

**Aim of the study.** To describe the clinical features, particularly disease activity, damage index and immunological features of 87 systemic lupus erythematosus subjects.

**Materials and methods.** Adult patients ( $\geq 18$  years) followed in Rheumatology department of PMSI Institute of Cardiology who fulfilled Systemic Lupus International Collaborating Clinics (SLICC) criteria were included. Data was collected by detailed clinical interview, physical examination and laboratory investigations. Hence demographics, SLICC criteria, immunological profile, systemic lupus erythematosus disease activity index 2000 (SLEDAI-2K) and SLICC/American College of Rheumatology (ACR) damage index (SDI) were documented.

**Results.** Of the 87 patients, 84 (96.5%) were females and three (3.4%) - males. The mean age at lupus onset was  $36.7 \pm 15.6$  years. Mean disease duration was  $80.6 \pm 112.8$  month. The most prevalent clinical SLICC criteria were musculoskeletal, with 74 (94%) of subjects experiencing arthralgia/arthritis, followed by mucocutaneous manifestations of subacute cutaneous lupus in 65 (74.7%) and alopecia 60 (68.9%) cases. Lupus nephritis (not proven by biopsy) occurred in 32 (36.7%) subjects.

The most common laboratory SLICC criteria were positive anti-dsDNA antibodies in 80 (91.9%) cases, followed by antinuclear antibodies 66 (75.8%) and low complement (C3, C4 or CH50) levels - 50 (57.4%) patients. Mean SLEDAI score was  $6.5 \pm 4.3$  with a range of 2-18 points. Organ damage occurred in 38 (43.6%) patients; mean SDI was  $0.7 \pm 1.3$ , with a 0-5 range.

**Conclusions.** The results of the study, general for our country, can be used in the diagnosis and monitoring of SLE, that represents a big challenge for any clinician and justifies the need for this type of study to better characterize the disease, especially in the first years of the disease.

**Key words:** systemic lupus erythematosus, clinical features, disease activity, damage index, immunological features

#### **114. APPLICABILITY OF EULAR/ACR CLASSIFICATION CRITERIA FOR IDIOPATHIC INFLAMMATORY MYOPATHIES**

Author: **Natalia Loghin-Oprea**

Scientific advisers: Snejana Vetrila, Lucia Mazur-Nicorici, Minodora Mazur, Department of Internal Medicine and Semeiotics

*Nicolae Testemitanu* State University of Medicine and Pharmacy of the Republic of Moldova

**Introduction.** Till recently, the most widely used criteria for the diagnosis of idiopathic inflammatory myopathies (IIM)-autoimmune diseases characterised by muscle weakness and muscle inflammation was done the Bohan and Peter criteria, which has a high sensitivity (94,3%), but low specificity (29,4%). The International Myositis of Assessment and Clinical Studies Group (IMACS) created a new criteria set that shows better performance than the existing ones.

**Aim of the study.** To evaluate the performance of new criteria in patients with idiopathic inflammatory myopathies.

**Materials and methods.** A cross-sectional study was done on patients with idiopathic inflammatory myopathies, during May 2016-december 2017. Clinical and demographic data was collected based on a special questionnaire made by us and according to international recommendation on IIM. The ACR/EULAR criteria set has 16 variables from 6 categories, each has an assigned weight (score) based on its influence to discriminate IIM from non-IIM. The sum of all scores provides a corresponding probability of having IIM, the level 55-90 % is for probable IIM and  $\geq 90\%$  is for definite disease. The study was accepted by the Bioethical Committee of SUMPh "Nicolae Testemitanu" from 23 may 2016.

