



## ULTRASSONOGRAPHIC AND METABOLIC ANALYSIS IN PSORIASIS AND PSORIASIS ARTHRITIS.

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### BACKGROUND

Psoriatic arthritis and psoriasis have a broad clinical spectrum, which involves inflammation of the tendon, enthesitis, and alteration of the trilaminar pattern of the nails by ultrasonography. They are very associated with cardiovascular diseases and metabolic syndrome, being the main reasons involved in the mortality of these patients. Ultrasound was able to evaluate the inflammatory activity of these diseases and also to estimate cardiovascular risk by carotid study. Considering the greater predisposition of these patients, and the great cardiovascular impact. In this study, we analyzed the carotid, other metabolic variables and ultrasonographic findings typical of psoriasis and psoriasis, and evaluated for correlation [1,2].

Objectives: To detect and compare changes indicating inflammatory and atherosclerosis process in 2 groups of patients, using Doppler velocimetric indexes articular and quantitative media thickness software (QIMT) for the carotid artery.

### MATERIALS AND METHODS

Thirty patients were evaluated: 15 in the psoriasis carrier group (134 nail beds; 30 carotid arteries); and 15 in the group with psoriatic arthritis (147 nail beds; 30 carotid arteries). "CASPAR" criteria were used to classify the patients. The ultrasound (US) was performed in all patients by a single rheumatologist using Esaote MyLab 50. Was collected laboratory tests for evaluation of disease activity and metabolic profile, later submitted to Spearman and Pearson correlation.

### RESULTS

Table 1

A statistically significant difference was found in the NAPSI and variable E among the groups  $p < 0.05$  and  $p = 0.006$  respectively.

Spearman and Pearson correlations between US variables per group, psoriasis, psoriatic arthritis were: PASIxSG  $r = 0,658$ ,  $p = 0,015$ , VHSxPI varying  $r$  from  $-0,387$  to  $-0,614$  and  $p$  varying from  $0,038$  to  $0,002$ ; FExRI varying  $r$  from  $0,351$  to  $0,526$  and  $p$  varying from  $0,034$  to  $0,002$ , VHSxRI varying  $r$  from  $-0,329$  to  $-0,620$  and  $p$  varying from  $0,04$  to  $0,001$ , SGxRI varying  $r$  from  $0,542$  to  $0,694$  and  $p$  varying from  $0,001$  to  $0,001$ . The prevalence of metabolic syndrome, were: 53,3% (8) in the psoriasis group, and 30% (5) in the arthritis group. 53,3% (8) in the psoriasis group had QIMT-RF above the QIMT expected; in the arthritis group, 40%.

### CONCLUSION

The data of this study, obtained an association between the metabolic and inflammatory variables, it also shows data that point to a poorer metabolic profile and nail thickening in patients with psoriasis.

These patients should be regarded as high-risk cardiovascular patients. And the concomitant control of the inflammatory and metabolic aspects is mandatory in the conduction of these patients.