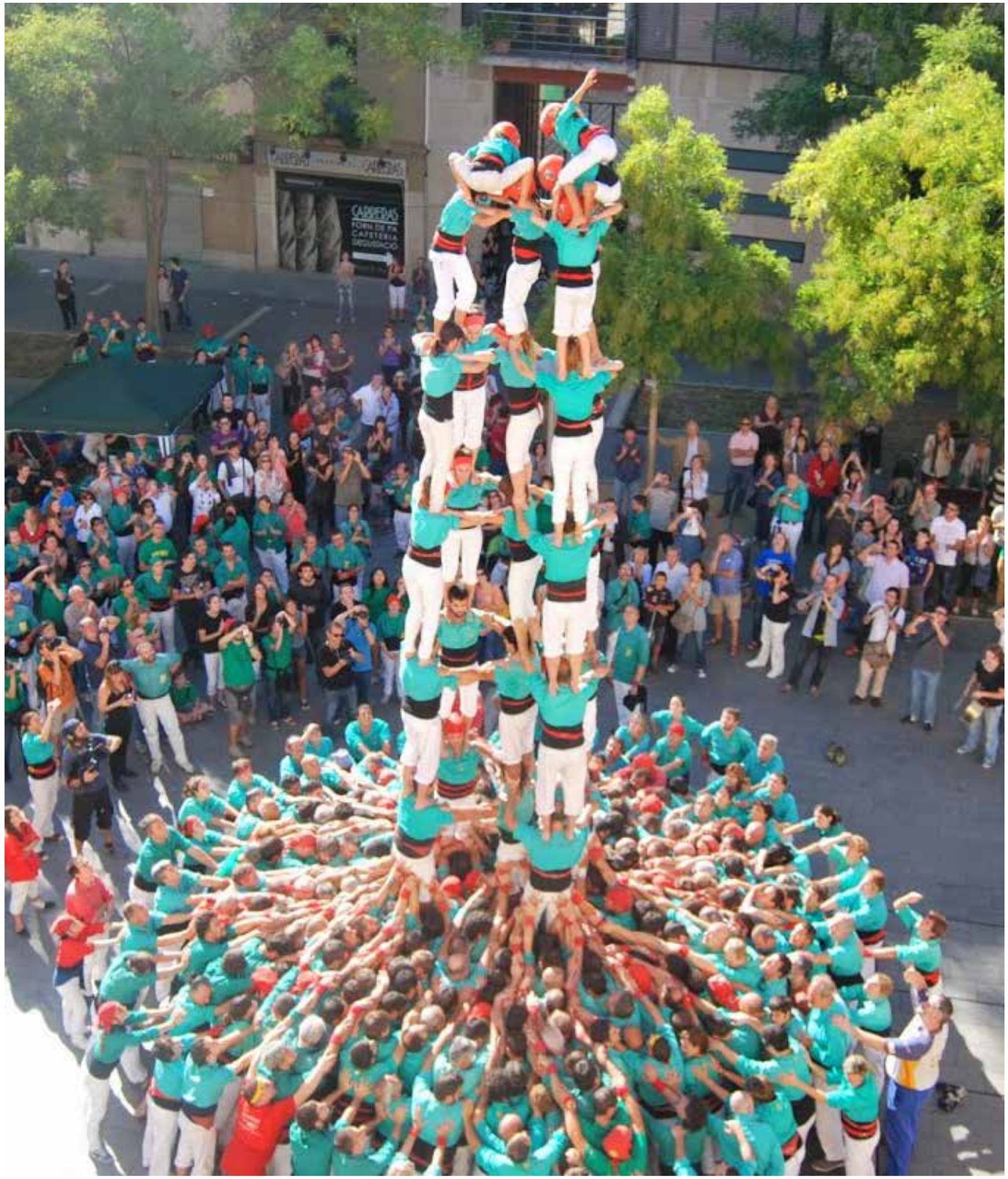
Capi: ARTSMÉS:

enllà del fenomen de Raynaud

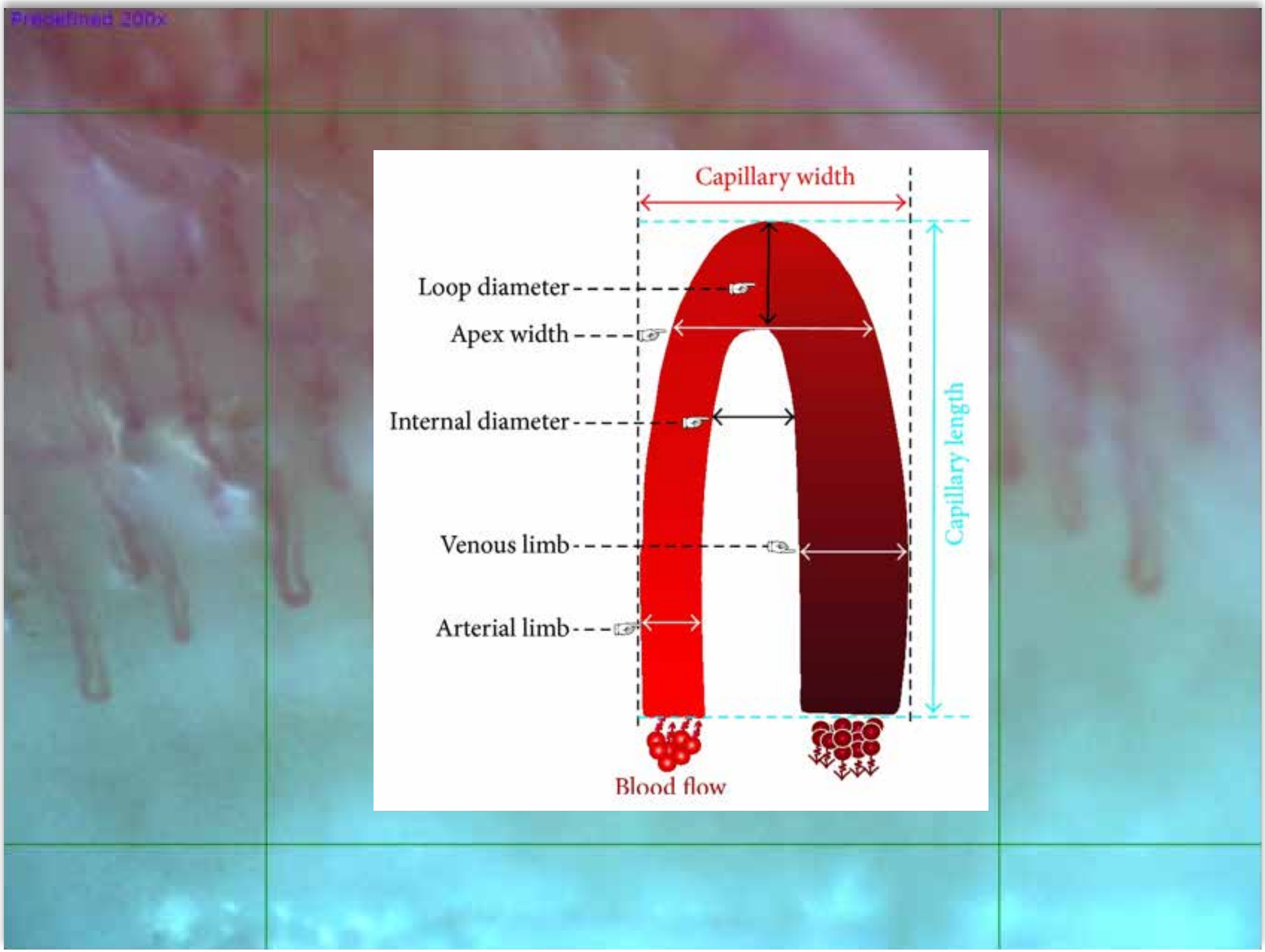
Índex



1 Fenomen de Raynaud

Koenig M, Joyal F, Fritzler MJ et al. Autoantibodies and microvascular damage are independent predicitve factors for the progression of Raynaud's phenomenon to systemic sclerosis: a twenty-year prospective study of 586 patients, with validation of proposed criteria for early systemic sclerosis. Arthritis Rheum 2008;5.

