vs RFA percent change Delta=-12.8, p=0.02). No significant difference was observed in success rate 6-month after treatment (RFA *vs* LA: 86.7% *vs* 66.7%, p=0.13) or in thyrotropin level between the groups. Although improved, no significant difference was observed between RFA and LA for compressive symptoms and cosmetic score (p=NS). The adverse event rates for RFA and LA, respectively, did not require hospitalization.

Conclusions: While the success rate was similar in the RFA and LA groups, RFA achieved a significantly larger nodule volume reduction at six months.

The prevalence of peripheral artery disease in hospitalized patients with heart failure

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Background: Peripheral artery disease (PAD) and heart failure (HF) share the same risk factors and pathophysiological process. Patients with PAD have 2-fold higher risk of develop HF and the prevalence of PAD in these patients varies from 12-19%. However, most of these data are based on the prevalence of symptoms suggestive for PAD with scarce evidence from diagnostic specific tests.

Aim: The aim of this study was to describe the prevalence of PAD diagnosed with ankle-brachial index (ABI) in hospitalized patients with acute HF and to evaluate the prevalence of symptomatic PAD assessed with the "San Diego Claudication Questionnaire" (SDCQ).

Methods: We conducted a multicentre prospective study in 5 Italian Internal Medicine Units. Hospitalized patients were evaluated with the ABI test and the SDCQ. PAD was confirmed when ABI was ≤ 0.9. Patients with ABI >1.4 were excluded from the analysis. We collected information about cardiovascular risk factors, comorbidities and the last echocardiogram.

Results: We consecutively enrolled 206 patients; 90 patients (43.7%) had ABI index ≤ 0,9 (95% CI 37-51%); in this group, 12 patients only were aware of the disease. The results of the SDCQ showed that 53.3% of the population with ABI ≤ 0.9 had no symptoms suggestive for PAD. Compared with patients with normal or borderline ABI index, patients with ABI ≤ 0,9 more frequently suffer from chronic renal impairment (51.1% and 32.8%, p 0.007) and presented with cardio-cerebrovascular events in the past (55.6% and 37.1%, p 0.008).

Conclusions: PAD is a frequent comorbidity in patients with HF, however this condition is widely under-diagnosed.

An unusual case of hepatitis

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Case Report: A 56-year-old white woman was admitted to our unit with fever, fatigue and arthralgia. His past medical history was unremarkable, except for hypertension. Serum testing revealed a mild elevation of AST, ALT and LDH, together with relative lymphocytosis. On admission, viral serological screening was performed, confirming an active CMV infection (CMV IgM positive, CMV IgG negative, CMV RNA positive) as the cause of hepatitis. The CT of the abdomen showed portal vein thrombosis (PVT) of the right branch. Screening for thrombophilia was requested, showing low free protein S values and increased factor VIII levels; in addition, serum immunofixation showed monoclonal component IgG lambda. Anticoagulation therapy was started with low molecular weight heparin, subsequently imbricated with warfarin. The patient recovered in few weeks. Two months later seroconversion of CMV IgM to IgG was observed and monoclonal component was no longer detectable. In conclusion acute CMV infection can be considered a risk factor for PVT. Usually CMV develops in immunosuppressed patients and it is asymptomatic and self-limiting.

Conclusions: We described a rare case of vascular complication of CMV infection in immunocompetent woman. According with the few case reported in literature we confirmed the relationship between acute CMV infection, PVT and transient MGUS.

Immune-related adverse events (IrAEs) in cohort of patients receiving PD-1/PD-L1 inhibitors

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Background: Introduction of PD-1/PD-L1 inhibitors revolutionized oncological guidelines. The purpose of this study is to establish incidence and characteristics of immune checkpoint inhibitor-related adverse events (irAEs) in a real-world setting and improve clinical management of patients treated with PD-1/PD-L1 inhibitors.

Materials and Methods: From Jan 2019, we enrolled a cohort of patients receiving anti- PD-1/PDL1 drugs. We created a clinical pathway with recommendations for evaluation and diagnosis of IrAEs, specific treatments and rules for drug discontinuation, basing on ASCO guidelines and with multidisciplinary panel. IrAEs have been graded according to CTCAE *vs* 5.0.

