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Distinct clinicopathologic and radiological manifestations of the skin, lung, and muscle diseases in patients with dermatomyositis positive for anti-Jo-1 autoantibodies

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A group of patients with anti-Jo-1 antibody (anti-Jo-1) antibodies, or anti-Jo-1 autoantibody syndrome (ASS), may constitute a unique subtype of dermatomyositis. We compared the cutaneous, muscular and pulmonary manifestations between the ASS and non-ASS groups of dermatomyositis. We analyzed 59 patients with dermatomyositis who referred to our university hospital from 2008 to 2016. The patients were examined for skin lesions, routine blood tests, autoantibody profiles using ELISA kits, skin biopsy, and radiological imaging of the lung and muscle diseases. The ELISA kit for measurement of anti-Jo-1 antibodies is prepared to detect antibodies to Jo-1, P21, P21, and 12-E7. We also examined antibodies to TIF-1gamma, MDAS and Mi-2. Of 59 patients with dermatomysitis, 20 patients were classified into the ASS group, and the remaining 39 patients were of the non-ASS. Patients with ASS more frequently presented with interstitial lung disease (ILD) (P < 0.0029), associated with elevated serum levels of C-reactive protein (CRP) (P < 0.01), and systemic symptoms such as fever (P < 0.012), and autoantibodies to Jo-1, P21, and Mi-2. Of 29 patients with dermatomyositis, 20 patients were classified into the ASS group, and the remaining 39 patients were of the non-ASS. Patients with ASS more frequently presented with interstitial lung disease (ILD) (P < 0.0029), associated with elevated serum levels of C-reactive protein (CRP) (P < 0.01), and systemic symptoms such as fever (P < 0.012), and autoantibodies to Jo-1, P21, and Mi-2. Of 59 patients with dermatomyositis, 20 patients were classified into the ASS group, and the remaining 39 patients were of the non-ASS. Patients with ASS more frequently presented with interstitial lung disease (ILD) (P < 0.0029), associated with elevated serum levels of C-reactive protein (CRP) (P < 0.01), and systemic symptoms such as fever (P < 0.012), and autoantibodies to Jo-1, P21, and Mi-2. Of 29 patients with dermatomyositis, 20 patients were classified into the ASS group, and the remaining 39 patients were of the non-ASS. Patients with ASS more frequently presented with interstitial lung disease (ILD) (P < 0.0029), associated with elevated serum levels of C-reactive protein (CRP) (P < 0.01), and systemic symptoms such as fever (P < 0.012), and autoantibodies to Jo-1, P21, and Mi-2.