**Results.** The study group consisted of 65 patients, the majority of them were Caucasian females, W:M ratio was 3.3:1. The median age at the examination was  $52.9 \pm 13.1$  (range 25-78) years versus  $48.5 \pm 11.1$  at the onset of the disease. Regarding the mean duration of the disease, we

determined it was  $113.8 \pm 68.8$  (iv 6-324) months. Applying the new set of criteria we determined that the mean number of criteria was  $7.21 \pm 1.46$ , varying from 5 to 11 criteria, equivalent to  $91.4 \pm 14.5$  percent, which represents a defined diagnosis. Age at onset of first symptom  $\geq 18$  and  $< 40$  years was determined in 35.4 % and more than 40 years had 64.6 % of study patients, specific for these diseases. Weakness of proximal upper extremities, usually progressive over time was appreciated in 98.5 % and of lower extremities-95.4 percent. Skin manifestation were represented by heliotrope rash observed in 33 (50.7%) patients and Gottron's papules-24 (36.9%) cases. The presence of dysphagia was detected in 11 (16.9%) patients and anti-Jo-1 antibodies were found in 5 (7.7%) cases. It should be noted that the elevation of muscle enzymes were present in all patients. Muscle biopsy, optional in the new criteria, was done by 22 (33.8 %) patients and characteristic features were observed, the most frequent was endomysial infiltration of mononuclear cells surrounding, but not invading myofibres in 16 (24.6 %) cases.

**Conclusions.** The new criteria set for the diagnosis and classification of idiopathic inflammatory myopathies is easy to apply and interpret, being useful in examining these patients.

**Key words:** idiopathic inflammatory myopathies, diagnosis, clasification

## 115. MELANOMA'S SENTINEL NODE BIOPSY: COMPARISON BETWEEN TWO CLINICAL HOSPITALS OVER 5 YEARS

Authors: **Stefan Rusu, Alexandra Pata, Gheorghe F. Tutuianu, Gabriela Madarasz**

Scientific advisers: Ovidiu S. Cotoi<sup>1</sup>, Enrico M. Silini<sup>2</sup>

<sup>1</sup> University of Medicine and Pharmacy of Targu Mures, Romania

<sup>2</sup> University Hospital of Parma, Italy

**Introduction.** Sentinel lymph node (SLN) is defined as the first lymph node localized on the direct lymphatic drainage pathway from a primary tumor. The sentinel lymph node biopsy (SLNB) is largely used in breast cancer and melanoma but it may also be useful in other epithelial skin cancers as well as in tumors located in the upper or lower gastrointestinal tract, lungs, thyroid, cervix and vulva. SLNB in melanoma is essential for an accurate staging, to estimate the risk of extension to other lymph nodes or organs and to evaluate the prognosis. Melanoma, even if it is not as common as the basal cell carcinoma or squamous cell carcinoma among the skin tumors, presents an increasing incidence and a higher mortality.

**Aim of the study.** To present an objective image of the SLNB practice in two county clinical hospitals: Azienda Ospedaliero-Universitaria di Parma (AOUP), Italy and Spitalul Clinic Judetean Mures (SCJM), Romania, as well as the outcomes of the microscopic analysis.

**Materials and methods.** Our study analyses the case-book records of the Pathology Department in two county clinical hospitals from 2012 to 2016. Tissue fragments obtained as a result of surgical excisions were processed using standard histological methods: fixing in formalin for 12-24 hours, embedding in paraffin, multiple sectioning, staining with hematoxyline-eosine and performing immunohistochemistry using MelanA, S100, HMB45.

**Results.** During our study, 1594 tumors were analyzed. After eliminating insitu, acral-lentiginous and mucosal melanomas, we included in the statistical analysis 660 lesions diagnosed at AOUP and 67 at SCJM. The SLNB technique was performed in approximately 30% of the patients at AOUP and 49% at SCJM. The study shows a relative equal distribution between the two centers regarding the positivity or negativity of the SLN, respectively 85% versus 15%. Despite the slight difference between the number of cases without a SLNB performed which may also be explained by the larger number of patients at the AOUP, we obtained overlapping ratios for the positive and negative SLN. We have defined positive SLN as the lymph node presenting tumor invasion and negative SLN as the node without malignant cells in its structure. A positive SLN, identified in 15% of cases in both departments, may change the medical and surgical approach and allows the adjustment of the survival prognostic.