Results: Fifty-two patients (F/M: 17/35, mean age 67) have been enrolled. Twelve patients had melanoma, nine renal cell carcinoma, twenty-nine Non-small-cell lung carcinoma, one Hodgkin lymphoma and one head-neck cancer. Twelve patients developed IrAEs (23%). In ten cases, severity were mild-moderate (G1-2): hepatitis, hypothyroidism, III-V-VII cranial nerve palsy, PMR-like, psoriasis and type-1 diabetes mellitus. In four patients were severe (G3): bullous dermatitis, Lichen Planus-Like, interstitial pneumonia and myositis. One patient developed three different IrAEs. Thirty-two are still under treatment (61%). Four patients stopped therapy due to IrAEs and eleven for disease progression. Five patients died.

Conclusions: Innovative tools are required in order to manage IrAEs, prevent their potential relapse and to avoid useless interruption of therapy, in order to improve patients outcome.

Differences in oral anticoagulant therapy for non-valvular atrial fibrillation between Italian and Western Europe Countries. The GLORIA-AF Phase III experience

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Background: Despite the association of atrial fibrillation (AF) with thrombo-embolic events, oral anticoagulation (OAC) use is still unsatisfactory. The aim of this study was to compare the baseline characteristics of patients receiving oral anticoagulants (OAC) between Italy and the other Western European Countries (OWE), with emphasis on the role of age (<and ≥75 years).

Methods: GLORIA-AF is a three-phase, prospective, observational study of patients with newly diagnosed non-valvular AF at risk for stroke. In this analysis, the consecutive subjects of the GLORIA-AF Phase III were included. Baseline characteristics of patients were compared with standardized differences (SDs; unbalanced distributions for values >0.10).

Results: Between 2014 and 2016, 1378 and 7757 eligible pa-

tients were enrolled from Italy and OWE, respectively. No differences existed in age, gender and CHA_2DS_2-VASc score (3.3±1.5 *vs* 3.3±1.5; SD=-0.014). OAC (84.0 *vs* 90.6%, SD=-0.20) and NOACs (54.9 *vs* 65.8%, SD=-0.22) were less used in Italy than in OWE countries. Among NOACs users, age (74.4±9.3 *vs* 72.0±9.7 years; SD=0.25) was higher in Italy. Low doses of NOACs were more often prescribed to elderly Italian patients than to their OWE counterparts. The use of beta-blockers and statins were higher in OWE, and that of PPI in Italy.

Conclusions: GLORIA-AF Phase III results show relevant differences in OAC use between Italy and OWE. Older Italian NOACs users more often receive the lower dosages of the drugs; moreover, the prevalence of those not taking OAC is still high.

Application of SIAARTI criteria for the identification of eligible PEG candidate: a retrospective study

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Background and Aim: Percutaneous Endoscopic Gastrostomy (PEG) is a common intervention in dysphagic patient. However, mortality in PEG's patients is reported 22% one month after the procedure and 54% after one year. Probably reason could be the poor capacity of current guidelines to exclude patients who would not benefit from the procedure, given their limited life expectancy. The Italian Society of Anesthesia, Analgesia, Resuscitation and Intensive Care (SIAARTI) developed 4 criteria to identify patients with less than one-year life expectancy. There are 3 objective criteria (General health criteria; Palliative Performance Scale; Specific criteria related to Heart, Lung, Liver and Renal failure, COPD, Stroke, Parkinson, Amyotrophic lateral sclerosis, Multiple sclerosis, Dementia). In this study, SIAART objective criteria were retrospectively applied to all patients who underwent PEG placement in our Hospital between January 2013 and December 2017.

Results: We enrolled 137 patients (65% male), median age of 75 years. Causes of PEG placement were: otolaryngology cancer (24%), stroke (15%), dementia (35%), other neurological syndromes (17%), wasting (4%), heart attack (5%).

One-month (17%), six-month (38%), and one-year mortality (53%) were evaluated and cox proportional hazards model was performed to assess the prognostic influence of age, sex and positivity for 3 objective SIAARTI criteria ($p<0.0001$, HR 2.4).

Conclusions: We suggest that positivity for three objective SIAARTI criteria can reliably identify PEG patients with high short-term mortality and could therefore be used as a selection tool for PEG placement.

