traditional risk factors (smoke, hypertension, dyslipidemia) and treatment with aspirin and hydroxychloroquine.

**Conclusion** Our results confirmed that Italian lupus patients suffer a high incidence of CV disease compared with general population. However, this incidence was lower than that detected in North European and American lupus cohorts

**Results** 23 patients had pure RP was 1.97 (1.19; 3.13) in SSc subgroup. The median capillary density was 6.66 (5.2; 7.94) in this group. The median capillary density was 8.23 (7.4; 8.94), the median MES was 1.00 (0.56; 1.47); the median giant capillary number was 0.00 (0.00; 0.75) in the entire SLE group. 6.9% of all SLE patients had SSc early pattern, 1.4% SSc active pattern, 20.6% had SSc late pattern and 71.2% had no SSc pattern. Among patients having SSc pattern all except two had RP. Comparison of capillaroscopy of SLE patients with and without RP showed that patients in the former group had significantly lower capillary density (7.97 [7.19; 8.72] vs. 8.92 [8.19; 9.34], p<0.05). Dilatation point and giant capillary point was significantly higher in the RP-SLE subgroup (0.36 [0.13; 0.69] vs 0.13 [0.06; 0.28] p<0.05, 0.06 [0.00;0.28 vs. 0.00 [0.00; 0.00] p<0.001).

**Conclusion** SSc capillary pattern is present in SLE as well, most of these particular patients had Raynaud’s phenomenon. Patients having both SLE and RP have lower capillary density and worse capillary structure. SLE patients capillary density is higher than the density found in SSc controls.