samples are drawn and centrifuged. RF and auto-antibodies to nuclear antigens anti-nuclear antibodies (ANA) and anti-double stranded DNA were determined in all the patients. All patients underwent X-rays of the hands and wrists.

Results: Anti-hnRNP A1 showed highly significant difference between study and control. Anti-hnRNP A2 showed significant difference between study and control.

Conclusions: This study showed a high frequency of erosive arthropathy and autoantibody to both hnRNP antigens might become useful marker for joint involvement in SLE patients and identify SLE patients prone to develop joint damage

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FRI0666   **INCREASED PREVALENCE OF SUBCLINICAL ATHEROSCLEROSIS IN MODERATE-SEVERE PLAQUE PSORIATIC PATIENTS**

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Background: Recent studies suggest that plaque psoriasis may be a risk factor for major adverse cardiac events. This has important therapeutic implications for cardiovascular (CV) risk stratification and prevention in patients with severe psoriasis. For that reason surrogate markers of subclinical atherosclerosis and CV mortality such as carotid plaques (CP) have been studied by carotid US examination.

In most studies of psoriasis done before, the results have shown an increased prevalence of carotid plaques, but it is not always the rule.

Objectives: To compare the prevalence of CP between patients with moderate-severe psoriasis and the general population.

Methods: A cross-sectional study that included 40 patients with moderate-severe psoriasis (PASI>10, BAS>10%), that fulfilled definitions for initiating treatment with a biological agent and 40 age-, sex- and traditional CV risk factors-matched healthy control subjects. Patients with history of CV events, diabetes mellitus, and chronic kidney disease or body max index (BMI)>35 were excluded. Carotid ultrasonography was performed by a MyLab 70 scanner (Esaote; Genoa, Italy), then carotid plaque was defined according to the Manheim Consensus Conference criteria. Statistical analysis: Qualitative data were expressed as number and percentages and quantitative data as mean (SD). Student's t test or Mann-Whitney U were used to compare continuous variables, as appropriate. Chi2 test or Fisher test were used for qualitative variables.

Results: The main data of the patients are summarized in the Table. It is important to highlight that it is based on a young population (mean age<40 years). The two groups did not present significant differences except for high sensitivity C-reactive protein (hsCRP)

As expected given the age of the group, CV risk measured by SCORE was low (0%) with a mean of 0.2 us 0.15. No patient had a high-very high CV risk as measured by SCORE ($\geq$5%).

Patients with psoriasis had a long-standing disease (17.05±11.63 years). The presence of carotid plaques was found in a total of 10 patients with plaque psoriasis (25%, 5 of them had bilateral plaques) and one in the control group (2.5%) without bilateral plaques), p<0.003.

Variable	Plaque Psoriasis (n=40)	Controls (n=40)	P
Age: Mean (SD)	37,68 (11.83)	38.63 (11.83)	0.75
Sex (Male): n (%)	18 (45)	18 (45)	1.0
Psoriasis duration (years): Mean (SD)	17.05 (11.63)	ND	–
Psoriatic Arthritis: n (%)	11 (27.5)	ND	–
HLA-B27 Positive: n (%)	5 (13)	ND	–
BSA: Mean (SD)	38.99 (17.08)	ND	–
PASI: Mean (SD)	19.33 (8.89)	ND	–
hsCRP (mg/L): Mean (SD)	3.26 (3.31)	1.69 (2.62)	**0.001**
ESR (mm/h): Mean (SD)	13.79 (13.23)	8.53 (7.01)	0.17
Systolic hypertension (mmHg): Mean (SD)	121.33 (13.91)	120.08 (11.73)	0.86
Cholesterol (mg/dl): Mean (SD)	196.08 (34.31)	193 (36.42)	0.69
HDL-C (mg/dl): Mean (SD)	55.58 (17.05)	63.88 (20.7)	0.051
Smoking: n (%)	13 (33)	9 (22.5)	0.32
Dyslipidemia: n (%)	21 (53)	17 (42.5)	0.37
Arterial hypertension: n (%)	2 (5)	3 (7.5)	0.99
Obesity (BMI>30) n (%)	7 (18)	3 (7.5)	0.18
SCORE: Mean (SD)	0.2 (0.46)	0.15 (0.43)	**0.55**
Carotid plaques			
Yes: n (%)	10 (25)	1 (2.5)	**0.003**
Bilateral: n (%)	5 (13)	0 (0)	**0.02**

Conclusions: Moderate-severe psoriasis is associated with increased prevalence of carotid plaques.

FRI0667   **THE RECALL SURVEY: CAN ULTRASOUND AFFECTS CLINICIANS' DECISIONS ABOUT CHANGING TREATMENT IN RA?**

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Background: In Rheumatoid Arthritis (RA) treatment response is assessed using standard clinical disease activity measure. However ultrasound (US) is able to show subclinical synovitis in patients (pts) with RA who are in clinical remission (CR); further studies are still required to delineate the impact of US findings in the management of RA pts in daily clinical practice.

Objectives: to investigate the influence of US on the clinicians' treatment choices in pts with RA.

Methods: in 2015 an educational event (RECALL Survey) focused on the added value of US in RA pts was held in 22 rheumatology centers in Italy.In every center, the local rheumatologists provided RA pts to be examined by US. Pts signed an informed consent and a brief history of them was collected by the local rheumatologists (previous and current therapy, DAS28, HAQ score). Bilateral US examinations of wrists, metacarpophalangeal (MCP) and metatarsophalangeal (MTP) joints were performed by rheumatologists expert in US, to assess synovitis (joint effusion, synovial proliferation, and power Doppler (PD) signal), and bone erosions, using a Logiq E R7, General Electrics, with a 4.2–13 MHz linear probe. All US findings were scored using a 4 degree semiquantitative scoring system.

Results: 465 pts were evaluated. Clinicians, after US evaluations, changed therapy in 23.7% of pts, did not change therapy in 35.5% of pts.In general changes of therapy tended to be made by clinicians when joint effusion or power Doppler signal were present (table 1–2). The presence of erosion did not influence the clinicians' decisions.

Table 1. Changes of therapy and joint effusion

		Joint Effusion		
		Score $\leq$0	Score >0	Total
Change in therapy	No	86	79	165
	Yes	11	99	110
	Total	97	178	275

Table 2. changes of therapy and Power Doppler

		Power Doppler Signal		
		Score $\leq$0	Score >0	Total
Change in therapy	No	129	36	165
	Yes	24	86	110
	Total	153	122	275

Conclusions: Ultrasound may be an useful tool in daily rheumatologic practice to help clinicians make decisions about how to treat patients with RA. US results, especially joint effusion and Power Doppler signal, may influence the choice of clinicians to modify a patient's treatment regime.

FRI0668   **SONOGRAPHIC AND ANATOMICAL DESCRIPTION OF THE SUBTALAR JOINT**

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Background: The subtalar joint is commonly affected in many rheumatic and musculoskeletal diseases; however, subtalar joint involvement is often neglected or missed during clinical examination due to the fact that the joint is difficult to examine and most clinicians have a limited understanding of its anatomy.

Objectives: To provide a detailed anatomical and US description of the subtalar joint, a single joint that, anatomically, is divided into two separate compartments: the anterior subtalar joint (ASTJ) and the posterior subtalar joint (PSTJ).

Methods: Cadaver specimens of the ankle and foot were examined in detail by ultrasound (US) by rheumatologist experts in musculoskeletal US. The ASTJ of all