W] and 4 weeks [SECQ4W]), respectively.

• 49.7% (n=2308) and 46.1% (n=2144) of patients with PsA were exposed to 150-mg and 300-mg secukinumab [SECQ4W].

• 71.3% (n=2934) and 21.7% (n=891) of patients with axSpA were exposed to 150-mg and 300-mg secukinumab [SECQ4W].

• All patients with HS were exposed to 300-mg secukinumab (including SECQ2W and SECQ4W regimens).

Safety Outcomes Table 2

• The most frequently reported AEs were nasopharyngitis, upper respiratory tract infection and headache.

• The EAIRs per 100 PYs for inflammatory bowel disease, malignancies, major adverse cardiovascular events, and suicidal ideation were consistently low across all indications.

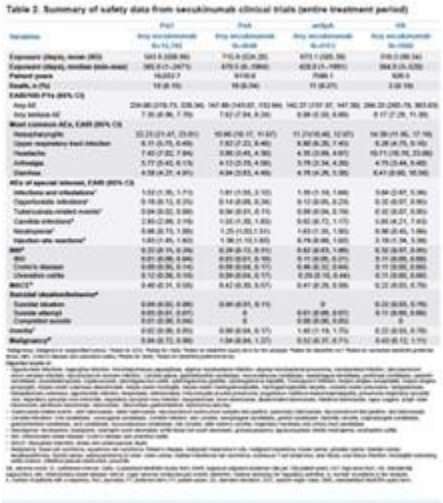
Image 1:

Table 1. Demographic and baseline characteristics

Characteristics	PsO Any secukinumab N=12,782	PsA Any secukinumab N=4648	axSpA Any secukinumab N=4113	HS Any secukinumab N=1060
Age (years), mean (SD)	45.2 (13.4)	48.4 (12.3)	41.2 (12.3)	36.3 (11.6)
Female, n (%)	4050 (31.7)	2436 (52.4)	1400 (34.0)	596 (56.2)
Weight (kg), mean (SD)	87.5 (22.0)	84.2 (20.1)	79.3 (18.4)	93.6 (23.8)
Relevant medical history or current medical condition, *n (%)*				
Hypertension	2541 (19.9)	1536 (33.0)	630 (15.3)	172 (16.2)
Hyperlipidemia	1517 (11.9)	853 (18.4)	294 (7.1)	24 (2.3)
Diabetes mellitus	787 (6.2)	415 (8.9)	80 (1.9)	34 (3.2)
Inflammatory bowel disease	1 (0.0)	8 (0.2)	44 (1.1)	0 (0)
Crohn's disease	7 (0.1)	9 (0.2)	10 (0.2)	3 (0.3)
Colitis ulcerative	14 (0.1)	8 (0.2)	10 (0.2)	1 (0.1)
Smoking status (Yes)	4215 (33.0)	940 (20.2)	1000 (24.3)	569 (53.7)

axSpA, axial spondyloarthritis; HS, hidradenitis suppurativa; N, number of patients in the analysis; n, number of patients with a response; PsA, psoriatic arthritis; PsO, psoriasis; SD, standard deviation.

Image 2:



Conclusion: The updated pooled safety data analysis, based on 69 phase 1/2/3/4 clinical trials involving 22,603 patients, reports a consistent and favorable safety profile of secukinumab in patients with PsO, PsA, axSpA, and moderate to severe HS.

Compared with other populations or indications, the EAIR for Candida seems higher in the HS population; however, Candida infections with secukinumab were largely mild or moderate, with a high proportion fully resolved before end of treatment, which is in alignment tothat observed individually in other authorized indications.

Reference 1: 1. Secukinumab Summary of Product Characteristics. Available at: https://www.ema.europa.eu/en/documents/product-information/cosentyx-epar-product-information_en.pdf. Last updated: August 2023.

Reference 2: 2. Secukinumab Prescribing Information. Available at: https://www.accessdata.fda.gov/drugsatfda_docs/label/2023/125504s063lbl.pdf. Last updated: July 2023.

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GLOBAL RHEUMATOLOGY
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Disclosure of Interest: J. C. Pozos Employee with: I am employee of Novartis Pharma

Keywords: Axial spondyloarthritis, Psoriatic arthritis, SECUKINUMAB

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GLOBAL RHEUMATOLOGY
BY PANLAR

PANLAR 2025

Spondyloarthritis

PANLAR2025-1321

Mapping The Invisible: Estimating Axial Spondyloarthritis Prevalence Through Hla-B27 Frequencies Worldwide

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

Background/Objectives: Spondyloarthritis (SpA) comprises a family of inflammatory disorders and includes patients with radiographic axial SpA (r-axSpA, also termed ankylosing spondylitis) who typically have inflammatory symptoms. The prevalence of r-axSpA closely parallels the frequency of human leukocyte antigen (HLA)-B27 and it remains one of the strongest observed associations for any HLA gene with immune mediated disease. Although r-axSpA occurs globally, there are racial variations in prevalence, reflecting differences in the distribution of HLA- B27 across different populations.

Methods: A systematic search of the literature from 1970 onwards evaluating frequency of positivity for HLA-B27 and prevalence of r-axSpA in general populations from different countries around the world was conducted. The selection of publications adhered to the following eligibility criteria: complete articles or abstracts available electronically, whose titles and abstracts are congruent with the purpose of the literature review. The protocol was registered in International Prospective Register of Systematic Reviews (PROSPERO) (CRD42024561795). We used a generalized linear mixed model (GLMM) with a logit link function to model the relationship between r-axSpA prevalence and HLA- B27 frequency, featuring fixed country effects and study random effects. Another regression model was fitted combining both analyses to r-axSpA prevalence adjusted for HLA-B27. The average estimate of the regression line was determined using a parametric bootstrap method.

Results: Data collected was analyzed resulting in a final sample of 59 scientific articles. The analysis of publications related to the frequency of HLA-B27 and the prevalence of r-axSpA around the world demonstrates great variability around the world (Figure 1-A and 1-B). Using the aforementioned methodology (GLMM), a correlation plot between the frequency of HLA-B27 and r-axSpA prevalence was determined (Figure 2). In Brazil, the frequency of HLA-B27 is 4.15% and we estimate the r-axSpA prevalence to be 0.149% (IC95% 0.096-0.231; red and green lines in Figure 2).

Image 1:

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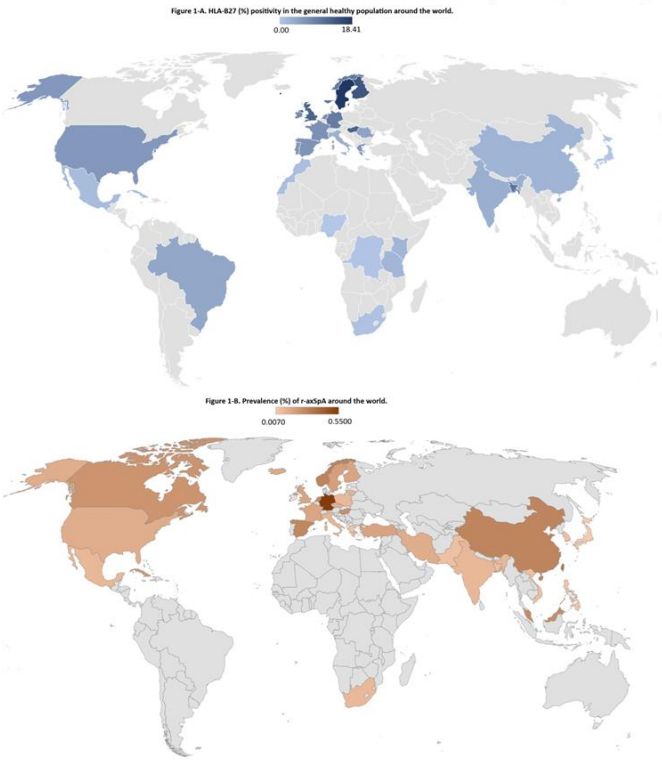
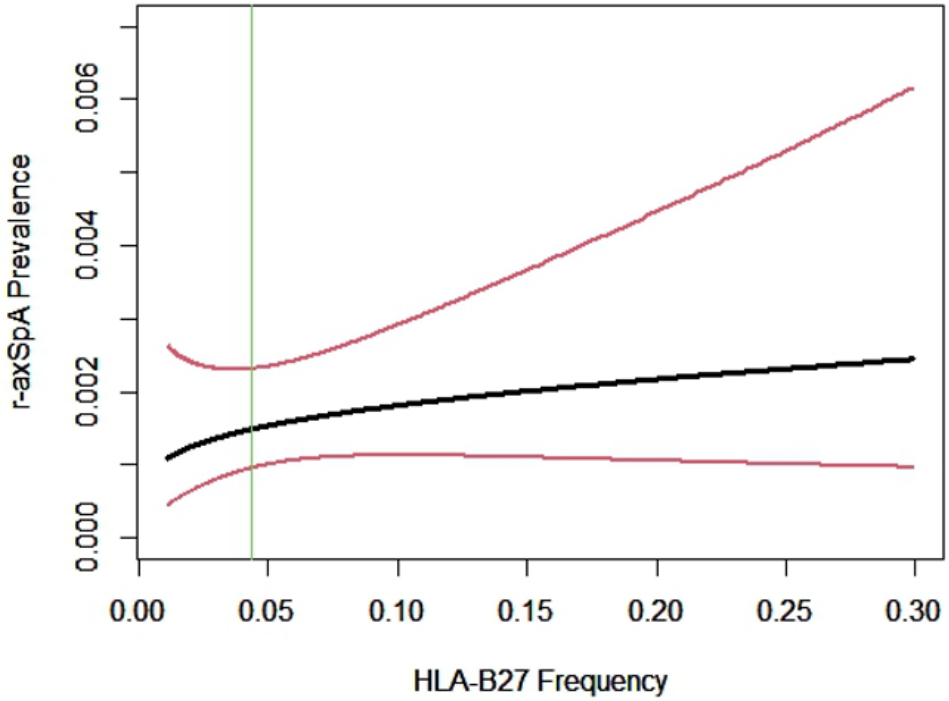


Image 2:

Figure 2. GLMM plot – "AS prevalence by country (%)" versus "HLA-B27 frequency in general population by country (%)".



Conclusion: Prevalence studies are laborious, resource-intensive, and influenced by many biases. However, knowledge of the disease prevalence is essential for the effective provision of healthcare. Our study established a robust statistical correlation between the frequency of HLA-B27 and the prevalence of r-axSpA to support health policies correctly scaled for the different prevalence scenarios around the world.

Disclosure of Interest: None Declared

Keywords: HLA-B27, Prevalence; Epidemiology, Spondyloarthritis

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BY PANLAR

PANLAR 2025

Systemic lupus erythematosus

PANLAR2025-1115

Results From The Regency Trial Assessing Efficacy And Safety Of Obinutuzumab In Active Lupus Nephritis

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

Background/Objectives: Obinutuzumab, a humanized type II anti-CD20 monoclonal antibody, is approved for B-cell malignancies. In the Phase II NOBILITY trial of patients with active lupus nephritis (NCT02550652), patients receiving obinutuzumab plus standard therapy achieved a significantly higher complete renal response (CRR) compared with those receiving placebo plus standard therapy. Here we report the results of the Phase III REGENCY trial (NCT04221477) undertaken to verify NOBILITY.

Methods: In REGENCY, a Phase III, double-blind, placebo-controlled trial, adults with active proliferative lupus nephritis were randomized 1:1 to placebo or obinutuzumab (1000 mg: Day 1, Weeks 2, 24, 26, ± 50 and 52) plus standard therapy. The primary endpoint was CRR at Week 76, defined by urine protein-to-creatinine ratio (UPCR) <0.5 g/g, estimated glomerular filtration rate (eGFR) ≥85% of baseline, and no intercurrent events of rescue therapy, treatment failure, death, or early study withdrawal. Secondary endpoints included CRR with prednisone taper to ≤7.5 mg/day, UPCR <0.8 g/g with no intercurrent events, change in eGFR from baseline to Week 76, and renal-related events or death through Week 76. Adverse events were also documented.

Results: Of 271 randomized patients, 135 and 136 were randomized to obinutuzumab and placebo, respectively. At Week 76, 46.4% of patients in obinutuzumab and 33.1% in the placebo group achieved CRR (adjusted difference: 13.4%; 95% CI, 2.0% to 24.8%; *P*=0.0232). More patients in the obinutuzumab group successfully tapered prednisone (42.7% vs 30.9%; adjusted difference: 11.9%; 95% CI, 0.6% to 23.2%; *P*=0.0421) and achieved a UPCR <0.8 g/g with no intercurrent events (55.5% vs 41.9%; adjusted difference: 13.7%; 95% CI, 2.0% to 25.4%; *P*=0.0227). Numerical changes in eGFR from baseline to Week 76 favored obinutuzumab, and fewer obinutuzumab-treated patients experienced death or renal-related events. Subgroup analyses of the primary endpoint showed a generally consistent treatment benefit in favor

of obinutuzumab across different subgroups, including patients with baseline features indicative of more active disease. No new safety concerns were identified beyond the established profile for oncology indications.

Conclusion: Obinutuzumab plus standard therapy was more effective than placebo plus standard therapy in achieving CRR, a clinically meaningful surrogate of kidney function, in patients with lupus nephritis while exhibiting an acceptable safety profile.

Disclosure of Interest: A. Malvar Consultant with: consulting fees from Genentech, Inc., and F. Hoffmann-La Roche Ltd., B. Rovin Consultant with: F. Hoffmann-La Roche Ltd/Genentech, Inc., R. Furie Consultant with: Genentech, Inc., and GlaxoSmithKline, J. Garg Employee with: Genentech/Roche, S. Mittermayer B.: None Declared, G. Aroca-Martínez: None Declared, A. E. Zuta Santillán: None Declared, H. Raghu Employee with: Genentech/Roche, I. Hassan Employee with: Genentech/Roche, B. Yoo Employee with: Genentech/Roche, E. Martins Employee with: Genentech/Roche, H. Sehgal Employee with: Genentech/Roche, T. A. Omachi Employee with: Genentech/Roche, T. Schindler Employee with: Genentech/Roche, W. F. Pendergraft III Employee with: Genentech/Roche

Keywords: Lupus nephritis, Obinutuzumab

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PANLAR 2025

Systemic lupus erythematosus

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Impact Of Disease Activity On Sexual Function In Women With Systemic Lupus Erythematosus

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

Background/Objectives: Women with systemic lupus erythematosus (SLE) have an increased risk of sexual dysfunction. Studies report 15-85.9% of patients with SLE experience impaired sexual function. SLE disease-related burden and related depression and anxiety may drive patients to an inactive sexual life, with poor sexual interest and arousal. We aimed to evaluate the impact of disease activity on sexual function in women with SLE.

Methods: A cross-sectional study was conducted at an outpatient rheumatology clinic, including women ≥18 years old with SLE (EULAR/ACR 2019 criteria) and an active sexual life. Patients with other immune-mediated diseases were excluded. Sexual dysfunction was assessed using the ASEX, depressive and anxiety symptoms with the HADS, and fatigue with the FACIT. Sociodemographic, clinical data, and SLEDAI-2K scores were collected. Patients were grouped by SLEDAI-2K (0 vs. ≥1). Statistical analysis included Chi-square, Fisher's exact, t-test, Mann-Whitney U, and Pearson/Spearman correlations, with $p \leq 0.05$ considered significant.

Results: Of 141 patients evaluated, 45 were included (mean age: 33.77 years; median disease duration: 7 years). All were women, with 11 in menopause. Median SLEDAI-2K was 0, and 19 had ≥1 SLEDAI-2K score. Most used antimalarials and steroids. Median ASEX score was 14, with 7 (15.6%) reporting sexual dysfunction. (Table 1). Patients with ≥1 SLEDAI-2K score were younger and had lower ASEX scores. ASEX showed a weak negative correlation with SLEDAI-2K, antimalarials, and steroid dosages but a moderate positive correlation with age. No correlation was found between ASEX, HADS, and FACIT-F scores.

Table 1:

Sociodemographic and clinical data			
	SLEDAI-2K 0 n = 26	SLEDAI-2K ≥1 n = 19	p

Disease duration (years), median (IQR)	6 (0.7 – 10)	10 (2 – 18)	NS
Antimalarials, n (%)	22 (84.6)	19 (100)	NS
Steroids, n (%)	12 (46.2)	17 (89.5)	**0.003**
ASEX, median (IQR)	14 (12.75 – 19.25)	13 (11 – 14)	**0.025**
HADS-Depression, median (IQR)	0 (0 – 8)	4 (0 – 9)	NS
HADS-Anxiety, median (IQR)	7 (0 – 14.25)	0 (0 – 1)	NS
FACIT-Fatigue, median (IQR)	48 (39.75 – 52)	49 (42 – 52)	NS

Conclusion: In our cohort, 15% of patients with SLE had sexual dysfunction by the ASEX scale. Patients with higher disease activity were younger and reported a lower level of sexual dysfunction. Patients with zero SLEDAI-2K were older and had higher ASEX scores, explaining the negative correlation between SLEDAI-2K and ASEX. Further studies should be done to assess disease activity and its impact on sexual function.

Disclosure of Interest: None Declared

Keywords: Arizona Sexual Experience Scale (ASEX), Sexual Dysfunction, Systemic Lupus Erythematosus (SLE)

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Systemic lupus erythematosus

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Evaluation of the Safety and Efficacy of Mycophenolate Mofetil or Cyclophosphamide as Induction Therapy in Latin-American Patients Diagnosed with Lupus Nephritis

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

Background/Objectives: Background: Lupus nephritis is a severe complication of systemic lupus erythematosus, with high prevalence in Latin-America populations. Induction therapy options include mycophenolate mofetil (MMF) and cyclophosphamide (CYC), but evidence regarding their efficacy and safety in this population is limited.

Objective: To evaluate the safety and effectiveness of MMF compared to CYC as induction therapy for Hispanic patients with lupus nephritis.

Methods: Search methods: We searched MEDLINE, Embase, CENTRAL, LILACS, and Google Scholar up to September 2024, without restrictions on language or date. Randomized controlled trials (RCTs) and observational studies comparing MMF and CYC in adult patients diagnosed with lupus nephritis (class III/IV ± V) were selected. Two reviewers independently selected studies and assessed risk of bias using validated tools (Cochrane and Newcastle-Ottawa). Data were synthesized using fixed-effect or random-effect models based on heterogeneity.
Results: Seven studies (2 RCTs, 5 observational; 1666 participants, 1163 Hispanic) were included. Low-certainty evidence suggests that MMF improves response compared to CYC in RCTs (OR 2.79; 95% CI 1.65-4.73) (Figure 1). The high heterogeneity of the observational studies did not allow their meta-analysis. However, none of the studies found significant differences in the number of patients who achieved partial or complete remission, independent of the induction treatment received. There were no significant differences in adverse events between groups (OR 1.34; 95% CI 0.55-3.24) (Figure 2).
Image 1:

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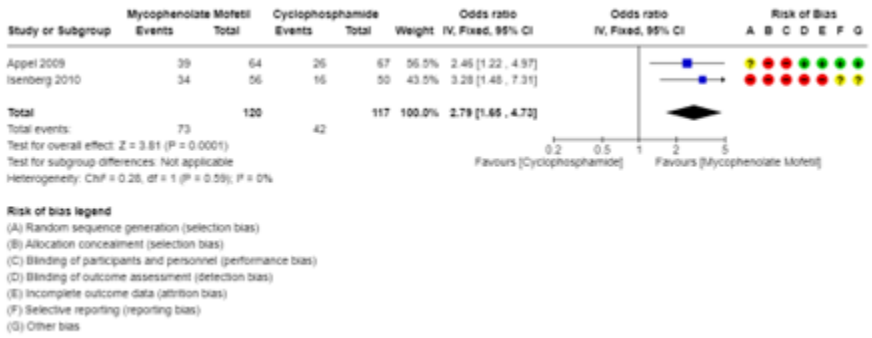
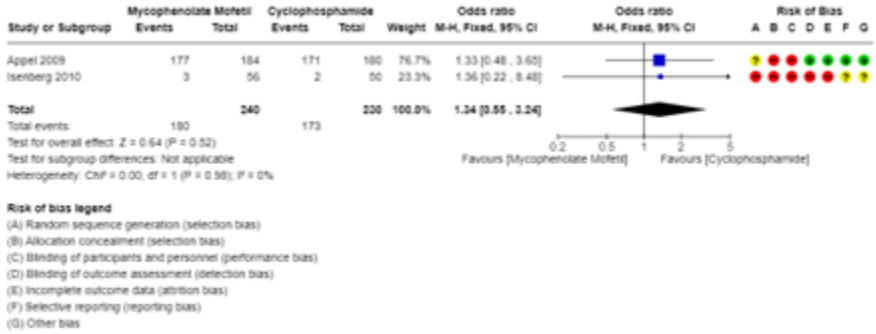


Image 2:



Conclusion: Low-certainty evidence suggests that MMF may be more effective than CYC for achieving complete remission in Hispanic patients with lupus nephritis. However, well-designed studies are needed to confirm these findings.

Disclosure of Interest: None Declared

Keywords: Latin America, Lupus nephritis, Treatment

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Systemic lupus erythematosus

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Diagnostic And Treatment Delay And Associated Factors In Mexican Patients With Systemic Lupus Erythematosus: A Qualitative Study

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

Background/Objectives: Delays in diagnosing and treating Systemic Lupus Erythematosus (SLE) have not been adequately studied in the Mexican population/

To define diagnostic and treatment delays in SLE and identify barriers, facilitators, and needs from the perspectives of patients and rheumatologists.

Methods: This qualitative study employed semi-structured interviews with patients with SLE and focus groups with rheumatologists. All interviews were audio-recorded, transcribed, and analyzed using Atlas-ti software. The Ethics and Research Committees approved the study.

Results: A total of 61 patients (82.7% women), with a mean age of 42 years (SD 13.1), clinical manifestations were musculoskeletal (62.7%), renal (27.1%), mucocutaneous (20.3%), hematologic (20.3%), and neurologic (11.9%). Focus groups included 52 rheumatologists; 53.8% were women, mean age was 45.7 years (SD 10.1). Patients identified needs for timely diagnosis and treatment: disease awareness, empathy, continuous care, reproductive counseling, and access to care. Rheumatologists' needs included rheumatology education, job opportunities, laboratories with high-quality standards and trained staff, effective use of social media, and a unified healthcare system (Table 1).

From the data, 61 care-seeking trajectories and 16 care scenarios were constructed (Figure 1). Barriers to prompt diagnosis and treatment: patients' health and disease beliefs, costs, disease heterogeneity and severity, insufficient professional training, and a fragmented healthcare system. Facilitators included social security coverage, professional training, and availability of medical services.

Diagnostic delays varied by clinical severity: mild: >4.2 months (range: 1–6 months), moderate: 2 months (range: 1–3 months), and severe: 19.5 days (range: 14–30 days). Contributing factors included disease heterogeneity, organ damage, and limited rheumatologist access. Treatment delays were similarly defined: mild: 3.6 months (range: 0.25–12 months), moderate: 15 days (range: 7–30 days), severe: immediate to 12 days (range: immediate–37.5 days). Factors contributing to treatment delays included clinical heterogeneity, limited access to specific SLE treatments, and institutional barriers.

Image 1:

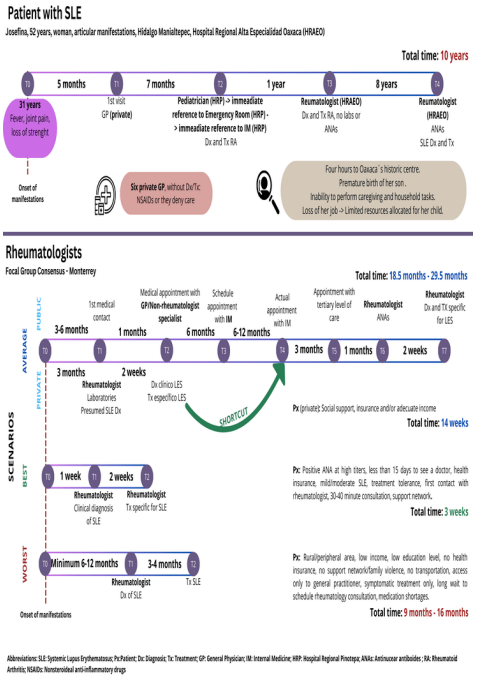

Image 2:

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Table 1. Barriers and facilitators for a prompt SLE diagnosis and treatment in Mexico.

		Diagnosis		Treatment	
Component	Actor	Barriers	Facilitators	Barriers	Facilitators
Affordability	Patients	"[The tests] to detect lupus were done outside [the public system], and they cost about 3,000 MXN. It wasn't [affordable], so I had to pay with a credit card." (Carlos, 31 years old, male, articular manifestations and lupus nephritis, Public Hospital, Mexico City) "[To travel from Arcelia, Guerrero to Mexico City] the bus fare alone is 1,180 MXN, and my mom comes with me... round trip." (Arcelia, 35 years old, female, articular manifestation, CSNB, HGMEL, SLE)	"[Thanks to the free services] the biopsy here [at HGMEL] didn't cost me anything, nor did the hospitalization." (Juana, 28 years old, Lupus nephritis manifestation, Public Hospital, Mexico City)	"[Although I have access to free services, I still have to pay for] medications like methotrexate and hydroxychloroquine, the ones I've been prescribed. [When there's no money, I don't take my medication.]" (Carlos, 31 years old, male, articular manifestations and lupus nephritis, Public Hospital, Mexico City)	"[My doctor and I] are considering [changing the treatment], to see if I can start another biological medication, that's what he told me. For treating the nephritis I have, he says it's more effective, and the hospital would provide it." (Juana, 28 years old, lupus nephritis manifestation, Public Hospital, Mexico City)
	Rheumatologists	"The diagnostic tests [are not affordable]... [the patient] says, 'I wouldn't afford to get the tests done', and that delays both timely diagnosis and prompt treatment." (D, male, rheumatologist, Public Hospital, Mexico City) "When everything is paid out-of-pocket directly by the patient, it becomes difficult because you think, 'What should I request? What do I absolutely need, and what can I wait on?'" (K, male, rheumatologist, Public Hospital, San Luis Potosí)	"Once [patients] are in an institution, honestly, it becomes much easier because, for example, in IMSS or ISSSTE, most—though not all—have access to a very good arsenal of treatments, and it's covered. So, once they come to us, I think having some form of social security—be it IMSS, ISSSTE, PEMEX, or private medical insurance—helps significantly. Public or private social security, in any form, is a big facilitator if they have it." (K, male, rheumatologist, Public Hospital, San Luis Potosí)	"Whenever a family has a patient with lupus, it becomes a significant financial burden because the treatments are expensive, long-term, and highly specialized. This can lead to substantial expenses for the family, making institutional support essential to cover the costs." (H, male, rheumatologist, Public Hospital, Mexico City)	"We are part of a group where, if you notice, we haven't talked about money, and that's very unusual... Here [at ISSSTE], the patient doesn't pay anything. Even transportation from their place of origin is covered—by bus, plane, or ambulance. They're provided everything, from accommodation to biological therapies." (D, female, rheumatologist, Public Hospital, Mexico City)
Availability	Patients	NA	NA	"[I was diagnosed], and at that moment they told me I needed to be hospitalized], but they didn't admit me because there was no available beds. Instead, they sent me medications, and I wasn't until the following week that I was hospitalized." (Carlos, 31 years old, male, articular manifestations and lupus nephritis, Public Hospital, Mexico City)	"At the previous appointment, they gave me all the medications, but normally I would buy it. [The brand-name hydroxychloroquine] costs 1,050 MXN in Arcelia." (Arcelia, 35 years old, female, articular manifestation, Public Hospital, Mexico City)
	Rheumatologists	NA	NA	"[At ISSSTE, the patient doesn't pay anything], but the wait times are another issue, as is the quality of care, and I think that's where the problem lies—in the primary care level, not so much in the secondary or tertiary levels." (G, female, rheumatologist, Public Hospital, Mexico City)	"I have many patients that I see [in private practice], and they tell me which rheumatologist they're seeing [at ISSSTE]. I send a note and let them know that I've already started [treatment]... so they can continue the treatment, or we coordinate with the treatment provided by ISSSTE, right?" (A, female, rheumatologist, Public Hospital, Mexico City)
Clinical conduct	Patients	"In [five months], my condition progressed to the point where I could no longer walk. [Only] one private doctor helped me... the other [six doctors] would don't seem, wouldn't treat me, because, well.. they saw that I couldn't walk or stand up, and they flat-out told me no." (Josefina, 53 years old, female, articular manifestation, Public Hospital, Oaxaca)	NA	NA	NA
	Rheumatologists	"Sometimes they go to doctors who don't make a proper diagnosis... until the condition worsens. It's true that there are many endocrinologists, immunologists, and internists who decide to keep rheumatology patients... that's also a major cause of delay." (I, female, rheumatologist, Public Hospital, Mexico City)	NA	NA	NA
Professional training	Patients	"[When] I started, the [general] doctor diagnosed me with rheumatoid arthritis, [so did the first rheumatology resident at the General Hospital]... until I had a crisis with rashes, pain, and very high blood pressure, [when the attending physician hospitalized me]. [After years of living with the diagnosis of rheumatoid arthritis and being poorly treated [the doctor told me], 'I even want to apologize on behalf of my colleagues for the misdiagnosis.'" (Arturo, 62 years old, male, mucocutaneous/articular manifestation, Public Hospital, Mexico City)	"[I went to the rheumatologist] and they ran tests, and some results came back positive while others were negative. But the doctor told me, 'We can't wait, so we're going to start treatment while we wait for everything to come back positive.'" (Odile, 56 years old, female, mucocutaneous/articular manifestation, Private Hospital, Yucatán)	"I was around 18 years old... my feet started to hurt, and after a month my arms began hurting, and [then] it was my whole body... I kept going to Iztapa in Iguala [to see a general practitioner], but there's no rheumatologist there, and they only gave me acetaminophen. [Another time] the doctors [at Iztapa] told me it was rheumatic fever." (Arcelia, 35 years old, female, articular manifestation, Public Hospital, Mexico City)	NA
	Rheumatologists	"It's definitely a lack of knowledge, starting with how we were trained as doctors... I didn't have a rheumatology course or rotation during medical school. Even during internal medicine specialization, very few training centers send their residents to a rheumatology service." (M, female, rheumatologist, Public Hospital, Mexico City	"As a rheumatologist... my perspective [on the disease] has changed. It's not always fatal; patients don't always present the same characteristics, and everything about lupus can be different for each patient." (M, female, rheumatologist, Public Hospital, Mexico City)	"When our primary care doctor or a related specialist sees a patient who potentially has lupus, they don't refer them promptly, either because they don't want to—economically speaking—or because they think they can manage the condition themselves. The issue we face is receiving patients with chronic, irreversible damage." (A, male, rheumatologist, Public Hospital, Mexico City)	NA
Clinical presentation	Patients	"Something I haven't experienced is [what I've seen in online forums]—photos of people, men and women, with [the butterfly rash]. That's something I don't recall ever happening to me... I don't know why, but as a man, I don't see male cases online." (Mario, 64 years old, hematologic manifestations, Private Hospital, Chihuahua)	NA	"They couldn't give me my lupus treatment because they said it lowers their immune system... [and at the same time, I was diagnosed with tuberculosis]. So they couldn't give it to me. The priority was to treat the tuberculosis first, and then [later] start my lupus treatment." (Sebastián, 24 years old, male, Public/Private Hospital, Monterrey)	NA
	Rheumatologists	"It's not the same to have florid (or visible) manifestations as it is to just feel tired, have joint pain, or occasionally experience shortness of breath... Most of the time, lupus is insidious; otherwise, it wouldn't be so difficult to diagnose. But I assure you [the response] depends a lot on the type of manifestation, because you seek help when the issue persists and limits you, right? Or when your physical appearance is affected." (F, female, rheumatologist, Public Hospital, Mexico City)	"Another facilitator could be the aesthetic aspect. For example, if patients notice a significant malar rash, a red neck, or skin lesions with pathognomonic features, they might not go directly to a rheumatologist but instead see a dermatologist. The dermatologist performs the biopsy and often considers lupus, either by testing antibodies or conducting additional evaluations. This increases the likelihood of the patient seeking a specialist's opinion, particularly for lupus. Dermatologists tend to be more sensitive to clinical suspicion, so patients often get treatment more quickly." (S, female, rheumatologist, Public Hospital, Monterrey)	NA	"I think that, in terms of subspecialties, in general, referrals are being made. I believe that now the specialties collaborate to ensure a more comprehensive management approach for conditions requiring specialized care." (G, male, rheumatologist, Public Hospital, Mexico City)
Adherence	Patients	NA	NA	"They couldn't give me my lupus treatment because they said it lowers their immune system... [and at the same time, I was diagnosed with tuberculosis]. So they couldn't give it to me. The priority was to treat the tuberculosis first, and then [later] start my lupus treatment." (Sebastián, 24 years old, male, Public/Private Hospital, Monterrey)	"[When I was diagnosed], well, I was most le happy because I had stopped feeling the pain I was experiencing... I had been like that for over a year, and now, taking medication and knowing the pain would go away, it was a much better option compared to how I was living before." (Arcelia, 35 years old, female, articular manifestation, Public Hospital, Mexico City)
				"The problem is [the] bureaucratic procedures... patients [must be] referred from the primary care level [and go through] administrative processes, securing appointments... Primary care doesn't have the diagnostic tests for autoimmune diseases, and they can't order them. In general medicine doctors require test results before referring patients [to a rheumatologist]... [another] administrative hurdle." (B, male, rheumatologist, Public Hospital, Yucatán)	"Adherence to treatment is definitely better among women." (J, male, rheumatologist, Public Hospital, Mexico City)
	Rheumatologists	NA	NA		

Abbreviations: NA (Not available)

Conclusion: The consensus definition for diagnostic delay was: patient with SLE exhibiting signs/symptoms of mild, moderate, or severe nature or evidence of organ damage who remains undiagnosed for more than 2.9 months. Treatment delay was defined as exceeding 24 days between the onset of SLE symptoms.

