Material and methods: We reviewed 235 patients who started Enbrel in Rheumatology at Navarra Hospital Complex and Henares University Hospital and their switch to biosimilar drug (Benepali) with a follow-up of 6 months.
Results: The switch was performed in 196 patients with psoriatic arthritis (PsA), rheumatoid arthritis (RA), ankylosing spondylitis (AS), juvenile idiopathic arthritis, SAPHO and spondyloarthritis.

11.2% discontinued treatment: 6 RA (7.6%), 6 PsA (10.1%) and 10 AS (26.3%); all of them in the injection presentation. Fourteen patients stopped treatment due to inefficacy, 2 due to reaction at the injection site, 2 due to diarrhea, 1 due to Crohn's disease, 1 due to uveitis, 1 due to headache and 1 due to the patient's decision. Among 77.3% of patients who returned to Enbrel, 23.5% did not achieve good response and had to change treatment. The median time from Enbrel beginning until the moment of switching was 55 (37-92) months.
Conclusions: In our series, approximately 11% of switching patients failed after a 6-month of follow-up; when trying to return to Enbrel 23.5% did not achieve response.

The median persistence time in the original molecule and the percentage of failures observed in AS could be two conditions to consider before switching.

A longer-term follow-up and a greater number of patients are necessary to ratify these data.

TABLE 1.

DISEASE	STOPPED CAUSE	BACK TO ENBREL	CONTINUE ENBREL	TIME UNTIL SWITCH (meses)
AS	Reaction at the injection site	Yes	Yes	28
AS	Headache	Yes	Yes	54
AS	Inefficacy	Yes	Yes	126
RA	Inefficacy	Yes	No	25
AS	Diarrhea	Yes	Yes	87
RA	Inefficacy	Yes	Yes	37
PsA	Inefficacy	No	No	43
RA	Inefficacy	Yes	Yes	54
PsA	Inefficacy	Yes	No	93
PsA	Inefficacy	No	No	132
PsA	Inefficacy	Yes	Yes	62
RA	Inefficacy	Yes	Yes	142
RA	Reaction at the injection site	Yes	Yes	51
RA	Inefficacy	Yes	No	56
PsA	Inefficacy	Yes	No	40
AS	Inefficacy	Yes	Yes	26
AS	Diarrhea	Yes	Yes	48
AS	Inefficacy	Yes	Yes	67
AS	Crohn´s disease	No	No	100
AS	Uveitis	No	No	62
EA	Patient´s decision	No	No	4
PsA	Inefficacy	Yes	Yes	63

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CLINICAL, LABORATORY AND TREATMENT PROFILE OF CHILDREN DIAGNOSED WITH ENTHESITIS-RELATED ARTHRITIS, CHILDHOOD-ONSET AXIAL SPONDYLARTHRITIS OR BOTH IN NORTH WESTERN COLOMBIA: A CROSS-SECTIONAL STUDY

Juliana Ledesma Larrea, MD[1], Paula Andrea Pizarro Marín[1], Jerónimo Buriticá González[1], Johanna Hernández Zapata[2,3], Libia María Rodríguez Padilla[1], Ruth Eraso Garnica[2,4], Carlos Jaime Velásquez-Franco[1,3], and Miguel Antonio Mesa Navas[1,3]. *[1]Escuela de Ciencias de la Salud.Universidad Pontificia Bolivariana, Medellín, Colombia, [2]Facultad de Medicina. Universidad de Antioquia, Medellín, Colombia, [3]Clínica Universitaria Bolivariana, Medellín, Colombia, [4]Hospital Pablo Tobón Uribe, Medellín, Colombia.*

