

110. QUALITY OF LIFE IN PATIENTS WITH SLE AND CUTANEOUS INVOLVEMENT

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Objectives: To establish the relationship between cutaneous involvement and Quality of Life (QoL) in patients with systemic lupus erythematosus

Methods: Cross-sectional study of SLE patients with cutaneous involvement, fulfilling SLICC/ACR 2012 classification criteria. Cutaneous involvement was assessed by Cutaneous Lupus Erythematosus Disease Area and Severity Index (CLASI), disease activity – by SLEDAI and SLAM and QoL by SF-8 questionnaire. The Pearson correlation coefficient was calculated between the variables.

Results: The study included 102 caucasian SLE female patients with a mean age of $42,4 \pm 13,3$ yrs and a mean disease duration of $93,9 \pm 77,1$ months. The mean age at the disease onset was $35,5 \pm 14,8$ yrs and the mean SLICC/ACR criteria number - $6,1 \pm 2,8$ points. The disease activity by SLEDAI and SLAM was appreciated as high with $1,24 \pm 10,4$ and $12,1 \pm 8,6$ points, respectively. The SLICC/ACR DI constituted $1,47 \pm 1,6$ points. The cutaneous involvement by CLASI showed a mean activity of 4,7 points and a damage of 3,0 points, mean CLASI score being appreciated with 7,2 points. The QoL by SF-8 demonstrated low indices, compared to general population, in both domains: Physical Component Summary (PCS) and Mental Component Summary (MCS) with a mean value of 37,74 and 38,72 points, respectively. The analysis of Pearson coefficient between the QoL and CLASI did not show significant correlation ($r < 0,2$, $p > 0,05$). The PCS of the QoL correlated inversely with the disease activity ($r = -0,58$ for SLAM and $r = -0,45$ for SLEDAI, $p < 0,05$) and the MCS correlated inversely with SLICC/ACR classification criteria ($r = -0,45$, $p < 0,05$). CLASI activity index correlated with SLAM and SLEDAI ($r = 0,45$ for SLAM and $r = 0,37$ for SLEDAI).

Conclusion: The QoL is decreased in SLE patients by both components: physical and mental. The severity of cutaneous involvement did not correlate with the QoL's indices. Meantime, CLASI activity score correlated with disease activity and the MCS of the QoL correlated with the number of SLICC/ACR 2012 classification criteria.

111. GASTROINTESTINAL MANIFESTATIONS OF SYSTEMIC SCLEROSIS

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Introduction: Systemic sclerosis (SSc) is an autoimmune, multisystem disease of unknown cause characterized by diffuse fibrosis, degenerative changes, and vascular abnormalities in the skin, joints, and internal organs (especially the esophagus, lower GI tract, lungs, heart, and kidneys). After the skin, the most commonly involved organ is the gastrointestinal (GI) tract (in up to 90% of patients).