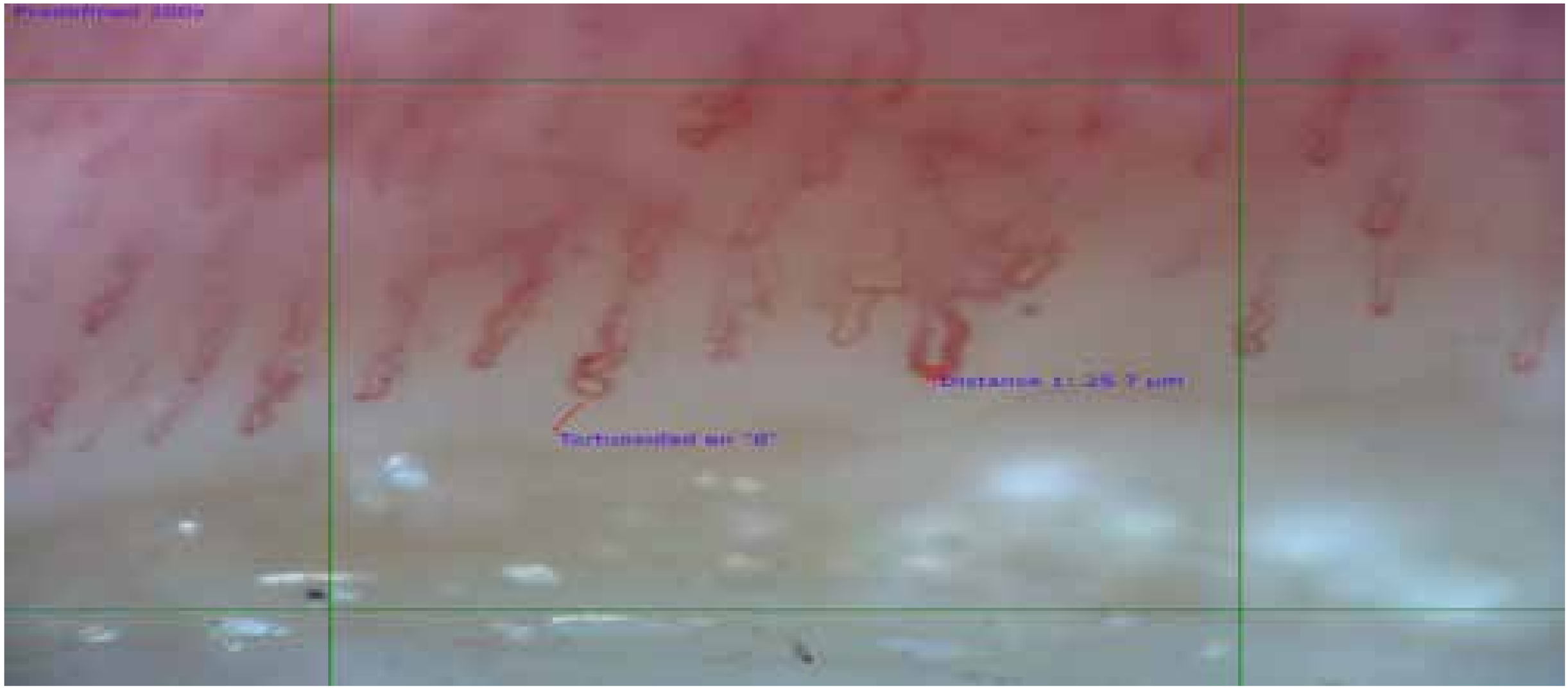
1 Capil·laroscòpia normal

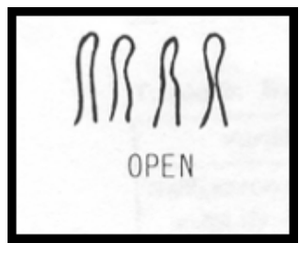


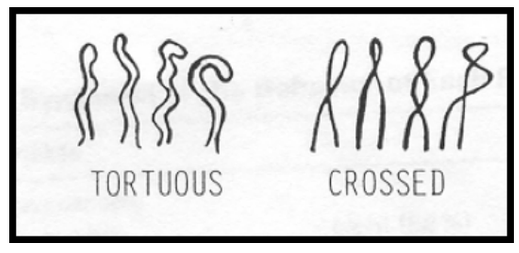
Imatge: capiCAT

1 Alteracions morfologia

Tortuositats



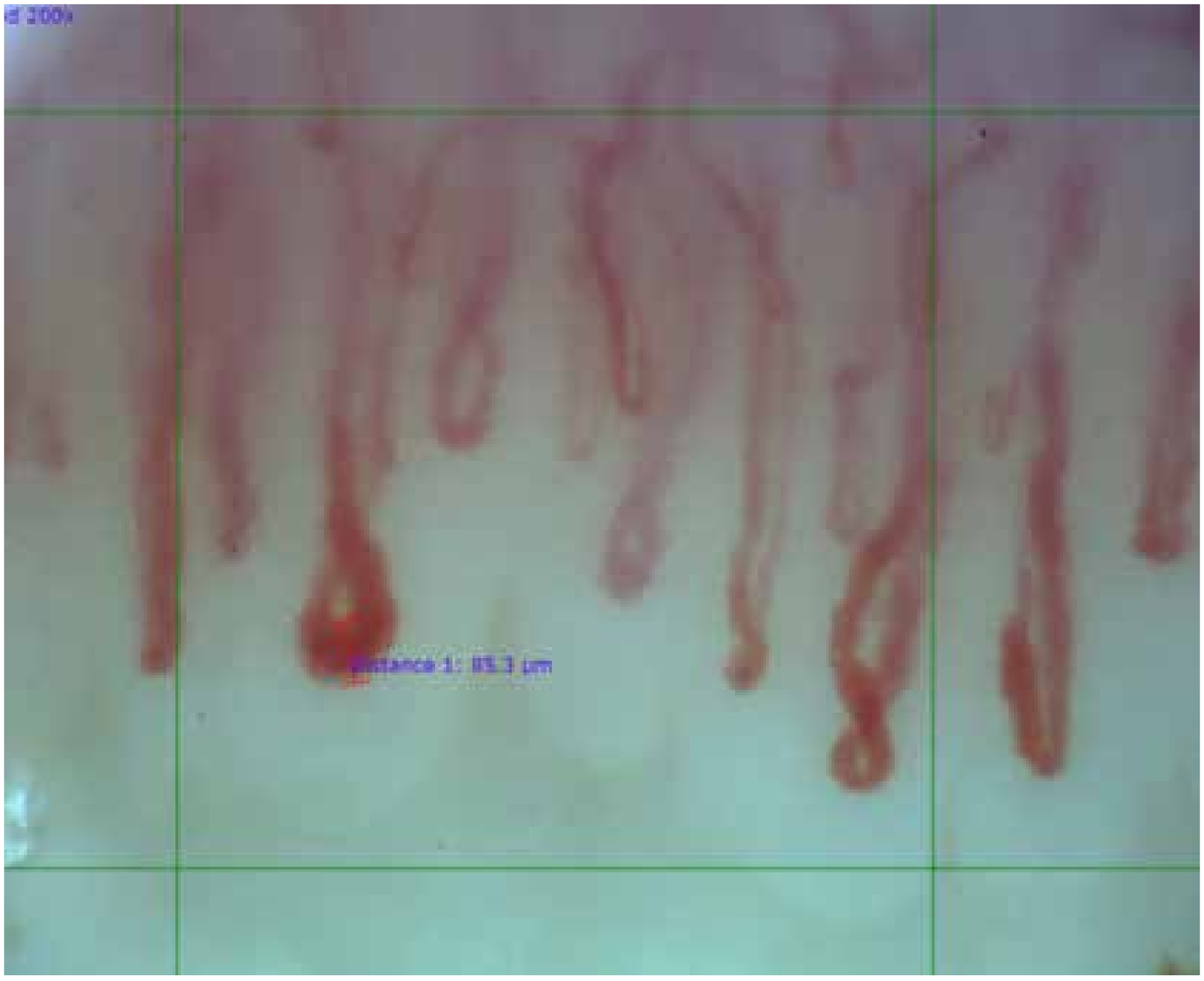




Imatge: capiCAT

1 Alteracions morfologia

Capil·lars dilatats Megacapil·lars Capil·lars gegants



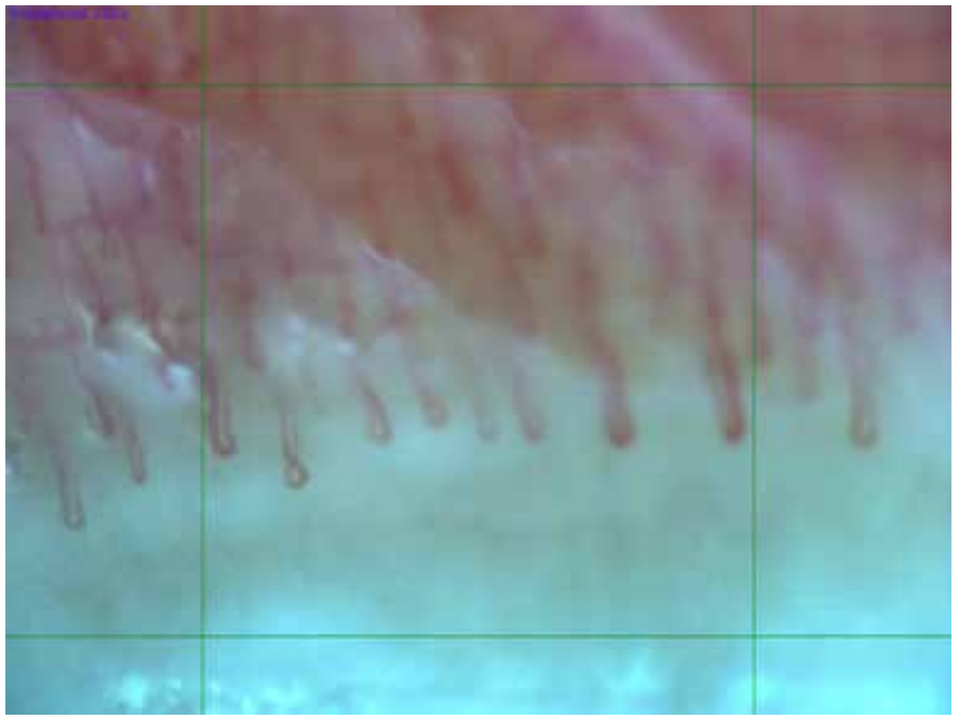
Imatge: capiCAT

Ramificacions: neoangiogènesi

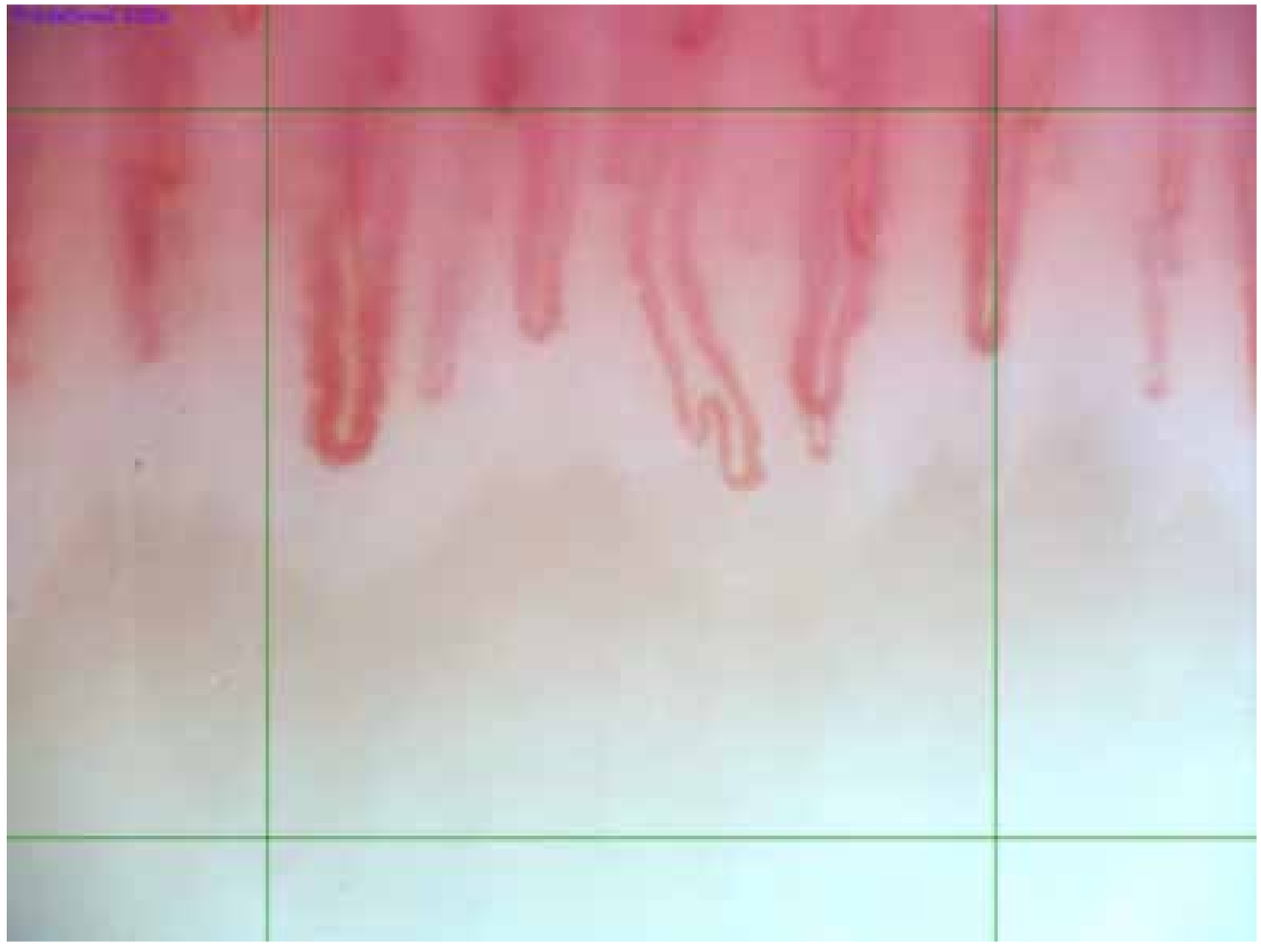
Imatge: capiCAT

1 Alteracions llit periungueal

Densitat capil·lar / Àrees avasculars



Normal



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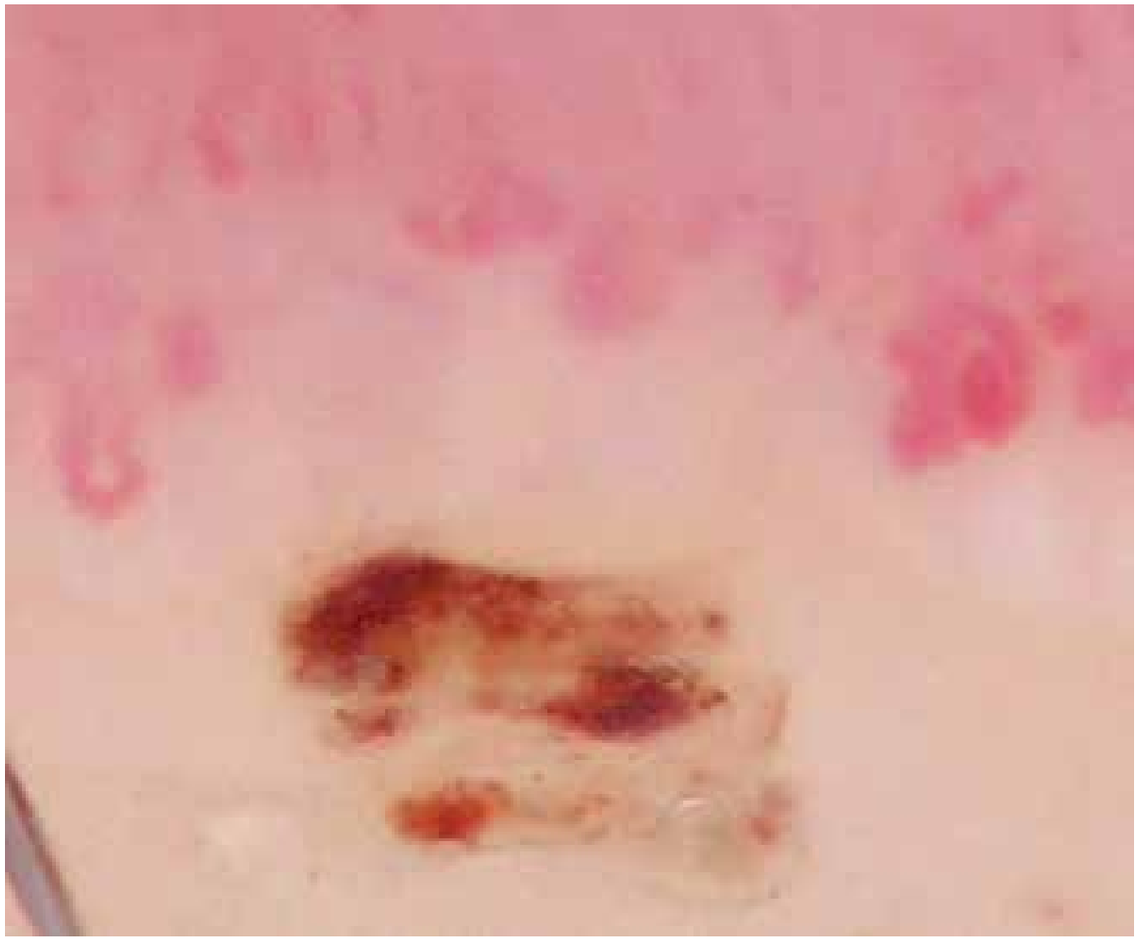
1 Alteracions llit periungueal