Objectives: Characterizing the demographic, clinical, laboratory, radiographic, magnetic resonance imaging, and treatment profile of children diagnosed with enthesitis-related arthritis (ERA), childhood-onset axial spondylarthritis, or both.
Material and methods: Cross-sectional, descriptive study of pediatric patients newly diagnosed with ERA, according to ILAR (International League of Associations for Rheumatology) criteria, childhood-onset axial spondylarthritis according to ASAS (Assessment of Spondyloarthritis International Society) criteria or both. Between 2006 and 2017, in two centers from Medellín- Colombia.
Results: 33 patients were included, 32 (97%) met ILAR criteria, 11 (33%) ASAS criteria and 10 (30,3%), both. twenty-three (69,7%) were male with a median age at diagnosis of 11,3 years (IQR: 6,8 – 13,5), and a median interval from symptom onset to diagnosis of 13,6 months (IQR: 7,6 – 24). Twenty-seven (81,8%) patients had arthritis, mostly pauciarticular (74%), asymmetric (81,4%), and in lower limbs. Affecting knee, ankle, and hip in 14 (51,9%), 9 (33,3%) and 7 (25,9%) patients, respectively. Enthesitis was found in 24 (72,7%) subjects, Achilles tendon (70,8%), calcaneal attachment of the plantar fascia (62,5%), and patellar tendon (50%) were the most commonly affected. Clinical axial disease was diagnosed in 15 (45,5%) subjects. In 12 patients, magnetic resonance imaging of sacroiliac joint was performed; of these, eight had lesions suggestive of sacroiliitis, and in 7, this finding was synchronous with disease onset. Eleven (42,3%) patients had a raised C-reactive protein and seven (25,9%) high erythrocyte sedimentation rate. HLA-B27 was positive in 13 subjects (59,1%). The first-line treatment was nonsteroidal anti-inflammatory drugs in 30 (93,8%) of the patients.
Conclusions: Children diagnosed with enthesitis-related arthritis, childhood-onset axial spondylarthritis, or both, were more likely to be male and with disease onset in their teenager years, as reported in the literature, with shorter time from onset of symptoms to diagnosis than in other Latin-American cohorts. Peripheral arthritis pattern and enthesitis were similar, as described in other studies. Remarkably, the clinical axial disease was present in almost half of patients at disease onset despite the short interval between symptoms and definite diagnosis. This finding is against the concept of late axial involvement in childhood spondylarthritis and therefore, must motivate new research in order to achieve a better characterization of clinical axial disease in these patients.

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CAPILLAROSCOPIC ABNORMALITIES IN SYSTEMIC LUPUS ERYTHEMATOSUS AND THEIR ASSOCIATION WITH CLINICAL MANIFESTATIONS: A CROSS-SECTIONAL STUDY

María Fernanda Álvarez Barreneche[1], Carlos Jaime Velásquez-Franco[2,3], Carlos Esteban Giraldo Cuartas[2], and Miguel Antonio Mesa Navas[2,3]. *[1]Clínica CardioVID, Medellín, Colombia, [2]Universidad Pontificia Bolivariana, Medellín, Colombia, [3]Clínica Universitaria Bolivariana, Medellín, Colombia.*

Objectives: Capillaroscopy is a non-invasive tool to evaluate the microcirculation and determine whether a Raynaud´s phenomenon is primary or secondary. The typical capillaroscopic changes are well described in systemic sclerosis; nonetheless, other entities such as lupus present capillaroscopic changes that have been less studied. This study aimed to determine videocapillaroscopic alterations in lupus and its association with clinical manifestations.
Material and methods: A cross-sectional study with analytical intention was conducted; videocapillaroscopy was performed on 76 patients from January to June 2019, fulfilling SLICC 2012 classification criteria. Medical records were reviewed for variables of interest (age, gender, clinical manifestations of lupus, and capillaroscopic abnormalities). We performed Chi2, Fisher, and Mann Whitney U tests in order to evaluate association, and the prevalence ratios (PR) were determined. A multivariate analysis was performed in which the variables were included, according to Hosmer-Lemeshow criteria.
Results: Seventy-one (93.4%) of the patients were female with a median age of 33.5 years (interquartile range –IQR-: 27-44.8); the median lupus duration was 84 months (IQR: 30-168). The main clinical manifestations were articular, cutaneous, hematological, and Raynaud's phenomenon. The most common capillaroscopic abnormalities were neovascularization (n=31; 40.8%) and microhemorrhages (n=19; 25%); the latter was more common in patients with vascular manifestations (Raynaud´s phenomenon, digital ulcers, and pulmonary hypertension): 37.5% vs. 11.8%; p=0.01. Subjects who had vascular manifestations had a higher frequency of capillary alterations (RR 3.22; 95% CI-: 1.03-10.07). In multivariate analysis, vascular manifestations such as having Raynaud episodes more than once a week (RR 2.27; 95% CI: 1.09-4.73) and pulmonary hypertension (PR 3.66; 95% CI: 1.25-10.72) showed a higher frequency of capillary abnormalities.
Conclusions: Patients with lupus frequently have capillary abnormalities, although they are different from patients with systemic sclerosis, consisting mainly of neocapillaries and microhemorrhages. The latter was more common in patients with vascular manifestations and could alert the clinician in order to search for complications such as pulmonary hypertension. Due to the type of study design, it is not possible to determine causality.