Finding the needle in the Autoimmune Haystack: anti-MDA5 antibody positive Clinically Amyopathic Dermatomyositis parallels a fatal case of rapidly progressive interstitial lung disease

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Background: Clinically amyopathic dermatomyositis (CADM) is a rare entity, presenting with classic dermatomyositis cutaneous manifestations, with neither muscle weakness nor abnormal muscle enzymes. A patients' subset with CADM harbor a specific antibody known as melanoma differentiation-associated gene 5 (anti-MDA5). These patients are characterized by an aggressive course with distinct skin features, pulmonary involvement and early death.

Clinical case: A 56-y-o man was admitted to our ward for cough, dyspnea and fatigue. He developed cutaneous erythematous lesions in 120 days, Gottron's papules and low-grade fever. A total body CT showed no malignancies, however ground-glass areas in the lower lung lobes with interstitial lung disease (ILD) were found. Muscle biopsy was suggestive of myositis, despite unremarkable muscle enzymes levels. Anti- MDA-5 positivity was detected. Therapy with methylprednisolone 80 mg, cyclophosphamide 50 mg daily and intravenous immunoglobulin were administrated. After two weeks the patient developed worsening dyspnea: mycophenolate and rituximab were also employed. After few days the NSIP progressed to acute lung failure and the patient was moved to the Intensive Care where he was intubated and a high dose immunosuppressive therapy with tacrolimus, cyclophosphamide and rituximab were started. Regrettably, a septic shock occurred and the patient passed away after two months from the admission.

Conclusions: Despite early detection and intensive management, the prognosis of anti-MDA5 positive CADM patients with rapidly progressive ILD remains poor.

Relazione tra sindrome delle apnee ostruttive nel sonno e steatosi epatica non alcolica (NAFLD): studio osservazionale di prevalenza

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Premesse e Scopo dello studio: Valutare rischio e prevalenza di NAFLD nei pazienti OSA e la correlazione tra la severità dei disturbi ipossici notturni ed il grado di steatosi.

Materiali e Metodi: Studio in due fasi. Nella prima, analisi retrospettiva di un gruppo di 294 pazienti con sintomatologia suggestiva di OSAS, sottoposti a poligrafia basale. I pazienti sono stati suddivisi in OSAS e non-OSAS a seconda del valore dell'Indice Apnea/Ipopnea. Per ogni paziente è stato calcolato il Fatty Liver Index (FLI). Nella seconda fase arruolati 17 pazienti, afferenti consecutivamente al Day Service di Geriatria del Policlinico Umberto I dal Gennaio 2019. Sono stati esclusi i pazienti con storia di abuso alcolico, uso corrente di farmaci epatotossici, epatiti virali ed altre epatopatie croniche. Tra i criteri di inclusione: positività al questionario sulla sonnolenza diurna, presenza di almeno un fattore di rischio metabolico. Tutti i pazienti sono stati sottoposti a esame poligrafico ed ecografia epatica. La valutazione della NAFLD è stata effettuata mediante lo score ecografico di Hamaguchi.

Risultati: Negli OSAS più elevata prevalenza di sindrome metabolica ed una percentuale di pazienti con valori di FLI fortemente indicativi della presenza di steatosi rispetto ai non OSAS, una correlazione diretta e statisticamente significativa tra alcuni parametri polisonnografici e il grado di steatosi.

Conclusioni: L'OSAS è un FR indipendente per lo sviluppo e la progressione di NAFLD. L'ipossia cronica intermittente è il principale meccanismo alla base della correlazione tra queste due patologie.

Improvement of HbA1c in rheumatoid arthritis treated with bDMARDs. A case series

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Background: Type II diabetes mellitus (T2DM) is associated with inflammatory response. Indeed, inflammatory markers such C-reactive protein are independent risk factors for T2DM. The influence of anti-tumor necrosis factor (antiTNF), anti-IL-1 and anti-IL-6 treatments on glucose homoeostasis has been reported.

Results: We report that HbA1c values decreased parallel to those of DAS28-CRP in diabetic patients with rheumatoid arthritis (RA) who were treated with bDMARDs. Thirty-one patients with active RA despite the treatment with MTX and T2DM were followed up for 6 months. Nine were treated with adalimumab, 8 with etanercept, 5 with golimumab, 3 with sarilumab and 6 with tocilizumab. The daily prednisone dosage was stable in all patients during the observation period (mean 6.25mg/die). DAS28-CRP and HbA1c at baseline was 5.24 and 48.5mmol/l respectively. After the treatment has been started, a drop in DAS28-CRP and HbA1c was observed (figure 1 and 2) at 3-