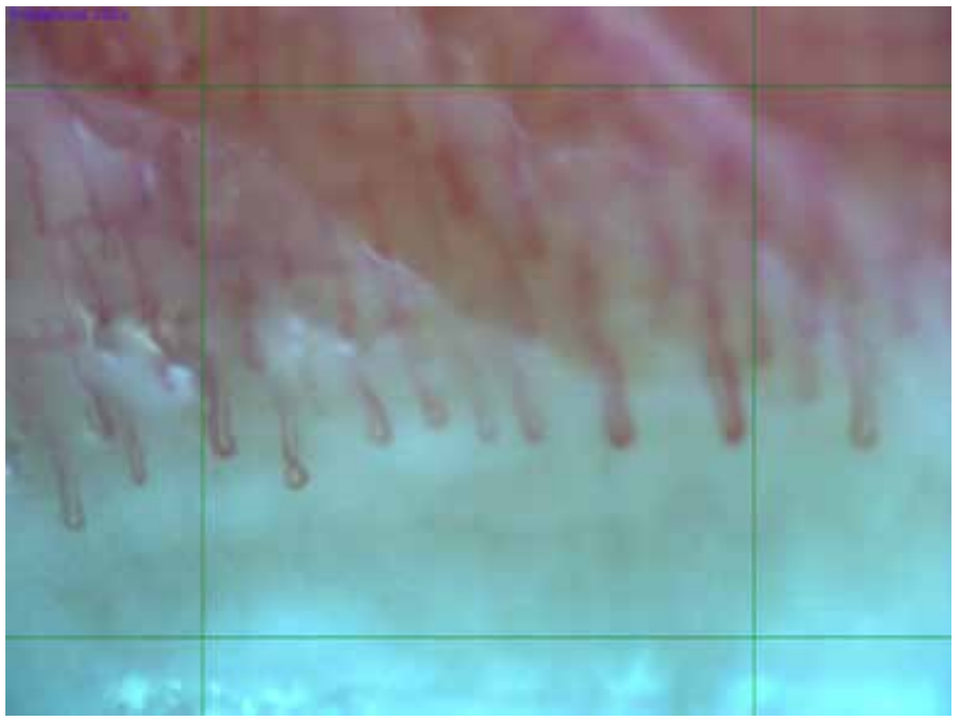
Hemorràgies
Trombosi



Imatge: capiCAT

1 Alteracions llit periungueal

Desestructuració



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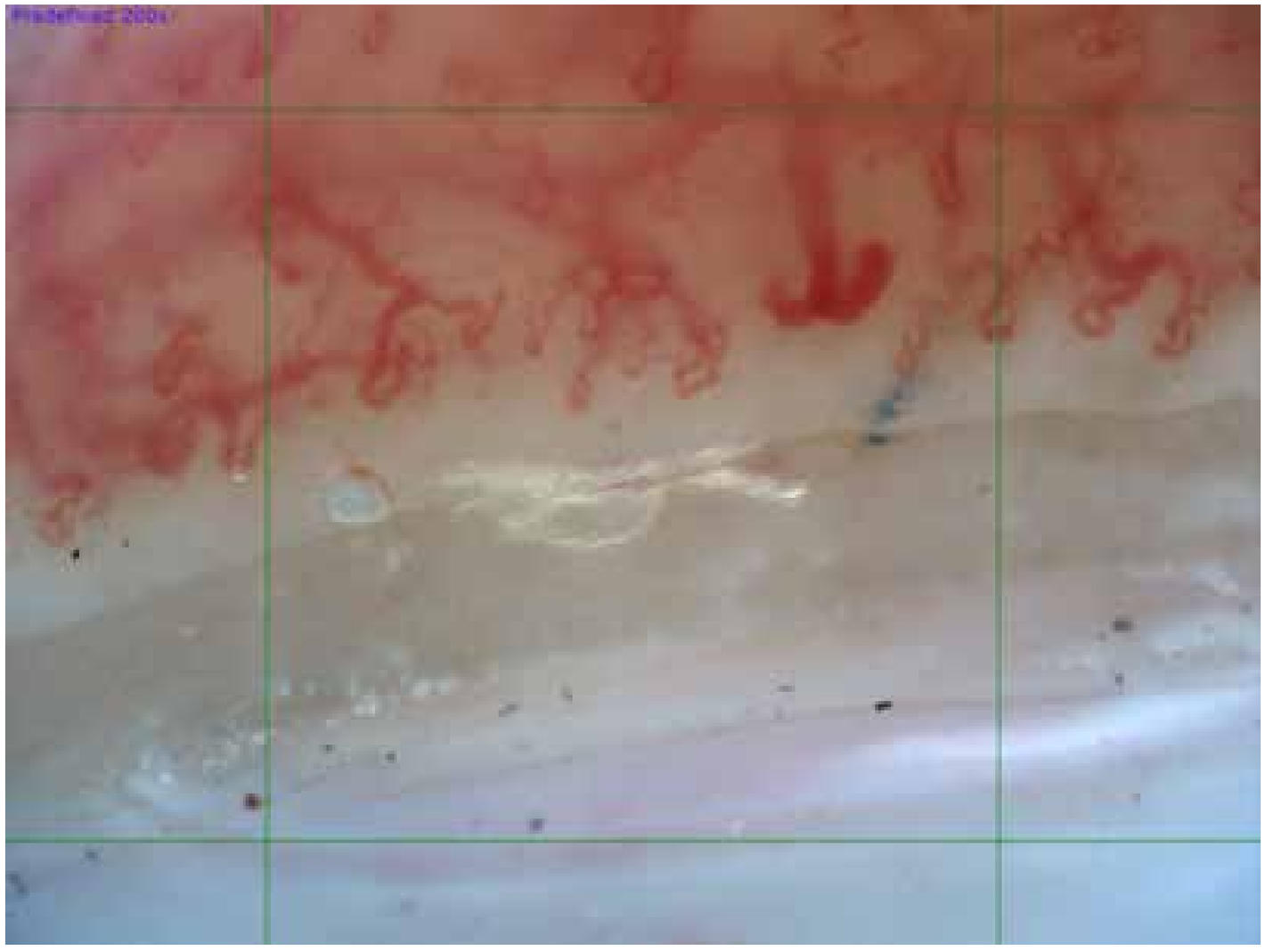


Imatge: capiCAT

1 Patrons capil·laroscòpics

Mariq (1973)

Cutolo (2000)

Dilatacions i megacapil·lars	LENT	PRECOÇ
Hemorràgies Àrees avasculars		ACTIU
Angiogènesi Desorganització	ACTIU	TARDÀ

- Cutolo M, et al. Nailfold videocapillaroscopy assessment of microvascular damage in systemic sclerosis. J Rheumatol 2000;27:155
- Maricq HR, et al. Skin capillary abnormalities as indicators of organ involvement in scleroderma (systemic sclerosis), Raynaud's syndrome and dermatomyositis. Am J Med 1976;61:862–70

1 Criteris diagnòstics

Arthritis & Rheumatism

An Official Journal of the American College of Rheumatology
www.arthritisrheum.org and wileyonlinelibrary.com

SPECIAL ARTICLE

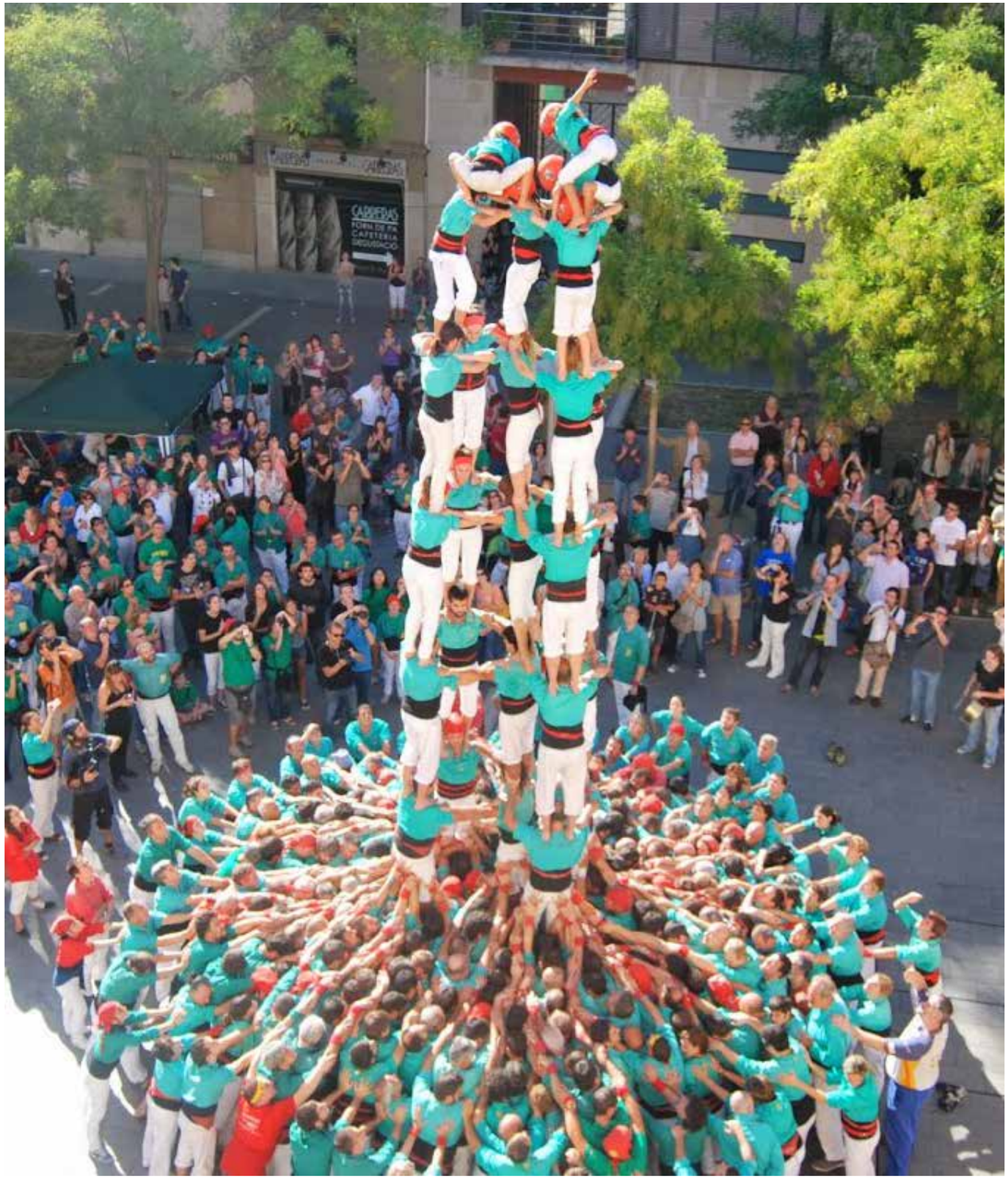
2013 Classification Criteria for Systemic Sclerosis

An American College of Rheumatology/European League
Against Rheumatism Collaborative Initiative

Abnormal nailfold capillary pattern consistent with systemic sclerosis	Enlarged capillaries and/or capillary loss with or without pericapillary hemorrhages at the nailfold. May also be seen on the cuticle.

Van Den Hoogen F, Khanna D, Fransen J, Johnson SR, Baron M, Tyndall A, et al. 2013 classification criteria for systemic sclerosis: An american college of rheumatology/European league against rheumatism collaborative initiative. Arthritis Rheum. 2013;65(11):2737–47.