Disclosure of Interest: None Declared

Keywords: Delayed Diagnosis, Qualitative study, systemic lupus erythematosus

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Systemic lupus erythematosus

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Analysis Of The Clinical Characteristics Of A Lupus Nephritis Cohort From A Medical Center In Mexico City

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

Background/Objectives: Lupus nephritis (LN) is a disorder reported in around 30-60% of patients with lupus erythematosus (SLE), confering a higher risk of morbidity and mortality. Factors that determine the therapeutic strategy, the course and the prognosis for progression to chronic kidney disease (CKD) are related to age, sex, glomerular filtration rate (GFR) at disease onset, renal activity/chronicity index in renal biopsy and response to treatment.

OBJECTIVE : To describe and analyze the clinical characteristics of a cohort of patients with lupus nephritis from a Medical Center in Mexico City.

Methods: A descriptive retrospective cohort study with 39 patients from a Medical Center in Mexico City with a diagnosis of lupus nephritis was carried out. We analyzed demographic, clinical, paraclinical, histopathological and immunosuppressive treatment variables using the SPSS program.

Results: The mean age of the patients was 43 years (range of 22-75 years) and 87.2% were women(Cross-Table 1). An association with antiphospholipid syndrome (APS) was only found in 7.7% of the patients. Of the total number of patients, 38.4% had nephritis as their first manifestation and 56.4% had one or more comorbidities, the most frequently associated was type-2 diabetes (17.9%). The mean GFR of the patients was 84.9 ml/min, creatinine was 1.6 mg/dl and mean proteinuria in 24h was 2.64 g. Lupus nephritis class III was the most frequently observed in our cohort with 30.8%. Almost one third of the patients required three immunosuppressants in sequential therapy for induction of remission and maintenance of the disease. The most commonly used immunosuppressant after glucocorticoids in both remission induction and maintenance was mycophenolate mofetil (induction 58.9% and maintenance 56.4%). Biological therapies (Rituximab/Belimumab) were used in 33.3% of the patients during remission induction and in 61.5% of maintenance. During their evolution, 17.9% of patients required hemodialysis, of which 10.3% (four patients) progressed to CKD (100% were women). Three of the four patients who progressed to CKD had nephritis as their first manifestation and none of them was associated with APS. The overall survival rate of the patients at the moment is 100%.

Image 1:

Cross-table 1. Nephritis and Demographics

	Class II 12.8%	Class II+III 2.6%	Class III 30.8%	Class III+IV 5.1%	Class IV 10.3%	Class IV +V 25.6%	Class V 5.1%	Class III+V 7.7%	Total patients 100% (n=39)
General Demographics									
Female	10.2%	2.6%	30.7%	5.1%	10.3%	15.3%	5.1%	7.7%	**87.2%**
Male	2.6%	0%	0%	0%	0%	10.3%	0%	0%	12.8%
Age 31-50 years	10.3%	0%	10.3%	2.6%	5.1%	5.1%	0%	5.1%	**38.4%**
Age 51-64 years	0%	2.6%	12.8%	2.6%	0%	5.1%	2.6%	2.6%	28.2%
Age >65 years	0%	0%	5.1%	0%	0%	0%	2.6%	0%	7.7%
APS present	2.6%	0%	2.6%	0%	0%	0%	2.6%	0%	7.7%
Mucocutaneous affection	12.8%	2.6%	17.9%	2.6%	7.7%	12.8%	0%	0%	**56.4%**
Early-onset nephritis	2.6%	0%	7.7%	5.1%	2.6%	10.3%	5.1%	5.1%	**38.4%**
Presence of comorbidities	2.6%	2.6%	20.5%	5.1%	0%	12.8%	5.1%	7.7%	**56.4%**
Laboratory values									
Low C3	7.7%	0%	12.8%	2.6%	10.3%	15.3%	0%	0%	48.7%
Low C4	12.8%	0%	12.8%	0%	10.3%	17.9%	0%	2.6%	56.4%
Anemia	10.3%	0%	12.8%	0%	7.7%	12.8%	0%	2.6%	46.1%
Leukopenia	5.1%	2.6%	5.1%	0%	0%	7.7%	2.6%	0%	23%
Lymphopenia	10.3%	2.6%	15.3%	2.6%	10.3%	20.5%	5.1%	2.6%	**69.2%**
Positive anti DNA	2.6%	0%	0%	0%	5.1%	7.7%	0%	0%	15.3%
Renal Demographics									
Active sediment	5.1%	0%	15.3%	0%	10.3%	17.9%	2.6%	5.1%	56.4%
< 3gr of proteinuria	12.8%	2.6%	28.2%	5.1%	5.1%	7.7%	5.2%	7.7%	**74.3%**
>3gr of proteinuria	0%	0%	2.6%	0%	2.6%	17.9%	0%	0%	23%
Normal creatinine	12.8%	2.6%	17.9%	2.6%	5.1%	12.8%	5.1%	7.7%	**66.6%**
Hemodialysis	0%	0%	5.1%	0%	5.1%	5.1%	2.6%	0%	**17.9%**
Development of CKD	0%	0%	2.6%	0%	5.1%	0%	2.6%	0%	**10.3%**
% overall survival	12.8%	2.6%	30.7%	5.1%	10.3%	25.6%	5.1%	7.7%	**100%**

APS= antiphospholipid syndrome, CKD= Chronic Kidney Disease, LN Lupus nephritis.

Conclusion: The observed results correlate with the information published in other cohorts of Hispanic patients. A national epidemiological registry is required to allow a more precise understanding of the prognostic factors and the evolution of patients with LN.

Reference 1: Lichtnekert, J., Anders, HJ. Lupus nephritis-related chronic kidney disease. *Nat Rev Rheumatol* **20**, 699–711 (2024).

Reference 2: Peyronel F, Rossi GM. Early-onset lupus nephritis. Clin Kidney J. 2024 Jul 13;17(8):sfae212.

Disclosure of Interest: None Declared

Keywords: chronic kidney disease, Lupus nephritis, systemic lupus erythematosus

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PANLAR 2025

Systemic lupus erythematosus

PANLAR2025-1027

Validation Of A Score For The Prediction Of Serious Infection In Patients With Systemic Lupus Erythematosus: Data From A Latin American Lupus Cohort

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

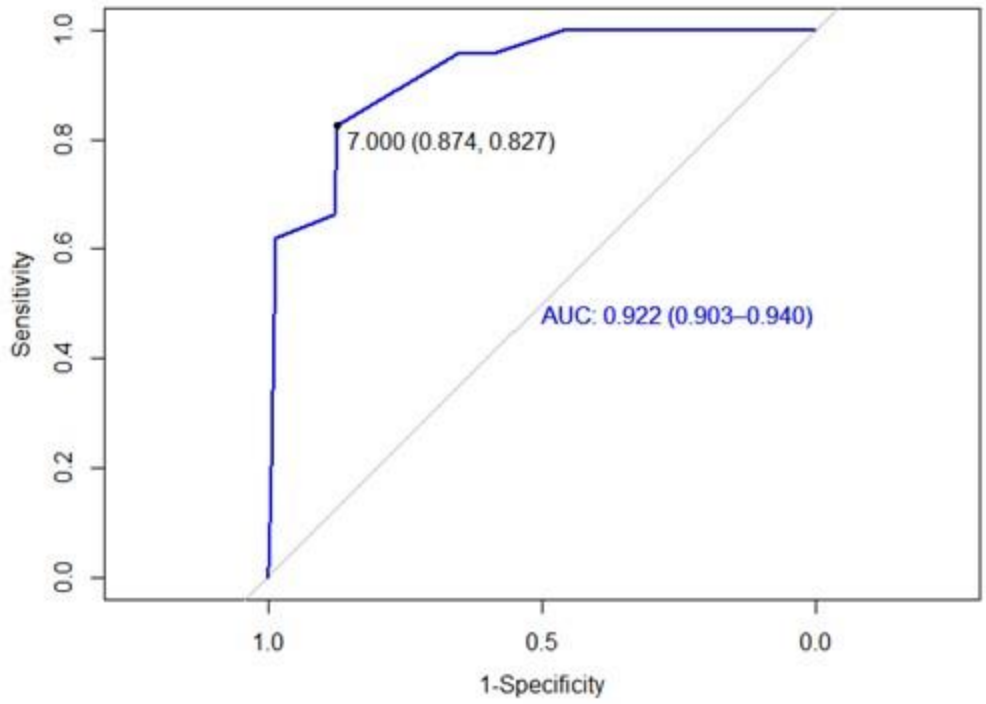
Background/Objectives: Patients (pts) with systemic lupus erythematosus (SLE) are at increased risk of serious infections (SIs), which in turn, are associated with morbidity and mortality. The SLE Registry of the Spanish Society of Rheumatology (RELESSER) group has developed and internally validated a tool for prediction of SIs in SLE, with a recently improved version (SLE SI Score Revised or SLESIS-R) (1), being an accurate and reliable instrument. SLESIS-R includes age, previous SLE-related hospitalization, previous SI, and glucocorticoid dose. This study aimed to validate SLESIS-R in a multi-ethnic, multi-national Latin-American SLE cohort.

Methods: GLADEL 2.0 is an observational cohort from 10 Latin-American countries of pts aged ≥18 years who fulfilled the 1982/1997 American College of Rheumatology (ACR) and/or the 2012 Systemic Lupus International Collaborating Clinics (SLICC) classification criteria. Pts with sufficient data at baseline and first annual visits were included. The outcome variable was any SI during the first year of follow-up that led to hospitalization. Baseline demographics and clinical manifestations, disease activity (SLEDAI-2k), SLICC/ACR Damage Index (SDI), and treatments were examined. Logistic regression was used to examine the predictive effect of baseline variables on the development of SI in the first year of follow-up. Receiver operator characteristics (ROC) analysis was used to define the area under the curve (AUC) for SLESIS-R. The cut-off point with the best validity parameters (sensitivity and specificity) was identified.

Results: Of 1016 pts who completed 1-year follow-up, 208 (20.4%) had SIs. Pts with SIs were older, predominantly male, and had a longer disease duration. This group had more frequent general, cardiac, pulmonary, hematological, and gastrointestinal involvement at baseline and had a higher SDI and a higher proportion of previous hospitalization. Univariate and multivariate analyses showed variables associated with SI: disease duration, pulmonary and gastrointestinal involvements, and baseline glucocorticoid use. The AUC for the score was 0.922 (0.903-0.940) (Figure 1). A score of 7 was chosen as the optimal cut-off point, demonstrating a sensitivity of 87% and specificity of 82%.

Image 1:

Figure 1. ROC curve for the SLESIS-R score



AUC, area under the curve; ROC, receiver operator characteristics; SLESIS-R, systemic lupus erythematosus serious infection score revised.

Conclusion: Almost a third of pts had SIs during the first year of follow-up. The score performed well in predicting SIs, similar to the original score.

Reference 1: Rua-Figueroa I *et al*. SLESIS-R: an improved score for prediction of serious infection in patients with systemic lupus erythematosus based on the RELESSER prospective cohort. *Lupus Science & Medicine* 2024;11:e001096.

Disclosure of Interest: R. Quintana: None Declared, G. Pons-Estel Grant / Research support with: AstraZeneca, GSK, Janssen, and RemeGen, Consultant with: Advisor for AbbVie, Boehringer Ingelheim, Novartis, Pfizer, AstraZeneca, GSK, Janssen, and RemeGen, Speakers Bureau with: AbbVie, Boehringer Ingelheim, Novartis, Pfizer, AstraZeneca, GSK, Janssen, and RemeGen, K. Roberts: None Declared, E. S. Palacios Santillán: None Declared, I. Rúa-Figueroa: None Declared, J. M. Pego-Reigosa Grant / Research support with: AstraZeneca, GSK, Otsuka, Pfizer, and Roche, Consultant with: Advisor for AstraZeneca, GSK, Otsuka, Pfizer, and Roche, Speakers Bureau with: AstraZeneca, GSK, Otsuka, Pfizer, and Roche, P. Ibañez: None Declared, L. A. Berbotto: None Declared, M. C. Bertolaccini: None Declared, M. L. Micelli: None Declared, C. N. Pisoni: None Declared, V. D. S. Barbosa: None Declared, H. D. A. Mariz: None Declared, F. M. Ribeiro: None Declared, L. P. C. Seguro: None Declared, E. I. Sato: None Declared, M. M. Davet: None Declared, G. Aroca-Martinez: None Declared, F. Bonilla-Abadía: None Declared, G. Quintana-López Speakers Bureau with: Boehringer Ingelheim and Pharmalab, R. E. Sánchez Briones: None Declared, M. P. Cristóbal: None Declared, L. H.

Silveira Speakers Bureau with: Johnson & Johnson, I. García-De la Torre: None Declared, I. M. Avendaño: None Declared, P. Gamez-Siller: None Declared, A. P. Nicora: None Declared, J. Cieza-Calderon: None Declared, A. A. Mendoza Maldonado: None Declared, M. Rebella: None Declared, G. Silveira: None Declared, J. F. Jaramillo: None Declared, M. Sánchez: None Declared, U. Sbarigia Employee with: Janssen and may hold stock / stock options from Johnson & Johnson, A. Orillion Employee with: Janssen and may hold stock / stock options from Johnson & Johnson, F. Zazzetti Employee with: Janssen and may hold stock / stock options from Johnson & Johnson, G. S. Alarcón: None Declared, B. Pons-Estel Grant / Research support with: Janssen, Consultant with: Advisor for AstraZeneca and GSK, Speakers Bureau with: AstraZeneca and GSK

Keywords: GLADEL, serious infections, systemic lupus erythematosus

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Systemic lupus erythematosus

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Frequency And Associated Factors Of Herpes Zoster Infection In Systemic Lupus Erythematosus Patients From Latin-America

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

Background/Objectives: In Latin America, information about the estimated frequency and impact of Herpes zoster (HZ) in patients with Systemic lupus erythematosus (SLE) is scarce. The aim of this study was to assess the epidemiology and clinical characteristics and associated factors with HZ episode in SLE patients.

Methods: GLADEL 2.0 is a Latin American multi-ethnic observational cohort that enrolled patients ≥18 years with SLE from 43 centers in 10 Latin American countries, who met the 1982/1997 ACR and/or 2012 SLICC classification criteria. Baseline demographic, clinical data, disease activity, cumulative damage of patients with and without HZ events were examined. Continuous variables are presented as mean ±SD or median (IQR) and categorical variables as count (percentage). Prevalence was calculated in SLE patients in the cohort. Adjusted logistic regression analysis of factors associated with the probability of experiencing at least one episode of HZ infection was performed. Results are presented as OR (95% CI). Values of $p < 0.05$ were considered statistically significant.

Results: Of the 1083 patients included in the GLADEL 2.0 cohort, 1073 were included in these analyses. A total of 83HZ events were recorded at the baseline visit. The prevalence of HZ was 8.3% (CI: 6.8%-10.3%). SLE patients with history of HZ infection were more frequently female, with a higher frequency of cutaneous involvement (discoid lupus and alopecia), neurological involvement (psychosis and seizures), low complement, comorbidities and chronic renal failure. Also had a higher frequency of using methylprednisolone boluses, and immunosuppressants (IV cyclophosphamide, azathioprine, methotrexate, mycophenolate, rituximab and IV immunoglobulins). Multivariate analysis found that a history of psychosis, OR (95%CI) **2.91 (1.02-8.27)** and the use of methotrexate (**1.89 (1.06-3.38)**) and mycophenolate **(2.06 (1.1-3.84))** were factors significantly associated with HZ events in these SLE patients.

Conclusion: In SLE patients from GLADEL 2.0 cohort, the prevalence of HZ infection was found to be less than 10%.Neurological compromise and use of immunosuppressants such as methotrexate and mycophenolatewere associated with the occurrence of these events. It is important to be aware of the risk of HZ in SLE patients. It is important to be aware of the risk of HZ in SLEpatients. Future research may be able to establish predictive factors of HZ occurrence in these patients.

Disclosure of Interest: None Declared

Keywords: Herpes zoster, Infection, Sistemic Lupus Erythematosus

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Systemic lupus erythematosus

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Lupus Enteritis As The Main Manifestation Of Systemic Lupus Erythematosus With Complete Response To Rituximab: Report Of Two Cases

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

Background/Objectives: Lupus enteritis is a rare gastrointestinal complication of systemic lupus erythematosus (SLE) associated with significant morbidity and mortality.The clinical picture of lupus enteritis is often mild to severe abdominal pain, diarrhea, and vomiting being the cardinal manifestations. Early diagnosis and treatment with glucocorticoids are crucial to improve clinical outcomes, to date there is no gold standard for the management of this manifestation.

Methods: Two cases of patients with lupus enteritis (LE) associated with renal, hematologic lupus activity, similar clinical by nausea, vomiting, and watery diarrhea without mucus or blood. Prior to diagnosis, both underwent laparotomy on 2 occasions for an acute abdominal condition with no findings of surgical disease other than ascites. Diagnosis was made by contrast-enhanced tomography (intestinal wall edema,double halo sign, and dilation of the intestinal lumen). Fig 1, 2 .Table. 1

Results: After treatment with glucocorticoids and rituximab, both patients showed an excellent response towards complete remission after the 6th month.

Table 1:

VARIABLE	Case 1	Case 2	post-treatment Case 1	post-treatment Case 2

Age , Sex	26 years female	19 years female	-	-
Symptoms	Oral intolerance,Abdominal pain, nausea, emesis, diarrhea	Oral intolerance, Abdominal pain, nausea, emesis, diarrhea.	asymptomatic	asymptomatic
Duration of Symptoms	4 months	6 months	-	-
CT Findings	Diffuse thickening of the walls of the duodenum, jejunum,Ascites.	Thickening and edema of the walls of the ileum.	Resolution of radiological signs	Resolution of radiological signs
Relevant Studies	WBC:4500, Lymph:1500, Hgb: 11 Plt: 75,000 ANA:640, Anti-dsDNA: 250 Consumed C3/C4; Proteinuria of ≥1.5 g/d	WBC:3400 Lymph: 1200 Hbg: 12, Plt: 83,000 ANA 1:1280; anti-dsDNA: 220 ;Consumed C3/C4. Proteinuria of ≥ 2.3 g/d	WBC:5000 Lymph:2000 Hgb: 12.3 Plt:165,000 ;Normal C3/ C4;Proteinuria of <0.3 g/d	WBC:6000; Lymph:2000; Hbg: 13; Plt: 173,000 ; ANA 1:1280 Normal C3/C4. Proteinuria < 0.2 g/d
Treatment	IV MTP 1 gr/day for 5 days; Rtx 1 gr on days 1 and 15	IV MTP 1gr/day for 5 days; Rtx 1 gr on days 1 and 15	PDN 20 mg daily, HQC 350 mg daily.	PDN 20 mg daily,HQC 200 mg daily, AZA 50 mg daily,

SLE:systemic lupus;ANA:Antinuclear Antibody; anti-dsDNA antibodies;WBC:White blood cells;C3/C4:fractions 3 and 4 of the complement system; Plt:Platelets.RTX: Rituximab;HQC:Hydroxychloroquine;AZA:Azathioprine;MTP:Methylprendisolone,PDN:Prednisolone

Image 1:

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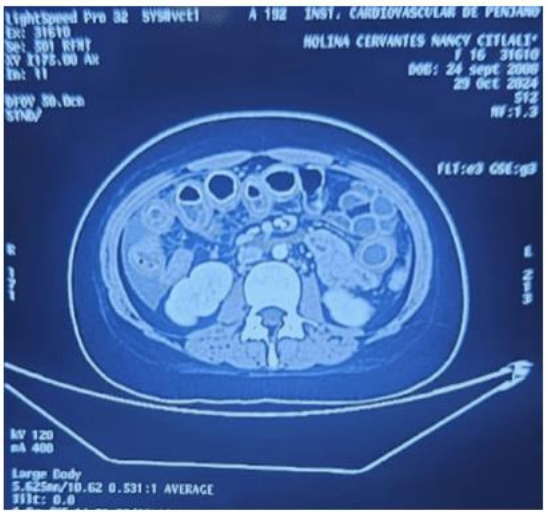

Figure. 1

Image 2:

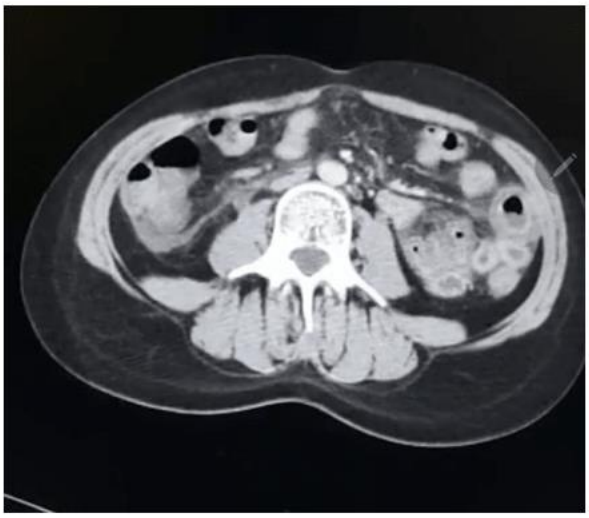

Figure. 2

Conclusion: This finding suggests that Rituximab, may be a promising therapeutic option for LE.

Disclosure of Interest: None Declared

Keywords: lupus enteritis, rituximab, systemic lupus erythematosus

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Systemic lupus erythematosus

PANLAR2025-1051

Systematic Review And Network Meta-Analysis Of Induction Treatments For Lupus Nephritis

Ariel Izcovich[1], Fernando Tortosa[2], Agustin Bengolea[3], Moira Magdalena Pissinis[3], Martín Ragusa[4], Mariano Fielli[3], Camila Agnoletti[3], Rosana Quintana[5], Ana Malvar[6], Marina Scolnik[7], Eloisa Bonfá[8], Eduardo F. Borba[9], Odirlei Andre Monticielo [10], Edgard Torres[11], Loreto Massardo[12], José A Gómez-Puerta[13], Carlos Toro[14], Jorge A Esquivel-Valerio[15], Hilda Fragoso Loyo [16], Juan Manuel Mejia-Vilet [17], Graciela S Alarcón[18], Manuel Ugarte Gil[19], Bernardo A Pons-Estel[5], Guillermo Pons-Estel [*5]

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

Background/Objectives: Lupus nephritis (LN), a critical manifestation of systemic lupus erythematosus (SLE), posits significant management challenges due to its potential to progress to end-stage renal disease (1). The global incidence of SLE varies across populations and geographic regions, but LN significantly affects approximately 30 to 60% of these patients around the world. LN occurs with varying degrees of severity; it impacts the quality of life of those affected with it, it is a recognized risk factor for early mortality, but it also imposes a substantial economic burden on the healthcare

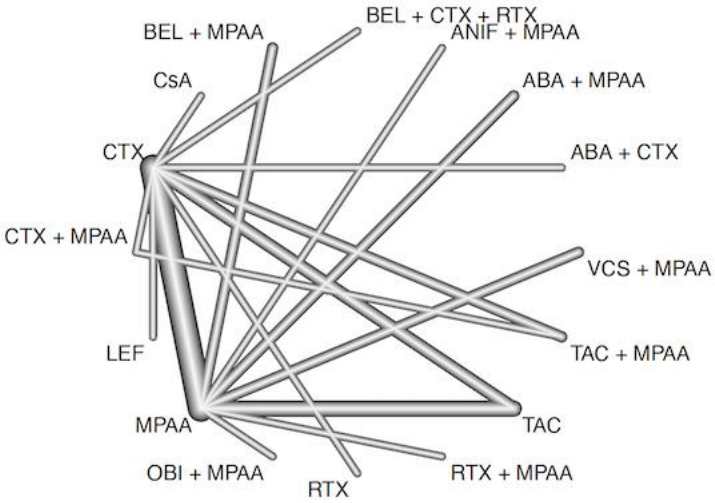
systems (2). This study aims to evaluate the comparative efficacy and safety of various initial treatments for lupus nephritis (LN) through a systematic review and network meta-analysis (NMA).

Methods: We conducted a comprehensive literature search across multiple databases from inception to June 2024 to identify randomized controlled trials (RCTs) comparing initial treatments for lupus nephritis. We performed a frequentist random-effects NMA using the restricted maximum likelihood (REML) method to estimate heterogeneity. We used the GRADE approach to assess the certainty of evidence.

Results: We included 38 RCTs encompassing 5,146 patients and 11 interventions. Mycophenolic acid analogs (MPAA) were selected as the common comparator. The network meta analysis revealed that voclosporin (VCS) combined with MPAA (Risk difference [RD] 281.38 more per 1000, 95% CI 146.26 more to 456.42 more; high certainty) and belimumab (BEL) combined with MPAA (RD 145.02 more per 1000, 95% CI 72.73 more to 230.92 more; high certainty) increased complete renal response compared to MPAA alone. Tacrolimus combined with MPAA (RD 113.69 more per 1000, 95% CI 25.23 more to 217.7 more; low certainty) and Obinutuzumab combined with MPAA (RD 270.38 more per 1000, 95% CI 22.76 more to 640.45 more; low certainty) also showed potential benefits but with low certainty evidence.

Table 1: Myco:mycophenolate; Cyc:cyclosporin; Lef:leflunomide; Rituxi:rituximab; Voclo: voclosporin; Beli: belimumab; Tacro: tacrolimus; Obin: obinutuzumab; Aba: abatacept; CP: cyclophosphamide; Anifro: anifrolumab.

