understanding the disease process and to foster the development of much-needed new intervention strategies.

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AB0813 SEVENTEEN MYOSITIS AUTOANTIBODIES: SEROLOGICAL PROFILE OF HISPANIC PATIENTS WITH IDIOPATHIC INFLAMMATORY MYOPATHIES

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Background: The idiopathic inflammatory myopathies (IIM) are a heterogeneous group of subacute, chronic, or acute acquired diseases of skeletal muscle, they can be classified into the following clinical pathologic groups: dermatomyositis (DM), polymyositis (PM), and inclusion body myositis (IBM) which differ in clinical presentation, season of onset, genetics, and prognosis.([1] Furthermore, the seropositivity of antibodies in these diseases can help to predict the evolution of the disease, and influence therapeutic strategies.(,[2] Anti-Mi-2 is a classic marker for DM and its associated with good response for steroid treatment and good prognosis. Anti-SRP is specific for PM and its associated with treatment-resistant myopathy, histologically characterised as necrotizing myopathy. Several new myositis specific antibodies (MSA), autoantibodies with strong clinical significance have been described in IIM manifestations.[3] The literature about this topic is limited in Hispanic population. This study represents an effort for a better understanding of this group of diseases.
Objectives: To determine the prevalence of myositis specific and myositis associated autoantibodies in a cohort of patients with idiopatic inflammatory myopathies, who were treated from January 2016 to January 2018 in a Rheumatology Service from a University (Hospital Jose E. Gonzalez) from UANL and a centre for arthritis at north of Mexico.
Methods: Cross-sectional, retrospective descriptive study cohort of 95 patients who attended the rheumatological clinic in the period from January 2016 to January 2018 who met Bohan and Peter's classification criteria. The determination of antibodies was performed by the Inmunoblot technique with Euroinmmun kit. The following serotypes were included: OJ, Ro 52, Mi2 α, MDA-5, TIF 1 gama, PM/Scl 75, Mi 2ß, SRP, PL12, PL 7, PM/Scl 100, Ku, Jo1, EJ, cN1A, NXP2, SAE 1. Statistical analysis was performed with univariate, for the categorical variables, absolute frequencies and percentages were analysed and for the numerical means and standard deviation with the SPSS V22 (Armonk, NY: IBM Corp.)
Results: From a cohort of 95 patients, 68.42% were women and 31.75% were men. The average age was 47±15.42. A prevalence of seropositive antibodies were observed for Mi2 α of 29 (30.52%), 14 (14.73%) in *Tif 1gamma* and 12 (12.63%) has positive *Mda 5.*

Abstract AB0813 – Table 1. Positive Antibodies.

IIM n= 95		
Antibody	***mean±SD***	***n (%)***
Mi2a	*21.79±14.88*	*29 (30.52)*
Mi2ß	*19.60±12.81*	*10 (10.52)*
Tif1y	*42.42±24.36*	*14 (14.73)*
Mda5	*28.83±25.84*	*12 (12.63)*
Nxp2	*66±54.11*	*3 (3.15)*
Sae1	*48.50±58.68*	*2 (2.10)*
Ku	*9.75±2.87*	*4 (4.21)*
PM-Scl100	*45±29.10*	*7 (7.36)*
PM-Scl75	*37.63±27.72*	*9 (9.47)*
Jo1	*44.08±24.40*	*5 (5.26)*
Srp	*20.20±8.13*	*5 (5.26)*
Pl-12	*9.85±4.81*	*7 (7.36)*
Ej	*...*	*1 (1.05)*
Oj	*25±26.81*	*6 (6.31)*
Ro-52	*42.70±27.67*	*24 (25.26)*
Cn-1a	*1.14±0.05*	*5 (5.26)*
Pl7	*23.50±11.79*	*8 (8.42)*
Cpk	*525.11±110.49*	*54 (56.84)*

*SD: Standard Deviation

Conclusions: The systematic and standardised evaluation of the determination of antibodies in patients with inflammatory myopathies play an important role in the predictive evaluation. Knowledge of the prevalence and clinical scenarios in various cohorts increase the standardisation and prompt use of antibodies in the classification of inflammatory myopathies

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AB0814 SODIUM THIOSULFATE 10% INTRALESIONAL TO TREAT CALCINOSIS IN PATIENTS WITH SYSTEMIC SCLEROSIS AND DERMATOMYOSITIS: CASE SERIES

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Background: Calcinosis is a frequent complication of systemic sclerosis and dermatomyositis, causing local pain, joint mobility reduction, ulcerations, secondary infections and disability. Currently, there is no effective treatment to calcinosis, but the use of topical dressing or intralesional sodium thiosulfate (STS) has showed promising results.
Objectives: To evaluate efficacy of intralesional STS 10% in calcinosis of patients with dermatomyositis and systemic sclerosis.
Methods: Prospective and open-labbed study including dermatomyositis and systemic sclerosis patients with calcinosis. The primary endpoints were: pain relief evaluated through visual analogue scale (VAS) and reduction of major diameters of calcinosis in x-ray. The secondary endpoints were: improvement in the quality of life and function evaluated by SF12 and HAQ respectively.
Results: A total of 10 calcinosis from 7 patients, one with dermatomyositis and 6 with systemic sclerosis were treated. The average dosage of STS per aplication was 9.27 mg at intervals ranging between 15 and 30 days (mean=17.85) between each injection. The number of injections per each calcinosis ranged between 3 and 8 (mean 3.3). All patients reported improvements in pain, however the results were not statistically significant (table 1). There were no reductions in calcionosis diameters, nor improvement of quality of life and function.
Conclusions: Low doses of sodium thiosulfate applied through intralesional injections, in a restrict number of applications and long intervals were not effective to treat calcinosis.

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