Índex



Nailfold capillary density is associated with the presence and severity of pulmonary arterial hypertension in systemic sclerosis

H M A Hofstee,[1] A Vonk Noordegraaf,[2] A E Voskuyl,[3] B A C Dijkmans,[3] P E Postmus,[2] Y M Smulders,[1] E H Serné[1]

Table 3 Mean capillary density and dimensions. All between group comparisons for differences adjusted for age and multiple comparisons

	Controls (n = 21)	IPAH (n = 20)	SSc–nonPAH (n = 19)	SSc–PAH (n = 21)		Controls versus SSc–nonPAH	SSc–nonPAH versus SSc–PAH	SSc–PAH exercise versus SSc–PAH rest	Controls versus IPAH	IPAH versus SSc–PAH
				PAH rest (n = 13)	PAH exercise (n = 8)	p Value	p Value	p Value	p Value	p Value
Loops/mm, mean (SD)	9.87 (1.38)	7.86 (1.11)	6.56 (2.78)	4.23 (1.77)	4.49 (1.24)	<0.001	0.001	0.966	0.009	<0.001
Apex width, mean (SD)	17.03 (3.73)	19.98 (6.92)	40.62 (25.50)	39.46 (18.34)	42.83 (18.50)	0.001	1.000	1.000	1.000	0.001
Arterial width, mean (SD)	13.21 (2.32)	13.04 (3.34)	28.62 (16.53)	27.56 (10.62)	30.39 (14.35)	<0.001	1.000	1.000	1.000	<0.001
Venous width, mean (SD)	15.32 (2.96)	16.01 (4.66)	35.80 (20.52)	38.25 (18.46)	44.23 (19.25)	<0.001	1.000	1.000	1.000	<0.001
Total width, mean (SD)	43.20 (5.90)	44.43 (9.02)	93.68 (48.77)	103.36 (35.15)	114.53 (43.69)	<0.001	0.662	1.000	1.000	<0.001

IPAH, idiopathic pulmonary arterial hypertension; PAH, pulmonary arterial hypertension; SSc, systemic sclerosis; SSC–nonPAH, patients with SSc but no PAH; SSC–PAH, patients with SSc and PAH.

Hofstee HMA, Noordegraaf AV, Voskuyl AE, Dijkmans BAC, Postmus PE, Smulders YM, et al. Nailfold capillary density is associated with the presence and severity of pulmonary arterial hypertension in systemic sclerosis. Advances in rheumatology 2009;191–5.

2a Esclerosi sistèmica

Densitat

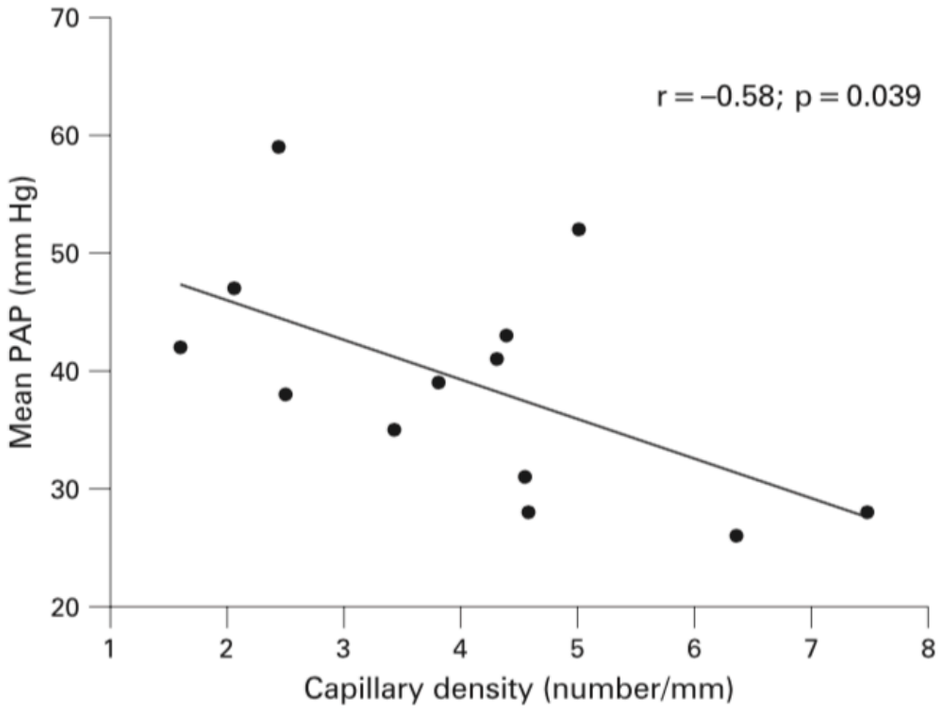


Figure 1 Correlation between capillary density and mean pulmonary arterial pressure (PAP) in patients with systemic sclerosis and pulmonary arterial hypertension at rest.

Hofstee HMA, Noordegraaf AV, Voskuyl AE, Dijkmans BAC, Postmus PE, Smulders YM, et al. Nailfold capillary density is associated with the presence and severity of pulmonary arterial hypertension in systemic sclerosis. Advances in rheumatology 2009;191–5.

Nailfold capillaroscopic changes in patients with idiopathic pulmonary arterial hypertension and systemic sclerosis-related pulmonary arterial hypertension

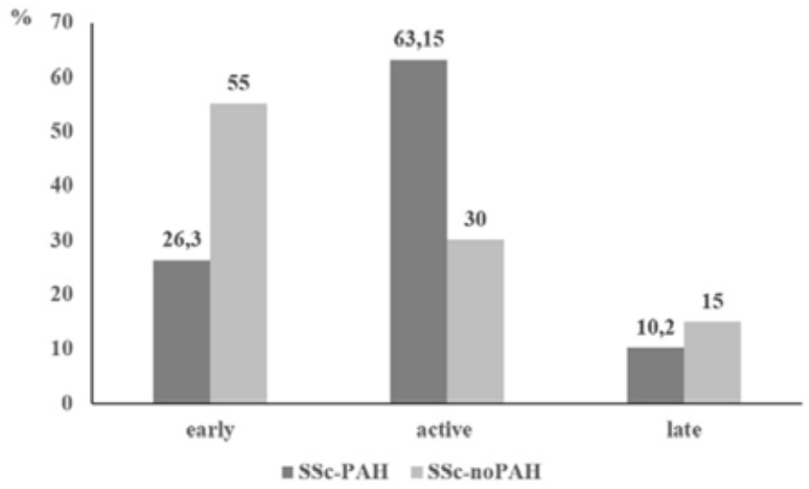
A. Corrado [a], M. Correale [b], N. Mansueto [a], I. Monaco [b], A. Carriero [a], A. Mele [a], R. Colia [a], M. Di Biase [b], F.P. Cantatore [a,*]

[a] *Rheumatology Clinic, Department of Medical and Surgical Sciences - University of Foggia, Foggia, Italy*
[b] *Cardiology Clinic, Department of Medical and Surgical Sciences - University of Foggia, Foggia, Italy*

Corrado A, Correale M, Mansueto N, Carriero A, Mele A, Colia R. Nailfold capillaroscopic changes in patients with idiopathic pulmonary arterial hypertension and systemic sclerosis-related pulmonary arterial hypertension. Microvasc Res 2017;114:46–51

2a Esclerosi sistèmica

Patró



Densitat

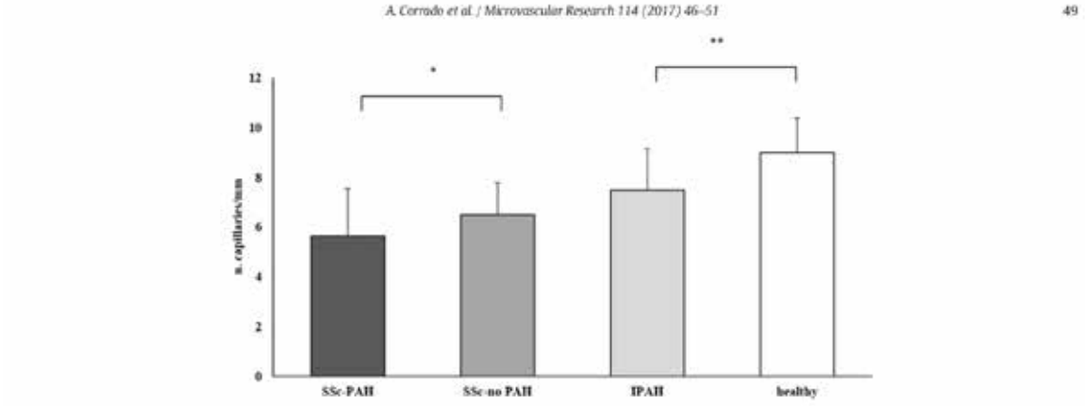


Fig. 2. Capillary density. Capillary density was significantly lower in the whole group of SSc patients compared to both IPAH subjects and healthy controls; nevertheless, within the SSc subjects, in those with PAH the capillary density was significantly lower compared with those without PAH ($^{*}p < 0,05$). Interestingly in IPAH subjects the capillary density was significantly lower compared to the healthy subjects ($^{**}p < 0,05$).

Dilatació

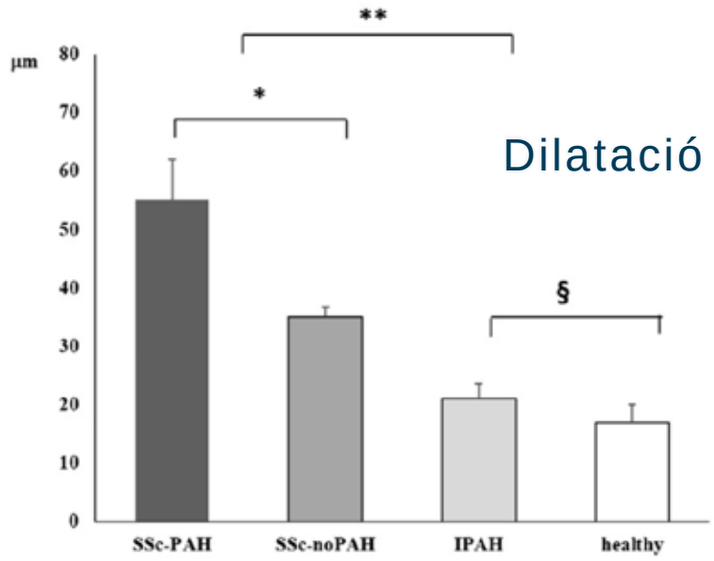


Fig. 3. Capillary mean width. The mean loops width was significantly higher in the whole group of SSc patients compared to both IPAH subjects and healthy controls ($^{**}p < 0,001$). Within the SSc subjects, in those with PAH the mean capillary width was significantly higher compared with those without PAH ($^{*}p < 0,01$). In IPAH subjects the mean capillary width was significantly higher compared to the healthy subjects ($\S p < 0,01$).

Neoangiogènesi

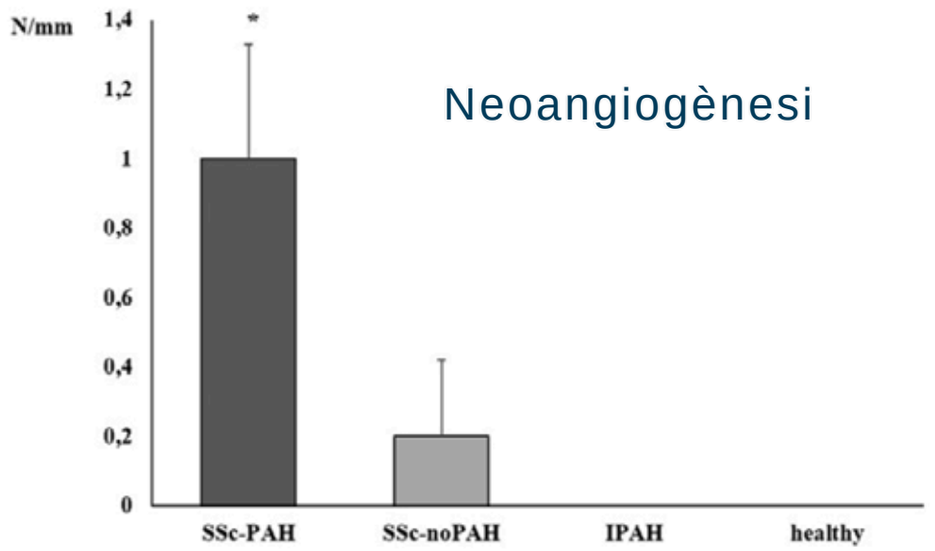


Fig. 4. Mean number of bushy capillaries (neoangiogenesis). The mean number of bushy and bizarre shaped loops, expression of neoangiogenesis phenomenon, was significantly greater in SSc subjects with PAH compared to those without PAH ($1 \pm 0,33$ vs $0,2 \pm 0,22$ respectively $p < 0,05$).