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CONCORDANCE OF THE NAILFOLD CAPILLAROSCOPY PATTERNS BETWEEN 60x AND 200x LENSES: A CORRELATION ANALYSIS

Johann Gutiérrez Bolaños, MD[1], Diana Cristina Varela Tabares, MD, MSc[1], LIbia María Rodríguez Padilla[1], Carlos Jaime Velásquez-Franco[1,2], and Miguel Antonio Mesa Navas[1,2]. [1]*Escuela de Ciencias de la Salud. Universidad Pontificia Bolivariana, Medellín, Colombia,* [2]*Servicio de Reumatología. Clínica Universitaria Bolivariana, Medellín, Colombia.*

Objective: Capillaroscopy is a non-invasive and reproducible imaging modality that allows the evaluation of microcirculation. It can be performed using different magnifications: the lowest (10-60x), providing a panoramic view, and the highest (100x and above), allowing evaluation of the individual morphological characteristics of the capillaries, being the 200x lens the reference standard. The aim of this survey was to evaluate the concordance of the capillary patterns of the nailfold with a 60x lens compared to videocapilaroscopy with a 200x lens in a reference center in northwestern Colombia.

Material and methods: We performed 230 capillaroscopies, first with a 60x and then with 200x lenses. A concordance analysis was performed with the Kappa index, between January 2015 to December 2018. The data analysis was made using Epidat 3.0. Categories for classification were divided into three (normal, non-specific, and systemic sclerosis) or five (normal, non-specific, and systemic sclerosis early, active, and late) for comparison.

Results: Concordance between the two tests was 65% (Kappa 0.65, Z = 10.53, p=0.001) with 95% CI 0.56-0.73 for three categories, and 70% for five categories (Kappa 0.70, Z = 11.49, p=0.000) with 95% CI 0.61-0.78. When using a dichotomic classification, non-systemic sclerosis pattern was found in 160 (69.5%) and 171 (74.4%), and systemic sclerosis pattern in 70 (30.4%) and 59 (25.6%) using 200x and 60x, respectively. Within the systemic sclerosis pattern, using the 200x magnification lens, the patients were classified as early (n=35; 15.2%), active (n=15; 6.5%), and late (n=20; 8.7%), whereas using the 60x magnification lens, the patients were classified in early (n=27; 11.7%), active (n=27; 11.7%), and late (n=5; 2.2%). Both tests identified systemic sclerosis pattern in 40 patients (57.8%) simultaneously.

CONCLUSIONS: The use of low magnification (60x) capillaroscopy allows the detection of capillary alterations compatible with secondary Raynaud`s phenomenon. Its concordance is moderate compared to 200x capillaroscopy, being particularly useful in the detection of systemic sclerosis patterns.

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CAUSES OF DEATH IN PATIENTS WITH RHEUMATOID ARTHRITIS. AUTOPSY RESULTS DURING A 14 YEARS PERIOD IN A THIRD-LEVEL COLOMBIAN HOSPITAL

Ariana Villarreal Gómez[1], Silvia Natalia Suárez Mantilla[2], Julio César Mantilla Hernández[1,2], and Rubén Darío Mantilla Hernández[3]. [1]*Universidad Industrial De Santander, Bucaramanga, Colombia,* [2]*Hospital Universitario de Santander, Bucaramanga, Colombia,* [3]*Centro de Estudio de Enfermedades Autoinmunes, Bogotá, Colombia.*

Objective: To describe the clinical, sociodemographic characteristics and pathological findings of deceased patients with Rheumatoid Arthritis.

Materials and methods: This is an observational, descriptive and retrospective cross-sectional study of autopsy cases carried out in the Department of Pathology of the Hospital Universitario de Santander, an educational third level hospital in north-east Colombia, between January 2004 and December 2018.

Results: Of 4209 autopsy protocols evaluated, 2028 (48.18%) corresponding to perinatal autopsies were excluded. Of the remaining 2181 (51.82%), 8 protocols (0.37%) belonging to the deceased with a diagnosis of Rheumatoid Arthritis were analysed. The average age was 35.7 years, the male-female relationship was 1:1. 75% of the causes of death were infections, mainly due to Staphylococcus aureus; 12.5% were due to cardiovascular disease and 12.5% were due to pulmonary failure. Of the patients who died due to infection, all but 1 were using immunosuppressive drugs.

Conclusions: In this study, mortality in patients with Rheumatoid Arthritis was higher in young and middle-age adults; and mortality was equal for both sexes, despite reported incidence of this disease beinggreater in women. Infections were the main cause of death, being the use of glucocorticoids frequent in this group of patients. In our context it is important for the clinician to consider the risk of death by this cause, especially if the patient is using immunosuppressive medication.