Image 1:



Conclusion: Combination therapies, particularly VCS or BEL with MPAA, may provide enhanced outcomes for LN initial treatment. Given the complexity of LN, clinicians should weigh these findings alongside considerations such as drug availability, cost, and individual patient preferences to guide treatment decisions.

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Keywords: induction treatment, Lupus nephritis, systematic review

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BY PANLAR

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Systemic lupus erythematosus

PANLAR2025-1256

Socioeconomic And Environmental Factors Associated With Clinical Manifestations, Activity, And Chronicity Of Systemic Lupus Erythematosus: A Multilevel Study Of The Gladel Cohort

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

Background/Objectives: Socioeconomic status and environmental factors are recognized as key determinants of lupus severity. This study aims to explore the association of activity, chronicity and clinical manifestations of patients with systemic lupus erythematosus (SLE) with socioeconomic and environmental factors.

Methods: A multilevel ecological study was conducted, including patients from the GLADEL 2.0 cohort. The first level examines the relationship between clinical manifestations, severity, and chronicity of SLE with each patient's socioeconomic status. Levels 2 and 3 analyze the impact of the socioeconomic and weather conditions of the city and country where the treating hospital is located. Socioeconomic clusters were created at each level to evaluate their associations with clinical manifestations, disease activity, and chronicity. Cluster analyses were performed by the Ward method on a distance matrix using the Gower’s method. A p-value < 0.05 was considered significant.

Results: To date, level one of this study has been analyzed, including 1,084 patients, of whom 971 (89.6%) were women. The predominant ethnic group was mixed race (64.7%), the most common marital status was single (47.1%), and the most frequent socioeconomic category was middle class (35%). Six clusters were identified based on sociodemographic data (Fig 1). Cluster 5 exhibited the highest chronicity over time compared to other clusters, while Cluster 2 showed the lowest chronicity over time (Figure 2). Comparative analysis revealed that patients in Cluster 2 were more commonly from Argentina, while those in Cluster 5 were predominantly from Brazil. The mean age at diagnosis in Cluster 5 was 29.6 years (SD = 11.2) compared to 23.6 years (SD = 8.61) in Cluster 2. White ethnicity was more prevalent in Cluster 5 (27.7%) than in Cluster 2 (9.2%). Married or cohabiting status was more frequent in Cluster 5 (50.3%) versus Cluster 2 (5%). Additionally, 76% of patients in Cluster 5 had low or lower-middle socioeconomic status, compared to 34.5% in Cluster 2. Regarding education, the median years of schooling were 11 in Cluster 5 and 13 in Cluster 2. Unemployment due to disease was significantly higher in Cluster 5 (49.2%) compared to Cluster 2.

Image 1:

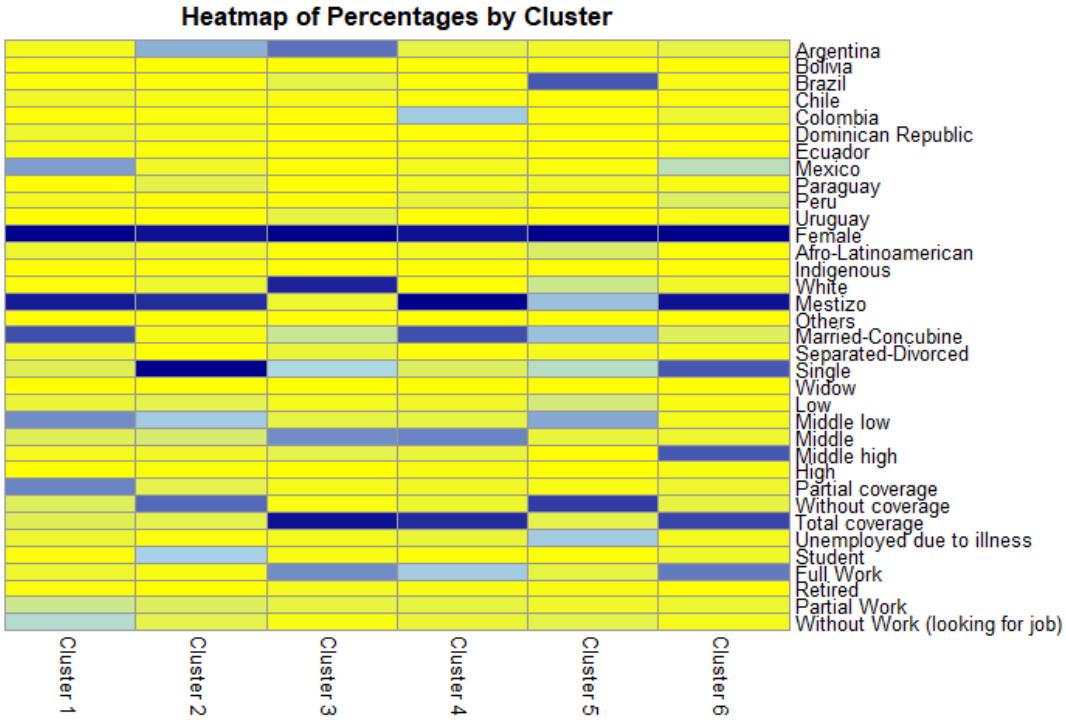
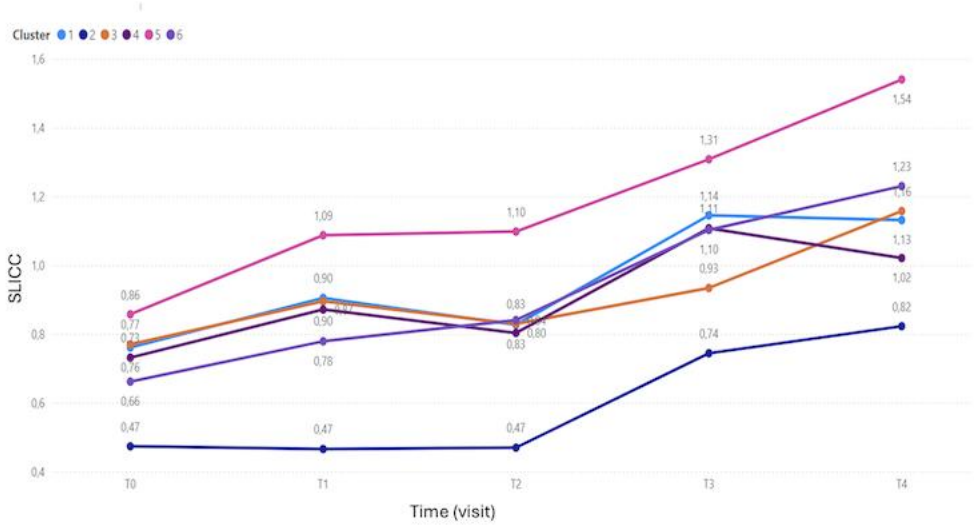


Image 2:



Conclusion: GLADEL cohort demonstrates that age at diagnosis, ethnicity, socioeconomic status, and educational level are associated with SLE chronicity. The ongoing analyses at levels 2 and 3 will offer deeper insights at both state and national levels.

Disclosure of Interest: None Declared

Keywords: economic, systemic lupus erythematosus

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GLOBAL RHEUMATOLOGY
BY PANLAR

PANLAR 2025

Systemic lupus erythematosus

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Mexican Lupus Registry (LupusRGMX): Investigating Cognitive Performance in Adults with Lupus

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

Background/Objectives: Systemic lupus erythematosus(SLE) is a chronic autoimmune disease with diverse clinical manifestations. Cognitive impairment(CI) is the most common neuropsychiatric manifestation. SLE is more prevalent and severe in individuals of African, Asian and Hispanic ancestry. In Mexico, no epidemiological surveillance systems exist for SLE. LupusRGMX is a digital registry of Mexicans with SLE. The aim of this study is to describe clinical and sociodemographic characteristics of participants of the first Mexican SLE registry, further characterizing the cohort with cognitive assessments.

Methods: LupusRGMX is managed through the Research Electronic Data Capture (REDCap) platform. It includes 26 self-administered questionnaires (developed collaboratively with rheumatologists, academics and SLE patient communities) covering sociodemographic, clinical and psychosocial aspects. While LupusRGMX contemplates the inclusion of pediatric patients, for this abstract we will only analyze data for patients >18 years old. Cognitive assessment is conducted using the Montreal Cognitive Assessment (MoCA), a brief tool designed to evaluate attention, memory, language, visuospatial skills, conceptual thinking, calculations and orientation.

Results: As of September 2024, LupusRGMX gathered information of 1,711 participants (94.6% women, mean age 36.9±10.7 years) across all Mexican states, with the highest density in central Mexico (most populated region). Nephritis (22.4%) and cardiovascular complications (12.4%) are frequent and common treatments include corticosteroids (84.2%) and antimalarials (42.6%). A biobank with 174 DNA samples from 18 states (87 sequenced) and 104 PBMC samples from volunteers in 14 states has been established.

As of December 2024, cognitive evaluations included 37 SLE patients (97.2% women, mean age 41.84±13.21 years) with a mean MoCA score of 24.17; 41.67% had normal cognition (≥26), while 58.33% showed CI. Controls (28 participants, 46.42% women, mean age 29.25±9.44 years) scored higher, with a mean MoCA score of 26.82; 71.42% had normal cognition, while 28.58% showed CI. On average, controls scored 2.65 points higher in MoCA (p-value=0.01284) and cases were 12.45 years older than controls (p-value=0.0002613).

Conclusion: LupusRGMX has identified key clinical and sociodemographic factors and created a biobank to analyze genetic, cognitive and environmental aspects of SLE, paving the way for personalized care to improve patient quality of life.

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Disclosure of Interest: None Declared

Keywords: Cognitive Impairment, Genetics, Systemic Lupus Erythematosus (SLE)

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GLOBAL RHEUMATOLOGY
BY PANLAR

PANLAR 2025

Systemic lupus erythematosus

PANLAR2025-1424

"Full House" Glomerulonephritis without Autoantibodies positivity : Is it Lupus?

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

Background/Objectives: Systemic lupus erythematosus (SLE) is a chronic autoimmune disease characterized by flares and remissions, which can affect any system. Its diagnosis is based on clinical presentation, laboratory tests, and some suggestive findings in histology. There are no specific diagnostic criteria, and the ACR classification criteria for SLE include antinuclear antibodies (ANA) as an inclusion criteria.
In clinical practice, the absence of antibodies does not rule out the disease, and approximately 3-5% of patients may be classified as "seronegative."
20-60% of patients can develop Lupus Nephritis (LN) during the course of the disease. Possible findings in kidney biopsy (pathological anatomy, PA) include immune complex deposits detected by direct immunofluorescence (IF), where three classes of immunoglobulins—IgG, IgM, IgA—are present, along with complement deposits (C3, C4, C1q). When all these findings are present on IF, it is called "Full House", and the absence of immune complexes, including thrombotic microangiopathy, podocytopathy, and tubulointerstitial disease.
Autoantibodies positivity usually appears before the clinical manifestations of the disease; however, there is a group of patients who may present with renal involvement and "Full House" findings of LN on PA without the presence of autoantibodies

OBJECTIVE

To describe a series of cases of renal involvement with "Full House" LN findings on IF with negative immune serology.

Methods: Retrospective study with review of clinical charts of patients with "Full House" LN findings on IF with negative antibodies was performed at a University Hospital between January 2022 and June 2024.
Results: Five patients were included. The results are shown in Table 1.
Image 1:

	Patient 1	Patient 2	Patient 3	Patient 4	Patient 5
Age (in years)	15	25	19	25	27
Age at diagnosis	2	8	15	21	
Medical History	2010 Juvenile Idiopathic Arthritis 2013 Perthes disease 2019 ANCA associated Vasculitis	2008 DM1, AIH, Celiac disease, Hypothyroidism 2022 Liver transplant	2020 SLE? Cutaneous-joint-hematological-renal affection, APLAS positive 2021 Preeclampsia	2019 preeclampsia 2020 AIHA 2020 SLE renal	2017 Nephrotic syndrome Membranous Glomerulonephritis
Clinical presentation	2010 synovitis 2019 hematuria-anuria, Hemodialysis 2023 Hematuria, anuria, Edema Hemodialysis. Synovitis	2023 Nephrotic syndrome Edema	2021 preeclampsia (end of pregnancy at 30 weeks), 2022 Nephrotic syndrome	2020: Nephrotic syndrome 2023 SICCA. Alopecia	2017 Nephrotic syndrome 2022 Nephrotic syndrome
Immune serology	12/23 ANA NEG DNA NEG C3 41 C4 31 AL NEG ACLA NEG AB2GP1 NEG ANCA C NEG ANCA P NEG	08/23 ANA NEG C3 75 C4 25 ANCA C NEG ANCA P NEG 25/09 AAF NEG ANA NEG DNA NEG ENA NEG ANCA C NEG ANCA P NEG PR3 NEG MPO NEG	2020 ANA NEG DNA NEG 2021 ANA NEG DNA NEG C3-C4 NORMAL AB2GP1 IGG + IGM + 2022 ANA NEG DNA NEG C3 52 C4 29 ACLA NEG AB2GP1 NEG	2020 ANA NEG C3 97 C4 16 ACLA NEG AB2GP1 NEG 2022 ANA NEG DNA NEG	2019 DNA NEG C3 128 C4 15 2021 ANA NEG DNA NEG C3 127 C4 20 2021 DNA NEG C3 133 C4 22 2022 DNA NEG C3 131 C4 20
BIOPSY	2023 **IF IGG + IGA + IGM + C3 + C1Q +**	2023 **IF IGG + IGA + IGM + C3 + C1Q +**	2024 **IF IGG + IGA + IGM + C3 + C1Q +**	2020. **IF IGG + IGA + IGM + C3 + C1Q +**	2017 **IF IGG + IGA + IGM + C3 + C1Q +**
Treatment	2010 CS + MTX 2011 Etanercept 2016 1 doses Canakinumab 2016 Tocilizumab 2019 Methylprednisolone CYC 500 2022 MMF-Tocilizumab 2023 MTX	2022 MMF 2023 Methylprednisolone, Tacrolimus 12gr/day CYC 1gr 2023 CYC EUROLES Meprednisone	2020 HCQ 200 Meprednisone CYC 6gr 2021 Enoxaparin Meprednisone 2021 Meprednisone HCQ 400 ASA 100	2020 CYC (dosage is unknown) HCQ 400, MMF 500 ab Restart HCQ-ASA	2017 MMF 1g/día HCQ 200 2021 Suspension MMF
Evolution	Follow-up at his local Hospital	Died due to hospital infection	Induction scheme with CYC	Restart immunosuppression	Without controls since 2021

Table 1 ANCA Anti-neutrophil Cytoplasmic Antibody. DM1: Type 1 Diabetes Mellitus AIH: Autoimmune Hepatitis SLE: Systemic Lupus Erythematosus AIHA: Autoimmune Hemolytic Anemia CS: Corticosteroids MTX: Methotrexate CYC: Cyclophosphamide MMF: Mycophenolate Mofetil HCQ: Hydroxychloroquine ASA: Acetylsalicylic Acid

Conclusion: In patients with renal involvement, it is essential to perform a kidney biopsy with immunofluorescence (IF), as the presence of a "Full House" pattern can guide therapeutic approach despite the negativity of autoantibodies

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Keywords: glomerulonephritis, Seronegative, SLE

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BY PANLAR

PANLAR 2025

Systemic lupus erythematosus

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Photoprotection Measures In Patients With Systemic Lupus Erythematosus

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

Background/Objectives: Photoprotection (PP) is the process of creating a barrier between the skin, the sun, and sources of ultraviolet rays by using sunscreen and other barrier elements to prevent inflammatory stimulation and LES activity.

Objectives: To describe the adherence of patients with LES to SPF; to evaluate the relationship between adherence and disease activity.

Methods: Observational, analytical, cross-sectional study. Patients diagnosed with SLE according to SLICC 2012 and/or ACR/EULAR 2019 classification criteria were included. Patients with an associated rheumatic disease (except Sjogren Syndrome or Antiphospholipid Syndrome) were excluded. Adherence to SPF was assessed using the Adherence to Refill and Medication Scale validated in Spanish (ARMS-e), consisting of 12 questions (0-48 score), where lower scores indicate better adherence. Additional questions about other SPF measures were also reported. Sociodemographic and clinical variables were recorded. Continuous variables were described as mean and standard deviation (SD) or median and interquartile range (IQR), according to distribution and sample size. Categorical variables were presented as percentages. To evaluate the association between ARMSe and disease activity (SELENA-SLEDAI), bivariate and multivariate linear regression analysis were performed, adjusted for potential confounders.

Results: 102 patients were included, 96% were female. Mean age of 37 years (±13). 46% were unemployed, 46% had completed secondary education or higher, and 66.6% did not have health care insurance. 71% were using corticosteroids, 98% were using hydroxychloroquine, and 46% another immunosuppressant (IS). The mean SELENA SLEDAI was 2.3 (±2). The total ARMS-e score was 22.5 (±5.48). Other PP measures included: 37% wore pants (always), 29% wore a shirt (almost always), 33% wore a hat (always), and 32% wore sunglasses (sometimes). In the univariate analysis, ARMS-e showed a statistically significant association with joint involvement (β 2.19; 95% CI: 0.05- 4.33) and years since diagnosis (β 0.16; 95% CI: 0.0003- 0.32). No statistically significant association was found with SELENASLEDAI or the rest of the variables, in univariate and multivariate analysis.

Conclusion: Adherence to PP assessed by ARMS-e was moderate. Among other PP measures, the most commonly used was wearing long pants. Lack of association observed between adherence and disease activity could be attributed to sample size, and/or the good control of the disease in the study population.

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Disclosure of Interest: None Declared

Keywords: disease activity, Photoprotection, systemic lupus erythematosus

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GLOBAL RHEUMATOLOGY
BY PANLAR

PANLAR 2025

Systemic lupus erythematosus

PANLAR2025-1295

Hematological Manifestations In Systemic Lupus Erythematous

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

Background/Objectives: Systemic Lupus Erythematosus (SLE) is a chronic multisystemic autoimmune disease with a broad clinical picture. Hematological manifestations are common both at diagnosis and throughout the course of the disease. The aim of this study is to describe clinical, immunological and therapeutic characteristics in SLE patients with hematological manifestations.

Methods: Observational, cross-sectional study of a case series of SLE patients followed by the Rheumatology department of a tertiary hospital in Ecuador, from October to December 2024 who met 2019 ACR/EULAR criteria and had any hematological manifestation (autoimmune thrombocytopenia, hemolytic anemia or leukopenia) at debut or after diagnosis. Severe flare was described as thrombocytopenia with platelet count <30000/mm^3, hemolytic anemia with hemoglobin <7 g/dL or neutropenia with neutrophils <500/mm^3. Demographic, clinical, immunological, and therapeutic variables were analyzed using SPSS statistics v25.

Results: Fifty-five patients were enrolled. Most of them were women (90.9%), with an average age of 35.69 ± 14.33 (SD) years. Hematologic manifestations were present at diagnosis in 46 patients (84.6%) and mean disease duration at last hematological flare was 3.16 (±4.61) years. Autoimmune thrombocytopenia was the most common manifestation (67.3%), followed by hemolytic anemia (40%) and leukopenia (21.8%). Pancytopenia was found in 7.35%. As for other clinical manifestations, 45.5% had articular involvement, 25.5% cutaneous, 23.6% renal, 10.9% neurological and 7.3% serositis. Anti-dsDNA antibody was positive in 65.5% and low complement levels (C3 or C4) were found in 54.5%. More than half of the patients (52.7%) had a severe flare. We found a significant correlation between low complement levels and severe flares (*p=0.023)* but there was not one between positive Anti-dsDNA and severe flares (Image1). All patients received glucocorticoids (GC), and almost all (98.2%) hydroxychloroquine. Cyclophosphamide was the most frequently used GC-sparing agent during flare (30.9%) while mycophenolate was the most used as maintenance therapy (43.6%). Nine patients (16.4%) received Rituximab, 4 (7.3%) intravenous immunoglobulin (IVIg) and 2 (3.6%) needed plasmapheresis. No deaths were observed.

Image 1:

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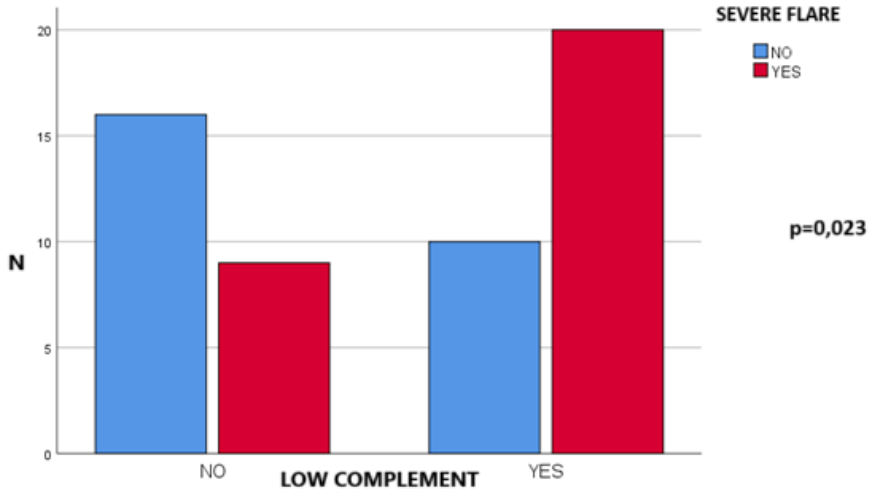

Conclusion: In this study hematological involvement in SLE patients was more frequent at diagnosis, being thrombocytopenia the most common manifestation. There was a significant correlation between low complement levels and severe flares.

Disclosure of Interest: None Declared

Keywords: hematological manifestations, systemic lupus erythematosus

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GLOBAL RHEUMATOLOGY
BY PANLAR

PANLAR 2025

Systemic lupus erythematosus

PANLAR2025-1342

Features Of Patients Diagnosed With Lupus Of A Single Center In Santiago, Dominican Republic: A Cohort Study.

Marianny M. Castillo*[1], Luis Sarita[2], Glenny Paulino Acevedo[1], Catherine Rodriguez Tejada[1], Melissa Rodríguez Ureña[1], Daniel Jiménez Gutiérrez[1], Alexandra Molina Díaz[1], Jonathan Martínez[1], Rosario Tavares[1], Laura Tolentino Suriel[1], Heidi Rivera[1], Carmen M. Tineo Rodríguez[1], Greysi Díaz Roulet[1], Esthela Loyo[1]

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

Background/Objectives: This study aimed to assess the sociodemographic, clinical, and serologic characteristics of lupus patients at a rheumatology center in the Dominican Republic.

Methods: A descriptive, cross-sectional study was conducted with 256 lupus patients, representing 45% of the total 544 registered patients. Sociodemographic, clinical and serological data were collected using primary and secondary sources.

Results: The majority (89.5%) had Systemic Lupus Erythematosus (SLE), while 10.5% had Cutaneous Lupus. Most patients were women (91%), with a mean age of 41.07±14.07 years. The average age of disease onset was 29.82±12.69 years, and the diagnosis occurred at an average age of 30.96±12.92 years, with a diagnostic delay of 19 months. Many patients faced socioeconomic challenges: 46.5% were unemployed, 35.2% worked in manual or service occupations, and 78.9% relied on others for financial support. 52.3% had not completed high school.

Regarding comorbidities, 57.8% of patients had at least one, with hypertension (50.4%) and diabetes mellitus (6.7%) being the most common. Clinical manifestations were varied: 84.4% experienced general symptoms, 92.2% had mucocutaneous involvement, and 60.2% had renal complications. Other manifestations included cardiovascular (31.3%), respiratory (27.3%), hematological (75.4%) and obstetric issues (26.6%). The mean Systemic Lupus Erythematosus Disease Activity Index (SLEDAI) was 10.67, indicating moderate disease activity, while the mean SLICC Damage Index was 0.91, showing minimal damage.

Serological tests revealed that most patients (91.4%) had positive antibodies, with anti-dsDNA being the most frequent (66.8%), followed by anti-Ro (53.1%) and anti-Sm (46.1%). ANA titers of 1:320 were found in 27.3%, and the most common ANA pattern was homogeneous (24.6%). Methylprednisolone pulses were administered to 50.8% and cyclophosphamide to 37.9%. Hydroxychloroquine was used in 91% of cases. Immunosuppressive therapy was common, with 74.2% of patients using medications such as mycophenolate mofetil (51.6%) and azathioprine (12.1%). A significant portion (21.9%) experienced immunosuppressant failures, primarily with azathioprine. Furthermore, 6.6% of patients required hemodialysis, and 1.2% needed peritoneal dialysis.

Conclusion: This comprehensive study provides valuable insights into the social, economic, and clinical aspects of lupus in the Dominican Republic, highlighting the need for further research to address the challenges faced by patients and improve their care.

Disclosure of Interest: None Declared

Keywords: clinical features, lupus, serology

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PANLAR 2025

Systemic lupus erythematosus

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Immunosenescent and Exhausted T Cells in Patients with Systemic Lupus Erythematosus and Cognitive Impairment

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

Background/Objectives: Cognitive impairment (CI) in systemic lupus erythematosus (SLE) may result from a chronic pro-inflammatory state. This study investigates the expression of senescent and exhausted T cells markers in SLE patients with CI.

Methods: We included women aged 18-50 years, classified with SLE (EULAR/ACR 2019 criteria). We excluded women with other autoimmune diseases, administration of any biologic drug <6 months, clinical SLEDAI-2K >0, SDI ≥1, current prednisone >7.5 mg/day, education level ≤6 years, pregnancy or premature ovarian failure, active infection, malignant disease, history of other neuropsychiatric manifestations, other chronic comorbidities or major depressive disorder. Healthy women (HC) paired for age ±5 years were also included. All patients underwent a neurocognitive battery, assessing 8 cognitive domains: concentration, verbal memory, visuospatial memory, language, processing speed, motor speed, problem solving and executive function. CI was defined when a subject had scores ≥2 standard deviation below the mean of the normative data in ≥1 cognitive domain. After the assessment patients were classified as: SLE with CI, SLE without CI and HC. Relative expression of senescence markers (CD27, CD28, CD57, KLRG1) and inhibitory markers (PD-1, PD-L1, Tim-3, CTLA-4 and LAG-3) in CD4+ and CD8+ lymphocytes were determined by flow cytometry. We generated tSNE maps.

Results: Thirteen patients with SLE with CI, 14 SLE without CI and 10 HC were analyzed. SLE patients with CI had lower educational level than controls, and longer disease duration compared to SLE patients without CI. In SLE patients with CI, the most frequently impaired cognitive domain was motor speed (76.9%), followed by visuospatial memory (30.8%), verbal memory (7.7%), language (7.7%), processing speed (7.7%) and problem solving (7.7%). SLE patients with CI had lower levels of CD4+ Naive, CD4+CD45RA+, CD4+CTLA-4+ and CD8+PD-L1+, but higher levels of CD8+ (Table 1). We identify 3 representative CD8+ and 4 CD4+ subpopulations according to their relative expression of surface markers (Figure 1).

Image 1:

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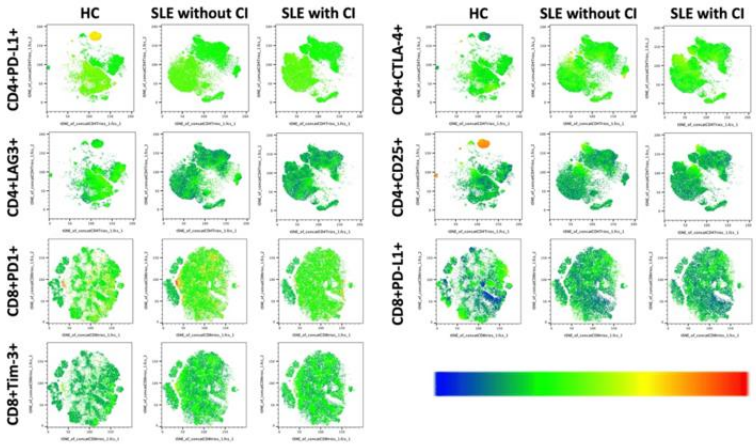
Table 1. Demographic, clinical, subpopulations and expression of senescent and exhausted T cells markers in CD4+ and CD8+ of studied patients.