Corrado A, Correale M, Mansueto N, Carriero A, Mele A, Colia R. Nailfold capillaroscopic changes in patients with idiopathic pulmonary arterial hypertension and systemic sclerosis-related pulmonary arterial hypertension. Microvasc Res 2017;114:46–51. A

Association Between Nailfold Capillaroscopy Findings and Pulmonary Function Tests in Patients with Systemic Sclerosis

Ivan Castellví, Carmen Pilar Simeón-Aznar, Mónica Sarmiento, Ana Fortuna, Mercedes Mayos, Carme Geli, César Diaz-Torné, Patricia Moya, Josep Maria De Llobet, and Jordi Casademont

Castellví I, Simeón-aznar CP, Sarmiento M, Fortuna A, Geli C, Diaz-torné C, et al. Association Between Nailfold Capillaroscopy Findings and Pulmonary Function Tests in Patients with Systemic Sclerosis Association Between Nailfold Capillaroscopy Findings and Pulmonary Function Tests in Patients with Systemic Sclerosis. The Journal of Rheumatology 2014;

2a Esclerosi sistèmica

Capil·lars gegants
Pèrdua densitat

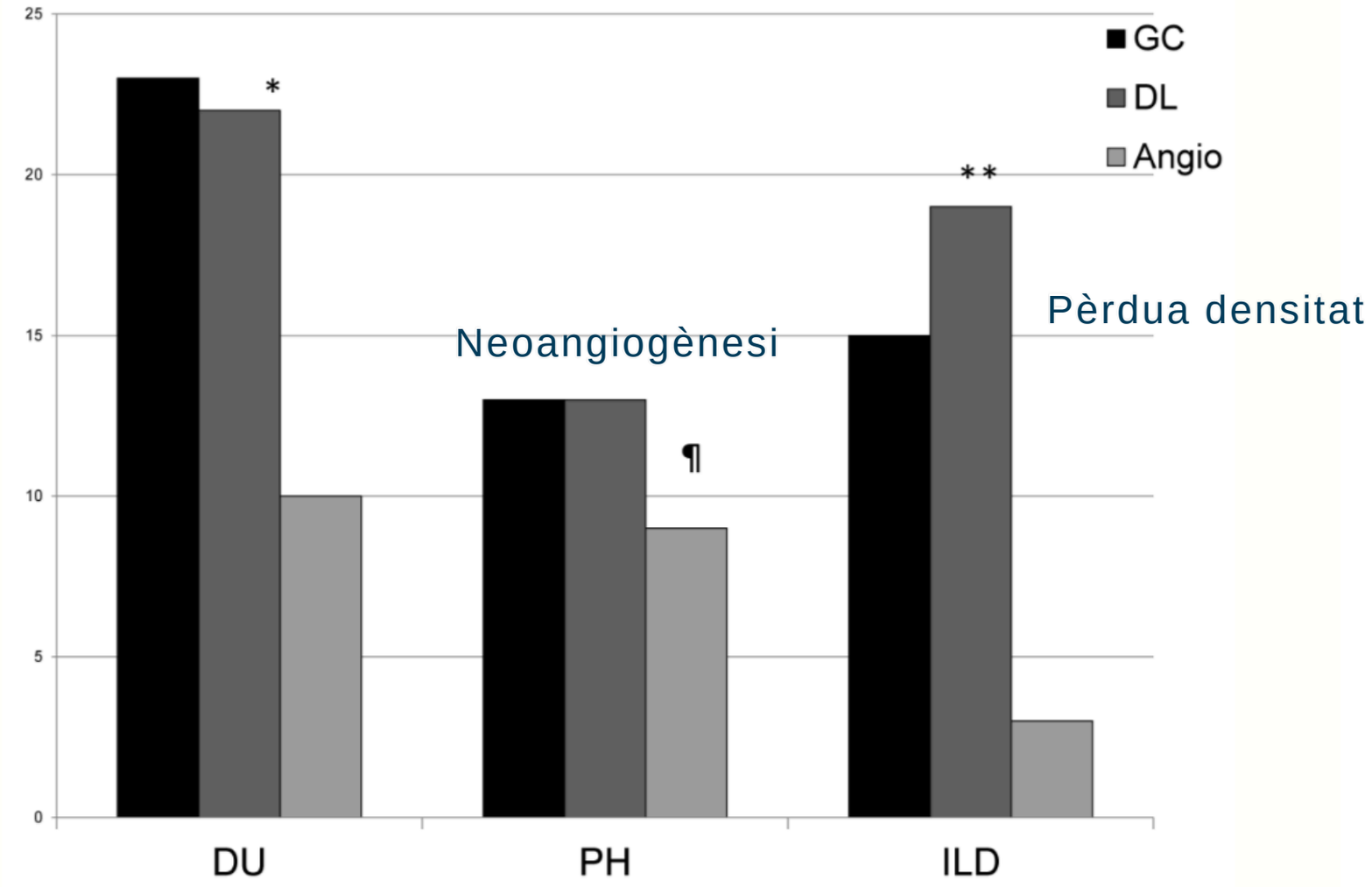


Figure 2. Relationship between patients with clinical impairment and capillaroscopic findings. DU: digital ulcers; PH: pulmonary hypertension; ILD: interstitial lung disease; GC: giant capillaries; DL: capillary density loss; angio: angiogenesis. *$p < 0.01$ compared to patients without GC or DL and DU. **$p < 0.01$ compared to patients with ILD without DL. ¶$p < 0.05$ compared to patients with PH without angiogenesis.

Castellví I, Simeón-aznar CP, Sarmiento M, Fortuna A, Geli C, Diaz-torné C, et al. Association Between Nailfold Capillaroscopy Findings and Pulmonary Function Tests in Patients with Systemic Sclerosis Association Between Nailfold Capillaroscopy Findings and Pulmonary Function Tests in Patients with Systemic Sclerosis. The Journal of Rheumatology 2014

2a Esclerosi sistèmica

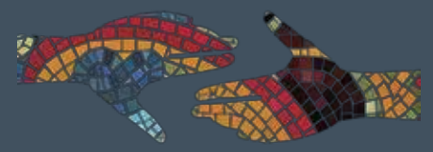


Figure 3. Relationship between findings of NVC and respiratory function variables. NVC: nailfold videocapillaroscopy; FVC: forced vital capacity; DL: capillary density loss; angio: angiogenesis; GC: giant capillaries. *p < 0.01.

Castellví I, Simeón-aznar CP, Sarmiento M, Fortuna A, Geli C, Diaz-torné C, et al. Association Between Nailfold Capillaroscopy Findings and Pulmonary Function Tests in Patients with Systemic Sclerosis Association Between Nailfold Capillaroscopy Findings and Pulmonary Function Tests in Patients with Systemic Sclerosis. The Journal of Rheumatology 2014;

2a Esclerosi sistèmica

Clinical Hemorheology and Microcirculation 59 (2015) 133–143
DOI 10.3233/CH-141809
IOS Press

Prediction risk chart for scleroderma digital ulcers: A composite predictive model based on capillaroscopic, demographic and clinico-serological parameters

Andreina Manfredi[a], Marco Sebastiani[a,*], Valeria Carraro[b], Michele Iudici[c], Mario Bocci[d], Gentiana Vukatana[e], Roberto Gerli[f], Rossella De Angelis[g], Patrizia Del Medico[h], Emanuela Praino[i], Andrea Lo Monaco[j], Roberto D'Amico[k], Cinzia Del Giovane[k], Salvatore Mazzuca[l], Michele Colaci[a], Dilia Giuggioli[a] and Clodoveo Ferri[a]

CSURI

EXTENDED REPORT

Predictive role of capillaroscopic skin ulcer risk index in systemic sclerosis: a multicentre validation study

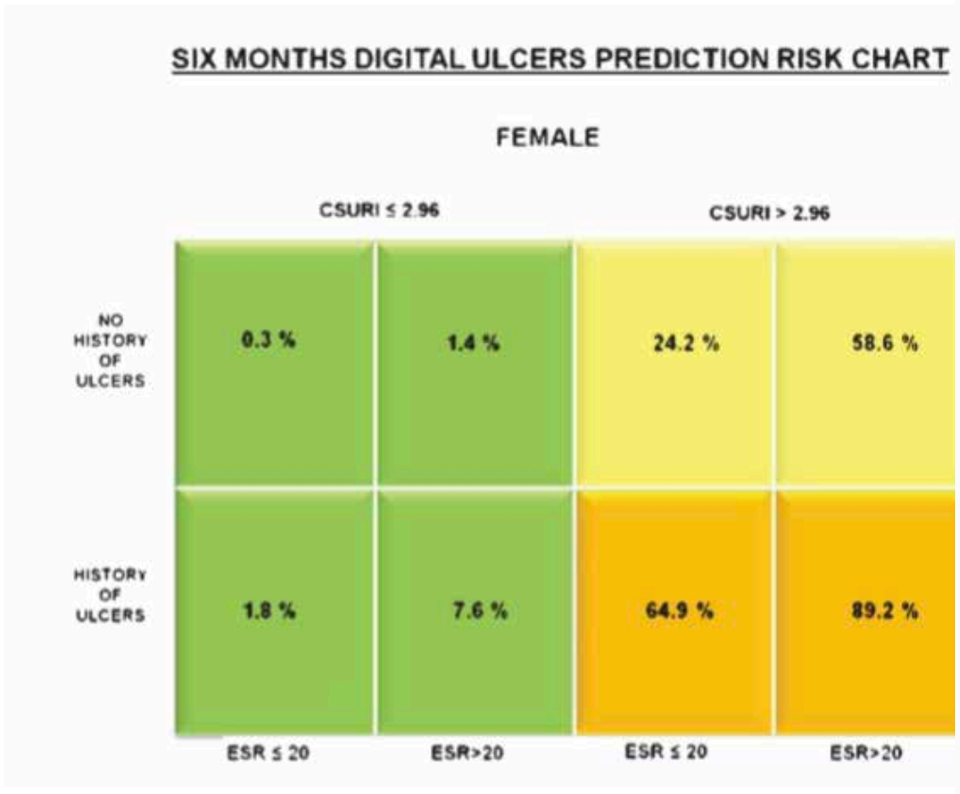
M Sebastiani,[1] A Manfredi,[1] G Vukatana,[2] S Moscatelli,[3] L Riato,[4] M Bocci,[5] M Iudici,[6] A Principato,[7] S Mazzuca,[8] P Del Medico,[9] R De Angelis,[10] R D'Amico,[11] R Vicini,[11] M Colaci,[1] C Ferri[1]

Nailfold capillaroscopy for day-to-day clinical use: construction of a simple scoring modality as a clinical prognostic index for digital trophic lesions

Vanessa Smith,[1] Filip De Keyser,[1] Carmen Pizzorni,[2] Jens T Van Praet,[1] Saskia Decuman,[1] Alberto Sulli,[2] Ellen Deschepper,[3] Maurizio Cutolo[2]

- Sebastiani M, Ferri C, Bocci M, Manfredi A, Del Medico P, De Angelis R, et al. Predictive role of capillaroscopic skin ulcer risk index in syste
- Manfredi A, Sebastiani M, Carraro V, Iudici M, Bocci M. Prediction risk chart for scleroderma digital ulcers : A composite predictive model ba
- Smith V, De Keyser F, Pizzorni C, Van Praet ET, Decuman S, Sulli A, et al. Nailfold capillaroscopy for day-to-day clinical use: Construction o
- Fotografia úlcera digital: Dr. Castellví

