RNA-polymerase III Ab, antiphospholipid antibodies, normal complement levels. Vascular studies were all normal. Given data, treatment for SSc was started with pentoxifylline 400mg TID with wound healing in 2 weeks follow up.

The prevalence of non-digital lower extremities ulcers in SSc patients is ~4%. No standard treatment has been established for this syndrome. Thus far, there is only one case published case report of using pentoxifylline resulting in resolution of wound ulcer. This is the second such case.

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EFFECTIVENESS AND SAFETY OF TOCILIZUMAB BASED ON CLINICAL AND ANALYTICAL DATA IN PATIENTS WITH RHEUMATOID ARTHRITIS FROM QUITO-ECUADOR

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Background: The use of biological therapy in Ecuador has achieved clinical and analytical goals in disease activity control. Tocilizumab, is an approved therapeutic option in this country.

Objectives: To describe the baseline clinical and laboratory data of 48 patients with rheumatoid arthritis (RA) treated with intravenous tocilizumab and analyze results from follow-up visits in a real-life scenario.

Methods: This is a descriptive study that analyzes the clinical and laboratory data of 48 patients with RA treated with intravenous Tocilizumab from November 2012 to December 2019 in the Autoimmune Disease Unit of a tertiary hospital in Quito-Ecuador.

Results: Data were collected from 45 (93.6%) women and 3 (6.4%) men with a diagnosis of RA. The average age was 41.7 years with a standard deviation (SD) of 13.2 years. The average time from diagnosis to treatment with tocilizumab was 10.9 years with a SD of 5.6 years. At the onset of treatment, the mean value of anti-CCP antibodies was 657.09 U/ml and rheumatoid factor was 403.49 IU/ml. Initial CRP levels averaged 23.04 mg/L with a SD of 33.05 while the erythrocyte sedimentation rate (ESR) was 28.11 mm/h with a SD of 16.17. The initial mean DAS28 score was 6.13. The average years of treatment with the IL-6 inhibitor was 4.1 years.

Data cut off was set at 48 months after initial treatment with tocilizumab; 2 therapeutic failures, 1 death due to intestinal perforation and 3 patients with recurrent infections were reported. The average CRP was 2.6 mg/L with a SD of 5.09 and an average ESR of 11.65 mm/h with a SD of 11.64. The mean DAS28 score was 2.17.

Conclusion: In a real-life scenario the intravenous IL-6 inhibitor tocilizumab, can be considered an effective and safe therapeutic option, with few events relating to infections. It may therefore be maintained on a long-term basis.

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TYPIFICATION OF HUMAN LEUKOCYTE ANTIGEN SEROTYPES IN PATIENTS WITH SPONDYLOARTHROPATHIES IN A RHEUMATOLOGY CENTER OF GUATEMALA

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Objective: To typify the different serotypes of human leukocyte antigen (HLA) in spondyloarthropathies in a rheumatology center in Guatemala.

Methods: Different serotypes of HLA were analyzed by microlymphocytotoxicity antigen detection method in 23 patients who met the ASAS and CASPAR criteria for ankylosing spondylitis (SpA) and psoriatic arthritis (PsA) respectively. Frequencies and percentages were used to describe results and demographic data.

Results: The mean age of the patients was 40.6 years, 56.5% were female and 56.5% had a diagnosis of SpA. 56.5% were positive for HLA-B27. 60% of patients with PsA were positive for HLA-B27 and 54% for SpA. 95% were treated with biological disease modifying antirheumatic drugs (bDMARD) and the positivity for different HLA serotypes in PsA was 70 % for HLA-B35, 60% for HLA-B57 and 60% for HLA-B27, in the SpA group 61.5% for HLA-B38 and 53.8% for HLA-B27.

TABLE 1.

Study Variable	N = 23	%
Age (x) (years)	40.6	NA
Sex		
Male	13	43.5
Female	10	56.5
Diagnosis		
PsA	10	43.5
SpA	13	56.5
HLA-B27		
Positive	13	56.5
PsA	6	60
SpA	7	54

Conclusions: The positivity for HLA-B27 in PsA group was 60% and in SpA group was 53.8%. The prevalent serotypes in PsA were HLA-B35 (70%), HLA-B57 (60%), HLA-B27 (60%) and in the SpA group were HLA-B27 (53.8%) and HLA-B38 (61.54%).

TABLE 2. **Treatment in patients with spondyloarthropathies**

Study Variable	N	%
DMARDs		
MTX	18	78.2
LEF	10	43.4
SZA	6	26.1
bDMARD		
ETA	3	13
INF	7	30.4
ADA	8	34.8
GOL	7	30.4
UST	2	8.6
None	1	4

TABLE 3. HLA Serotypes in PsA

HLA Serotype	N	%
B27	6	60
B7	5	50
B13	5	50
B15	4	40
B16	5	50
B35	7	70
B37	4	40
B53	4	40
B57	6	60
B61	5	50
B67	5	50
B70	5	50
BW4	6	60
BW6	7	70

TABLE 4. HLA Serotypes in SpA

HLA Serotype	N	%
B27	7	53.85
B35	7	53.85
B38	8	61.54
B44	7	53.85
B53	7	53.85
BW4	8	61.54
BW6	5	38.46