



EVALUATION OF ECHOCARDIOGRAPHIC FINDINGS AND THEIR CARDIOVASCULAR RISK FACTORS IN PATIENTS WITH ANKYLOSING SPONDYLITIS AND PSORIATIC ARTHRITIS.

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BACKGROUND

Cardiovascular disease (CVD) may be associated with numerous pathologies, including rheumatic diseases, including Ankylosing Spondylitis (AS) and Psoriatic Arthritis (PsA). The cardiac manifestation occurs in 3 to 4% and some types of cardiac involvement are found in aortic and mitral regurgitation. The objective of this study was to evaluate cardiac echocardiographic manifestations and to relate their risk factors for CVD and disease time.

MATERIALS AND METHODS

An observational cross-sectional study from 2018 to 2019, with an AS patient according to ASAS / 2009 diagnosis and with a diagnosis of PsA according to CASPAR / 2006. Epidemiology, clinical data, presence of risk factors were recorded from patients. All subjects underwent transthoracic Doppler echocardiography (ECO), and were performed by a single cardiologist

RESULTS

A total of 60 patients were included, 16 (26%) PsA and 44 (74%) AS, 13 (22%) female and 47 (88%) male, mean age 50 years. In relation to ECO alterations, 11 (18%) abnormal results were found, of which four (36%) of PsA and seven (64%) of AS were present, mean age 56 years and mean disease time of 10 years (± 8 years). About the risk factors, at least two risk factors were found in patients with ECO alterations, with a history of smoking in six patients (54%), followed by systemic arterial hypertension (SAH) in four patients (36%), and diabetes only one (8%). Regarding ECO findings: mitral insufficiency was found in four (36%) patients, aortic insufficiency in two (18%), tricuspid insufficiency in two (18%), aortic dilatation in two (18%), aortic thickening (27%), mitral valve prolapse in one (9%), and pulmonary hypertension (9%). No patient with abnormal ejection fraction ($<50\%$) was found. Patients with diastolic dysfunction present mean age 84 years and all with a diagnosis of SAH.

CONCLUSION

The most prevalent echocardiographic alteration was mitral valve insufficiency (36%), with the aortic valve being most affected by structural alterations (insufficiency, dilatation, thickening and calcification). Diastolic dysfunction is observed more frequently in the elderly and hypertensive. The most commonly reported risk factor was smoking history and followed by SAH, these factors being related to increased diameter and reduction of aortic elasticity in long-standing AS patients.