2a Esclerosi sistèmica



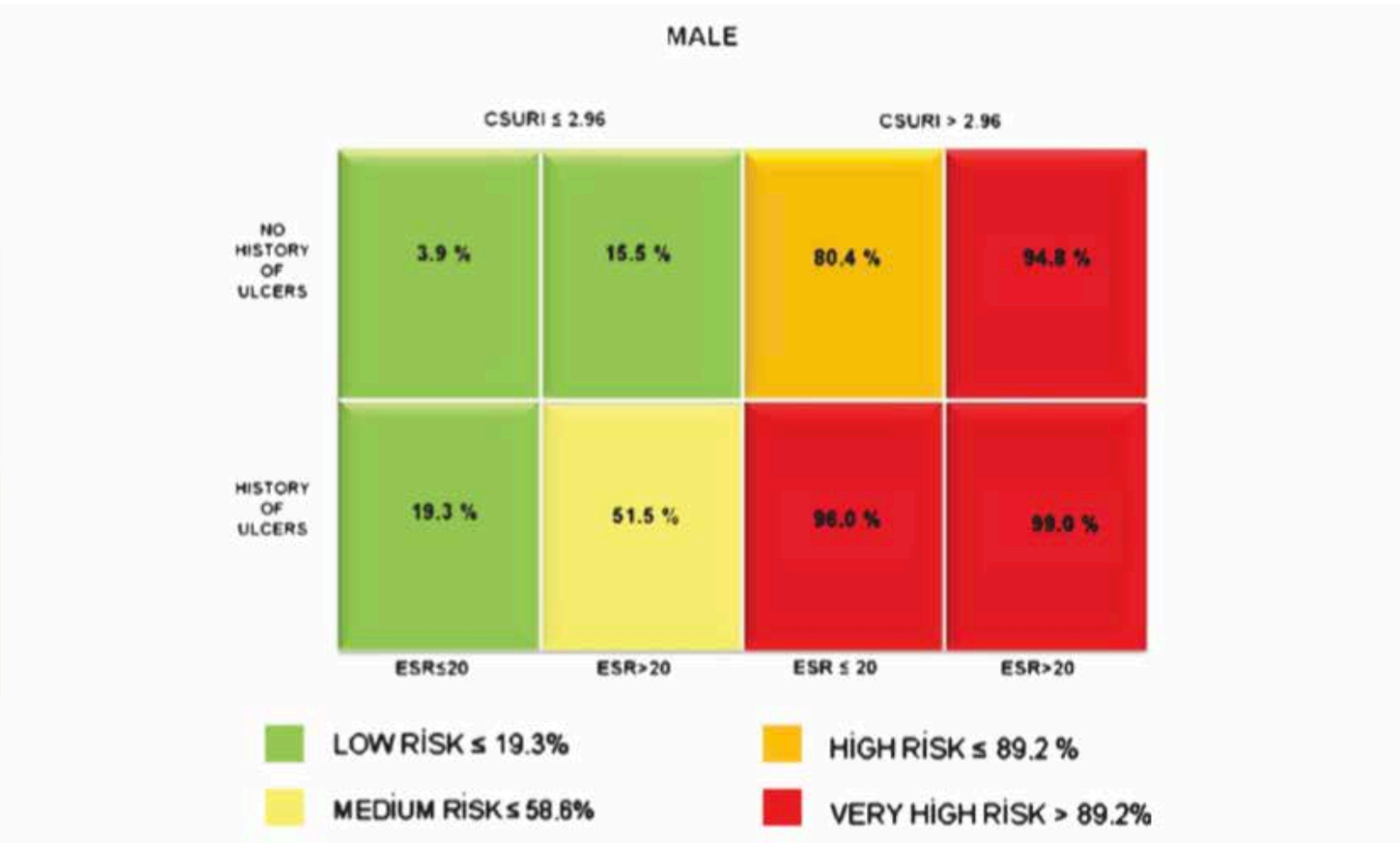


Fig. 1. Graphic representation of risk of digital ulcers appearance within six months from videocapillaroscopic evaluation, in females (Fig. 1a) and males (Fig. 1b). Four different classes of risk were identified (low risk ≤19.3%, green; medium risk:>19.3% and ≤58.6%, yellow; high risk: >58.6% and ≤89.2%, orange; very high risk >89.2%, red).

Manfredi A, Sebastiani M, Carraro V, Iudici M, Bocci M. Prediction risk chart for scleroderma digital ulcers : A composite predictive model b

EXTENDED REPORT

Do worsening scleroderma capillaroscopic patterns predict future severe organ involvement? a pilot study

Vanessa Smith,[1] Saskia Decuman,[1] Alberto Sulli,[2] Carolien Bonroy,[3] Yves Piettte,[1] Ellen Deschepper,[4] Filip de Keyser,[1] Maurizio Cutolo[2]

Smith V, Decuman S, Sulli A, Bonroy C, Piettte Y, Deschepper E, et al. Do worsening scleroderma capillaroscopic patterns predict future severe organ involvement ? a pilot study. Ann Rheum Dis 2012;1636–9.

2a Esclerosi sistèmica

Afectació vascular perifèrica

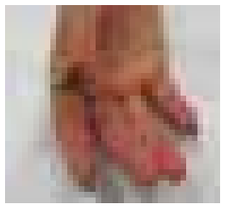


Table 2 Association between baseline NVC pattern and future severe peripheral vascular involvement (at 18–24 months)

	Normal	Early	Active	Late	Total
Not severe*	7	4	14	9	34
Severe†	1	1	7	15	24
Total	8	5	21	24	58

p=0.003.
Future: visit at 18–24 months after the baseline capillaroscopic assessment.
***Not severe**: category 0–1 of the DSS of Medsger: category 0: patients with no Raynaud's and patients with Raynaud's not requiring vasodilators; category 1: patients with Raynaud's requiring vasodilators.
†**Severe**: category 2–4 of the DSS of Medsger: category 2: patients with digital pitting scars; category 3: patients with digital tip ulcerations; category 4: patients with digital gangrene.
DSS, disease severity scale; NVC, nailfold videocapillaroscopy.

Patró	OR ajustada
Inicial	2,52
Actiu	6,37
Tardà	16,07

Afectació pulmonar greu: MPID + HAP

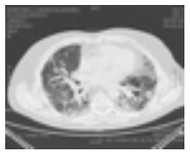


Table 3 Association between baseline capillaroscopic pattern and future severe lung involvement (at 18–24 months)

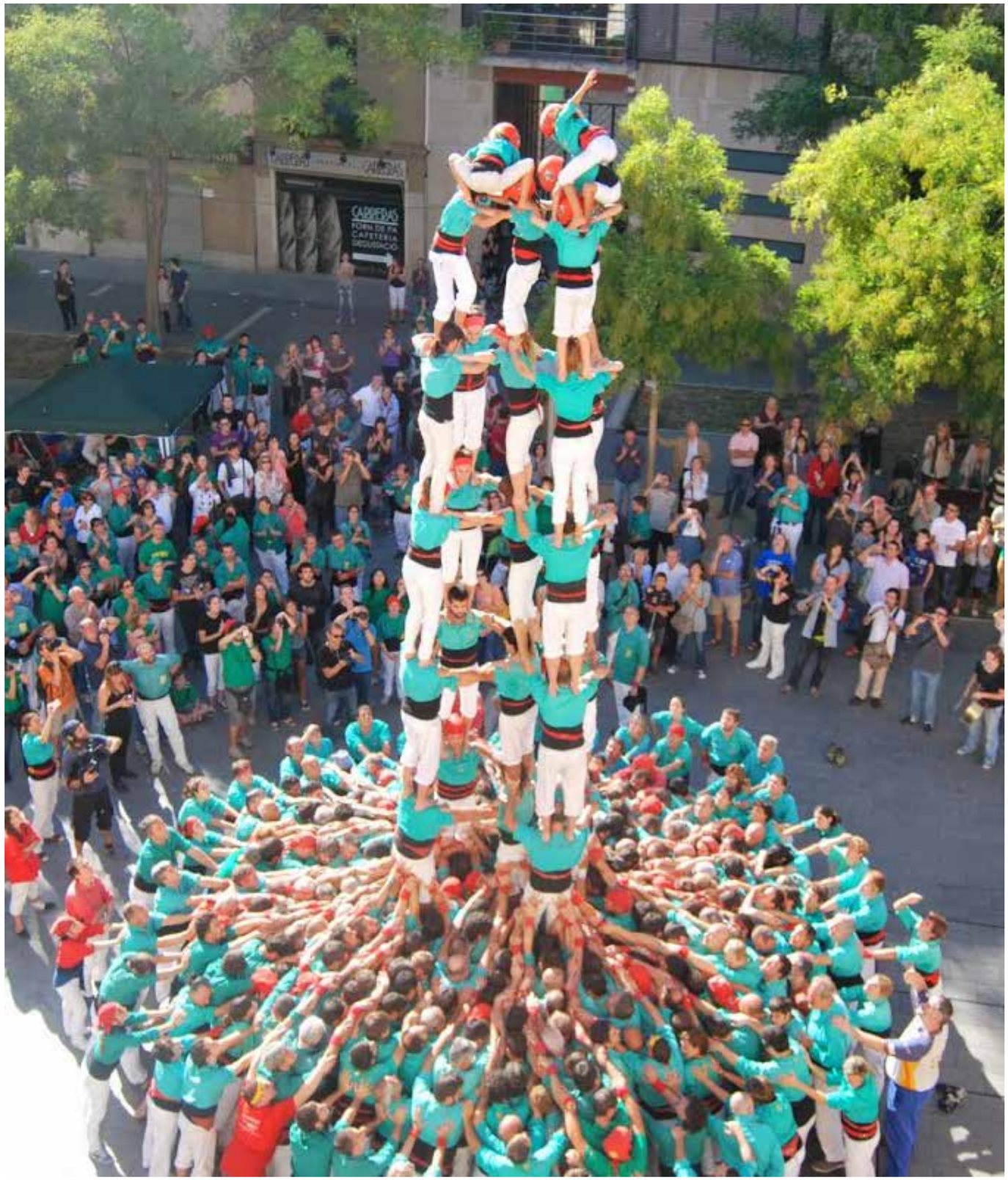
	Normal	Early	Active	Late	Total
Not severe*	7	3	11	6	27
Severe†	1	2	10	17	30
Total	8	5	21	23	57‡

p=0.001.
Future: visit at 18–24 months after the baseline capillaroscopic assessment.
***Not severe**: category 0–1 of the DSS of Medsger: category 0: patients with DLCO 80%+; FVC 80%+; no fibrosis on radiograph; sPAP< 35 mm Hg; category 1: patients with DLCO 70–79%; FVC 70–79%; bibasilar rales; fibrosis on radiograph; sPAP 35–49 mm Hg.
†**Severe**: category 2–4 of the DSS of Medsger: category 2: patients with DLCO 50–69%; FVC 50–69%; sPAP 50–64 mm Hg; category 3: patients with DLCO<50%; FVC<50%; sPAP 65+ mm Hg; category 4: oxygen required.
‡Of one patient DSS lung was missing.
DLCO, diffusing capacity for carbon monoxide; DSS, disease severity scale; FVC, forced vital capacity; sPAP, systolic pulmonary arterial pressure.

Patró	OR ajustada
Inicial	2,33
Actiu	5,44
Tardà	12,68

- Smith V, Decuman S, Sulli A, Bonroy C, Piettte Y, Deschepper E, et al. Do worsening scleroderma capillaroscopic patterns predict future severe organ involvement ? a pilot study. Ann Rheum Dis 2012;1636–9.
- Imatges: Dr. Castellví

Índex



2b Lupus eritematós sistèmic

- Inespecífic

- Patrons esclerodermiformes:
  - Raynaud
  - Anti-RNP

- Relació amb activitat de la malaltia: SLEDAI, VEGF

- Ingegnoli F, Zeni S, Meani L, Soldi A, Lurati A, Fantini F. Evaluation of nailfold videocapillaroscopic abnormalities in patients with systemic lupus erythematosus. J Clin Rheumatol. 2005;11(6):295–8.
- Kuryliszyn-Moskal A, Ciolkiewicz M, Klimiuk PA, Sierakowski S. Clinical significance of nailfold capillaroscopy in systemic lupus erythematosus: Correlation with endothelial cell activation markers and disease activity. Scand J Rheumatol. 2009;38(1):38–45.
- Shenavandeh S, Habibi S. Nailfold capillaroscopic changes in patients with systemic lupus erythematosus: Correlations with disease activity, skin manifestation and nephritis. Lupus. 2017;26(9):959–66.

RESEARCH ARTICLE Open Access

Nailfold capillaroscopy as a risk factor for pulmonary arterial hypertension in systemic lupus erythematosus patients

Juliana Fernandes Sarmento Donnarumma[1], Eloara Vieira Machado Ferreira[2], Jaquelina Ota-Arakaki[2] and Cristiane Kayser[1,3*]

Table 2 Abnormalities on nailfold capillaroscopy among patients with SLE associated with PAH (SLE-PAH) or not associated with PAH (SLE-nPAH)

	SLE-PAH $n = 16$	SLE-nPAH $n = 44$	*P*-value
Capillaroscopy pattern			
SD, n (%)	9 (56.3)	7 (15.9)	0.002
Normal or unspecific, n (%)	7 (43.7)	37 (84.1)	
Number of loops/mm	8.63 ± 1.28	9.18 ± 1.77	0.081
Microhemorrhages	1.03 ± 1.67	0.3 ± 0.52	0.134
Dilated capillaries	1.39 ± 1.46	0.85 ± 1.72	0.027
Giant capillaries	0.04 ± 0.11	0.03 ± 0.44	0.468
Avascular score	0.45 ± 0.63	0.12 ± 0.28	0.010

Data are expressed as the mean ± standard deviation or n (%). *NC* nailfold capillaroscopy, *nPAH* no PAH, *PAH* pulmonary arterial hypertension, *SD* scleroderma pattern, *SLE* systemic lupus erythematosus

Fernandes J, Donnarumma S, Vieira E, Ferreira M, Ota-arakaki J. Nailfold capillaroscopy as a risk factor for pulmonary arterial hypertension in systemic lupus erythematosus patients. Advances in Rheumatology. 2019;5:1–10.

