

15^ο Πανελλήνιο
Συνέδριο

ΕΠΕΜΥ

ΣΥΝΕΔΡΙΑ
ΣΚΛΗΡΟΔΕΡΜΑΤΟΣ

ΔΟΥΦΟΡΙΚΗ ΔΙΑΛΕΞΗ

**«Η διαχείριση του ασθενούς με δακτυλικά έλκη:
Τα οφέλη της μποσεντάνης»**

**Συντονιστής : Πέτρος Π. Σφηκάκης, Καθηγητής Παθολογίας-Ρευματολογίας,
Α΄ ΠΠΚ ΕΚΠΑ, Νοσοκομείο «Λαϊκό»**

**Ομιλητής: Αντώνης Φανουριάκης, Επίκουρος Καθηγητής Ρευματολογίας,
Δ΄ΠΠ ΕΚΠΑ, Νοσοκομείο «Αττικόν»**

Με την ευγενική χορηγία της

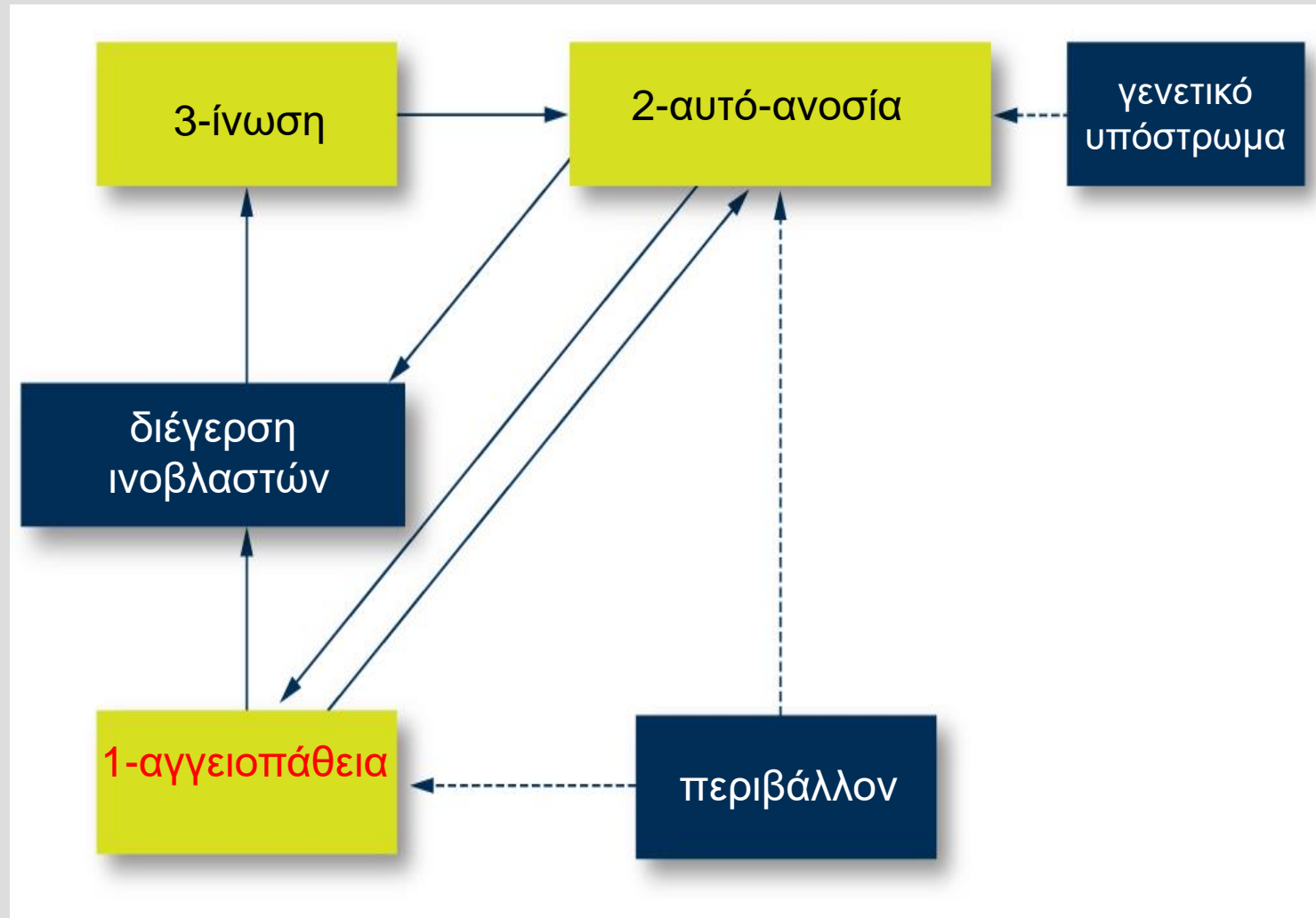
All-cause mortality in systemic rheumatic diseases under treatment compared with the general population, 2015–2019

Vasiliki-Kalliopi Bournia ¹, George E Fragoulis ¹, Panagiota Mitrou, ² Konstantinos Mathioudakis, ³ Anastasios Tsolakidis, ³ George Konstantonis, ¹ Georgia Vourli, ⁴ Dimitrios Paraskevis, ⁴ Maria G Tektonidou ¹, Petros P Sfikakis ¹

Table 4 HR, with 95% CI and p values, for the effect of RA, AS, PSA, SLE and SSc on all-cause mortality of male and female patients for the first 3 years (0–36 months) and for the following 2 years (>36 months) of follow-up