Variable		HC, *n*=10	SLE without CI, *n*=14	SLE with CI, *n*=13	p
Demographic and clinical characteristics					
Age, years		42.0 (34.8-52.0)	39.5 (27.3-43.5)	42.0 (38.5-48.5)	0.337
Educational level, years		**19.0 (14.3-26.0)**	**15.0 (12.0-16.0)**	**10.0 (8.0-13.5)**	**0.002***
Disease duration, years		**-**	**9.8 (5.7-15.6)**	**16.1 (11.2-20.2)**	**0.023***
Clinical SLEDAI-2K		-	0 (0-0)	0 (0-0)	0.335
SDI		-	0 (0-0)	0 (0-0)	1.000
CD4+					
CD3+/CD4+	%	57.8 (50.8-62.2)	52.5 (43.7-59.9)	49.6 (33.9-61.9)	0.388
Naive	**%**	**34.4 (26.3-45.0)**	**29.2 (18.4-39.7)**	**23.5 (12.0-29.9)**	**0.044***
CM	%	30.2 (13.8-39.7)	30.3 (14.3-39.4)	35.7 (19.7-46.2)	0.782
EM	%	30.5 (17.6-44.9)	33.3 (16.8-41.3)	38.4 (25.2-51.5)	0.536
TEMRA	%	2.4 (0.8-3.0)	2.6 (1.4-10.5)	3.7 (1.3-7.4)	0.364
CD27-	%	15.2 (12.2-20.1)	11.5 (7.8-17.5)	20.2 (7.3-27.8)	0.535
CD28-	%	3.5 (2.4-5.4)	6.7 (4.1-13.3)	8.8 (2.8-18.5)	0.144
CD45RA+	**%**	**36.7 (29.4-54.0)**	**38.2 (32.1-50.3)**	**28.7 (19.7-36.3)**	**0.046***
CD57+	%	0.8 (0.3-5.9)	3.0 (0.9-4.5)	2.9 (1.3-8.2)	0.404
KLRG1+	%	9.2 (4.6-39.8)	12.4 (8.9-28.9)	12.9 (7.4-28.9)	0.688
CD45RA+KLRG1+	%	1.7 (0.2-18.7)	3.0 (0.9-15.3)	2.6 (0.8-4.7)	0.784
CD57+KLGR1+	%	0.4 (0.1-2.8)	1.2 (0.5-3.2)	1.8 (0.7-6.7)	0.189
PD1+PD-L1+	%	0.1 (0.0-0.4)	0.1 (0.0-0.1)	0.1 (0.0-0.1)	0.961
LAG3+	%	3.0 (2.2-4.3)	1.7 (1.3-3.5)	1.4 (1.0-4.6)	0.260
CTLA-4+	**%**	**89.4 (75.8-97.9)**	**28.4 (6.6-49.7)**	**22.1 (5.7-64.9)**	**<0.001***
CTLA-4+CD25+	%	4.3 (2.9-6.6)	3.7 (1.7-5.9)	1.9 (0.9-6.9)	0.562
CD8+					
CD3+/CD8+	**%**	**37.0 (25.6-41.8)**	**38.8 (30.8-51.5)**	**47.2 (38.2-70.0)**	**0.046***
Naive	%	29.4 (12.6-35.6)	31.3 (24.0-42.0)	26.9 (13.0-51.0)	0.884
CM	%	6.6 (2.5-15.9)	5.5 (1.1-10.6)	4.3 (2.1-9.4)	0.787
EM	%	27.1 (11.7-41.1)	15.3 (11.5-29.8)	22.0 (18.9-26.2)	0.455
TEMRA	%	33.3 (28.0-44.9)	36.7 (27.5-49.4)	48.4 (19.5-54.3)	0.792
CD27-	%	39.6 (31.2-50.0)	21.8 (15.4-42.6)	34.8 (13.9-63.0)	0.283
CD28-	%	41.6 (28.8-52.7)	45.4 (32.4-58.7)	57.3 (26.5-66.7)	0.436
CD45RA+	%	68.5 (51.8-78.4)	76.1 (61.8-84.5)	72.8 (68.6-79.8)	0.336
CD57+	%	9.7 (2.5-22.9)	6.8 (4.7-22.5)	16.7 (5.1-23.6)	0.881
KLRG1+	%	47.5 (39.6-58.9)	47.5 (21.3-64.3)	49.6 (28.9-71.2)	0.849
PD1+	**%**	**15.6 (8.0-21.7)**	**26.9 (18.3-39.2)**	**21.9 (13.7-30.0)**	**0.036***
PD-L1+	**%**	**12.7 (7.4-17.8)**	**8.8 (3.5-14.2)**	**5.0 (2.5-10.1)**	**0.048***
PD1+PD-L1+	%	0.8 (0.1-1.7)	0.4 (0.1-1.3)	0.3 (0.1-1.4)	0.876
LAG3+	%	14.4 (12.0-31.5)	19.5 (17.0-27.6)	17.2 (16.0-28.7)	0.488
CTLA-4+	%	0.9 (0.4-1.8)	0.4 (0.1-1.5)	0.8 (0.3-2.1)	0.277
Tim-3+	%	1.2 (0.3-3.2)	1.1 (0.5-5.0)	0.7 (0.1-1.2)	0.151
PD1+Tim-3+	%	0.4 (0.2-2.4)	0.6 (0.4-1.3)	0.1 (0.0-0.6)	0.092
Inverted ratio CD4+CD8+, n (%)		5 (38.5)	4 (28.6)	1 (10.0)	0.309

Data are expressed as proportions (percentages) or medians (interquartile ranges). Statistical analysis: Chi-square or Fisher's exact tests were used for nominal variables, the Wilcoxon rank-sum test was used for numerical variables. CM: central memory, EM: effector memory, TEMRA: effector memory T cells re-expressing CD45RA. *Statistically significant.

Image 2:

Figure 1. Surface marker distribution in CD4+ and CD8+ T cells is depicted in the tSNE map



HC: healthy control, SLE: systemic lupus erythematosus, CI: cognitive impairment.

Conclusion: Significant differences were identified among the three groups in relation to markers of cellular exhaustion and immunosenescence. In SLE with CI, PD-L1, Tim-3, CTLA-4 and LAG-3 in CD4+ and Tim-3 and PD-L1 in CD8+ expression was lower compared to SLE without CI and HC. The study suggests the possibility that cellular exhaustion and immunosenescence play a role in CI in SLE.

Disclosure of Interest: None Declared

Keywords: cognitive impairment, systemic lupus erythematosus, t cells

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Systemic lupus erythematosus

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Long-Term Clinical Impact Of Hydroxychloroquine Dose Adjustment Per American Academy Of Ophthalmology Guidelines In Puerto Ricans With Systemic Lupus Erythematosus

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

Background/Objectives: To reduce the risk of hydroxychloroquine (HCQ)-induced retinopathy, the American Academy of Ophthalmology recommends a maximum HCQ dose of ≤5.0 mg/kg/day based on actual body weight. Previously, we reported that reducing the HCQ dose to this recommended threshold did not significantly affect the clinical outcomes of Puerto Rican patients with systemic lupus erythematosus (SLE) after 2 years of follow-up. However, a 2-year timeframe may be insufficient to fully assess the effects of HCQ dose adjustment, as negative outcomes may occur over a longer period. Therefore, we extended the follow-up study by an additional 4 years, totaling 6 years post-HCQ dose adjustment.
Methods: A retrospective study was conducted on a cohort of Puerto Rican SLE patients whose HCQ doses were adjusted to ≤5.0 mg/kg/day. Demographic data, clinical manifestations, disease activity (measured by the Systemic Lupus Erythematosus Disease Activity Index), exacerbations, hospitalizations, disease damage (assessed using the Systemic Lupus International Collaborating Clinics/ACR Damage Index), and pharmacologic treatments were evaluated annually for 2 years before and 6 years after the HCQ dose adjustment. Outcomes and pharmacologic therapies during the 4-year extension period were compared with those from the pre-adjustment and initial 2-year post-adjustment periods.
Results: Of the 412 SLE patients in the cohort, 60 (15%) required HCQ dose adjustment. The mean age of this subgroup was 49.8 ± 15.1 years, and the mean disease duration was 19.8 ± 9.1 years. All patients were women. During the 4-year extension period, a slight but statistically significant increase in disease damage was observed compared to the pre-adjustment and initial 2-year post-adjustment periods (Table 1). Additionally, there was a higher proportion of tacrolimus exposure during the extension period, whereas no significant changes were noted in the use of other immunosuppressive drugs, including prednisone. Likewise, no increase in disease activity, lupus exacerbations, or hospitalizations was detected during the extension period.

Image 1:

Table 1. Outcome measures and pharmacologic therapy before and after hydroxychloroquine dose adjustment in Puerto Ricans with systemic lupus erythematosus.

Parameters	2-year period before HCQ adjustment	2-year period after HCQ adjustment	4-year extension period	p-value[a]	p-value[b]	p-value[c]
Outcome measures						
SLEDAI, mean score (SD)	2.2 (2.9)	2.1 (3.0)	2.1 (2.4)	0.958	0.884	0.389
SLE exacerbations, mean (SD)	0.18 (0.25)	0.13 (0.21)	0.08 (0.18)	0.256	0.005	0.065
Hospitalizations, mean (SD)	0.08 (0.19)	0.04 (0.10)	0.05 (0.18)	0.322	0.538	0.458
SDI, mean score (SD)	0.84 (1.28)	0.98 (1.42)	1.23 (1.53)	0.076	<0.001	<0.001
Pharmacologic therapy						
Corticosteroids, %	68.3	65.0	68.3	0.727	>0.99	0.727
Prednisone, mean (SD) mg/d	7.9 (17.4)	4.8 (5.1)	4.03 (4.13)	0.047	0.002	0.089
Mycophenolate mofetil, %	28.3	30.0	30.0	>0.999	>0.999	>0.999
Azathioprine, %	10.0	8.3	10.0	>0.999	>0.999	>0.999
Cyclophosphamide, %	1.7	1.7	1.7	>0.999	>0.999	>0.999
Tacrolimus, %	1.7	6.7	13.3	0.250	0.016	0.125
Methotrexate, %	3.3	5.0	3.3	>0.999	>0.999	>0.999
Rituximab, %	0.0	0.0	0.0	>0.999	>0.999	>0.999

[a]2-year period before vs. 2-year period after HCQ adjustment
[b]4-year extension period vs. 2-year period before HCQ adjustment
[c]4-year extension period vs. 2-year period after HCQ adjustment
HCQ: Hydroxychloroquine; SLEDAI: Systemic Lupus Erythematosus Disease Activity Index; SD: Standard deviation; SLE: Systemic lupus erythematosus; SDI: Systemic Lupus International Collaborating Clinics/ACR Damage Index

Conclusion: In this cohort of Puerto Rican patients with SLE, adjusting the HCQ dose to ≤5.0 mg/kg/day was associated with a slight but significant increase in disease damage over the 4-year extension period. However, no other significant impacts were observed on long-term disease outcomes, including activity, exacerbations, or hospitalizations.

Disclosure of Interest: None Declared

Keywords: Clinical Outcome, Hydroxyhloroquine, systemic lupus erythematosus

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Systemic lupus erythematosus

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Gross Hematuria As The Initial Manifestation Of Lupus Anticoagulant Hypoprothrombinemia Syndrome: A Case Report

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

Background/Objectives: LAPHS (Lupus Anticoagulant Hypoprothrombinemia Syndrome) is an extremely rare condition, typically associated with SLE (Systemic Lupus Erythematosus). It presents with bleeding disorders, rather than the thrombosis classically described in antiphospholipid syndrome. Antibodies against coagulation factor II are the primary cause of this syndrome.[1-2] We describe our findings in a patient who presented with gross hematuria as the initial manifestation of LAPHS in the context of a SLE debut.

Methods: Case report.

Results: An 18-year-old female with no prior history of disease presented to the emergency department with gross hematuria causing severe and life-threatening anemia (Hb 3.4 g/dl). She had a history of weight loss, arthralgias, alopecia, gingivorrhagia, and transvaginal bleeding over the previous months. Tests revealed lymphopenia, hypocomplementemia, prolonged coagulation tests (aPTT 173.5 seconds, PT 73.1 seconds, and INR 6.19), and elevated inflammatory markers. A rotational thromboelastometry was performed which revealed a markedly prolonged EXTEM clotting time (CT) at 1033 seconds and INTEM CT at 1072 seconds. Positive results for antinuclear antibodies, anti-dsDNA, lupus anticoagulant, and a direct Coombs test (without hemolysis) were also documented. Additionally, mild pericardial effusion was noted. Normal platelet, fibrinogen, and d-dimer levels were reported. Lymphoproliferative disease was excluded due to the presence of multiple atypical cervical, axillary, and inguinal lymphadenopathies. Bleeding was non-responsive to fresh frozen plasma and prothrombin complex administration. A mixing test showed the presence of an inhibitor, and low factor II levels (5.9%) confirmed the diagnosis of LAPHS in the context of a SLE debut. Treatment with high-dose methylprednisolone, followed by prednisone tapering, a single apheresis session, and rituximab was carried out, resulting in the complete normalization of coagulation tests.

Conclusion: LAPHS in this case manifested as life-threatening bleeding without a prior diagnosis of primary antiphospholipid syndrome or other autoimmune diseases, presenting a diagnostic challenge. Since most treatment data come from case reports, we present a patient who was successfully treated with apheresis followed by rituximab.

Reference 1: Mulliez SMN, et al. Lupus anticoagulant-hypoprothrombinemia syndrome: report of two cases and review of the literature. Lupus. 2015;24(7):736-45.

Reference 2: Nusrat S, Tewari S, Khan O. Successful treatment of lupus anticoagulant hypoprothrombinemia syndrome with rituximab. Thrombosis J. 2023;21(1):77.

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Disclosure of Interest: None Declared

Keywords: antiphospholipid syndrome, lupus anticoagulant hypoprothrombinemia syndrome, systemic lupus erythematosus

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GLOBAL RHEUMATOLOGY
BY PANLAR

PANLAR 2025

Systemic lupus erythematosus

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Level of adherence to treatment in patients with systemic lupus erythematosus, Santo Domingo, Dominican Republic.

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

Background/Objectives: Systemic lupus erythematosus (SLE) is a chronic autoimmune disease that affects multiple organs,
characterized by periods of activity and remission. The Morisky Medication Adherence Scale 4 items (MMAS-4) measures specific adherence behaviors with four dichotomous (yes or no) questions about attitudes toward medication interspersed during the clinical interview. If the attitudes are not correct, it is assumed that the patient is not adherent to treatment. The patient is considered to be adherent to treatment if he or she answers all four questions correctly.
Methods: An observational, analytical, cross-sectional study of the patient cohort was conducted. Patients were evaluated from July to December 2024. Inclusion criteria: ≥ 18 years, meet ACR\EULAR 2019 SLE classification criteria, attended at least 2 consultations, signed informed consent. Exclusion criteria: Diagnosis of autoimmune rheumatic pathology, fibromyalgia, dementia, cognitive impairment, depression, anxiety, treatment with antidepressants. The MMAS-4 Scale was used for adherence level and SLEDAI to assess activity. Descriptive statistical analysis was performed, quantitative variables were expressed as mean, categorical variables were expressed as absolute values and percentages, using the SPSSv25 program.
Results: 103 patients met inclusion criteria. 97% female and 3% male, mean age 40+2.2 years, treatment: 36%(85) hHqc, 26%(62) Pdn, 9%(22) MMF, 6%(15) Mtx. Activity by SLEDAI showed: 79%(81) inactive, 19%(20) mild/moderate activity and 2%(2) high activity. Adherence by MMAS-4: Adherent 74%(76), Non-adherent 26%(27), main causes were: low socioeconomic level 80%(80), deficit in understanding the disease 20%(23). Other items evaluated: Do you ever forget to take the medications to treat your disease? No 74% (76)/Yes 26% (27), Do you take your medication at the prescribed times? Yes 74% (76)/

No 26% (27), When you feel well, do you stop taking your medication? No 74% (76)/Yes 26% (27), If you ever feel unwell, do you stop taking it? No 74% (76)/Yes 26% (27).
Conclusion: Our study reported a high level of adherence to treatment in patients with systemic lupus erythematosus. Among the causes of low adherence, socio-economic status was the main reason. The

limitation of the study is the lack of correlation with disease activity and assessing possible causes of drug delivery.

Disclosure of Interest: None Declared

Keywords: Adherence to treatment, SLEDAI-2K, Systemic Lupus Erythematosus (SLE)

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GLOBAL RHEUMATOLOGY
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PANLAR 2025

Systemic lupus erythematosus

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Characteristics Of A Cohort Of Patients With Systemic Lupus Erythematosus In A Public Hospital

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

Background/Objectives: Background: Systemic lupus erythematosus (SLE) is a systemic rheumatic disease with heterogeneous clinical manifestations, evolution, and prognosis, and high healthcare costs.

Objectives: To describe the sociodemographic, clinical, and 12-month follow-up outcomes in Bolivian patients with SLE in a public hospital.

Methods: An observational, descriptive, longitudinal study was conducted at the Hospital Japones, Santa Cruz, Bolivia, from March 2023 to March 2024. Patients over 18 years old with SLE (EULAR/ACR 2019) were consecutively included. Baseline and 12-month sociodemographic, clinical, and analytical data were recorded. Statistical analysis was performed using EPINFO 7.2.5.0 software. The protocol was approved by the ethics committee. All patients signed informed consent.

Results: Eighty-six patients were included (91.8% women), with a mean age of 36 ± 12.3 years. The median SLE duration and diagnostic delay was 36 months and 10 months, respectively. Twenty-three percent had university or technical studies. Thirty percent had a regular salary. Ninety-one percent had incomes below the national minimum wage (USD 342). 66.8% received family financial support. At baseline, 60% had positive anti-dsDNA and 40% had hypocomplementemia. At baseline and during follow-up, musculoskeletal and cutaneous involvement were the most frequent, followed by lupus nephritis. At baseline, 33.8% and 59.3% had low and moderate activity (SLEDAI 2K), respectively; 8% had severe activity. At 12 months, 62.4% and 35.5% had low and moderate activity, respectively; and 4.1% severe. During follow-up, 35 patients (40%) required hospitalization, with infection being the most frequent cause (34%), followed by disease activity (26%). At the end of follow-up, 81% received corticosteroids, with an average dose of 10 ± 11 mg. Ninety-four percent received hydroxychloroquine continuously. Thirty-eight percent received some immunosuppressant; mycophenolate was the most frequent. The mean monthly medication cost was USD 121 ± 87. One-third did not have continuous access to the indicated medication.

Conclusion: SLE causes significant morbidity and economic burden in patients with SLE. The importance of access to treatment and the need for follow-up programs to improve disease control in patients with SLE in our setting is highlighted.

Disclosure of Interest: None Declared

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Keywords: cohort of patient, systemic lupus erythematosus

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BY PANLAR

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Systemic lupus erythematosus

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Dietary Intake In Frailty And Non-Frailty Patients With Systemic Lupus Erythematosus.

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

Background/Objectives: Systemic lupus erythematosus (SLE) is a chronic autoimmune disease that can lead to increased risks of unexpected age-related issues, such as frailty syndrome, due to disease activity and treatments like steroids and immunosuppressants. This syndrome is characterized by a reduced ability to adapt to physiological changes and an imbalance in homeostatic mechanisms.

This study aimed to analyze the relationship between dietary intake and frailty syndrome in systemic lupus erythematosus patients.

Methods: A cross-sectional, observational study was conducted at the Hospital de Alta Especialidad, Instituto Mexicano del Seguro Social, Puebla, Mexico. It included adults aged 18 to 65 with SLE while excluding those with end-stage renal disease or who were pregnant. Sociodemographic and clinical data were collected, along with assessments using the Food Frequency Questionnaire (FFQ) and the SLICC-FI index for frailty.This index allowed patients to be classified into four groups: Frail (≥0.21), Less Fit (0.1-0.21), Relatively Less Fit (0.03-0.1), and Robust (≤0.03).

Patients in the "Less Fit" and "Frail" categories were grouped under frailty for dichotomous analysis. The χ^2 test was used for categorical variables, and Spearman's correlation was used for statistical analysis, employing SPSS v.25.

Results: Ninety patients participated in the study, with 94% being women. The mean age of the participants was 51.2 years (±14.0 SD), and the median disease duration was 20 years (IQR 10.3). Comorbidities were present in 51.1% of patients, and 47.8% exhibited frailty syndrome."Fruits" were the most consumed food group (99%), while "Fish and Seafood" were the last (44%). Ninety-three percent reported using supplements, mainly folic acid and calcitriol. Significant associations were found between frailty and the consumption of "Fruits" (p=0.04), "Soups, Creams, and Pasta" (p=0.02),

and "Snacks, Sweets, and Desserts" (p=0.01). Post-hoc analysis showed that robust patients consumed more fruits, soups, creams, and pasta and were less prone to consuming "Snacks, Sweets, and Desserts" than frail patients. Significant correlations were found between frailty and the consumption frequency (times/day) of “Beverages” (Spearman's Rho= -0.276, p=0.01) and “Soups, Creams, and Pasta” (Spearman's Rho= 0.235, p=0.03).

Conclusion: In our cohort, 47.8% of the SLE patients were classified as frail. Robust patients exhibited higher fruit consumption and lower intake of ultra-processed foods.

Reference 1: Hernández-Avila M, Romieu I, Parra S, et al. Validity and reproducibility of a food frequency questionnaire to assess dietary intake of women living in Mexico City.Salud Publica Mex. 1998 Mar-Apr;40(2):133-40.
Reference 2: Int SSL, Legge A, Kirkland S, et al. Constructing a Frailty Index as a Novel Health Measure in Systemic Lupus Erythematosus. Journal of Rheumatology. 2019;46(7):786–7.

Disclosure of Interest: None Declared

Keywords: chronic damage, Frailty, Mortality

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BY PANLAR

PANLAR 2025

Systemic lupus erythematosus

PANLAR2025-1305

Determination Of Work Disability And Its Repercussions In Patients With Systemic Lupus Erythematosus (Sle)

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

Background/Objectives: Introduction: Patients with SLE have deteriorating physical health, which can lead to work disability, with increased personal and social costs. Work disability includes absenteeism (number of work hours lost due to the disease) and presenteeism (decreased productivity while working due to the disease)[1]. In a study that included 167 patients with SLE, absenteeism was reported in 10.4%, presenteeism in 76.6%, general work disability in 80.8%, and limitation in daily life functions in 85%, with correlation with SLEDAI-2k, renal and hematological activity[2]. **Objectives:** To determine the frequency of work disability in patients with SLE and its association with damage, disease activity, and functional capacity.

Methods: Were collected sociodemographic data and the following questionnaires were administered: Work productivity and activity impairment for lupus (WPAI LES V2), quality of life (EuroQoL5d), functional capacity (HAQ-DI), depression (BDI) and therapeutic adherence (TAQRDis). Activity indices (BILAG, Mex-SLEDAI) and damage indices (SDI) were measured.

Results: 101 patients were included, 91 (90.1%) female, aged 40.6 ± 12 years. Only 39 (38%) had a paid job. The percentage of disability in activities of daily living was 31.88%. Presenteeism was present in 27 (69.2%), and absenteeism in 15 (38.5%). Patients who had absenteeism had a higher HAQ (0.58 ± 0.79) compared to those who did not (0.14 ± 0.28, p=0.015), while no association was found for presenteeism. Patients who had limitations in daily life were 63 (62.38%) and were associated with younger age, higher HAQ, lower quality of life, and greater activity at 6 months. It was correlated with HAQ (r=0.45 p=0.000), BILAG at baseline (r=0.22, p=0.031), Mex SLEDAI at baseline (r=0.25 p=0.011) and Mex SLEDAI at 6 months (r=0.23, p=0.021). There was a greater tendency towards absenteeism in patients with musculoskeletal, cardiopulmonary and renal manifestations (without statistical significance). Regarding presenteeism, there were no significant differences.

Conclusion: Work disability and loss of productivity are high in patients with SLE. A larger, prospective study is necessary.

Reference 1: Utset TO, Baskaran A, Segal BM, Trupin L, Ogale S, Herberich E, Kalunian K. Work disability, lost productivity and associated risk factors in patients diagnosed with systemic lupus erythematosus. Lupus Sci Med. 2015 Jan 20;2(1):e000058. doi: 10.1136/lupus-2014-000058.

Reference 2: Abu Bakar F, Sazliyana, Shaharir S, Mohd R, Mohamed Said MS, Rajalingham S, Wei Yen K. Burden of Systemic Lupus Erythematosus on Work Productivity and Daily Living Activity: A Cross-Sectional Study Among Malaysian Multi-Ethnic Cohort. Arch Rheumatol. 2020;35(2):205-213.

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Disclosure of Interest: None Declared

Keywords: absenteeism, lupus erythematosus systemic, work disability

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BY PANLAR

PANLAR 2025

Systemic lupus erythematosus

PANLAR2025-1273

Rheumatoid Factor As Protective Factor For Preventing Lupus Nephritis In Pediatric Population With Systemic Erythematosus Lupus.

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

Background/Objectives: Around 80% of the pediatric population with systemic lupus erythematosus (SLE) will have kidney involvement, nowadays there are not know triggers for the kidney involvement, however, in the literature there is some information about a probable protective role of the rheumatoid factor as a protector for the developing of kidney involvement. Nowadays, there is no available information in the pediatric population.

Identify if the presence of rheumatoid factor (RF) could be a protective factor or relative risk for the development of lupus nephritis in our sample.

Methods: This is a cross-sectional descriptive study, about patients with diagnosis of juvenile SLE between 2012 and 2022 in the Rheumatology Department in the Hospital para el niño Poblano. Chi square test was performed for obtaining the p value, as well as a calculation of relative risk. The sample was obtained by convenience.
Results: In our sample of 114 patients, 10 patients had positive RF, 7 of them presented kidney involvement (3 with kidney biopsy with Class I, II and IV). 48 patients had negative RF, 30 of them had kidney involvement (16 with renal biopsy, 6 with Class IV, 3 with Class III, and 7 with Clase II)

The relative risk is 1.12, that means that the patients with positive rheumatoid factor had 12% of probability of having lupus nephritis, comparing with patients with negative RF, nevertheless, the result if the chi square test was p=0.930, which means that there is no statistically significant difference between the two groups.

RF is an autoantibody IgM with high affinity for IgG, in adults there has been reported studies that suggest that the rheumatoid factor could be a protection factor for the development of lupus nephritis. This is based on the formation of immune complexes which are difficult to deposit at glomerular level. It has been reported that there is a lower activity rate in patients with positive RF, nowadays, there are not any studies in the pediatric population.

Conclusion: The proportion of patients with lupus nephritis is a little bit higher in the group with positive RF (70%) compared with the other group with negative RF (62.5). This suggests that the positive RF does not seem to be a

protective factor in this group of patients, because the proportion is similar or even a little bit higher in patients with positive RF.

We cannot conclude that the rheumatoid factor could be a protective factor or a risk factor for the development of lupus nephritis in our group of patients.

Disclosure of Interest: None Declared

Keywords: Rheumatoid factor, SLE, systemic lupus erythematosus

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GLOBAL RHEUMATOLOGY
BY PANLAR

PANLAR 2025

Systemic lupus erythematosus

PANLAR2025-1229

Severe Cardiac Involvement As The Debut Of Systemic Lupus Erythematosus In Male Patients

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

Background/Objectives: Background: Severe cardiac involvement is uncommon in systemic lupus erythematosus (SLE). Cardiac tamponade is rare, and at initial presentation it is rarer. There are few reported cases of pancarditis as an initial manifestation. We present a series of 3 cases with severe cardiac involvement as the debut of SLE. **Objectives:** To describe 3 cases of severe cardiac involvement as the onset of SLE.

Methods: Series of 3 cases of severe cardiac involvement as the onset of SLE. The medical records of the Japanese University Hospital, Santa Cruz de la Sierra, Bolivia, from January to September 2024 were reviewed.

Results: CASE 1: A 48-year-old male with a history of deep vein thrombosis, anticoagulated; hospitalized for dyspnea functional class (CF) IV and orthopnea. He had arthralgias for 3 previous years. On examination he had tachycardia, hypotension, muffled heart sounds and jugular engorgement. The echocardiogram was compatible with cardiac tamponade . Pericardial window was performed, with improvement. The pericardial fluid ruled out malignancy and tuberculosis. Immunoserology confirmed SLE and lupus anticoagulant positive. He started prednisone, hydroxychloroquine and mycophenolate. **CASE 2:** A 26-year-old male was hospitalized for dyspnea CF IV and palpitations. He had weight loss, fever, arthritis, hair loss, lasting 1 month. The echocardiogram was compatible with pancarditis and LVEF 34%, severe dilated LV, diffuse hypokinesia, thickening of the mitral leaflet, minimal pericardial effusion. Immunoserology confirmed SLE. He began pulses of methylprednisolone, cyclophosphamide, and hydroxychloroquine, with clinical improvement. **CASE 3:** A 46-year-old male was hospitalized for fever, cough and dyspnea CF IV. He had arthritis and weight loss lasting 1 year. Examination revealed pericardial rubbing, abolition of bilateral vesicular murmur. Chest CT: bilateral pleural effusion. Infectious and neoplastic causes were ruled out. Echocardiogram: pancarditis with LVEF 64%, LV diastolic dysfunction, thickened mitral leaflet, mild pericardial effusion. She had an active urine sediment and proteinuria. Immunoserological study and renal biopsy (lupus nephritis type IV) confirmed SLE. With the diagnosis of pancarditis, lupus nephritis and serositis due to SLE, he began pulses of methylprednisolone, cyclophosphamide and hydroxychloroquine, with clinical improvement.

Conclusion: Cardiac tamponade and pancarditis are life-threatening and SLE should be considered in the differential diagnosis.

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Disclosure of Interest: None Declared

Keywords: Male, pancarditis, systemic lupus erythematosus

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BY PANLAR

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Systemic lupus erythematosus

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Efficacy And Safety Of Litifilimab In Cutaneous Lupus Erythematosus: Phase 2/3 Amethyst Study Design

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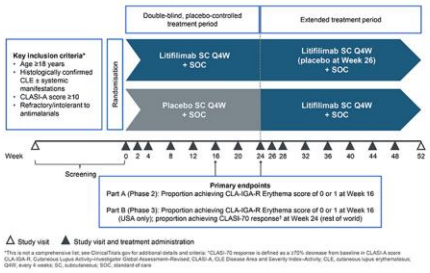
Has this paper been previously presented at another conference?: Yes

Background/Objectives: Data from Part B of the Phase 2 LILAC study (NCT02847598) of litifilimab, a humanized IgG1 monoclonal antibody targeting BDCA2, supported its continued development in cutaneous lupus erythematosus (CLE).(1) AMETHYST (NCT05531565), a global, multicenter, randomized, double-blind, placebo-controlled (DBPC), operationally seamless Phase 2/3 study of litifilimab, described here, is ongoing. AMETHYST will further evaluate litifilimab efficacy and safety in participants with active subacute (SCLE) or chronic CLE (CCLE).