2b Lupus eritematós sistèmic

Table 6 Variables associated with PAH among SLE patients in the univariate logistic regression analysis

Variables	Odds ratio	95% CI	*P*-value
Sex	0.952	0.081–11.134	0.969
Age at SLE diagnosis	1.019	0.972–1.069	0.437
Pregnancy	1.385	0.466–4.111	0.558
Miscarriage	4.000	0.989–16.179	0.052
Smoking	0.526	0.055–5.035	0.577
Raynaud's phenomenon	3.230	0.933–11.182	0.064
Venous thrombosis	1.652	0.455–5.993	0.445
SLEDAI (total)	0.945	0.802–1.113	0.501
Malar rash	0.812	0.141–4.640	0.809
Photosensitivity	0.313	0.057–1.703	0.179
Arthritis	0.136	0.018–1.003	0.050
Serositis	3.172	0.708–14.213	0.131
Renal involvement	0.881	0.191–4.068	0.871
Neuropsychiatric involvement	0.560	0.105–2.989	0.498
Anti-Sm	1.046	0.278–3.932	0.947
Anti-RNP	2.412	0.756–7.694	0.137
Anti-La	1.040	0.182–5.953	0.965
Anti-Ro	1.250	0. 359–4.348	0.726
Anticardiolipin IgM	1.667	0.254–10.931	0.594
Anticardiolipin IgG	1.029	0.234–4.521	0.970
Anti-DNA	0.414	0.103–1.670	0.215
C2	1.006	0.984–1.029	0.574
CH 100	1.003	0.981–1.026	0.787
CRP	1.005	0.984–1.027	0.634
SD pattern on capillaroscopy	6.796	1.897–24.345	0.003

95% CI 95% confidence interval, *CRP* C-reactive protein, *PAH* pulmonary arterial hypertension, *SD* scleroderma pattern, *SLE* systemic lupus erythematosus

Fernandes J, Donnarumma S, Vieira E, Ferreira M, Ota-arakaki J. Nailfold capillaroscopy as a risk factor for pulmonary arterial hypertension in systemic lupus erythematosus patients. Advances in Rheumatology. 2019;5:1–10.

Clinical Rheumatology
https://doi.org/10.1007/s10067-018-4399-1

REVIEW ARTICLE

The current role of capillaroscopy in vasculitides

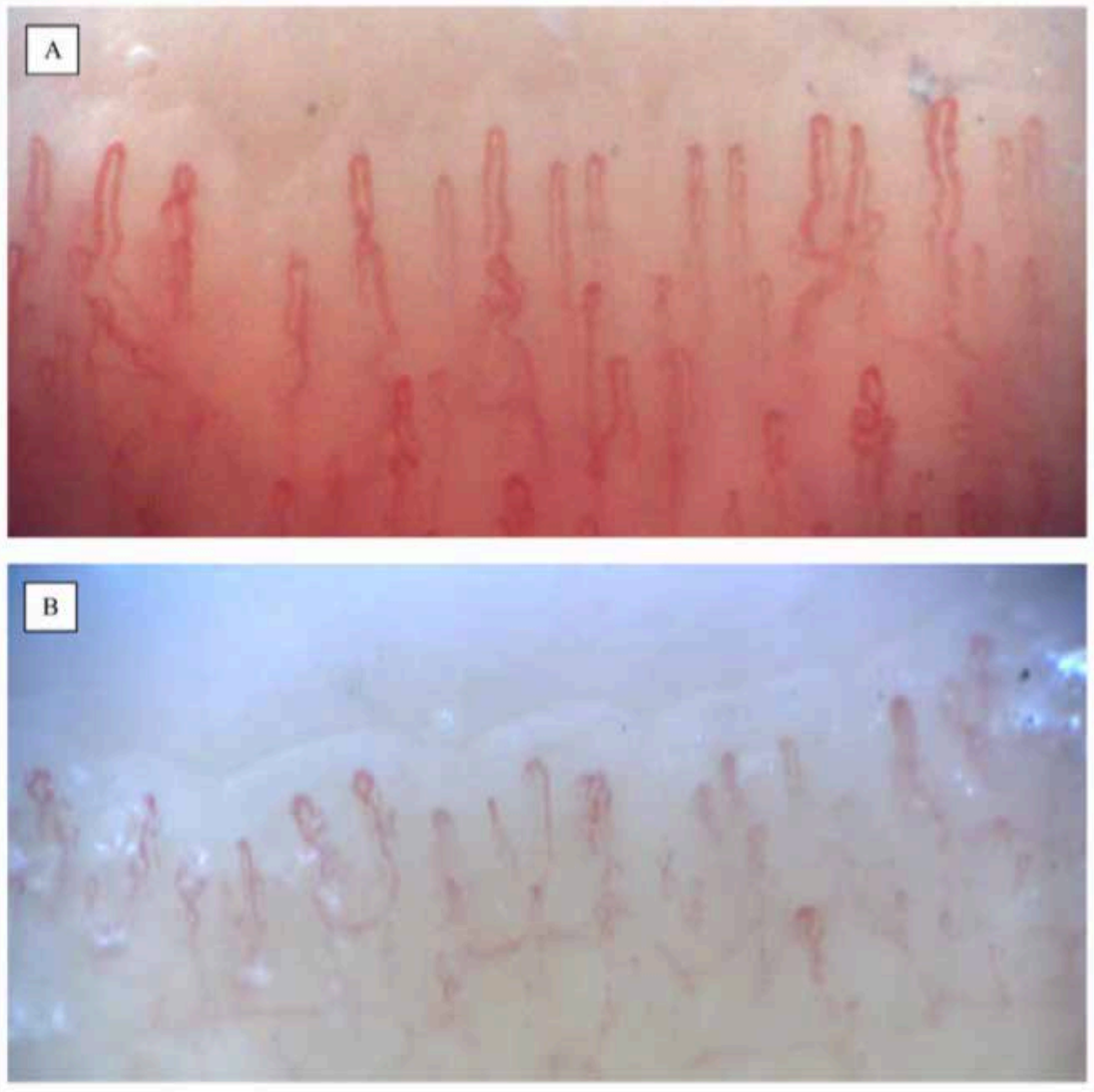
Chiara Bertolazzi [1,2] · Selma Gallegos-Nava [3] · Ana Victoria Villarreal-Treviño [4] · Alfonso Alfaro-Rodriguez [5] · Denise Clavijo-Cornejo [1] · Marwin Gutierrez [1,2]

- Vasculitis IgA
- Crioglobulinèmia mixta

- Granulomatosi amb poliangeitis
- Tromboangeïtis obliterant (Buerger)
- Behçet
- Artritis reumatoide: amb o sense vasculitis

Bertolazzi C, Gallegos-nava S, Villarreal-treviño AV, Alfaro-rodriguez A, Clavijo-cornejo D, Gutierrez M, et al. The current role of capillaroscopy in vasculitides. Clinical Rheumatology 2019;

2b Takayasu



ges in Takayasu arteritis and their
nd subclavian artery involvement

eza Jamshidi, Hoda Kavosi*

an, Iran

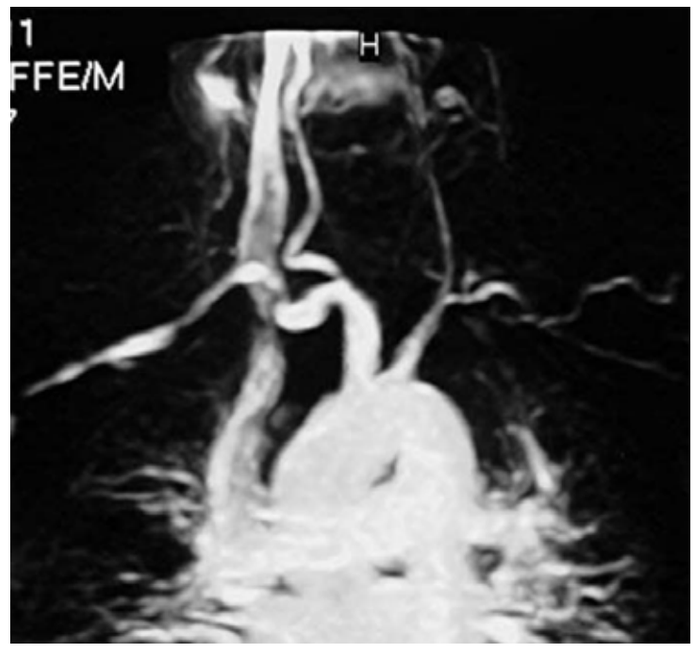
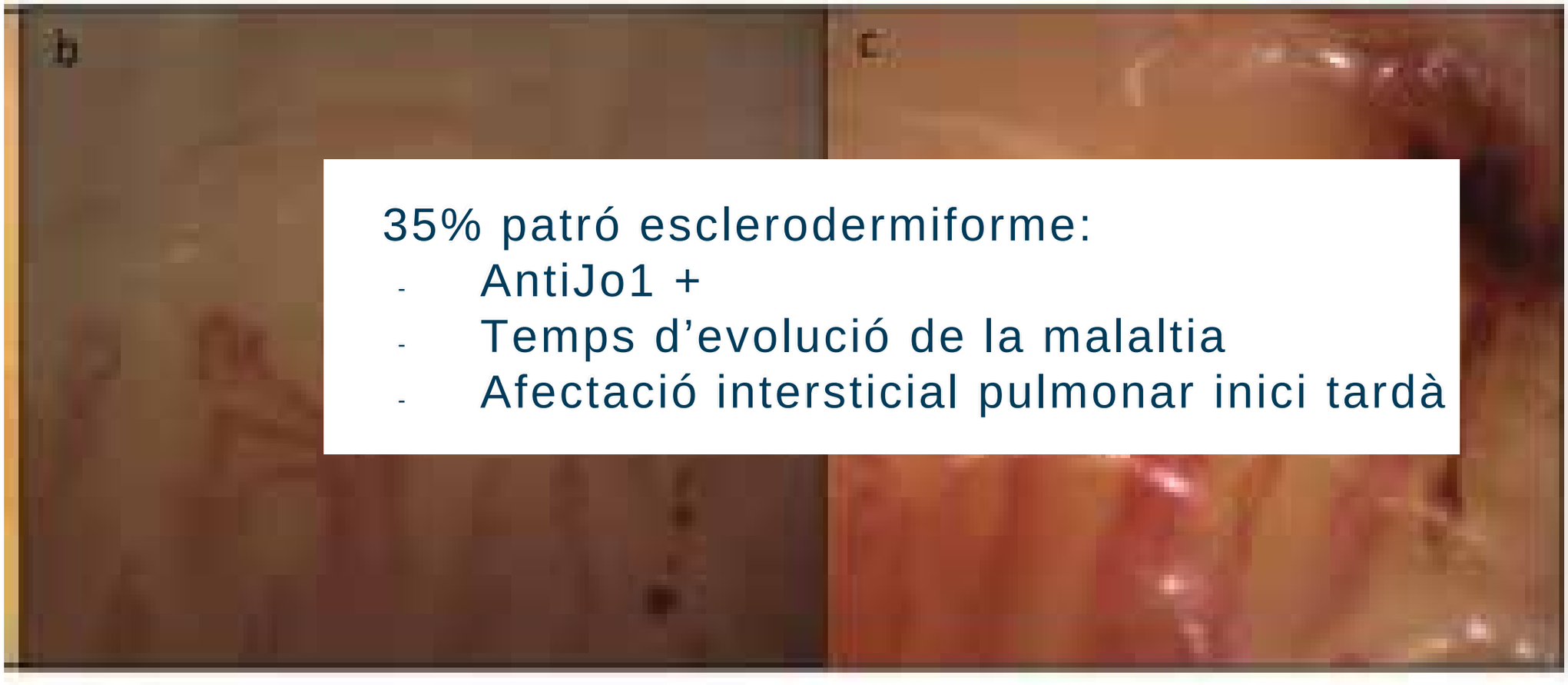


Fig. 1. NVC changes regarding to subclavian artery involvement.
A: NVC study of a patient with active TA with neither clinical nor radiologic subclavian artery involvement. Capillaries showed near normal diameters, distribution and shape. B: NVC study of a patient with active TA and clinically involvement of subclavian artery confirmed by imaging studies. Capillaries show normal distribution and density with markedly reduced capillary diameters and significant tortuosity.
NVC: nailfold videocapillaroscopy, TA: Takayasu arteritis.

Javinani A, Pournazari M, Jamshidi AR, Kavosi H. Nailfold videocapillaroscopy changes in Takayasu arteritis and their association with disease activity and subclavian artery involvement. Microvasc Res. 2019;122(1–5)
Imatge; fons d'imatge SER.