Systemic rheumatic disease	Gender	0–36 months of follow-up			>36 months of follow-up		
		HR (main effect)	95% CI	P value	HR (main effect)	95% CI	P value
RA	Male	0.6	0.55 to 0.65	<0.001	1.13*	0.98 to 1.30	0.094
	Female	0.65	0.61 to 0.69	<0.001	1.13*	1.03 to 1.23	0.008
AS	Male	0.61	0.47 to 0.80	<0.001	1.06**	0.77 to 1.46	0.715
	Female	0.7	0.50 to 0.98	0.042	0.7	0.50 to 0.98	0.042
PsA	Male	0.68	0.57 to 0.81	<0.001	0.94**	0.72 to 1.22	0.63
	Female	0.69	0.55 to 0.84	<0.001	1.22*	0.93 to 1.60	0.147
SLE	Male	1.91	1.56 to 2.35	<0.001	1.91	1.56 to 2.35	<0.001
	Female	1.47	1.29 to 1.67	<0.001	1.87**	1.55 to 2.26	<0.001
SSc	Male	2.56	1.57 to 4.16	<0.001	7.28**	3.30 to 16.06	<0.001
	Female	2.23	1.83 to 2.72	<0.001	3.90**	2.87 to 5.29	<0.001

Παθγένεια στο Συστηματικό Σκληρόδεσμα

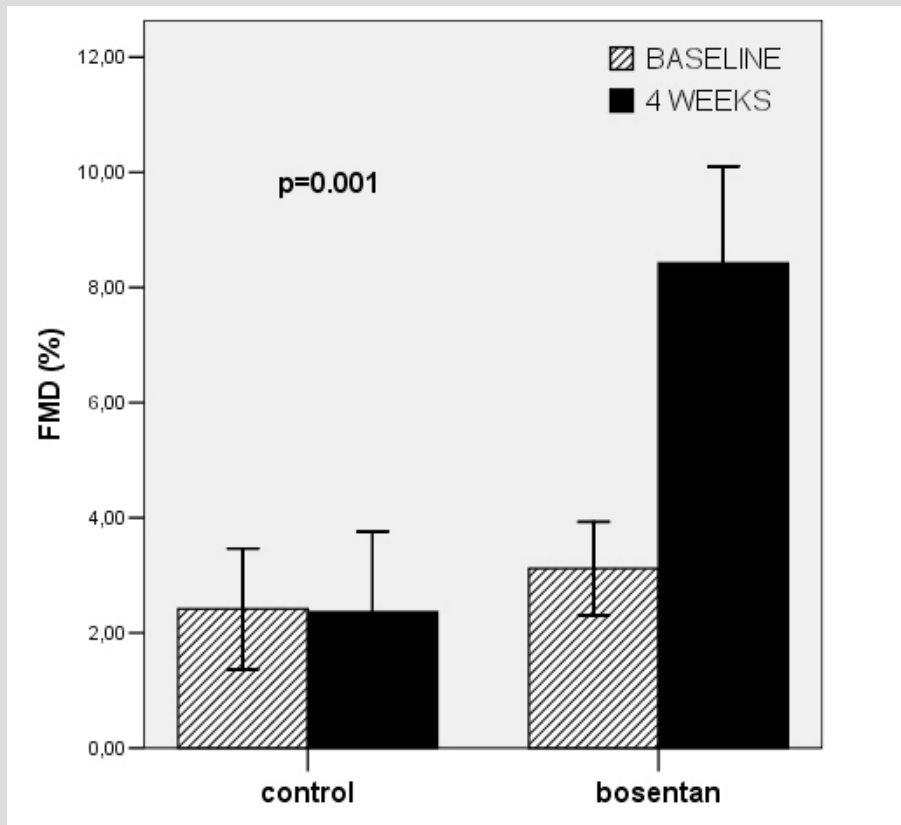


Η ΑΓΓΕΙΑΚΗ ΠΑΘΟΓΕΝΕΤΙΚΗ ΥΠΟΘΕΣΗ ΕΙΝΑΙ ΠΑΛΑΙΑ....

- [Diffusing capacity of the lung and nifedipine in systemic sclerosis.](#)
Sfikakis PP, Kyriakidis M, Vergos C, Papazoglou S, Georgiakodis F, Toutouzas P. **Arthritis Rheum.** **1990** Nov;33(11):1634-9.
- [Cardiopulmonary hemodynamics in systemic sclerosis and response to nifedipine and captopril.](#)
Sfikakis PP, Kyriakidis MK, Vergos CG, Vyssoulis GP, Psarros TK, Kyriakidis CA, Mavrikakis ME, Toutouzas PK. **Am J Med.** **1991** May;90(5):541-6.
- **LeRoy EC. Editorial, Am J Med. 1991 May;90(5):539-40.**
[Pulmonary hypertension: the bête noire of the diffuse connective tissue diseases.](#)

Improvement of vascular endothelial function by the oral endothelin receptor antagonist bosentan in patients with systemic sclerosis. A controlled study.

Sfikakis et al. Arthritis Rheum 2007;56:1985-93



Treatment with bosentan reduced SAP from 59 ± 12 to 48 ± 6.5 mmHg ($p < 0.004$)

Bivariate correlations comparing the reduction of SAP to the bosentan-induced increase in brachial artery FMD revealed an inverse correlation ($p = 0.07$, $n=7$)