Methods: Eligible participants are aged ≥18 years, with a histologically confirmed diagnosis of SCLE or CCLE (with or without systemic manifestations) that is refractory or intolerant to antimalarials, and with a baseline Cutaneous Lupus Erythematosus Disease Area and Severity Index–Activity (CLASI-A) score ≥10 (**Figure 1**). Enrolled participants will receive subcutaneous litifilimab or placebo once every four weeks (Q4W) from Week 0 through Week 20, with an additional dose at Week 2; all participants will receive litifilimab Q4W during Weeks 24–48 and placebo or litifilimab (respectively) at Week 26 to maintain blinding. Stable lupus background treatment is permitted. The primary endpoints are the proportion of participants achieving a Cutaneous Lupus Activity–Investigator Global Assessment–Revised (CLA-IGA-R) Erythema score of 0 or 1 at Week 16 (Phase 2; Phase 3 in USA), or a ≥70% decrease from baseline in CLASI-A score (CLASI-70 response) at Week 24 (Phase 3 in rest of world). Secondary endpoints (including CLASI-50 response, change from baseline in CLASI-Damage score, further CLA-IGA-R analyses, and safety) will evaluate efficacy and safety during the DBPC and extended treatment periods.

Results: AMETHYST is currently recruiting, aiming to enroll 474 participants; estimated completion date is October 2026.

Image 1:



Conclusion: Data from the AMETHYST study will help characterize the efficacy and safety of litifilimab in patients with SCLE or CCLE.

First presented at ISID 2023.

Funding: This study was funded by Biogen (Cambridge, MA, USA). Writing and editorial support was provided by Selene Medical Communications (Cheshire, UK), funded by Biogen.

Reference 1: Werth VP, Furie RA, Romero-Diaz J, Navarra S, Kalunian K, van Vollenhoven RF, et al. Trial of Anti-BDCA2 Antibody Litifilimab for Cutaneous Lupus Erythematosus. N Engl J Med. 2022;387(4):321–331.https://www.nejm.org/doi/full/10.1056/NEJMoa2118024

Disclosure of Interest: V. P. Werth Grant / Research support with: Amgen, argenx, AstraZeneca, Biogen, Bristol Myers Squibb, Celgene, CSL Behring, Corbus Pharmaceuticals, Genentech, Gilead Sciences, Horizon Therapeutics, Janssen, Lupus Research Alliance/Bristol Myers Squibb, Pfizer, Priovant Therapeutics, Q32 Bio, Regeneron, Rome Therapeutics, Syntimmune, Ventus Therapeutics, and Viela Bio. The University of Pennsylvania owns the copyright for CLASI., Consultant with: AbbVie, Akari Therapeutics, Amgen, AnaptysBio, argenx, AstraZeneca, Bayer, Biogen, Bristol Myers Squibb, Cabaletta Bio, Calyx, Chrysalis, Corcept Therapeutics, CSL Behring, Cugene, Eli Lilly and Company, EMD Serono, Galderma, Gilead Sciences, GlaxoSmithKline, Horizon Therapeutics, Incyte, Janssen, Kezar Life Sciences, Kyowa Kirin Merck, Nektar, Novartis, Nuvig Therapeutics, Octapharma, Pfizer, Regeneron, Rome Therapeutics, Sanofi, Takeda Pharmaceuticals, UCB, Viela Bio, and Xencor, J. F. Merola Grant / Research support with: Amgen, AstraZeneca, Biogen, Boehringer Ingelheim, BMS, Dermavant, Eli Lilly and Company, Janssen, MoonLake, Sanofi-Regeneron, Sun Pharma, UCB Pharma, Consultant with: AbbVie, Amgen, AstraZeneca, Biogen, Boehringer Ingelheim, BMS, Dermavant, Eli Lilly and Company, Incyte, Janssen, LEO Pharma, MoonLake, Novartis, Pfizer, Sanofi-Regeneron, UCB Pharma, B. F. Chong Grant / Research support with: Biogen and Daavlin Corporation; chairperson for seminar sponsored by Amgen; speaker for Cesas Medical. Received royalties from Mapi Research Trust, Consultant with: Biogen, Bristol Myers Squibb, EMD Serono, Amgen Incorporated, and Lupus Research Alliance, F. Nyberg Consultant with: AstraZeneca, Biogen, Bristol Myers Squibb, and EMD Serono, Paid Instructor with: Lecturer fees from Abbvie and Bristol Myers Squibb, E. F. Morand Grant / Research support with: AbbVie, Amgen, AstraZeneca, Biogen, Bristol Myers Squibb, Eli Lilly, EMD Serono, Genentech, GSK, Janssen, and UCB, Consultant with: Abbvie, AstraZeneca, Biogen, Bristol Myers Squib,

DragonFly, Eli Lilly, EMD Serono, Novartis, Servier, and UCB, Paid Instructor with: AstraZeneca, Speakers Bureau with: AstraZeneca, BMS, EMD Serono, Roche, R. Galimberti Grant / Research support with: Amgen, Biogen, Boehringer Ingelheim, Incyte, Janssen, Lilly, Merck, Novartis, and Pfizer, S. Vyas Shareholder with: May hold Biogen stock, Employee with: Biogen, Q. Li Shareholder with: May hold Biogen stock, Employee with: Biogen, J. Sacks Shareholder with: May hold Biogen stock, Employee with: Biogen, W. Yang Shareholder with: May hold Biogen stock, Employee with: Biogen, M. Schindelar Shareholder with: May hold Biogen stock, Employee with: Biogen, C. Barbey Shareholder with: May hold Biogen stock, Employee with: Biogen

Keywords: CLE, Litifilimab, Phase 2/3

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BY PANLAR

PANLAR 2025

Systemic lupus erythematosus

PANLAR2025-1484

Quality of life assessment in systemic lupus erythematosus, Santo Domingo, Dominican Republic.

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

Background/Objectives: Systemic lupus erythematosus (SLE) is a chronic autoimmune disease that affects multiple organs and systems. The quality of life in patients with systemic lupus erythematosus is influenced by both disease activities. The SLEDAI index has usually been used to evaluate the follow-up of activity. The health questionnaire, HAQ (Health Assessment Questionnaire) is designed to evaluate the disability and quality of life of patients, including rheumatic diseases. Geertsema-Hoeve BC et al. found that physical activity and psychotherapy significantly improved quality of life, especially in terms of mental health, although they had no significant impact on disease activity. The aim of this study was to evaluate quality of life in patients with SLE

Methods: Observational, analytical, cross-sectional study of the cohort of patients with SLE from the Rheumatology Service. Patients from the outpatient were evaluated from July to December 2024. Inclusion criteria: ≥ 18 years, meet ACR\EULAR 2019 SLE classification criteria. Exclusion criteria: another systemic inflammatory autoimmune disease; diagnosis of fibromyalgia, depression, anxiety, treatment antidepressants. To evaluate the quality of life, HAQ-DI was used. A descriptive statistical analysis, quantitative variables were expressed as means, categorical variables were expressed as absolute values
and percentages, the SPSSv25 program.

Results: From 103 met inclusion criteria. 97% (100) female, mean age 40+2.2 years, HT 63.8% (23), DM 16.6% (6), APS 8.3%(3), Osteoporosis 5.5%(2); renal domain 17%(18), pulmonary 6%(6), vasculitis 5%(5), neurological 4% (4), cutaneous 2% (2), articular 1% (1). SLEDAI: inactive 79%(81), mild/moderate activity 19%(20), high activity 2%(2). HAQ-DI: no difficulty 61.6%(63) mean 0.4, mild difficulty 28.1%(29) mean 1.4, moderate difficulty 10.7%(11) mean 2.4. Items: difficulty dressing: none 15.9%(10), slight 51.7%(15), high 9.1%(1) getting up: none 20.6%(13), slight 10.3%(3), high 9.1%(1) eating: none 1.5%(1), slight 3.4%(1), high 18.18%(2), walking: none 1.5%(1), slight 3.4%(1), high 27.2%(3), hygiene: none 3.2%(2), slight 3.4%(1), high 9.1%(1), reaching: none 23.8%(15), slight 3.4%(1), high 9.1%(1), gripping: none 31.7%(20), slight 20.7% (6), high 9.1%(1) others: none 1.6%(1), slight 3.4%(1), high 9.1%(1).

Conclusion: Our study showed that the quality of life in most patients with SLE is preserved, more than half showed no difficulty in the evaluated areas.

Disclosure of Interest: None Declared

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Keywords: HAQ, quality of life, Systemic Lupus Erythematosus (SLE)

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GLOBAL RHEUMATOLOGY
BY PANLAR

PANLAR 2025

Systemic lupus erythematosus

PANLAR2025-1211

Characterization Of Systemic Lupus Erythematosus Patients In The Intensive Care Unit. A Systematic Review Of The Literature

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

Background/Objectives:

Systemic lupus erythematosus (SLE) is a chronic autoimmune disease with substantial mortality risk, exceeding the general population by 3-4 fold. Approximately 25% of SLE patients require hospitalization following emergency department presentation, with 13-33% necessitating intensive care. This study aims to systematically review the literature examining the etiologies of hospitalization and ICU admission, clinical characteristics, and mortality outcomes in SLE patients admitted to the ICU.

Methods:

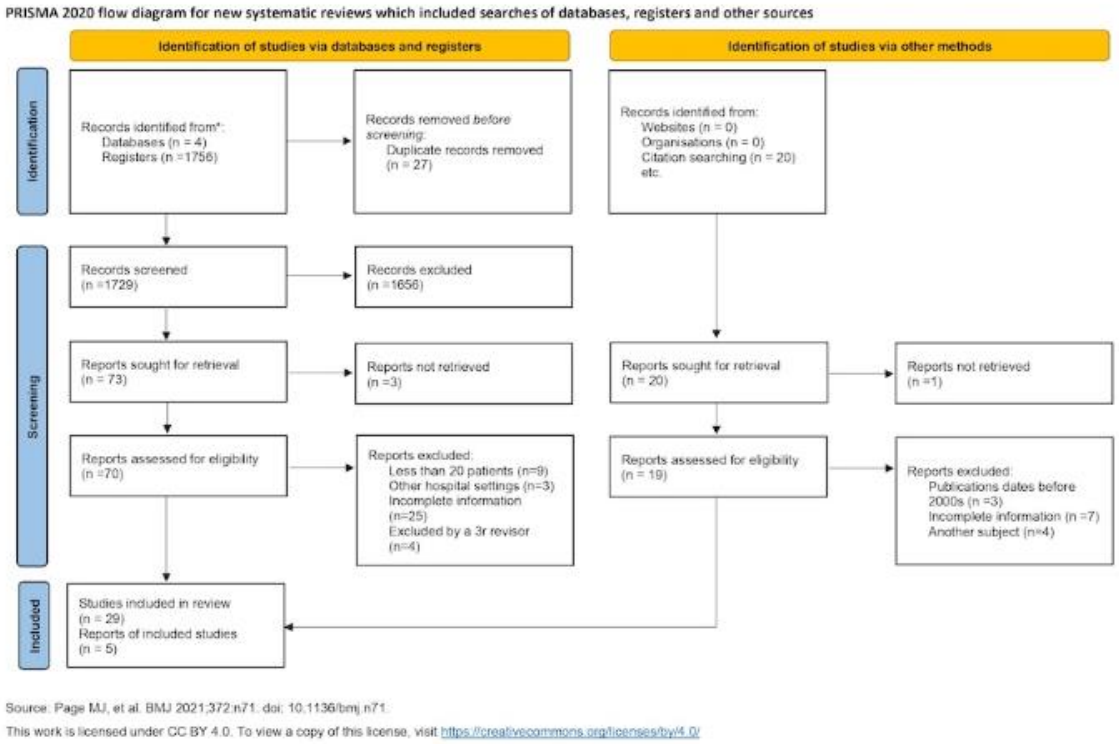
A comprehensive systematic review was conducted to identify studies investigating ICU admissions among adult patients with SLE. Databases including PubMed, EMBASE, Web of Science, and SCOPUS were searched for articles published between 2000 and 2024. Studies were included if they met the following criteria: (1) ≥20 adult patients fulfilling the ACR 1997, SLICC-ACR 2012, or EULAR-ACR 2019 classification criteria for SLE; (2) detailed description of ICU admission causes and outcomes.

Results:

Among 1756 studies screened, 34 were deemed eligible for inclusion, encompassing 4769 SLE patients hospitalized in the ICU (figure 1). Most patients were female (84.5%) with a mean age of 35.61 years. Common reasons for ICU admission included infections (13-80.3%), respiratory failure (6.8-76.5%), shock (6.6-62.3%), lupus flare (14.2-55.6%), dialysis urgency (3.6-47.6%), and cardiovascular disease (3.2-44%). Regarding interventions, 16 studies reported that 2579 of 4010 patients (64.3%) required mechanical ventilation. Vasopressor/inotropic support was utilized in 1807 of 3669 patients (49.25%). Plasma exchange was performed in 277 of 3553 patients (7.7%). Additionally, 1269 of 3794 patients (33.4%) required

hemodialysis. Regarding immunosuppressive treatments, antimalarials were administered to 1172 of 3622 patients (32.3%), cyclophosphamide to 527 of 3725 patients (14.1%), and intravenous steroids to 408 of 689 patients (59.2%). The average mortality rate among these patients was 33.83%.

Image 1:



Source: Page MJ, et al. BMJ 2021;372:n71. doi: 10.1136/bmj.n71

Conclusion: This systematic review highlights the need for early diagnosis, intensive care, and a multidisciplinary approach to improve outcomes. Despite variable mortality rates, infection remains a leading cause of admission.

Disclosure of Interest: None Declared

Keywords: critical care, Mortality, systemic lupus erythematosus

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BY PANLAR

PANLAR 2025

Systemic lupus erythematosus

PANLAR2025-1175

Lupus Enteritis As The First Manifestation Of Systemic Lupus Erythematosus. Case Report.

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[1]Internal Medicine, IMSS, Obregon, Mexico

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

Background/Objectives: Systemic Lupus Erythematosus (SLE) is an autoimmune, chronic, inflammatory disease caused by the adhesion of various autoantibodies and immune complexes to different parts of the body. Lupus enteritis is one of the forms of SLE involvement, and can be confused with many other entities, since in most cases it is thought of as infectious diseases.

Methods: A 28-year-old female patient with a personal history of hypothyroidism began with 2 weeks of evolution with intermittent diarrhea yellowish, non-bloody semi-liquid stools, diffuse abdominal pain, and vomiting. On Physical examination: Soft distended abdomen, with decreased peristalsis in the ascending and transverse colon, tympanic percussion in the colic frame, pain on mid-palpation in the colic frame. Managed as infectious gastroenteritis without improvement, she was admitted to the surgical floor for exploratory laparotomy, without finding any abnormality. She was readmitted 15 days later with symptoms of intestinal pseudo-occlusion, with the addition of malar rash (Image 1). Multiple studies were carried out such as: tomography, endoscopy, and colonoscopy with negative results or any abnormality. She developed right pleural effusion, and due to the suspicion, antibodies were requested to rule out lupus.

Results: ANA positive 1:360 speckled pattern, Anti DNA positive, low complement.

A biopsy of the intestinal tract was taken, corroborating lupus enteritis with the following result: presence of mucosal edema throughout the intestinal tract and the presence of predominantly lymphocytic infiltrate in a moderate to severe degree in the various sampling sites.

Methylprednisolone pulses were started; during her stay on the operating floor, the patient achieved remission of gastrointestinal symptoms after approximately 30 days.

Labs: Hb 9.8 mg/dL Leuc 2.9 10 (9) Nuetros 1.6 # Plaq 199 microliter, Urea 72 g/L, Cr 1.5 mg/L, general urine test 300 mg in 24 hours, sediment with dysmorphic erythrocytes 5 per field

Anteroposterior Rx of Abdomen : Dilation of loops of almost the entire small intestine with presence of air. Thickening of ascending colon wall, dilatation and presence of pancolonic air.

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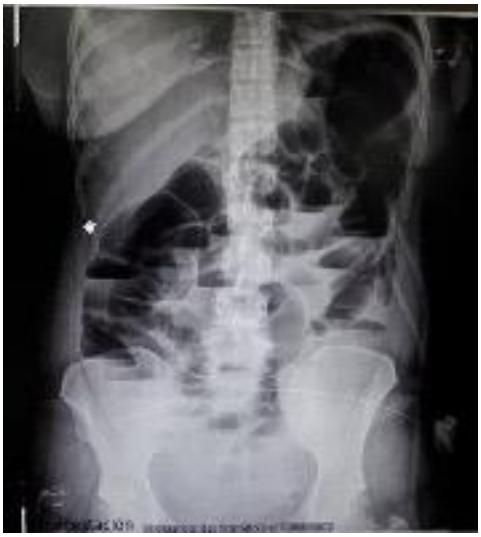
Image 1:



Conclusion: Lupus enteritis involvement is the jejunum and ileum with little involvement of the rectum. The improvement of the clinical picture is dramatic once the pharmacological therapy is started, and improvement can be observed after just two days of initiation.

Disclosure of Interest: None Declared

Keywords: pseudo intestinal obstruction, systemic lupus erythematosus, lupus enteritis.

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BY PANLAR

PANLAR 2025

Systemic lupus erythematosus

PANLAR2025-1267

Representations Of Masculinity, Narratives Of Resilience, And Their Influence On The Understanding And Treatment Adherence Of Lupus In Young And Adult Men

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

Background/Objectives: Young men often underestimate treatment importance due to invulnerability perceptions and social pressures to conform to male roles, impacting adherence to treatments. In adulthood, admitting to chronic illness or following long-term treatment is often seen as weakness, complicating care.

This study aims to analyze the identity reconfiguration of young and adult men with lupus through discursive patterns and conceptualizations of masculinities, exploring their perceptions of SLE, barriers to adaptation, and treatment adherence using autobiographical narratives.

Methods: A mixed-method longitudinal study (2015-2023) included participants with SLE from Mexico and other countries. Qualitative data were gathered through autoethnographic techniques, in-depth interviews, autobiographical letters, and hand-drawn illustrations from adolescents and young adults. Quantitative data were collected via a digital survey. Grounded Theory was used to derive categories reflecting men's experiences with SLE. Variables included conceptions of male identity before and after diagnosis and self-designations.

Results: From 352 testimonies of individuals aged 11-65, observed over eight years. In 2024, two additional interviews were conducted with young Mexican men. Findings highlight representations of masculinity influencing lupus-related imaginaries, verbal and mnemonic resilience forms shaping attitudes, and barriers to treatment adherence. Guilt emerges as a recurrent theme, tied to family burden and perceived inadequacies. Discursive resilience and violent self-denominations were noted, reflecting fractured self-conceptions due to lupus.

Image 1:

Table 1. Main Discursive Forms of Self-Blame, Resilience and Masculinities in Young Individuals with Lupus*

Category	Description	Discursive Fragments
Main Discursive Forms of the Self	Ways in which young men perceive and express their identity in the face of the disease.	- "I became more mentally active (...) to avoid being somewhat restless." - "This character helps you either move forward or fall behind." - "Lupus does change your life, but it also builds character."
Forms Guilt	Expressions of self-blame for the burden placed on their family or for previous behaviors.	- "Those resources my family needs are dedicated to me and not to my siblings." - "I regret being so restless before the diagnosis."
Ways of Resilience	Strategies to adapt and cope with the disease, linked to discourses about responsibility.	- "If you know how to have good control over your thoughts and emotions, we can handle it." - "I have managed to move forward (...) if we keep it under control, we can move forward."
Discursive Forms Representing Masculinities	Discourses linked to traditional gender roles and cultural expectations about men.	- "Character helps you move forward." - "I want to help my parents and have a house." - "Lupus sets very difficult challenges in life, but with responsibility, we can handle it."

* Source: (Athié, 2024) Own elaboration.

Conclusion: Representations of masculinity post-diagnosis reveal self-blame during adolescence, often directed at parents or oneself for the disease. In adulthood, guilt shifts to the physical and social impacts of lupus, including its effects on work and family life. Responsibility and resilience dominate masculine discourses, as young men position themselves as central caregivers. Narratives reveal critical moments when language redefines self-conceptions, adherence patterns, and resilience, offering valuable insights for medical and psychosocial interventions. Traditional masculinities, emphasizing strength and perseverance, significantly shape their understanding and management of lupus.

Reference 1: Bamberg, Michael, ed. (1997). Positioning between structure and performance. Journal of Narrative and Life History, 7(1–4), 335–342.

Reference 2: Denzin, Norman Kent (1989). *Interpretive biography* (Vol. 17). USA: Sage publications.

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Disclosure of Interest: None Declared

Keywords: Adherence to treatment, lupus erythematosus systemic, Masculinity

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GLOBAL RHEUMATOLOGY
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Systemic lupus erythematosus

PANLAR2025-1015

Delayed Diagnosis In Systemic Lupus Erythematosus

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

Background/Objectives: Delayed diagnosis of systemic lupus erythematosus (SLE) has been associated with a worse prognosis including higher disease activity, damage accrual, decreased quality of life and increased use of healthcare resources and, therefore, higher costs. In the Grupo Latino Americano de Estudio del Lupus (GLADEL) original cohort, a maximum time to SLE diagnosis of 24 months (mo) did not negatively influence disease outcomes (damage accrual and mortality) (1). This study characterized delay in the diagnosis in SLE patients (pts) and its associated factors.

Methods: GLADEL 2.0, an observational multi-ethnic, multi-national Latin-American SLE cohort (43 centers from 10 Latin-American countries), enrolled pts aged ≥18 years who fulfilled the 1982/1997 American College of Rheumatology (ACR) and/or the 2012 Systemic Lupus International Collaborating Clinics (SLICC) classification criteria. Pts were categorized into 4 subsets according to the presence or absence of active or inactive lupus nephritis (2). Baseline demographics, clinical manifestations, disease activity (SLEDAI-2K) and SLICC/ACR damage index (SDI) and treatments were examined. Variables were examined according to time to diagnosis < versus ≥24 mo, as no impact was found on outcomes before this time (1). Continuous variables are summarized as median (Q1, Q3) and categorical variables as counts and percentages. Logistic regression models were used to identify factors independently associated with a delay in diagnosis ≥24 mo. All analyses were done using R v4.4.0.

Results: Of 1083 pts from the GLADEL 2.0 cohort, 985 were included in these analyses. The remaining pts were excluded because of insufficient data for analysis. The median time to diagnosis was 8 mo (0.27–5.67); in 97 pts (9.84%) the time to diagnosis was >24 mo. Pts with a time to diagnosis >24 mo were older at diagnosis, had a higher frequency of thrombocytopenia, associated comorbidities, antiphospholipid syndrome (APS), anti-B2GPI positivity, and cumulative damage with lower frequency of low complement at cohort entry. After adjusting for sociodemographic, clinical and immunologic features, multivariate analysis showed that older age, middle socioeconomic status and associated APS were associated with a higher probability of diagnostic delay.

Conclusion: In the GLADEL 2.0 multiethnic cohort, delay in diagnosis was more likely to occur in older SLE pts and it was associated with APS. Future analyses will allow to identify the impact of delayed diagnosis on outcome of SLE pts.

Reference 1: Nieto R, et al. Time to diagnosis in systemic lupus erythematosus: Associated factors and its impact on damage accrual and mortality. Data from a multi-ethnic, multinational Latin American lupus cohort. *Lupus*. 2024;33(4):340-346.

Reference 2: Gómez-Puerta JA, et al. A longitudinal multiethnic study of biomarkers in systemic lupus erythematosus: Launching the GLADEL 2.0 Study Group. *Lupus*. 2021 Apr;30(4):630-640.

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GSK, G. F. Chapacais: None Declared, L. C. A. Alvino: None Declared, E. F. N. Yuki Speakers Bureau with: AstraZeneca, E. Bonfa: None Declared, A. B. Peralta: None Declared, L. Massardo: None Declared, A. A. C. Bonfanti: None Declared, A. Hormaza: None Declared, J. M. M. Pérez: None Declared, O. L. V. Lastra: None Declared, H. Fragoso-Loyo: None Declared, Y. Juárez-Vicuña: None Declared, D. Fernandez: None Declared, P. E. Langjahr: None Declared, M. T. Martínez de Filartiga: None Declared, M. F. Ugarte-Gil: None Declared, C. A. Loayza Flores: None Declared, T. P. Mora: None Declared, M. B. Lecumberri: None Declared, Á. Danza: None Declared, C. E. Toro Gutiérrez: None Declared, U. Sbarigia Employee with: Janssen and may hold stock / stock options from Johnson & Johnson, A. Orillion Employee with: Janssen and may hold stock / stock options from Johnson & Johnson, F. Zazzetti Employee with: Janssen and may hold stock / stock options from Johnson & Johnson, G. S. Alarcón: None Declared, B. Pons-Estel Grant / Research support with: Janssen, Consultant with: Advisor for AstraZeneca and GSK, Speakers Bureau with: AstraZeneca and GSK, G. Pons-Estel Grant / Research support with: AstraZeneca, GSK, Janssen, and RemeGen, Consultant with: Advisor for AbbVie, Boehringer Ingelheim, Novartis, Pfizer, AstraZeneca, GSK, Janssen, and RemeGen, Speakers Bureau with: AbbVie, Boehringer Ingelheim, Novartis, Pfizer, AstraZeneca, GSK, Janssen, and RemeGen

Keywords: Antiphospholipid syndrome, Delayed Diagnosis, Systemic Lupus Erythematosus

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GLOBAL RHEUMATOLOGY
BY PANLAR

PANLAR 2025

Systemic lupus erythematosus

PANLAR2025-1074

Unraveling Immune Diversity in Latin America: Insights from the JAGUAR Project and Lupus Research in Mexico

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

Background/Objectives: Latin American populations are significantly underrepresented in genomic studies, limiting the potential benefits for our communities. The JAGUAR (Joining All: Genes, immUnity And diveRsity) project is an international initiative aiming to sequence immune cell diversity across Latin America for the first time. This effort seeks to understand how ancestry shapes the immune system and influences disease susceptibility and response. Latin American populations, including Mexico, are defined by their unique genetic and cultural admixture of European, Indigenous, African, and Asian ancestries, along with diverse ecosystems and migration patterns. The project aims to characterize the genetic composition of peripheral blood mononuclear cells (PBMCs) in healthy individuals from seven Latin American countries.

Methods: In collaboration with the Mexican Lupus Registry (LupusRGMX), the JAGUAR Project also investigates differences in immune responses between patients with Systemic Lupus Erythematosus (SLE) and healthy controls in Mexico. It further explores the prevalence of the disease and associated risk factors. Utilizing advanced single-cell technologies such as scATAC-seq, scRNA-seq, CITE-seq, and whole-genome sequencing, the study examines how ancestry influences gene expression and immune cell composition. By comparing JAGUAR's robust baseline of immune cell diversity in healthy individuals to disease-specific contexts like SLE, marked by immune dysregulation and varying prevalence across ancestry groups, the project advances our understanding of these dynamics.

Results: In the Mexican population, we currently have 120 healthy individuals from JAGUAR and 103 SLE patients enrolled in the study. However, we aim to expand these cohorts to include 200 healthy individuals and 200 SLE patients.

Preliminary analyses demonstrate that cell bucketing significantly enhances the resolution of immune cell subtypes, each associated with specific immune functions. Gaining a deeper understanding of these subtypes is essential for identifying the environmental factors that influence biological functions and immune responses.

Conclusion: This research represents a remarkable opportunity to improve our understanding of genetic and environmental influences on traits across Latin America. In this poster, I will highlight our progress in our project, the strategies employed, and invite the public to contribute to this historical endeavor.

Disclosure of Interest: None Declared

Keywords: immune cells, single-cell technologies, Systemic Lupus Erythematosus (SLE)

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GLOBAL RHEUMATOLOGY
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PANLAR 2025

Systemic lupus erythematosus

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DIFFUSE ALVEOLAR HEMORRHAGE AS INITIAL MANIFESTATION OF PEDIATRIC SYSTEMIC LUPUS ERYTHEMATOSUS

Eliana Magalí Ramos Galeano[1], Ana Cristina Muñoz Cedeño [1], Adriana Santizo-Ávila[1], Katherine Franco Morataya[*] [1], Hector Menchaca Aguayo [1], Enrique Faugier Fuentes [1]

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

Background/Objectives: Systemic lupus erythematosus (SLE) is a multisystem autoimmune disease, with pulmonary manifestations in up to 70% of cases. Diffuse alveolar hemorrhage (DAH), although infrequent, represents a potentially lethal complication that can be the initial presentation of the disease. In pediatrics, its incidence in SLE is estimated to be between 2% and 5%. Treatment includes corticosteroids, immunosuppressive agents such as cyclophosphamide, and therapies such as plasmapheresis. The **Objective is t**o describe the case of a pediatric patient with DAH as initial presentation of SLE.

Methods: A 7-year-old previously healthy girl presented with fever and progressive dyspnea, evolving into acute respiratory failure. She was admitted to the intensive care unit (ICU) on invasive mechanical ventilation. On examination, alopecia was identified, while laboratory tests showed anemia (Hb 6.8 g/dL), preserved renal and hepatic function, and proteinuria on urine analysis.

A chest computed tomography (CT) scan revealed bilateral ground-glass opacities and consolidations (Image 1). Immunological studies showed a positive ANA (1:320), anti-dsDNA (414.29 IU/mL), elevated anti-nucleosome levels, hypocomplementemia and a positive direct Coombs test. The diagnosis of SLE was confirmed using the 2012 SLICC criteria.

Treatment included mechanical ventilation, blood transfusions, methylprednisolone (30 mg/kg/dose), therapeutic plasmapheresis, and cyclophosphamide, leading to progressive improvement. After 14 days, she was extubated and discharged from the ICU. Subsequently, azathioprine were started as maintenance therapy. She is currently under follow-up with favorable progress.