2b Síndrome antisintetasa

Nailfold Capillaroscopy Characteristics of Antisynthetase Syndrome and Possible Clinical Associations: Results of a Multicenter International Study



35% patró esclerodermiforme:

- AntiJo1 +
- Temps d'evolució de la malaltia
- Afectació intersticial pulmonar inici tardà

Sebastiani M, Triantafyllias K, Manfredi A, Angel M, Palmou-fontana N, Cassone G, et al. Nailfold Capillaroscopy Characteristics of Antisynthetase Syndrome and Possible Clinical Associations : Results of a Multicenter International Study The Journal of Rheumatology. 2019;46(3).

2b Estudi QuantiCAP

50 Esclerosi sistèmica difusa

50 Esclerosi sistèmica limitada

50 Dermatomiositis

50 Polimiositis

50 Lupus eritematós sistèmic

50 Síndrome Sjögren primari

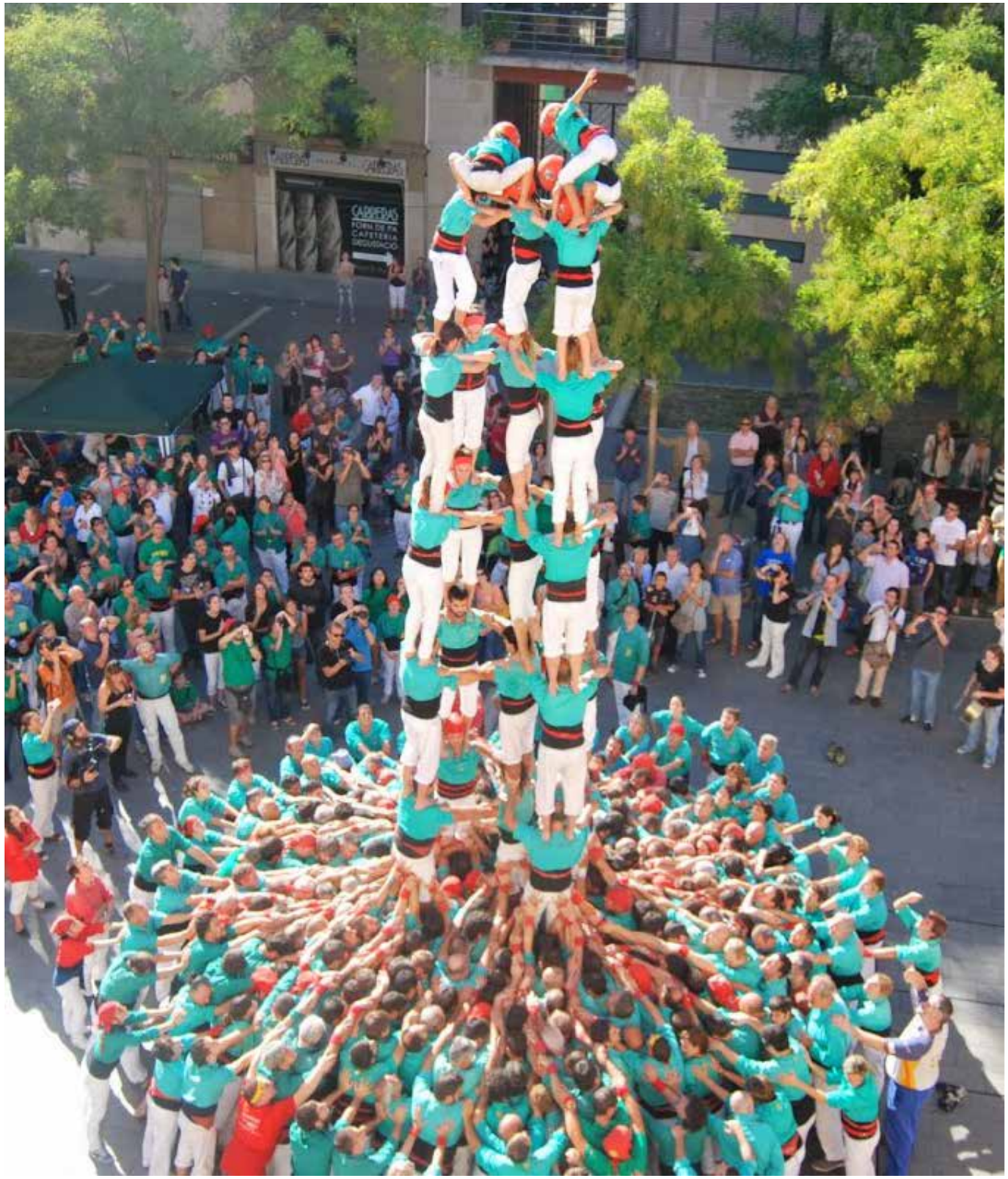
50 Artritis reumatoide

50 Raynaud primari

400 controls

GRUPCAPICAT

Índex



3 Malaltia pulmonar intersticial

KLİNİK ÇALIŞMA
RESEARCH ARTICLE

The role of nailfold capillaroscopy in interstitial lung diseases - can it differentiate idiopathic cases from collagen tissue disease associated interstitial lung diseases?

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edicine, Pamukkale
Hastalıkları Anabilim Dalı,

15 MPID associada a MAS
- Sjogren
- Artritis reumatoide

18 MPID idiopàtica
- Fibrosi pulmonar idiopàtica
- NINE idiopàtica

17 controls
- Sjögren sense afectació pulmonar
- Artritis reumatoide sense afectació pulmonar

Cobankara v, altinişik g, balkarli a, önal ö, çakmakçi karadoğan d. the role of nailfold capillaroscopy in interstitial lung diseases - can it differentiate idiopathic cases from collagen tissue disease associated interstitial lung diseases? tuberk toraks. 2015;63(1):22–30.

Densitat capil·lar

- CTD-ILD < Idiopatic ILD < controls

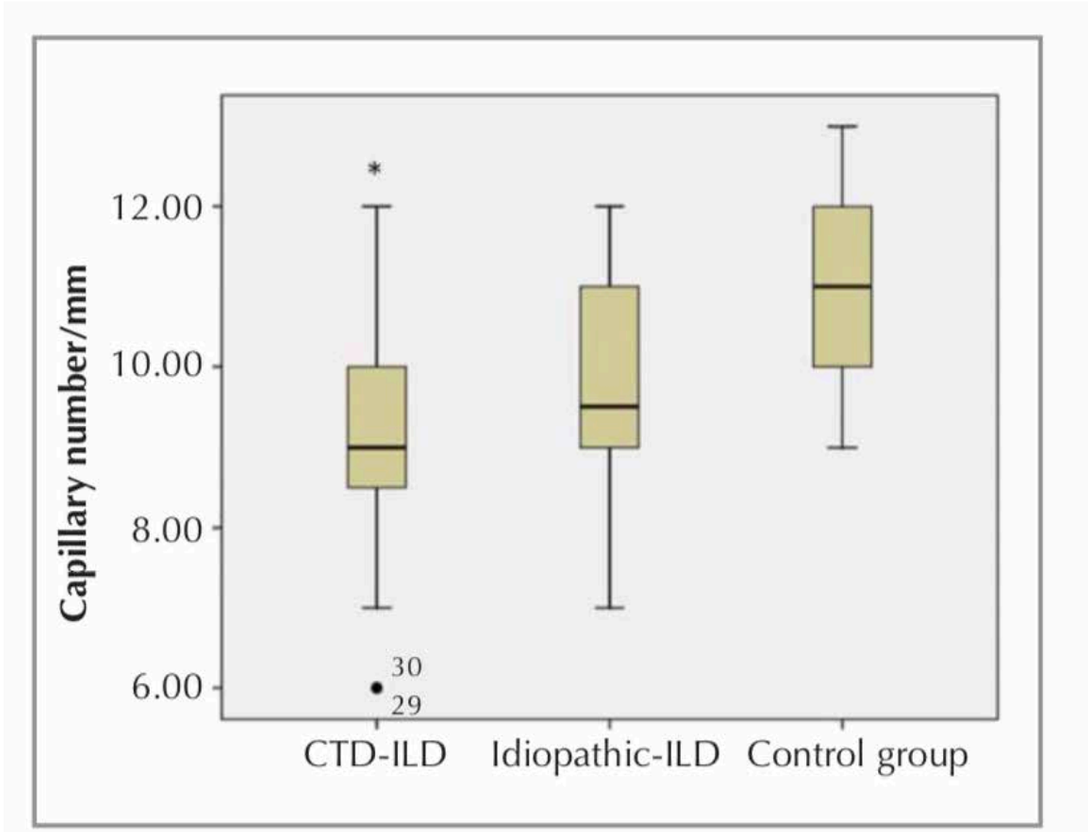

Figure 1. Comparison of mean capillary density between main groups (CTD: Collagen tissue disease; ILD: Interstitial lung disease; *: p< 0.05 compared with control group).

- NIU < NINE (p= 0.001).

- SatO2

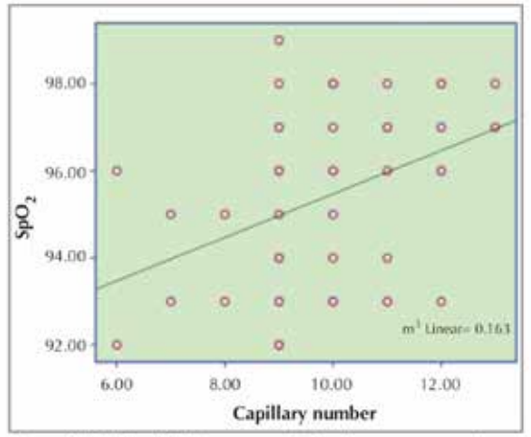

Figure 4. Relationship between peripheral oxygen saturation at rest and capillary density.

Cobankara v, altinişik g, balkarli a, önal ö, çakmakçi karadoğan d. the role of nailfold capillaroscopy in interstitial lung diseases - can it differentiate idiopathic cases from collagen tissue disease associated interstitial lung diseases? tuberk toraks. 2015;63(1):22–30.

3 Miscelània

Raynaud's phenomenon and nailfold capillaroscopic findings in anorexia nervosa

Massimo De Martinis, Maria Maddalena Sirufo & Lia Ginaldi

Evaluation of nailfold capillaries in familial Mediterranean fever patients

Sevil Aytekin · Fatma Aydin · Tekin Akpolat · Nilgun Senturk · Ahmet Yasar Turanli

Capillary Microscopy during Eosinophilic Fasciitis in 15 Patients: Distinction from Systemic Scieroderma

SERGE HERSON, M.D., SABINE BRECHIGNAC, M.D., JEAN-CHARLES PIETTE, M.D., JEAN-MARIE MOUTHON, M.D., ANNE COUTELLIER, M.D., OLIVIER BLETRY, M.D., PIERRE GODEAU, M.D., *Paris, France*

Morphologic Study of Microcirculation in Acromegaly by Capillaroscopy*

F. SCHIAVON, P. MAFFEI, C. MARTINI, E. DE CARLO, C. FAIS, S. TODESCO, AND N. SICOLO

Department of Medical and Surgical Sciences, Division of Rheumatology (F.S., C.F., S.T.), Third Medical Clinic (P.M., C.M., E.D.C., N.S.), Padua University, 35100 Padova, Italy

Quantitative analysis of nailfold capillary morphology in patients with fibromyalgia

Dug-Hyun Choi and Hyun-Sook Kim

Prevalence of Raynaud Phenomenon and Nailfold Capillaroscopic Abnormalities in Fabry Disease

A Cross-Sectional Study

Samuel Deshayes, MD, Laurent Auboire, MD, Roland Jaussaud, MD, PhD, Olivier Lidove, MD, Jean-Jacques Parienti, MD, PhD, Nathalie Triclin, Bernard Imbert, MD, Boris Bienvenu, MD, PhD, and Achille Aouba, MD

PAPER

Morphologic capillary changes and manifestations of connective tissue diseases in patients with primary biliary cirrhosis

V Fonollosa[1]*, CP Simeón[1], L Castells[1], F Garcia[1], A Castro[1], R Solans[1], J Lima[1], V Vargas[1], J Guardia[1] and M Vilardell[1]
[1]Department of Internal Medicine, Hospital General Universitari Vall d'Hebron, Universitat Autònoma Barcelona, Barcelona, Spain

Relationship between Nailfold Plexus Visibility and Clinical, Neuropsychological, and Brain Structural Measures in Schizophrenia

Clayton E. Curtis, William G. Iacono, and Morton Beiser

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Idees

Capil·laroscòpia:

MÉS enllà del 20% fenomen de Raynaud

GRÀCIES