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METABOLIC SYNDROME IN PATIENTS WITH RHEUMATOID ARTHRITIS

Vannia Valinotti[1], Lourdes Román[1], Astrid Paats[1], Rodrigo Acosta[1], Alexis Pineda[1], Johana Coronel[1], Gabriela Avila[1], Isabel Acosta-Colmán[1], María Teresa Martínez[2], Osmar Centurión[1], and Sonia Cabrera-Villalba[1]. [1]*Departamento de Reumatología, Hospital de Clínicas, Facultad De Ciencias Médicas, Universidad Nacional De Asunción, Asunción, Paraguay,* [2]*Laboratorio Curie, Asunción, Paraguay.*

Objective: To characterize patients with rheumatoid arthritis (RA) and Metabolic Syndrome (MS) and the relationship with clinical and serological features.

Material and methods: Descriptive, cross sectional, prospective study, in a Paraguayan cohort of patients with RA meeting ACR/EULAR2010 criteria. This study had two phases: the first one, included a standardized questionnaire according to the variables included in the Cardiovascular Risk project (PINV15-0346), from the Consejo Nacional de Ciencias y Tecnología (CONACYT), and physical examination; the second one included laboratory sample collection performed by a specialized laboratory for serum biomarkers measurement for cardiovascular risk prediction (i.e endothelin, alpha-TNF, E-selectin, homocysteine, apolipoprotein, fibrinogen, and high sensitivity-CRP levels). MS patients were categorized according to 2007 ALAD criteria. All patients signed informed consent. SPSS 23rd version was used for data analysis. Quantitative variables were presented as means and qualitative as frequencies. Chi square test was performed for comparisons between dichotomous variables and Student´s t test for continuous variables, and $p \leq 0.05$ was set for statistical significance.

Results: One hundred patients were included, 87% were women, mean age 51,36±11,03 years, disease duration 130.9±102.64 months. 77% were RF positive, and 84.4% were ACPA positive, 43.4% had bone erosions, mean ESR-DAS 28 was 3,42±1,1. 22,4% of overall patients had metabolic syndrome (MS) (20% women, 38,5% men). These had a lower disease duration (78,32 ±38,65 months, p=0,006). We also noted greater hip circumference (111,34 ±9,18, p=0,00), frequency of obesity (p=0.006), mean weight (p=0,00) and BMI (p=0,00), frequency of arterial hypertension (0,000), family history of mellitus diabetes (p=0,01) and ischemic heart disease (p=0,004). As for serum biomarkers levels, HOMA-IR values greater than 3,1 were associated to the presence of MS among our patients (p=0,00). No significant difference was found in other anthropometric measures and family history disease. When the specific components of metabolic syndrome were assessed, mean waist circumference was 92,03±12,63 cm (p=0,00), systolic blood pressure 134,18 ±19,08 (p=0,8) mmHg, glucose 104,62±28,71 mg/dL (p=0,26), HDL cholesterol 44,48±9,08 mg/dL (p=0,03) and triglyceride levels 163,90±98,31 mg/dL (p=0,09). We found no significant difference regarding disease activity; functional status, RF and ACPA titers, and other inflammatory and metabolic biomarkers.

Conclusion: An important part of our patients presents with metabolic syndrome, mostly men; they have shorter disease duration, higher frequency of hypertension, obesity and greater values of HOMA-IR. Hence, regular screening for MS is recommended, since its prevalence determines an additional risk for CVD and optimal disease control might help to attenuate several adverse effects of MS in patients with RA.

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SUBCLINICAL SYNOVITIS IN PATIENTS WITH RHEUMATOID ARTHRITIS ON SUSTAINED CLINICAL REMISSION

Elías Rojas[1], Vannia Valinotti[1], Marcos Vázquez[1], Lourdes Román[1], and Sonia Cabrera-Villalba[1]. [1]*Servicio de Reumatología, Facultad De Ciencias Médicas, Universidad Nacional De Asunción, Asunción, Paraguay.*

Objectives: To determine the presence of subclinical synovitis measured by ultrasonography in patients with rheumatoid arthritis (RA) on sustained clinical remission from the Rheumatology service at Hospital de Clínicas, San Lorenzo, Paraguay.

Materials and methods: Cross sectional, descriptive study, in RA patients meeting ACR/EULAR 2010 criteria, older than 18 years, on sustained clinical remission (≥6 months), measured by ESR-DAS28 (<2,6), followed in our clinical setting. A healthy control group was included. All groups signed informed consent. Synovial hypertrophy (SH) and intraarticular vascularization grades on Power Doppler (PD) mode were determined according to EULAR