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

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

Methods: Cross-sectional study of SLE patients with cutaneous incolvment, fulfilling SLICC/ACR 2012 classification criteria. Cutaneous involvement was assessed by Cutaneous Lupus Erithematosus Diasease 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±13,3 yrs and a mean disease duration of 93,9±77,1 months. The mean age at the disease onset was 35,5±14,8 yrs and the mean SLICC/ACR criteria number - 6,1±2,8 points. The disease activity by SLEDAI and SLAM was appreciated as high with 1,24±10,4 and 12,1±8,6 points, respectively. The SLICC/ACR DI constituted 1,47±1,6 points. The cutaneous involvment 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 og 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 classificatino 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 dicreased in SLE patients by both components: physical and mental. The severity of cutaneous involvment did not correlate with the QoL's indices. Meantime, CLASI activity score correlated with disease activity and the MCP pf the QoL correlated with the number of SCLICC/ACR 2012 classification criteria.

111. GASTROINTESTINAL MANIFESTATIONS OF SYSTE MIC 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).

Although GI disease is a cause of death in only a minority of patients with SSc, GI dysfunction is a major contributor to morbidity and they contribute considerably to impairment in quality of life.

Materials and methods: We conducted a systematic review of observational studies that report GI problems in patients with scleroderma along with the Associated risk factors. Prevalence of each organ complication was extracted from studies in 2007-2015.

Discussion results: Digestive involvement in systemic sclerosis is frequent and serious. Malnutrition, diarrhea, and constipation are some GI complications that can stem from scleroderma, and they contribute considerably to impairment in quality of life. Approximately 20% of people with scleroderma develop secondary Sjogren's syndrome, a syndrome Associated with dry eyes and dry mouth. The most frequent visceral manifestation to be described was esophageal disease (70-90%). Oesophageal disorder is common with its main consequence: the occurrence of gastroesophageal reflux disease which could run into peptic erosive oesophagitis. Gastric involvement is rarely recognized but it is frequent in case of systematic investigation as well as small intestinal involvement which may provide a lot of complications: malabsorption, pseudoobstruction, bacterial overgrowth. At colonic level, anorectal involvement is frequent (50-70%) and leads to fecal incontinence and rectal prolapse. The symptomatic treatments must be systematic and improve the disease's overall prognosis. Although severe GI manifestations in SSc (defined as malabsorption, repeated episodes of pseudo-obstruction or severe problems requiring hyperalimination) are uncommon (8%), only 15% of such patients survived after 9 years of their diagnosis.

Conclusion: Almost every part of the GI tract can be involved. GI involvement is often diagnosed after severe complications occurred and management can be difficult. At present, few specific therapeutic options are available for the treatment of these patients, but relief of symptoms is often possible with appropriate knowledge and support. It is therefore particularly important to identify, monitor and manage these patients carefully, with a view to minimalize further degeneration and maximalise quality of life.

Key Words: Systemic sclerosis, digestive involvement in scleroderma.

112. SIGNIFICANCE OF GENEXPERT MTB/RIF METHOD IN THE DIAGNOSTICS OF PULMONARY TUBERCULOSIS

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Introduction:In the published literature, it is awarded a great deal of importance to the subject of TB diagnostic with the GeneXpert/RIF method, this being a fully closed automated system for M.Tuberculosis and resistant to RIF through the REAL TIME PCR technique.

Purpose:The determination of the efficiency of the GeneXpert/RIF genetic-molecular method in the diagnosis of tuberculosis in comparison with the bacteriologic, microscopic methods.