Results: Diffuse alveolar hemorrhage as the initial manifestation of SLE is rare in pediatrics and suggests severe lupus activity with multisystem involvement. Its management requires an aggressive approach, including corticosteroids, immunosuppressive agents, along with plasmapheresis in severe cases. The prognosis depends on the response to the

initial treatment, the absence of multiorgan complications, and the control of disease activity. Follow-up is essential to detect recurrences and complications, such as lupus nephritis.

Image 1:

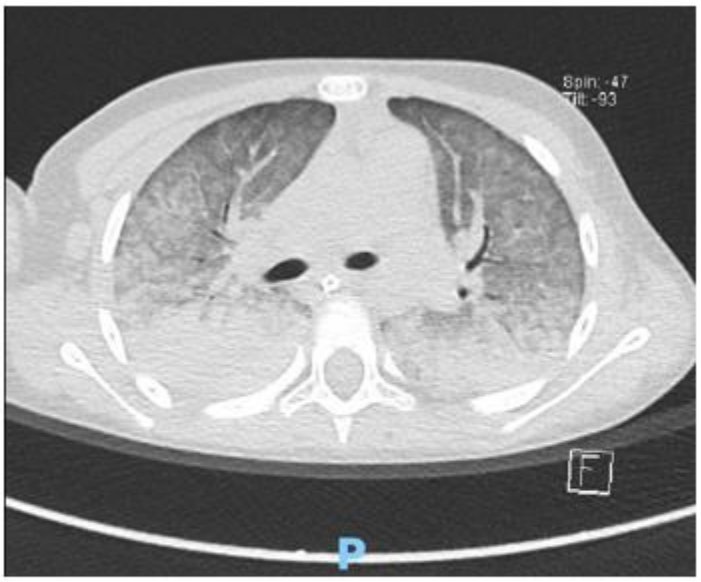

Image 1. The pulmonary parenchyma shows a pattern of high attenuation, with the presence of multiple areas of ground-glass opacities distributed diffusely and bilaterally, with a mosaic pattern, sparing the subpleural space. Additionally, areas of consolidation are evident towards the lung bases and posterior lung zones, which appear hyperdense even in the simple phase.

Conclusion: Diffuse alveolar hemorrhage is a severe and rare complication of pediatric SLE, but timely detection and management are crucial for improving prognosis. This case highlights the importance of a multidisciplinary and intensive approach in managing severe pulmonary complications.

Disclosure of Interest: None Declared

Keywords: diffuse alveolar hemorrhage, Pediatric SLE

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PANLAR 2025

Systemic lupus erythematosus

PANLAR2025-1396

Endothelial biomarkers in systemic erythematosus lupus patients

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

Background/Objectives: Disease activity in systemic lupus erythematosus (SLE) increases the risk of accrued damage and cardiovascular events. Endothelial biomarkers, such as VEGF, CD54, CD62P, and fractalkine (CX3CL1), play crucial roles in endothelial dysfunction, vascular inflammation, and immune cell recruitment. Our aim was to evaluate the levels of these biomarkers in SLE patients and analyze their relationships with disease activity and damage.

Methods: A cross-sectional study was conducted in which plasma levels of VEGF, CD54, CD62P, and fractalkine were compared between SLE patients and healthy controls (HC). Clinical and analytical variables were measured, and biomarkers were correlated with disease activity and the Systemic Damage Index (SDI). Biomarkers were measured by flow cytometry using a cytometric bead array (CBA-BD).

Results: A total of 50 patients and 34 HC were included. The baseline characteristics are summarized in Table 1. Higher levels of VEGF, CD54, and CD62P were observed in patients.(Figure 1). No significant differences were found between cytokine levels and cardiovascular risk factors (CVRF), nor in the domains of involvement, SLEDAI, any SDI, complement levels, DNA, or proteinuria. Lower levels were observed in patients receiving immunosuppressive therapy (1736.8 pg/mL, IQR 1482.4 – 2041.6 vs. 2219.4 pg/mL, IQR 1901.4 – 2623.8; p=0.03).

Table 1:

Image 1:

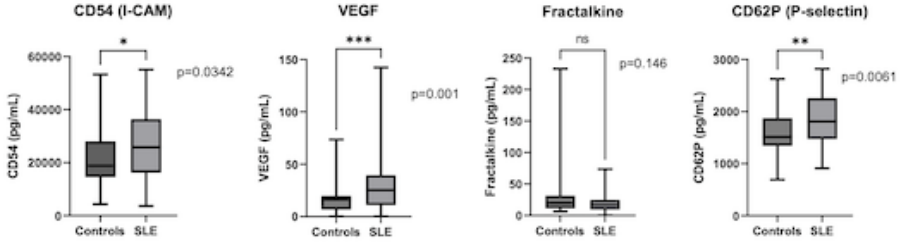

Figure 1. Biomarker plasma levels are compared in controls vs SLE patients. Mann Whitney test, median and IQR are plotted.

Conclusion: Our findings are consistent with previous reports regarding cytokine levels in SLE compared to healthy controls. However, no associations were found between these biomarkers and disease activity, accrued damage, or cardiovascular risk factors. This may, in part, be explained by the characteristics of the cohort, which was predominantly younger and had a low incidence of CVRF and active nephritis. Our findings underscore the relationship between immunosuppressive therapy and CD62P levels, which may have implications for the prevention of vascular damage. However, these findings need to be confirmed in larger, prospective studies.

Reference 1: Table 1. ***Demographic and Clinical Features***

Disclosure of Interest: None Declared

Keywords: Endothelial biomarkers, Endothelial damage, Systemic Lupus Erythematosus (SLE)

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BY PANLAR

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Systemic lupus erythematosus

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Utility of LE cells for the diagnosis of Systemic Lupus Erythematosus in a rheumatological therapy unit

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[1]Western Medical Assistance, [2]National Autonomous University of Nicaragua, [3]Oscar Danilo Rosales School Hospital, Leon, Nicaragua

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

Background/Objectives: Background: Systemic lupus erythematosus (SLE) is a complex multisystem autoimmune disease, characterized by periods of relapse and quiescence[1]. LE cells are polymorphonuclear leukocytes that phagocytose nuclear material, discovered in 1948 (Hargraves M). They were considered pathognomonic for SLE and were diagnostic criteria for SLE (ACR 1971) but were omitted from subsequent classifications because they lacked sensitivity as they were present in other autoimmune pathologies[2].

Objective: To evaluate the utility of LE cells for the diagnosis of SLE in patients evaluated in a rheumatological therapy unit in Leon, Nicaragua.

Methods: Observational, analytical, prospective, cross-sectional and quasi-experimental. 75 participants were divided into three groups: lupus, non-lupus rheumatic and healthy. Lupus patients were classified according to SLICC 2012 or EULAR/ACR 2019 criteria. Blood samples were taken from all participants to detect LE cells. Statistical analyses were performed: descriptive, frequency, Pearson correlation, variance, LSD Fisher test, sensitivity, specificity and ROC curve.
Results: In lupus patients, the mean age was 34.3 years, 92% of whom were female. The most frequent clinical and immunological criteria were alopecia (76%), leukopenia and/or lymphopenia (68%), synovitis (60%), Anti-Sm (44%) and Anti-dsDNA (40%). It was determined that there is a correlation between LE cells and synovitis p=0.021 (RR: 0.138; 95% CI 0.021-0.917), leukopenia and/or lymphopenia p=0.039 (RR:0.167; 95% CI 0.025-1.095); but without statistical significance. A correlation was shown between ANA by positive ELISA and specific immune tests: dsDNA p=0.001 (RR13.7; 95%CI 2.4-76.5), anti-Sm p=0.001 (RR11.5; 95%CI 2.1-62.9), lupus anticoagulant p=0.001 and C3 or C4 consumed p=0.001 (RR26.8; 95%CI 2.05-349.01) but no ANA/LE correlation was demonstrated, p=0.396 (RR0.37; 95%CI 0.036-3.915) (table 1). The LSD-Fischer test showed that there is no statistical significance between the different groups (p=0.9773), because LE cells are positive in other rheumatic diseases and in healthy individuals. LE cells obtained 12% sensitivity and specificity 96% (PPV 60%, NPV 68%) and AUC 0.35 (CI:0.14-0.57) (image 1).

Image 1:

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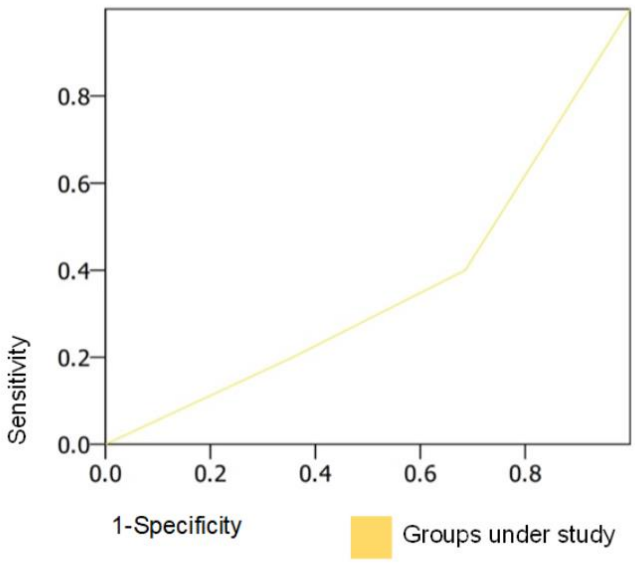
Table 1. Pearson correlation between positive ANA and immunological criteria for the diagnosis of SLE, n=25

Variable 1	Variable 2	N°	p value	RR 95% CI
ANA	dsDNA	4	0,000	13,778(2,478-76,599)
	anti-Sm	4	0,001	11,562 (2,146-62,904)
	Lupic anticoagulant	2	0,000	Indefinite
	C3 or C4	2	0,000	26,800 (2,058-349,001)
	C3 and C4	0	0,65	Indefinite
	LE	1	0,396	0,375 (0,036-3,915)

Image 2:

Image 1. ROC Curve



Sensitivity	0,20
1-Specificity	0,36
AUC	0,35

Conclusion: LE cells lack sensitivity and diagnostic effectiveness and should not be used as only criteria in the diagnosis of SLE, their role is part of the history of rheumatology. Diagnostic and classification criteria based on current evidence should be applied.

Reference 1: Arriens, C., Wren, J. D., Munroe, M. E., & Mohan, C. (2017). Systemic lupus erythematosus biomarkers: the challenging quest. *Rheumatology,* 56(suppl_1), i32–i45. https://doi.org/10.1093/rheumatology/kew407

Reference 2: Tan EM, Cohen AS, Fries JF, *et al* (1982). The 1982 revised criteria for the classification of systemic lupus erythematosus. Arthritis and Rheumatism. 25(11):1271-1277. https://doi.org/10.1002/art.1780251101

Disclosure of Interest: None Declared

Keywords: ANA, Immunological criteria, LE cells

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Systemic lupus erythematosus

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Delay In Diagnosis And Treatment Of Patients With Systemic Lupus Erythematosus In Latin America. A Mixed Methods Study.

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

Background/Objectives: Approximately 30% of patients with Systemic lupus erythematosus (SLE) experience diagnostic delays, with means ranging from 3 to 5 years. In Latin America (LA), the disparities in healthcare access and availability of specialized consultations across countries underscores the need to establish timelines and evaluate factors impacting key stages in the patients’ healthcare journey. This study aims to describe the process of seeking care, as well as delays in diagnosis and treatment, and to identify associated factors(barriers, facilitators, and patient needs).

Methods: This is a mixed methods (qualitative and quantitative) study in four phases with a sequential design. Phase 1: Evidence Generation through a systematic literature review and development of an interview guide for patients and rheumatologists. Phase 2: Qualitative Analysis, Describe and analyze the patient journey in SLE from the perspectives of patients and rheumatologists. Phase 3: Questionnaire Development and Validation. Phase 4: Quantitative Analysis, Use the validated questionnaire to assess diagnostic and treatment delays in SLE patients across LA with a representative patient sample.

Results: Seventeen countries in LA are currently participating: Argentina, Bolivia, Chile, Colombia, Cuba, Dominican Republic, Ecuador, El Salvador, Guatemala, Honduras, Mexico, Nicaragua, Panama, Paraguay, Peru, Uruguay, and Venezuela. Quantitative and qualitative systematic reviews been completed, and interview guides for rheumatologists and patients have been developed. Focus groups and in-depth patient interviews are currently underway, simultaneous with qualitative data analysis. Based on a sample design aligned with the epidemiological data of each country, the following activities will be conducted: Phase 2: 23 focus groups with rheumatologists and 153 individual in depth patient interviews; Phases 3 and 4:150 patients for the pilot test, 450 patients for questionnaire validation, and 13,369 patients for the measurement of diagnostic delays.

Conclusion: SLE is a heterogeneous disease that is challenging to diagnose and requires early treatment initiation. Delays in SLE diagnosis have specific characteristics, including disease variability, diversity of healthcare systems, educational factors among health professionals and the general population, and sociocultural and economic conditions. Measuring these delays is essential to provide evidence for informed decision-making in health policies.

Disclosure of Interest: None Declared

Keywords: Delayed Diagnosis, Mixed methods study, systemic lupus erythematosus

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Systemic lupus erythematosus

PANLAR2025-1049

Living With Systemic Lupus Erythematosus In 2024: Latin American Experience Based On A Patient Survey

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

Background/Objectives: Systemic lupus erythematosus (SLE) is a systemic autoimmune disease that significantly impacts patients' quality of life. In 2020, a survey was conducted by Lupus Europe to assess the burden of SLE among European patients(1). The reality of Latin America (LA) is highly diverse in terms of healthcare access and treatment availability, making it essential to describe these experiences from the patients' perspective.This study aimed to evaluate the burden of SLE from the perspective of LA patients in 2024.

Methods: In May 2024, as part of the international SLE awareness day, the *Grupo Latinoamericano de Estudio del Lupus* (GLADEL) disseminated an anonymous, bilingual online survey (in Spanish and Portuguese) to patients diagnosed with SLE through their physicians and various patient associations across LA countries.

Results: Data from 2,139 SLE respondents (95.9% female, median age: 38.0 years [IQR: 31.0–46.0], 25.5% Caucasian, 34.7% Mestizo, 20% Afrolatinoamerican, 10% indigenous and 6.8% other) from 15 LA countries were analyzed. The most

commonly affected organs were the joints (68.1%), the skin (47.3%), and the kidney (35.6%). In 52.5% of the cases, a previous diagnosis other than SLE was reported. Regarding educational level, 40% had completed high school. At the time of the survey, 40% were employed, while 20% had stopped working due to lupus. Daily life activities were negatively impacted by lupus for 40% of respondents, with joint pain (17.5%) and fatigue (35%) being the most disruptive symptoms. Additionally, 35.6% of patients used antimalarials, 25% were on steroids (mean dose: 5 mg/day), 27.8% used immunosuppressants, and 5.4% were receiving biologic drugs. Notably, 35% of respondents agreed that they had access to specialized care and treatments appropriate for their condition.

Conclusion: Understanding patient perspectives is crucial for evaluating the impact of SLE and addressing challenges related to healthcare access and treatment. Incorporating patient feedback into regional healthcare policies should be prioritized.

Acknowledgements: LUPUS EUROPE for the support in adapting the survey to LA, to the GLADEL researchers and all patients who voluntarily participated in this survey and to the patient associations that made the survey available to patients.

Reference 1: 1-Cornet A, Andersen J, Myllys K, et al. Living with systemic lupus erythematosus in 2020: a European patient survey. Lupus Science & Medicine 2021;8:e000469. doi:10.1136/ lupus-2020-000469

Disclosure of Interest: None Declared

Keywords: Latin America, online survey, systemic lupus erythematosus

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GLOBAL RHEUMATOLOGY
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Systemic lupus erythematosus

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Systemic Lupus Erythematosus Induced By Valproic Acid: Case Report

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

Background/Objectives: Systemic lupus erythematosus (SLE) is an autoimmune disease with multisystem involvement, which in recent years has been described as affecting more than 3.4 million people worldwide. Within its pathogenesis, an association with more than 90 drugs has been described since 1945 in which after exposure to them an idiosyncratic side effect occurs where the symptoms overlap with those of systemic lupus erythematosus, it is estimated that 10% of cases of SLE are induced by drugs. A clinical case of lupus associated with drugs is presented, valproic acid, which although a low risk has been described, this case shows a clear relationship by clinical and laboratory criteria.

Methods: We analyzed the clinical presentation, laboratory findings, also considering the criteria established for a case definition based on the 4 concepts this text shows in a a 66-year-old female patient.

Results: A 66-year-old female patient attended the rheumatology outpatient clinic due to a 1-year history of clinical symptoms characterized by the appearance of oral ulcers associated with arthralgias in the hands, knees, and shoulders. The patient has a history of schizophrenia, diabetes mellitus and controlled arterial hypertension. She has been taking valproic acid for 30 years as part of her current treatment. She brings immunological laboratories where the positivity of antinuclear antibodies (ANA) and antihistones is striking. The diagnosis of drug-induced Lupus is suggested, so it is indicated suspension of treatment with valproic acid and an appointment for control in 2 months. In the subsequent consultation the patient manifested improvement of arthralgias and oral ulcers without other associated symptoms.

Conclusion: A clinical case of drug-associated lupus is presented, where valproic acid has been described as having a low risk of presentation, it is possible to characterize the clinical manifestations associated with immunological tests. In addition, taking into account the criteria established for a case definition, which is based on the 4 concepts, a clear relationship by clinical and laboratory criteria is evidenced. This case report intends to be a substrate of interest and to encourage scientific reproduction that allows establishing a greater association, in addition to expanding the study of the mechanisms by which this pathology exists.

Disclosure of Interest: None Declared

Keywords: drugs, systemic lupus erythematosus, valproic acid

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PANLAR 2025

Systemic lupus erythematosus

PANLAR2025-1310

Evaluating Cardiovascular Risk With The Prevent Calculator: Limitations And Links To Disease Activity In Systemic Lupus Erythematosus

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

Background/Objectives: Higher SLEDAI scores in systemic lupus erythematosus (SLE) patients are linked to an increased cardiovascular (CV) risk. The PREVENT algorithm, applicable from age 30, estimates 10- and 30-year risks for atherosclerotic cardiovascular disease (ASCVD) and heart failure (HF), making it especially useful for SLE patient assessment. We aim to associate the disease activity with ASCVD and HF risk using the PREVENT calculator.

Methods: A cross-sectional descriptive study was conducted on SLE patients aged 30-75 and divided by disease activity based on the SLEDAI scale, which was classified into 3 groups: low (<3 points), moderate (3-12 points), and high (>12 points).The 10-year and 30-year risk of ASCVD and HF was estimated according to the PREVENT algorithm. Group distribution was assessed using the Kolmogorov-Smirnoff test and comparisons using the Chi-square test, ANOVA, or Kruskal-Wallis test, accordingly. A p-value of ≤0.05 was considered statistically significant

Results: A total of 54 patients were included (Table 1), with no significant difference between the ages of each SLEDAI group. Most patients were classified as low risk for ASCVD and HF in the 10- and 30-year estimations. **No high-risk patients for ASCVD were identified at 10 years**. There was no change in high-risk HF cases at 10- and 30-year estimation for low/moderate SLEDAI groups; however, for the high SLEDAI group one patient at 30-year risk was identified. **No statistical differences were found based on the PREVENT CVR categorization**

Table 1:

	Low (n=13)	Moderate (n=25)	High (n=16)	
Age, years, mean (± SD)	45.3± 10.7	45.4± 9.5	42.9± 7.0	NS
Women, n (%)	10(76.9)	23(92)	14 (87.5)	NS

Hypertension, n (%)	2(15.3)	**10(40)**	2(12.5)	NS
Disease duration, months, mean (± SD)	98.1±116.9	127.7±103.9	97.8±83	NS
PREVENT				
10-year risk of ASCVD				
Low, n (%)	**13(100)**	23(92.3)	14(87.5)	NS
Borderline, n (%)	-	1(4.0)	2(12.5)	NS
Intermediate, n (%)	-	1(4.0)	-	NS
High, n (%)	-	-	-	-
10-year risk of HF				
Low, n (%)	12(92.3)	21(84.0)	15(93.5)	NS
Borderline, n (%)	1(7.6)	3(12.0)	-	NS
Intermediate, n (%)	-	-	1(6.2)	NS
High, n (%)	-	**1(4.0)**	-	NS

30-year risk of ASCVD				
Low, n (%)	5(38.4)	9(36.0)	14(87.5)	NS
Borderline, n (%)	-	6(24.0)	2(12.5)	NS
Intermediate, n (%)	5(38.4)	7 (28.0)	-	NS
High, n (%)	1(7.6)	1(4.0)	1(6.2)	NS
30-year risk of HF				
Low, n (%)	5(38.4)	9(36.0)	8(50.0)	NS
Borderline, n (%)	1(7.6)	4(16.0)	2(12.5)	NS
Intermediate, n (%)	5(38.4)	9(36.0)	5(31.2)	NS
High, n (%)	-	1(4.0)	**1(6.2)**	NS

Conclusion: No association was found between CVR stratification and disease activity in SLE patients. Larger prospective studies considering the inflammatory component are needed.

Disclosure of Interest: None Declared

Keywords: Cardiovascular risk, PREVENT calculator, systemic lupus erythematosus

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GLOBAL RHEUMATOLOGY
BY PANLAR

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Systemic lupus erythematosus

PANLAR2025-1454

"RISK FACTORS ASSOCIATED WITH PREMATURE IN NEWBORN BORN OF WOMEN WITH SYSTEMIC LUPUS ERYTHEMATOSUS."

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

Background/Objectives: Background. During pregnancy, reactivations of the Systemic lupus erythematosus are common, resulting in adverse outcomes. Previously the rate of prematurity was observed in up to 47% of cases. Factors reported to be associated with prematurity include preeclampsia, disease activity mainly manifested by proteinuria in the first trimester, SLE activity at the time of conception or in the previous 6-12 months, serologic activity, thrombocytopenia, and antiphospholipid antibody positivity. The aim objective is to determine the risk factors associated with prematurity in newborns of pregnant women with systemic lupus erythematosus.

Methods: Methods. A cohort of patients with systemic lupus erythematosus (ACR 1997) attended in a National Medical Center of reference in México City, from January 2009 to December 2023 and whose pregnancy ended before December 2023. Clinical, biochemical, serological and treatment variables potentially associated with the development of prematurity (live birth <37 SDG) were analyzed through binary logistic regression analysis.

Results: Results. A total of 549 patients were included. Prematurity was observed in 27% of the newborns. A higher frequency of prematurity was observed in those patients with preeclampsia (66%) and renal activity. In the logistic regression analysis, preeclampsia, premature rupture of membranes and hematuria were independent risk factors for prematurity (Table 1). The variables associated with the development of preeclampsia were thrombocytopenia (OR 3.01, 95% CI1.10-8.17), proteinuria (OR2.16, 95% CI1.19-3.92) and elevated anti-dsDNA antibody titers (OR 1.81, 95% CI 1.07-3.07); chloroquine use (OR 0.44; 95% CI 0.23-0.84) was a protective factor.

Table 1:

Conclusion: Conclusions. Prematurity was observed in 27% of live newborns born to women with SLE. Risk factors associated with this complication were preeclampsia, premature rupture of membranes and hematuria. SLE activity is associated with the development of preeclampsia. Therefore, strict control of the disease and timely detection of complications are recommended to improve obstetric outcome.

Disclosure of Interest: None Declared

Keywords: lupus erythematosus systemic, Pregnancy, Premature birth

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Systemic lupus erythematosus

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Lupus Related Protein Losing Entheropathy: A Case Report

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

Background/Objectives: Lupus-Related Protein-Losing Enteropathy (PLE) is a rare gastrointestinal manifestation of systemic lupus erythematosus (SLE), presenting with generalized edema and severe hypoalbuminemia due to intestinal protein loss without proteinuria or other identifiable cause[1-2]. We report a case of a 54-year-old female with PLE, emphasizing the need for prompt diagnosis and treatment.

Methods: Case report.

Results: A 54-year-old female with a recent SLE diagnosis was admitted due to chronic diarrhea, weight loss, and edema. Remarkable findings included generalized edema, pleural effusion and ascites, as well as severe hypoalbuminemia (1.37 g/dl), hypocholesterolemia, and elevated inflammatory markers (PCR 4.28 mg/dl). Other manifestations included alopecia, oral ulcers, polyarthritis, inflammatory anemia, leucopenia, lymphopenia, and hypocomplementemia (C3 31 mg/dl, C4 12 mg/dl). Renal losses were excluded, with normal urine findings and a 24-hour protein of 198 mg. Endoscopy revealed diffuse ileitis, and histopathology showed acute inflammatory infiltrates in the duodenum and ileum (Figure 1-2). Extensive testing ruled out liver disease, malabsorption, infections, inflammatory bowel disease, celiac disease, and malignancy. Limited resources prevented tests like alpha 1-antitrypsin stool clearance and technetium-99m human serum albumin scintigraphy. Treatment with high-dose methylprednisolone, followed by prednisone tapering, plus monthly IV cyclophosphamide and supportive care with partial parenteral nutrition, was carried out with a favorable response.

Image 1:

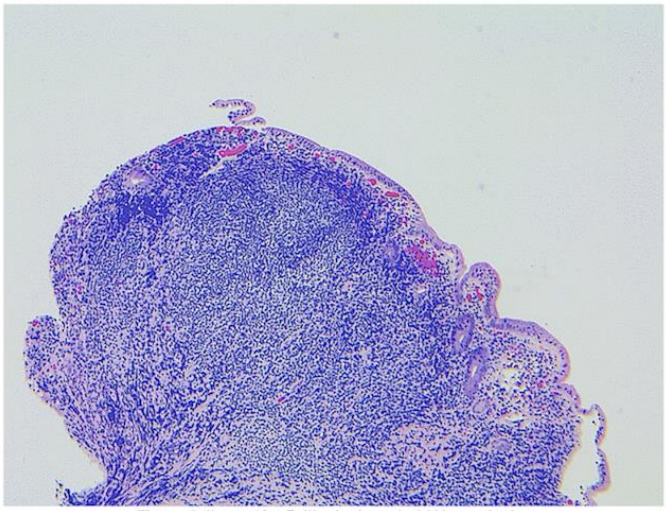

Figure 1. Ileon. 40x. Follicular Lymphoid Hyperplasia

Image 2:

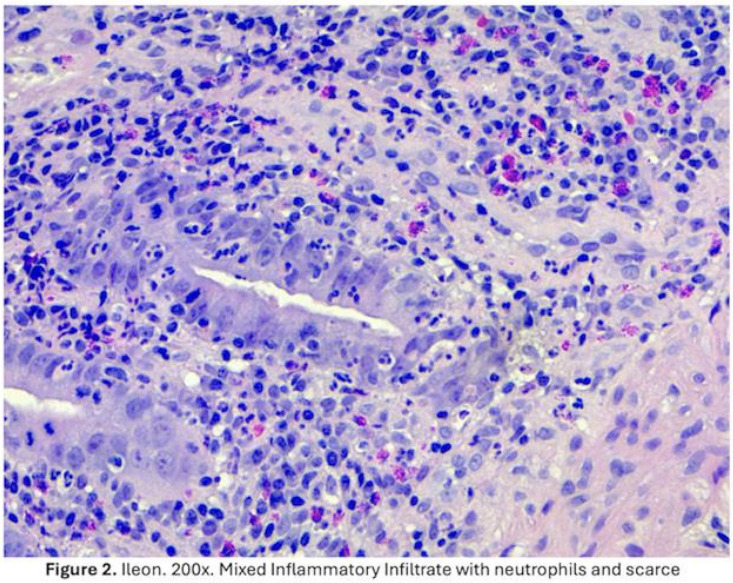

Figure 2. Ileon. 200x. Mixed Inflammatory Infiltrate with neutrophils and scarce eosinophils in the mucosa and lamina propia.

Conclusion: Ascites and severe hypoalbuminemia in an active SLE patient without overt proteinuria should prompt consideration of PLE. While hypercholesterolemia is often seen in lupus-related PLE, our case report proposes lymphangiectasia as a possible cause of hypocholesterolemia.

Reference 1: Frittoli RB, Bazuco R, et al. Gastrointestinal involvement in systemic lupus erythematosus: A systematic review. *J Transl Autoimmun*. 2021;4:100106.

Reference 2: Peng L, et al. Characteristics and long-term outcomes of patients with lupus-related protein-losing enteropathy: A retrospective study. *Rheumatol Immunol Res*. 2020;1(1):47-52.

Disclosure of Interest: None Declared

Keywords: hypoalbuminemia, Lupus Related Protein Losing Entheropathy

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Systemic lupus erythematosus

PANLAR2025-1318

Early Presentation Of Systemic Lupus Erythematosus In Pediatrics: Case Series In Children Under 6 Years Of Age

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

Background/Objectives: Systemic lupus erythematosus (SLE) is a chronic, autoimmune and systemic disease. Onset in the first years of life is rare, and requires considering other diagnoses.

Methods: A descriptive, cross-sectional, retrospective and observational study was conducted. Patients aged 5 years or younger diagnosed with Systemic Lupus Erythematosus at the Hospital para el Niño Poblano in the period from 2010 to 2020 were added.

Results: CASE 1

A 4-year-old female patient with refractory thrombocytopenia and autoimmune hemolytic anemia, positive ANAs, complement consumption and positivity for anti-Ro antibody. Treatment was started with Hydroxychloroquine, Mycophenolate mofetil and variable doses of corticosteroids.

CASE 2

A 5-year-old female patient who debuts with fever, arthritis, and pleural effusion. Laboratory tests show the presence of proteinuria and hematuria, positive ANAs, complete consumption, positive Anti-DNA dc, positive anti-Sm and positive Coombs. A percutaneous renal biopsy was performed with a result of class II lupus nephritis. Treatment was started with hydroxychloroquine, prednisone and mycophenolate mofetil.

CASE 3

A 6-month-old female who began her illness with fever, jaundice, seizures, thrombocytopenia, hemolytic anemia, serositis, proteinuria and hematuria, positive antinuclear antibodies with positive Coombs. Treatment was started with gammaglobulin, corticosteroids, cyclosporine and hydroxychloroquine with good response.CASE 4

A 4-year-old female with malar erythema and hair loss. Initial studies reported thrombocytopenia, proteinuria and hematuria. A renal biopsy was obtained with a result of class IV lupus nephritis. Psychosis was added during the course of the disease. The patient presented persistent proteinuria which progressed to chronic kidney disease despite being treated with corticosteroids, mycophenolate mofetil, hydroxychloroquine and cyclophosphamide. The patient reached 18 years of age with renal replacement therapy.

CASE 5

A 5-year-old male who attended a rheumatology consultation due to arthritis and Raynaud's phenomenon. The

immunological profile confirmed the presence of ANAs, with complement consumption, positive Anti-Ro and anti-RNP. The patient responded well to treatment with corticosteroids, hydroxychloroquine and methotrexate.

Conclusion: The onset of systemic lupus erythematosus in patients 5 years of age or younger is extremely rare and warrants targeted study and high suspicion. Adequate treatment is essential for the patient's life prognosis.

Reference 1: Harry O, Yasin S, Brunner H. Childhood-onset systemic lupus erythematosus: A review and update. J Pediatr [Internet]. 2018;196:22-30.e2. Disponible en: http://dx.doi.org/10.1016/j.jpeds.2018.01.045.

Reference 2: Silva CA. Childhood-onset systemic lupus erythematosus: early disease manifestations that the paediatrician must know. Expert Rev Clin Immunol [Internet]. 2016;12(9):907–10. Disponible en: http://dx.doi.org/10.1080/1744666X.2016.1195685.

Disclosure of Interest: None Declared

Keywords: Children, lupus erythematosus systemic, Lupus nephritis

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Vasculitis and related diseases

PANLAR2025-1023

Trends In Hospitalizations And Mortality Rates For Anti-Neutrophil Cytoplasmic Antibody-Associated Vasculitis In Mexico: Results From A Nationwide Health Registry

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

Background/Objectives: Anti-neutrophil cytoplasmic antibody (ANCA)-associated vasculitis (AAV) is a group of systemic autoimmune diseases associated with significant morbidity and mortality. Despite the growing global attention to AAV, there is limited epidemiological evidence on its health outcomes in low- and middle-income countries, including Mexico.

Objective: To analyze trends in hospitalizations and mortality rates for AAV in Mexico from 2005 to 2022 and 2000 to 2022, respectively, and to identify demographic and geographic disparities.

Methods: Data from Mexico's General Board of Health Information (DGIS) were analyzed using ICD-10 codes (M31.3 and M31.7). Age-standardized hospitalization (ASHR) and mortality (ASMR) rates per 100,000 population were calculated. Trends were assessed using Joinpoint regression analysis to estimate the annual percentage change (APC) and average annual percentage change (AAPC) for various subpopulations.

Results: Between 2005 and 2022, 2,804 hospitalizations and 599 deaths were recorded for AAV. The overall ASHR decreased significantly from 2010 to 2022 (APC: -5.2%; 95% CI: -9.7, -0.5; p = 0.03), reflecting potential improvements in disease management. In contrast, mortality rates for AAV exhibited a significant uptrend in males (2008–2019: APC: 6.4%; 95% CI: 0.9, 12.2; p = 0.02) and individuals aged ≥45 years (2008–2019: APC: 8.6%; 95% CI: 1.7, 16.0; p = 0.02). Regional disparities revealed higher mortality in Central Mexico, possibly reflecting the clustering of severe cases in specialized centers

Table 1: Tabla 1. Number and average annual rates for ANCA-vasculitis hospitalizations (2005-2022) and mortality (2000-2022) in Mexico

Characteristics	Hospitalizations n (%)	AAPC of hospitalizations (95%CI)	Deaths n (%)	AAPC of mortality (95%CI)
Overall	2,804 (100)	-1.5 % (-15.8, 15.3)	599 (100)	3.0 % (-4.6, 11.3)
Sex				
Male	1,410 (50.3)	-0.2 % (-7.7, 7.9)	292 (48.7)	0.5 % (-4.9, 6.2)
Female	1,394 (49.7)	-0.8 % (-17.9, 19.9)	307 (51.3)	7.3 % (-7.5, 24.5)
Age group (years)				
15-44	1,356 (48.4)	0.1 % (-6.6, 7.2)	221 (36.9)	3.5 % (-8.5, 16.2)
45 or more	1,448 (51.6)	-0.9 % (-4.9, 3.2)	378 (63.1)	2.5 % (-4.3, 9.7)

AAPC: average annual percent change; CI: confidence interval.

Conclusion: This study highlights contrasting trends in AAV outcomes in Mexico, with decreasing hospitalization rates but increasing mortality among certain populations. These findings emphasize the need for targeted public health strategies to address disparities in access to care and optimize disease management.

Reference 1: Pearce FA, Craven A, Merkel PA, Luqmani RA, Watts RA. Global ethnic and geographic differences in the clinical presentations of anti-neutrophil cytoplasm antibody-associated vasculitis. *Rheumatology (Oxford)* 2017;56:1962–1969.

Reference 2: Sims C, Golenbiewski J, Eudy AM, Allen NB, Clowse MEB. Hospital Admissions and Mortality in Patients With Anti-Neutrophil Cytoplasmic Antibody-Associated Vasculitis. J Clin Rheumatol 2023;29:e124–e129.

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Disclosure of Interest: None Declared

Keywords: ANCA-associated vasculitis, hospitalizations, Mortality

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Vasculitis and related diseases

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Prevalence Of Anca-Associated Vasculitis In Adults Over 18 Years Old In Colombia

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

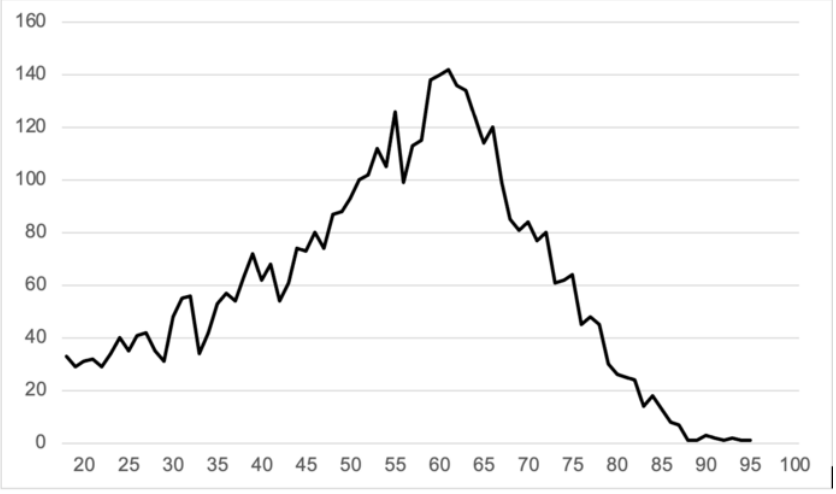
Background/Objectives: To determine the prevalence of ANCA-associated vasculitis (AAV) in adults aged 18 years and older in Colombia between January 1, 2018, and December 31, 2022.

Methods: We analyzed data from the official database of the Ministry of Health of Colombia over a five-year period. The analysis included individuals aged 18 years and older who sought medical attention for any of the three subtypes of AAV: granulomatosis with polyangiitis (GPA), microscopic polyangiitis (MPA), or eosinophilic granulomatosis with polyangiitis (EGPA). To estimate the prevalence per million inhabitants, the total number of individuals treated during the five-year period was used as the denominator.

Results: Over the five-year period, 2,446 patients were diagnosed with AAV, of whom 1,534 (62.7%) were female. The mean age was 53.9 years (53.8 for GPA, 55.8 for MPA, and 52.7 for EGPA). Among these patients, 1,733 (70.9%) had GPA, and 103 (4.2%) were registered with more than one diagnosis. The crude five-year prevalence rate of AAV was 66.9 per million adults, with rates of 77.2 per million in females and 54.7 per million in males, resulting in a female-to-male ratio of 1.68. The specific five-year prevalence for each subtype (and corresponding female-to-male ratio) was 47.4 per million adults for GPA (1.60), 11.7 for MPA (1.74), and 10.6 for EGPA (1.87)

Image 1:

Figure 1. Age distribution of the 2,446 patients diagnosed with ANCA-associated vasculitis in Colombia 2018-2022.



Conclusion: This is the first study to report the prevalence of all AAV subtypes in Colombia, providing data comparable to that from the United Kingdom, Germany, and Argentina.

Special thanks to Colombian Association of Rheumatology for their contribution to the presentation of this work.

Disclosure of Interest: None Declared

Keywords: Anti-Neutrophil Cytoplasmic Antibody-Associated Vasculitis, epidemiology, prevalence

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Vasculitis and related diseases

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FACTORS ASSOCIATED WITH DEPRESSION AND ANXIETY IN ANCA-ASSOCIATED VASCULITIS PATIENTS: DATA FROM THE ALMENARA VASCULITIS COHORT

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

Background/Objectives: In patients with ANCA-associated vasculitis (AAV), the frequency of depression and anxiety, and their associated factors remain to be identified at global level. The aim of this study is to determine the factors associated with depression and anxiety in AAV patients from a Latin American cohort.

Methods: Patients from the Almenara Vasculitis cohort were included. Depression symptoms were assessed by the Patient Health Questionnaire-9 (PHQ-9) (Range: 0-27), whereas anxiety symptoms were assessed by the Generalized Anxiety Disorder-7 (GAD-7) (Range: 0-21). For both questionnaires, the higher the score, the greater the intensity of the corresponding symptoms. Potential associated factors were sex, age, ethnicity, educational level, relationship status, employment and socioeconomic status (SES), disease activity, damage accrual, ANCA status, glucocorticoid use and doses, immunosuppressive use and type, diagnosis and the AAV-Patient reported outcome (PRO) questionnaire domains. Cross-sectional univariable and multivariable linear regression models were performed. The multivariable models were done using a backward selection procedure with an alpha to stay in the model of 0.05.

Results: Eighty-eight patients were included; the GAD-7 and the PHQ-9 scores at baseline were 6.3 (4.3) and 7.2 (4.9), respectively. In multivariable analysis depicted in Table 1, middle SES, active disease, and the social and emotional impact domain of the AAV-PRO were negatively associated with anxious symptoms. On the other hand, low SES, relapsing and active disease, and organ-specific symptoms and the social and emotional impact domains of the AAV-PRO were negatively associated with depressive symptoms.

Table 1: Factors associated with depression and anxious symptoms as assessed by the PHQ-9 and the GAD-7 questionnaire, respectively.

Multivariable models				
	PHQ-9		GAD-7	
Variable*	ß (SE)	*p* value	ß (SE)	*p* value
Socioeconomic status				
High	Ref.		Ref.	
Middle	1.74 (1.14)	0.125	2.92 (0.99)	0.003
Low	2.73 (1.29)	0.033	1.51 (1.12)	0.179
Disease state				
Remission	Ref.		Ref.	
Active	2.93 (1.16)	0.011	2.74 (0.99)	0.005
Relapse	3.38 (1.24)	0.007	1.89 (1.08)	0.081
AAV-PRO				

Organ-Specific Symptoms	0.05 (0.23)	0.025		
Social and Emotional Impact	0.07 (0.03)	0.018	0.09 (0.02)	<0.001

*All variables were assessed at a single visit. SE=standard error. Ref: Reference

Conclusion: A middle-low SES, relapsing and active disease, and some domains from the AAV-PRO (social and emotional impact, organ-specific symptoms) were associated with higher intensity of anxiety and depression symptoms.

Disclosure of Interest: None Declared

Keywords: ANCA-associated vasculitis, Anxiety, Depression

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Vasculitis and related diseases

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Diagnostic Concordance In Cutaneous Vasculitis: A Retrospective Study From A Fourth-Level Hospital In Colombia

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

Background/Objectives: Cutaneous vasculitis represents a diagnostic challenge due to its varied clinical presentations and potential overlap with other dermatological conditions. Biopsy confirmation is often required for definitive diagnosis, yet concordance between clinical suspicion and histopathological findings remains unclear, particularly in multidisciplinary settings.

Methods: This retrospective study analyzed 100 adult patients who underwent skin biopsy at a fourth-level hospital in Colombia between February 2017 and December 2024. Patients were categorized based on clinical suspicion of vasculitis by dermatologists or rheumatologists. Data on demographics, clinical characteristics, and histopathological findings were collected and analyzed. Diagnostic concordance was assessed using Cohen's *kappa* coefficient. Differences in inflammatory markers, including erythrocyte sedimentation rate and C-reactive protein levels, were evaluated using a non-parametric test.

Results: Of the total cohort, 80 patients presented with clinical suspicion of vasculitis, and 20 suspected with other diagnostic impressions were biopsied. Small-vessel vasculitis was the predominant pathological finding (88.2%), followed by small-and-medium-vessel vasculitis (6.6%) and medium-vessel vasculitis (5.3%). Concordance analysis revealed no agreement between clinical suspicion and histopathological confirmation for dermatologists (κ = -0.27, 95% CI: -0.35 to -0.19) and null-to-poor agreement for rheumatologists (κ = -0.20, 95% CI: -0.52 to 0.12). There was no significant difference in general inflammatory biomarkers between the group with biopsy-confirmed vasculitis and the group with biopsy-negative results (*p-values* of *0.068* and *0.929* for erythrocyte sedimentation rate and C-reactive protein, respectively). Systemic symptoms were present in 50 (62.5%) of patients with suspected vasculitis compared to 12 (60.0%) in non-suspected cases, outlining a non-statistical difference between the groups of -2.5% (95% C.I: -0.23%, 0.28%).

Conclusion: This study highlights limited diagnostic concordance between clinical impression and biopsy-confirmed vasculitis, emphasizing the need for improved diagnostic pathways in dermatology and rheumatology practices. Small-vessel vasculitis predominated among confirmed cases. General inflammatory biomarkers do not seem to play an important role in the paraclinical assessment of the condition.

Disclosure of Interest: None Declared

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Keywords: Cutaneous vasculitis, Diagnostic concordance, Skin biopsy

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Vasculitis and related diseases

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Defining Clinical Subgroups of Patients with Relapsing Polychondritis: A Latent Class and Decision Tree Analysis in Two Independent Prospective Cohorts

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

Background/Objectives: Relapsing polychondritis (RP) is a rare and clinical heterogeneous systemic disease with significant delay in diagnosis.Using latent class analysis (LCA), 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. This study aimed to validate previously identified clinical subgroups using LCA and develop a decision tree algorithm to accurately predict assignment of individual patients to these subgroups.

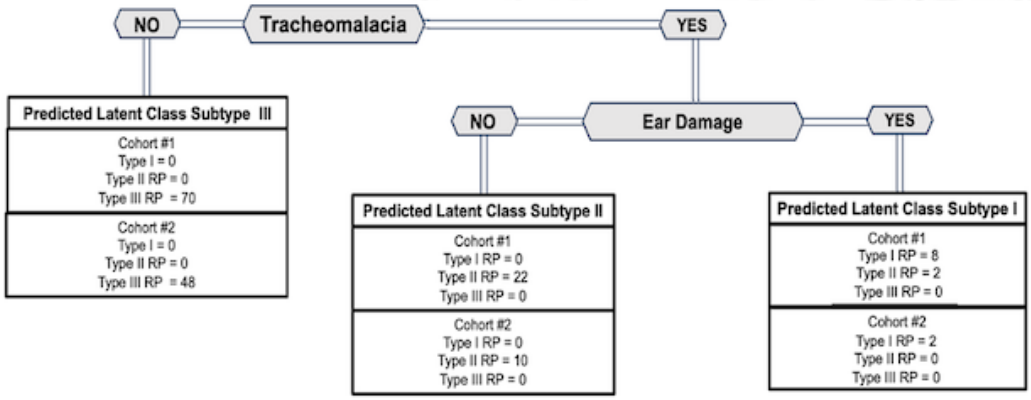
Methods: Patients ≥ 18 years old with a diagnosis of RP were included. All patients had a dynamic chest computerized tomography (CT) and audiometry. LCA was conducted in two independent prospective cohorts of patients with RP using the following variables: arthritis, tracheomalacia, bronchomalacia, subglottic 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 and Akaike information criterion. Decision tree analysis was performed to predict latent class group status.

Results: 162 patients 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 LCA 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:



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: 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: S. Banerjee: None Declared, P. Grayson: None Declared, C. McAlear: None Declared, P. Merkel Consultant with: N/A, M. Ferrada: None Declared

Keywords: diagnosis, prospective, relapsing polychondritis

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Vasculitis and related diseases

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Utility Of Pet/Ct In The Diagnosis And Follow-Up Of Patients With Large Vessel Vasculitis

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

Background/Objectives: To assess the utility of PET/CT imaging in the diagnosis and follow-up of patients with Takayasu arteritis (TAK) and giant cell arteritis (GCA), focusing on the patterns of vascular inflammation and damage

Methods: We included patients meeting the ACR/EULAR 2022 criteria for GCA or TAK who underwent PET/CT scans either at diagnosis or during follow-up. FDG uptake was evaluated using qualitative visual methods, including a global visual score relative to hepatic uptake, the PETVAS (vascular activity score) by arterial territory, and a global score. Vascular involvement patterns (clusters) were also determined for each patient.

Results: Fifty-three patients were included: 14 with Takayasu arteritis (TAK) (85.7% female, mean age 33.4 years, SD 19.2) and 39 with giant cell arteritis (GCA) (15 with cranial involvement, 10 with extracranial, and 14 with combined involvement) (74.4% female, mean age 75.8 years, SD 8.7). The median follow-up time was 5.4 years (IQR 1.9–9.6). PET/CT scans were performed for diagnostic purposes in 30 patients, during follow-up in 10, and to assess relapse in 13.

For GCA, the primary diagnostic methods included temporal artery Doppler ultrasound (n=10), PET/CT (n=12), temporal artery biopsy (n=8), and clinical evaluation (n=9). For TAK, diagnostic methods included Doppler ultrasound (n=3), CTA (n=3), PET/CT (n=3), MRA (n=3), and angiography (n=2). A global visual score of 3 (indicative of active vasculitis) was observed in 13 patients (3 with TAK and 10 with GCA), with 11 cases at diagnosis and 2 at relapse. The median total PETVAS score at diagnosis was 7 (IQR 6–14) in TAK patients (n=7) and 6 (IQR 0–12) in GCA patients (n=23) (p=0.47). Treatment modifications were made in 41.5% of patients (22 patients) based on PET findings.

The predominant vascular involvement pattern in TAK was cluster 1 (abdominal dominance) in 8 patients (57.1%), while in GCA, clusters 4 and 5 (homogeneous uptake along the aorta, with and without extra-aortic vessel involvement) were seen in 9 patients each (37.5%). All TAK patients demonstrated vascular damage, whereas only 25% of patients with extracranial GCA exhibited vascular damage (p<0.001).

Image 1:

Table 1: Characteristics of the 53 patients with large vessel vasculitis with PET-FDG.

Variables	TAKAYASU (N=14)	ACG (N=39)	P VALUE
Female sex, n (%, 95% CI)	12 (85.7, CI 55.0-96.7)	29 (74.4, CI 57.9-85.9)	0.38
Age at diagnosis of vasculitis, years, mean (SD)	**33.4 (19.2)**	**75.8 (8.7)**	**<0.001**
Follow-up time, years, median (IQR)	7.3 (2.0 -11.7)	5.2 (1.8-9.1)	0.39
C-reactive protein at diagnosis, median (IQR)	21 (4-95)	32 (14-77)	0.53
Erythrocyte sedimentation rate at diagnosis, median (IQR)	**33 (18-47)**	**70(48-97)**	**0.002**
Weight loss at diagnosis, n (%, 95% CI)	**1 (7.1, CI 0.9 – 40.0)**	**15 (38.5, CI 24.2-54.9)**	**0.03**
Fever at diagnosis, n (%, 95% CI)	3 (21.4 CI 6.6-51.4)	13 (33.3, CI 20.0-49.9)	0.41
Headache at diagnosis, n (%, 95% CI)	**4 (28.6, CI 10.4 -57.8)**	**25 (64.1 CI 47.5- 77.9)**	**0.02**
Visual disorders at diagnosis, n (%, 95% CI)	4 (28.6, CI 10.4 – 57.8)	12 (30.8, CI 18.0 – 47.4)	0.88
Mandibular claudication at diagnosis, n (%, 95% CI)	**0**	**11 (28.2 CI 16.0 – 44.7)**	**0.03**
Limb claudication at diagnosis, n (%, 95% CI)	**7 (50.0, CI 24.7-75.3)**	**2 (5.1, CI 1.2-19.1)**	**<0.001**
Absent pulse at diagnosis, n (%, 95% CI)	**14 (100%)**	**2 (5.1, CI 1.2- 19.1)**	**<0.001**
Syncope at diagnosis, n (%, 95% CI)	**2 (14.3, CI 3.3- 4.9)**	**0**	**0.02**
Stroke at diagnosis, n (%, 95% CI)	2 (14.3, CI 3.3- 4.9)	1 (2.6, CI 0.3-17.1)	0.10
Arterial hypertension at diagnosis, n (%, 95% CI)	**5 (35.7, CI 14.8-63.9)**	**2 (5.1, CI 1.2- 19.1)**	**0.004**
Polymyalgia rheumatica at diagnosis, n (%, 95% CI)	**0**	**16 (41.0, CI 26.4 – 57.4)**	**0.004**
Baseline prednisone dose, mg, median (IQR)	37.5 (25.0- 50.0)	50.0 (25.0-75.0)	0.48
Total duration of prednisone in months, mg, median (IQR)	21.2 (10.4-47.7)	18.8 (7.0-39.4)	0.65
Conventional DMARs at diagnosis, n (%, 95% CI)	**11 (78.6, CI 48.6 – 93.4)**	**3 (7.7 CI 2.4 -22.0)**	**<0.001**
Biologic use, n (%, 95% CI)	3 (21.4, CI 8.6 – 51.4)	3 (7.7, CI 2.4 -22.0)	0.16
Use of PET-FDG for diagnosis, n (%, 95% CI)	7 (50, CI 24.7- 75.3)	23 (58.9, CI 42.6- 73.6)	0.84
Use of PET-FDG for follow-up, n (%, 95% CI)	3 (21.1, CI 6.6-51.4)	7 (17.9, CI 8.6-33.8)	0.84
PET-FDG for suspected relapse, n (%, 95% CI)	4 (28.6, CI 10.4-57.8)	9 (23.1, CI 12.2-39.4)	0.84
Prednisone dose at time of FDG-PET, mg, median (IQR)	16.2 (4.4-50.1)	10.0 (5.0 -37.5)	0.97
Treatment change after PET-FDG, n (%, 95% CI)	6 (42.9, CI 19.8-69.8)	16 (41.0, CI 26.4-57.4)	0.91

Conclusion: PET/CT was primarily used for the diagnosis of vasculitis, with no significant differences in the total PETVAS score between TAK and GCA. The most common vascular involvement clusters were cluster 1 in TAK and clusters 4 and 5 in GCA. Vascular damage was present in 25% of patients with extracranial GCA.

Disclosure of Interest: None Declared

Keywords: imaging, large vessel, vasculitis

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Vasculitis and related diseases

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Moyamoya Syndrome: A Rare Presentation Mimicking Vasculitis - A Case Report

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

Background/Objectives: Moyamoya syndrome (MMS) is a rare cerebrovascular stenosant arteriopathy primarily affecting the circle of Willis. While its etiology is distinct from classical vasculitis, overlapping clinical and imaging features often raise suspicion of an inflammatory vascular process. This report highlights the diagnostic challenge of MMS in a patient with recurrent ischemic strokes and hyperthyroidism, emphasizing the exclusion of vasculitic conditions during workup and its relevance in rheumatological practice.

Methods: A 40-year-old female with a history of type 2 diabetes mellitus, hypertension, hyperthyroidism, and recurrent ischemic cerebrovascular events presented with right upper limb monoparesis and ipsilateral labial deviation. Initial imaging revealed multiple ischemic areas, and Doppler studies demonstrated significant stenosis of the right internal carotid artery (70-80%). Laboratory evaluations, including ANA, ANCA, and antiphospholipid antibodies, were negative. Further angiographic assessment confirmed a Moyamoya variant. Surgical intervention with encephaloduroarteriomiosynangiosis (EDAMS) was performed, leading to clinical improvement. Additionally, differential diagnostic criteria with primary vasculitic diseases were reviewed.

Results: Angiographic findings demonstrated significant carotid stenosis with collateral vessel formation characteristic of MMS. The patient's hyperthyroid state was postulated to exacerbate vascular dysfunction through enhanced sympathetic activity and oxygen demand. Negative serological markers ruled out primary vasculitis, supporting the diagnosis of Moyamoya syndrome. Post-surgical follow-up showed improved neurological function, with ongoing management focused on secondary stroke prevention and thyroid disease control. This interdisciplinary approach highlights the importance of considering MMS in patients suspected of vasculitis.

Conclusion: Moyamoya syndrome, while distinct from vasculitis, often mimics inflammatory vascular diseases, necessitating a comprehensive diagnostic approach based on the exclusion of other pathologies. This case underscores the importance of integrating clinical, laboratory, and imaging findings to differentiate Moyamoya from vasculitic conditions, especially in rheumatological contexts. Reports like this enrich our understanding of rare cerebrovascular diseases and their systemic associations, contributing to interdisciplinary management and the design of personalized therapeutic strategies.

Disclosure of Interest: None Declared

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Keywords: Moyamoya Syndrome, Vasculitis, Stroke, Hyperthyroidism, Cerebrovascular Disorders

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Vasculitis and related diseases

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Factors Associated With Progression To End-Stage Renal Disease In Patients With Antineutrophil Cytoplasmic Antibody-Associated Vasculitis

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

Background/Objectives: About 20% of patients with Antineutrophil Cytoplasmic Antibody-Associated Vasculitis (AAV) have renal manifestations at the time of diagnosis, which evolve to 80% over time. Despite immunosuppressive treatment, 30% progress to end-stage renal disease (ESRD) within 5 years of diagnosis. The objective of this work is to evaluate factors associated with ESRD in patients with AAV.

Methods: A retrospective, analytical, multicenter study of adult patients diagnosed with AAV and renal involvement defined by a creatinine increase of ≥30% or a decrease in glomerular filtration rate (GFR) of ≥20%, proteinuria of ≥1 g/24 h, hematuria of ≥10 RBCs/hpf, or serum creatinine ≥1.4 mg%. Sociodemographic, clinical, immunological variables, comorbidities, treatments, ANCA renal risk score (RRS), BVAS v3, and biopsies at the onset of renal involvement were evaluated, and renal and extrarenal relapses were recorded over a period of 5 years since renal disease onset. Patients with and without ESRD were compared, and associated factors were determined.

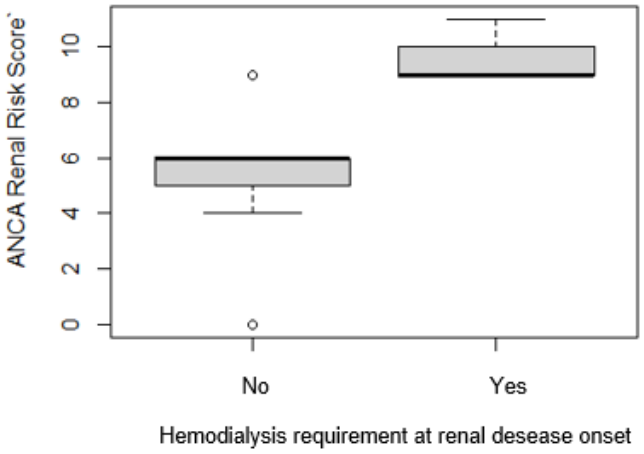
Results: Seventy-six patients from Argentina were included. Twenty-five percent (19/76) progressed to ESRD within 5 years of renal involvement. In univariate analysis (Fig 1), those who developed ESRD presented with lower dyslipidemia, skin involvement, and GFR, along with a higher number of extrarenal relapses, nitrogen values, RRS, and hemodialysis (HD) use at renal disease onset. In multivariate analysis, independent variables associated with the development of ESRD included the presence of one or more extrarenal relapses (HR 4.78 [95% CI 1.38, 16.5] p 0.014) and the use of HD at renal disease onset (HR 9.28 [95% CI 2.65, 32.5] p < 0.001). The RRS score lost statistical significance in multivariate analysis due to its high correlation with HD at renal disease onset, as both variables provide similar information (Fig 2).

Image 1:

	ESRD (N=19)	No ESRD (N=57)	P-value	Total (N=76)
Age at diagnosis (years) Median [Q1, Q3]	51.0 [27.5, 63.5]	55.0 [42.0, 62.0]	0.254	53.5 [40.8, 62.3]
Dyslipidemia	2 (10.5%)	24 (42.9%)	0.022	26 (34.7%)
Type of vasculitis			0.094	
GPA	6 (31.6%)	32 (56.1%)		38 (50.0%)
MPA	13 (68.4%)	24 (42.1%)		37 (48.7%)
Skin involvement	1 (5.26%)	21 (36.8%)	0.019	22 (28.9%)
Extrarenal relapses	12 (63.2%)	9 (16.7%)	<0.001	21 (28.8%)
BVASv3 Median [Q1, Q3]	19.5 [17.0, 23.0]	20.0 [16.0, 24.0]	0.586	20.0 [16.3, 23.8]
Urea (gr/L) Median [Q1, Q3]	1.13 [0.760, 1.91]	0.810 [0.560, 1.13]	0.041	0.880 [0.595, 1.30]
Creatinine (mg%) Median [Q1, Q3]	3.97 [2.40, 8.89]	2.19 [1.39, 3.55]	0.002	2.35 [1.50, 4.15]
GFR (ml/min) Median [Q1, Q3]	13.0 [9.25, 29.5]	34.5 [22.0, 58.0]	<0.001	32.0 [17.8, 56.0]
Biopsy Results (Berden et al.)			0.246	
Crescentic Class	1 (14.3%)	6 (23.1%)		7 (21.2%)
Esclerotic Class	2 (28.6%)	4 (15.4%)		6 (18.2%)
Mixed Class	3 (42.9%)	16 (61.5%)		19 (57.6%)
RSS Median [Q1, Q3]	9.00 [9.00, 9.00]	6.00 [6.00, 6.00]	0.024	6.00 [6.00, 9.00]
Methylprednisolone pulses	18 (94.7%)	49 (87.5%)	0.671	67 (89.3%)
Cyclophosphamide	17 (89.5%)	52 (92.9%)	0.640	69 (92.0%)
Rituximab	2 (10.5%)	6 (10.7%)	1	8 (10.7%)
Plasmapheresis	8 (42.1%)	14 (24.6%)	0.243	22 (28.9%)
HD at renal disease onset	13 (68.4%)	8 (14.0%)	<0.001	21 (27.6%)

Image 2:

Fig. 2



Conclusion: Twenty-five percent of patients with renal disease associated with AAV progressed to ESRD, showing a statistically significant association with the requirement for hemodialysis at the onset of the disease and the number of extrarenal relapses. Our results reflect the severity at onset and during the course of the disease, suggesting that early diagnosis and treatment are crucial for improving renal prognosis. We highlight the importance of renal histology and the calculation of the RRS as important tools for assessing renal prognosis in these patients.

Disclosure of Interest: None Declared

Keywords: AAV, ESRD, Factors Associated

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Vasculitis and related diseases

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Hughes Stovin Syndrome, a rare variant of Behcet 's syndrome. Case report

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

Background/Objectives: Hughes-Stovin Syndrome (HSS), a very rare disorder characterized by thrombophlebitis and multiple pulmonary and/or bronchial aneurysms. Less than 40 published cases of HSS have been described. has been considered as a variant of Behcet's disease (BD). Patients usually present with cough, dyspnea, fever, chest pain and haemoptysis. (1) The aim of this case report is to describe a very rare case

Methods: Case report

Results: 55-year-old male patient. In 2020 was discovered a mycotic aneurysm of the abdominal aorta, was done an aneurysm resection and aortic bypass implantation, and an acute pulmonary thromboembolism (PTE) associated, for a mechanichal effect by large adenopathies. Later an aortocolonic fistula that led to peritonitis, requiring aortic graft resection and axillofemoral bypass with left axillobifemoral graft. In July 2022, the left axillobifemoral graft thrombosed and another acute PTE and left femoropopliteal deep vein thrombosis (DVP) appears. In August 2022 appears an superficial thrombophlebitis of the saphenous and basilic veins, in addition to the left femoral graft, with implantation of an inferior vein cava filter (VCF). In June 2023, he was admitted for an episode of hemoptysis, dyspnea, oral ulcers, genital ulcers, pustules in the thigh and chest, erythema nodosum in the lower extremities. With erythrocyte sedimentation rate 120 mm/hour, C-reactive protein 2.4 mg/dl, serum negatives: anti MPO (myeloperoxidase), anti PR3 (proteinase 3), SAF profile, HLA B51, and ANAs (Antinuclear antibodies), with normal immunoglobulin IGG4. A chest CT angiography was performed, described chronic thrombosis already known, saccular aneurysm of the artery for the right lower lobe; distal to aneurysm there is chronic thrombosis with occlusion of the anterior, medial, lateral and posterior segmental branches, saccular aneurysm of a subsegmental branch for the posterior segment of the right upper lobe. Interventional radiology performed pulmonary arteriography with embolization and repair of pseudoaneurysm of the right lower lobe, without complications. Receives pulses of methylprednisolone for 3 days, high oral doses of prednisolone, cyclophosphamide 1 gram IV monthly in six times. With disappearance of the uninterrupted aneurysm and absence of PTE, after the first dose of cyclophosphamide.

Conclusion: HSS, a rare syndrome. Has been considered a rare subtype of this Behcet´s syndrome. It is our interest to report a case.

Reference 1: Khalid U, Saleem T. Hughes-Stovin syndrome. Orphanet J Rare Dis. 2011 Apr 13;6:15. doi: 10.1186/1750-1172-6-15. Disponible en : https://pmc.ncbi.nlm.nih.gov/articles/PMC3082226/

Disclosure of Interest: None Declared

Keywords: Aneurysm, Behcet's Syndrome (BS), Thrombophlebitis

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Vasculitis and related diseases

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Mepolizumab in eosinophilic granulomatosis with polyangiitis patients. First long-term follow-up experience in Mexico.

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

Background/Objectives: Background. Glucocorticoid (GC) treatment remains pivotal in eosinophilic granulomatosis with polyangiitis (EGPA) despite its long-term adverse effects. Interleukin-5 (IL-5) inhibitors have offered the chance to reduce GC use due to persistent or relapsing EGPA. Mepolizumab (MEPO) was recently approved for EGPA in Mexico.
Objective. To evaluate MEPO efficacy in remission maintenance and reduce relapse risk in Mexican patients with EGPA.
Methods: All EGPA patients (Chapel Hill Consensus Nomenclature and 2022 ACR/EULAR Classification Criteria) attending a national referral respiratory centre, who received MEPO for at least 6 months were evaluated. The Birmingham Vasculitis Activity Score (BVAS 3.0) was used to assess EGPA activity; the SNOT-22, ACQ and ACT were used to evaluate respiratory manifestations. Descriptive statistics were used.
Results: We present four patients, half are women. They had an asthma history for an average of 17 years, and a mean time of EGPA diagnosis of 5 years. According to BVAS, one patient was active at MEPO start, and all required oral prednisone (PDN) for asthma control (5-50 mg QD). MEPO was prescribed subcutaneously (300 mg monthly dose). Table 1 shows the clinical and respiratory disease-related characteristics, the change of the evaluated parameters, and follow-up for at least 24 weeks. Figure 1 shows the evolution of peripheral eosinophilia and lung function tests. No adverse events have been observed.

Table 1:

Image 1:

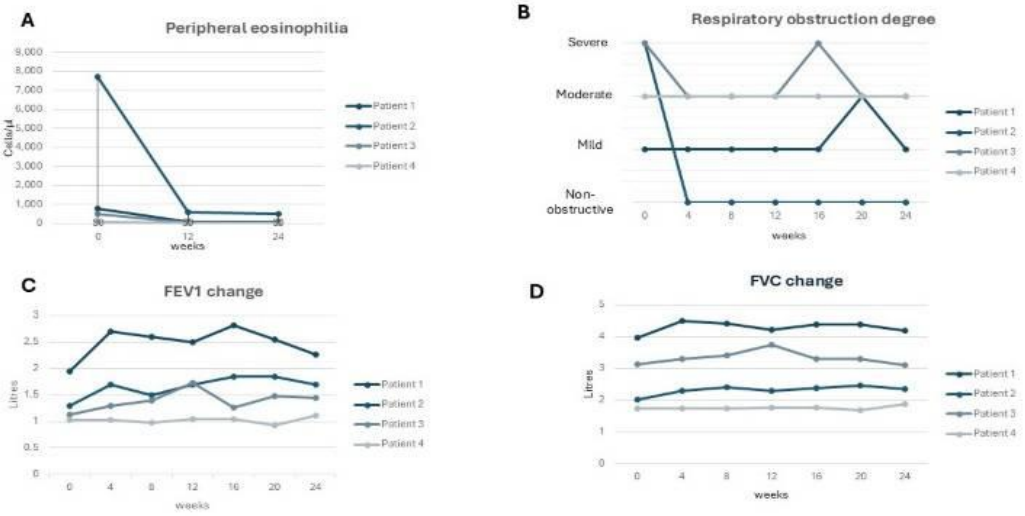

Figure 1. Changes in peripheral eosinophilia and respiratory function

Conclusion: Conclusions

In this case series, the first known to us with at least 6 months follow-up in our country, MEPO was well-tolerated and effective for remission maintenance and relapse avoidance. Disease control was achieved both in terms of global disease activity as measured by BVAS, and also in the parameters evaluating respiratory manifestations. PDN was sharply reduced or halted. Despite a very long history of asthma, inhaled GC were reduced. Two patients also halted other immunosuppressants. In summary, in this first experience using anti-IL-5, MEPO introduction favoured patients.

Disclosure of Interest: None Declared

Keywords: eosinophilic granulomatosis with polyangiitis, mepolizumab, vasculitis

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Vasculitis and related diseases

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Clinical And Laboratory Manifestations In Patients With Anca-Associated Pauci-Immune Glomerulonephritis At A Referral Center In La Paz, Bolivia

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

Background/Objectives: Granulomatosis with Polyangiitis is the most prevalent ANCA-associated vasculitis worldwide, with an estimated prevalence of 13-20 cases per million inhabitants. However, epidemiological data on these conditions in Latin America are limited, with insufficient representation of the regional reality.

To determine the frequency of clinical and laboratory manifestations in patients with ANCA-associated pauci-immune glomerulonephritis diagnosed at a referral center in La Paz, Bolivia, during the period 2015-2024.

Methods: Observational, descriptive, and cross-sectional study based on the review of renal biopsies performed during the study period.

Results: Of 295 renal biopsies analyzed, 7.4% (n=22) were identified as cases of ANCA-associated pauci-immune glomerulonephritis. The gender distribution showed a slight male predominance (54.5%; n=12). Systemic arterial hypertension was the most frequent comorbidity, present in 36.3% (n=8).

The main clinical and laboratory manifestations observed were:

Creatinine >1 mg/dL: 100% (n=22)
Non-nephrotic proteinuria: 90.9% (n=20)
Oliguria: 81.8% (n=18)
Active urinary sediment: 77.2% (n=17)
Hematuria: 59% (n=13)
Edema: 22.7% (n=5)

Pulmonary involvement was the most frequent extra-renal manifestation, with pulmonary nodules in 13.6% (n=3), alveolar hemorrhage in 4.5% (n=1), and diffuse interstitial disease in 4.5% (n=1).

P-ANCA detected by indirect immunofluorescence (IFI) was positive in 54.5% (n=12). According to the Berden classification, the mixed pattern was the most frequent, observed in 50% (n=11). Additionally, 50% (n=11) of the cases were classified as having a moderate risk of progression to chronic kidney disease according to the Brix risk ind

Conclusion: This study represents the first Bolivian report describing the frequency of clinical and laboratory manifestations in patients with ANCA-associated pauci-immune glomerulonephritis. The most common findings included elevated serum creatinine, non-nephrotic proteinuria, and oliguria. Although the findings are comparable to those reported in other regions, slight discrepancies may reflect unique characteristics of the studied population.

Reference 1: Watts RA, Mahr A, Mohammad AJ, Gatenby P, Basu N, Flores-Suárez LF. Classification, epidemiology and clinical subgrouping of antineutrophil cytoplasmic antibody (ANCA)-associated vasculitis. Nephrol Dial Transplant. 2015 Apr;30 Suppl 1:i14-22. doi: 10.1093/ndt/gfv022. PMID: 25805746.

Reference 2: Pimentel-Quiroz VR, Sattui SE, Ugarte-Gil MF, Alarcón GS. ANCA-Associated Vasculitis in Latin America: A Systematic Literature Review: About Their Epidemiology and Their Clinical Features. J Clin Rheumatol. 2022 Jan 1;28(1):44-51. doi: 10.1097/RHU.0000000000001827. PMID: 34941619.

Disclosure of Interest: None Declared

Keywords: glomerulonephritis, vasculitis

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Vasculitis and related diseases

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Clinical And Epidemiological Features Of Adult Patients With Anca Vasculitis In A Third Level Hospital

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

Background/Objectives: ANCA vasculitis is a group of low-frequency autoimmune diseases that can manifest with a broad clinical and paraclinical features and can involve any organ or system of the body. They also affect both, adult men and women, however, their incidence and prevalence vary according to the geographic area studied. At the moment, there are no epidemiological records of this condition in the Mexican population.

Methods: A descriptive, cross-sectional, retrospective study was conducted on patients diagnosed with ANCA vasculitis treated in the hospitalization and outpatient areas of the internal medicine and rheumatology services during January 2017 to February 2024.

Results: Seventy-three patients with ANCA vasculitis were identified, indicating a prevalence of 0.57 cases per million inhabitants in Mexico. Granulomatosis with Polyangiitis (GPA) was the most frequent (85%), compared to Microscopic Polyangiitis (MPA) and Eosinophilic Granulomatosis with Polyangiitis (EGPA), which were reported in 12% and 3% respectively. The mean age in general was 59 years, and the highest proportion were women (40, 55%). The most frequently manifestations were pulmonary and renal for GPA, cardiovascular for MPA and renal for EGPA.

Table 1: Table 1. Clinical and epidemiological features of 73 adult patients with ANCA vasculitis in a tertiary care unit in Mexico.

Image 1:

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	Total (n = 73)	Vasculitis Type			p
		GPA (n = 62)	MPA (n = 9)	EGPA (n = 2)	
Age (years)	54.45±14.8	54.92±14.5	50.67±15.62	57.00±26.87	0.707
Sex					
• Male	33 (45.2%)	31 (50.0%)	1 (11.1%)	1 (50.0%)	0.090
• Female	40 (54.8%)	31 (50.0%)	8 (88.9%)	1 (50.0%)	
General Symptoms					
• General Malaise	3 (4.1%)	3 (21.4%)	-	-	0.765
• Weight Loss	2 (2.7%)	2 (14.3%)	-	-	
• Arthritis/Arthralgia	10 (13.7%)	9 (64.3%)	1 (100%)	-	
Cutaneous					
• Purpura	3 (4.1%)	3 (4.8%)	-	-	0.965
• Ulcer	1 (1.4%)	1 (1.6%)	-	-	
• Others	4 (5.5%)	3 (4.8%)	1 (11.1%)	-	
Ophthalmic					
• Scleritis/ Episcleritis	11 (15.1%)	10 (16.1%)	1 (11.1%)	-	0.990
• Conjunctivitis/ blepharitis/ Keratitis	1 (1.4%)	1 (1.6%)	-	-	
• Retinal changes	1 (1.4%)	1 (1.6%)	-	-	
• Others	3 (4.1%)	3 (4.8%)	-	-	
Otorhinolaryngology					
• Nasal discharge/ Ulcers/ Crusts/ Granulomas	4 (5.5%)	3 (4.8%)	1 (11.1%)	-	0.100
• Paranasal sinuses involvement	3 (4.1%)	2 (3.2%)	-	1 (50.0%)	
• Sensorineural deafness	6 (8.2%)	5 (8.1%)	1 (11.1%)	-	
• Others	3 (4.1%)	2 (3.2%)	1 (11.1%)	-	
Lung					
• Wheezing/ Asthma	1 (1.4%)	-	-	1 (50.0%)	<0.001
• Nodules/Cavitations	8 (11.0%)	8 (12.9%)	-	-	
• Pulmonary infiltrates	8 (11.0%)	8 (12.9%)	-	-	
• Endobronchial involvement	4 (5.5%)	3 (4.3%)	1 (11.1%)	-	
• Alveolar hemorrhage	3 (4.1%)	3 (4.3%)	-	-	
• Others	1 (1.4%)	1 (1.6%)	-	-	
Cardiovascular					
• Venous thrombosis	2 (2.7%)	2 (3.2%)	-	-	0.111
• Others	1 (1.4%)	-	1 (11.1%)	-	
Gastrointestinal					
• Others	2 (2.7%)	2 (3.2%)	-	-	0.833
Kidney					
• Proteinuria	3 (4.1%)	2 (11.8%)	-	1 (50.0%)	0.024
• Hypertension	20 (27.4%)	15 (88.2%)	5 (55.5%)	-	
• Hematuria	19 (26.0%)	15 (24.2%)	2 (22.2%)	2 (100%)	0.053
Nervous system					
• Cranial palsy	1 (1.4%)	1 (1.6%)	-	-	0.768
• Peripheral sensory neuropathy	10 (13.7%)	7 (11.3%)	2 (22.2%)	1 (50.0%)	
• Mononeuritis multiplex	9 (12.3%)	8 (12.9%)	1 (11.1%)	-	
Hematological					
• Anemia	7 (9.6%)	5 (8.06%)	2 (22.2%)	-	-

Conclusion: The prevalence found was like that reported by some epidemiological studies in Europe, where GPA is the most frequent ANCA vasculitis, but different from that reported in other places in Latin America such as Peru, where PAM is more frequent. The prevalence reported in this center is 0.57 cases per million people in Mexico. It should be noted that the report made in this study only included patients from this center; it does not include other care centers or other cities in the country. Likewise, the sex that presented the highest proportion was women and the average age was 59 years; unlike other studies, our population was 10 to 15 years younger. Regarding the clinical characteristics, the main organs affected were like those reported, including mainly pulmonary and renal manifestations, although with great variability in the type of presentation of these.

Disclosure of Interest: None Declared

Keywords: ANCA-associated vasculitis, epidemiology, prevalence

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Vasculitis and related diseases

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Case-series description of conventional ANCA-associated vasculitides remission induction treatment in usual interstitial pneumonia (UIP) and myeloperoxidase-ANCA (MPO-ANCA) positive patients.

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

Background/Objectives: Usual interstitial pneumonia (UIP) is the most frequent interstitial lung disease in microscopic polyangiitis (MPA), but no treatment for this complication is known, nor for those patients who present exclusively with this disease plus positive antineutrophil cytoplasm autoantibodies against myeloperoxidase (MPO-ANCA) without other MPA manifestations. **Objective:** Describe clinical, imaging and functional outcome of such patients after conventional remission induction treatment with cyclophosphamide (CYC) and glucocorticoids (GC).

Methods: Observational, retrospective analysis of patients with either MPA and UIP or MPO-ANCA positive UIP patients who received high-dose GC and CYC. Disease activity was measured using the Birmingham Vasculitis Activity Score v.3 (BVAS). Pre and post-therapy clinical, imaging by high-resolution lung CT, and spirometric data were compared.

Results: 10 MPA with UIP patients and 1 UIP MPO-ANCA-positive patients were included. All received the proposed treatment. No tomographic changes were observed at the end of treatment; functional data from nine patients showed that two worsened, one improved, and six had no change.

Table 1:

TABLE 1. Characteristics of patients before and after remission induction therapy.

Group 1. Microscopic polyangitis + UIP

								% OF LUNG AFFECTED AREA			PRE TREATMENT PFTs			POST TREATMENT PFTs			% OF CHANGE IN PFTs		
PATIENTS	GENDER	AGE	DISEASE DURA	ANCA	INITIAL BVAS	FINAL BVAS	TOMOGRAPHIC	CT 1	CT 2	% OF CHANGE	%FEV1	%FVC	%FEV1/FVC	%FEV1	%FVC	%FEV1/FVC	%FEV1	%FVC	%FEV1/FVC

			TION (MONTHS)				PATTERNS			INAFFECTED LUNG AREA								
1	F	57	72	MPO	19	0	UIP	33%	38%	5%	NA	NA	NA	43%	38%	113%	NA	NA	NA
2	M	62	216	MPO	21	0	CPFE	26%	27%	1%	42%	66%	63%	36%	63%	57%	-6%	-3%	- 6%
3	F	52	144	MPO	9	0	UIP	21%	29%	8%	79%	78%	101%	NA	NA	NA	NA	NA	NA
4	M	46	12	MPO	13	0	CPFE	5%	9%	4%	85%	95%	89%	85%	94%	90%	0%	-1%	1%
5	F	65	3	MPO	9	0	UIP	12%	7%	-5%	88%	94%	93%	82%	91%	90%	-6%	-3%	-3%
6	F	55	24	MPO	11	0	CPFE	87%	78%	-9%	90%	90%	100%	77%	75%	102%	-13%	-15%	2%
7	M	47	2	MPO	7	0	UIP	25%	22%	-3%	61%	61%	100%	81%	80%	101%	20%	19%	1%
8	M	58	36	MPO	8	0	UIP	29%	30%	1%	87%	83%	104%	77%	76%	101%	-10%	-7%	-3%
9	F	80	12	MPO	15	0	FIBROTICNSIP	37%	36%	-1%	84%	72%	116%	91%	86%	105%	7%	14%	-11%

10	M	43	18	MPO	9	0	UIP	50%	68%	18%	72%	69%	104%	50%	45%	110%	-22%	-24%	6%
Group 2. MPO-ANCA positive UIP																			
1	M	58	5	MPO	3	0	UIP	29%	32%	3%	53%	55%	96%	53%	54%	98%	0%	-1%	2%

UIP:usual interstitial pneumonia;CPFE:Combined pulmonary fibrosis and emphysema;CT1:Tomographic scan before treatment;CT2:Tomographic scan after treatment:PFTs;Pulmonary function test, NA, Not available.*Duration of symptoms prior to diagnosis

Image 1:

Figure 1. Clinical and demographic characteristics

	Total n=11	Microscopic polyangiitis + UIP n=10	MPO-ANCA positive UIP n=1
	(n/n)	(n/n)	(n/n)
Gender			
Male	6/11	5/10	1/1
Female	5/11	5/10	0/1
Age (mean)	57.54	57.5	58
Cigarette smoking	5/11	5/10	0/1
Comorbidities			
Hypertension	4/11	3/10	1/1
Diabetes	2/11	1/10	1/1
†Relevant exposure history	6/11	5/10	1/1
Obesity	2/11	1/10	1/1
Interstitial lung disease pattern			
UIP	7/11	6/10	1/1
Combined pulmonary fibrosis and emphysema	3/11	3/10	0/1
Fibrotic NSIP	1/11	1/10	0/1
Autoantibodies			
MPO-ANCA	11/11	10/10	1/1
Maintenance treatment			
Azathioprine	11/11	10/10	1/1

MPO-ANCA: antibodies vs myeloperoxidase; UIP, usual interstitial pneumonia. ANCA, antineutrophil cytoplasmic antibodies. † Exposure to smoke, poultry, solvents and/or organic dust. Source: Prepared using data obtained from the review of clinical records authorized by the bioethics committee to carry out this study.

Conclusion: Conventional remission-induction treatment for AAV with CYC and GC did not modify UIP with MPO-ANCA positivity.

Disclosure of Interest: None Declared

Keywords: ANCA-associated vasculitis, interstitial lung disease, usual interstitial pneumonia

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Vasculitis and related diseases

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Takotsubo Cardiomyopathy: A Rare Complication In Anca Vasculitis

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

Background/Objectives: Takotsubo cardiomyopathy (TCM), first described in 1990, is characterized by transient systolic dysfunction of the left ventricle, typically in the absence of obstructive coronary artery disease. Its pathophysiology involves a surge in catecholamines leading to myocardial stunning. We found five reported cases associated with ANCA vasculitis, with unclear mechanisms.

Methods: We report a case of TCM during active ANCA vasculitis.

Results: A 58-year-old woman with COPD, hypertensive nephropathy, and recurrent respiratory infections presented with dyspnea (NYHA II-III), intermittent fever (38°C), and hemoptysis. Physical examination revealed bibasilar crackles without oxygen desaturation or hemodynamic instability. Laboratory tests showed leukocytosis (19,940/μL, 85% neutrophils), creatinine 1.4 mg/dL (eGFR 40 mL/min/1.73 m²), and MPO-ANCA >100 U/mL. Urinalysis demonstrated dysmorphic red blood cells and proteinuria (0.8 g/24 h). Chest CT identified ground-glass opacities and right upper lobe consolidation. Bronchoalveolar lavage confirmed alveolar hemorrhage, and infection was excluded.

The diagnosis of ANCA-associated vasculitis with pulmonary-renal syndrome was established. Renal biopsy revealed pauci-immune crescentic glomerulonephritis. Treatment included methylprednisolone pulses (1 g/day for 3 days) and monthly intravenous cyclophosphamide (CYC, 1 g), leading to clinical improvement. However, five days after the second CYC pulse and while receiving meprednisone 60 mg/day, the patient developed chest pain, dyspnea, and cardiogenic shock. Troponin I (35.2 ng/L) and NT-proBNP (10,794 pg/mL) were elevated. ECG showed T-wave inversions, and echocardiography revealed apical akinesia with basal hypercontractility (LVEF 70%). Coronary angiography excluded stenosis, and cardiac MRI ruled out myocarditis. A diagnosis of TCM was confirmed.

CYC was temporarily halted, and stabilization was achieved within four days. Treatment resumed with dose-adjusted CYC (500 mg/pulse) and glucocorticoid tapering. Maintenance therapy was azathioprine (100 mg/day).

Image 1:

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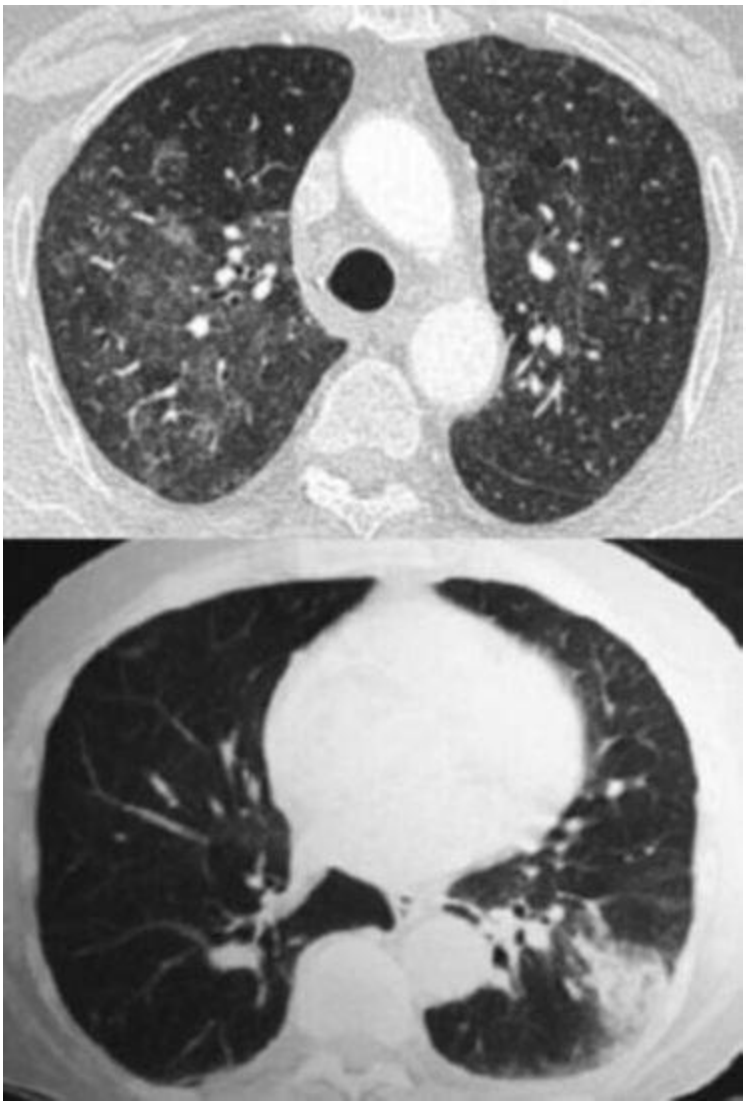

Conclusion: This case underscores TCM as a rare cardiovascular complication of ANCA-MPO+ vasculitis, consistent with prior reports in postmenopausal women. Microvascular inflammation may drive its development. Female sex, elevated MPO-ANCA titers, and glucocorticoids are potential risk factors, alongside stressors such as pharmacological or psychological triggers. Further studies are needed to elucidate this association.

Disclosure of Interest: None Declared

Keywords: ANCA-Associated Vasculitis, Pulmonary-Renal Syndrome, Takotsubo Cardiomyopathy

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Vasculitis and related diseases

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Drug induced ANCA vasculitis, a case report

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

Background/Objectives: Cocaine drug adiction has been related to ANCA positive vasculitis, mainly due to levamisol. This is a chemical adulterant compound with immunomodulatory properties, like ANCA production. Incidence is not clear. A case report is presented

Methods: A 37 years old man with drug addiction to cocaine and marihuana presented with fever, dysnea and legs pain. He had atrophic rhinosinusitis and nasal septal perforation. Worsening of dysnea and neuropathy in lower limbs developed on the following weeks. With presumptive diagnosis of systemic vasculitis tests we performed: lab test to ANCA, a sural nerve biopsy and chest CT. ANCAp was positive 1/80. MPO and PR3 were negative. Sural biopsy was normal. Chest CT showed ground glass pattern and consolidation at the pulmonary bases, consistent with lipoid pneumonia. Patient was encouraged to stop consuming drugs. He improved with usual treatment for vasculitis and drugs abstinence. ANCA became negative

Results: Discusión: Levamisol induced vasculitis has been reported. Patients are usually ANCAp positive, as expected in drug related vasculitis, as well negative to MPO and PR3. Sural nerve biopsy is negative up to 56% of all vasculitis cases. Lipoid pneumonia is a finding related to inhalation of substances.

Patient history, clinical presentation, and results of the tests performed guided to proper diagnosis.

Conclusion: This case report shows how challenging and severe diagnosis and tratment of levamisol related vasculitis can be.

A multidisciplinary approach is crucial for a favorable outcome

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Keywords: cocaine, vasculitis ANCA