PL, Messa P, Ravani P, Mosca M. Fetal outcome and recommendations of pregnancies in lupus nephritis in the 21st century. A prospective multicenter study.J Autoimmun. 2016 Nov;74:6–12. doi: 10.1016/j.jaut.2016.07.010. Epub 2016 Aug 2.
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AB0486 INCIDENCE OF VERTEBRAL FRACTURES: 8 YEARS FOLLOW-UP STUDY IN WOMEN WITH SYSTEMIC LUPUS ERYTHEMATOSUS

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Background: Vertebral fractures (VF) are the hallmark of bone fragility. Patients with systemic lupus erythematosus (SLE) are at high risk of developing prevalent VF. Although several risk factors for VF in patients with SLE have been suggested, there is limited longitudinal supporting data in the literature.
Objectives: The aims of this study are to determine the incidence of VF and to evaluate possible associations between potential risk factors and the occurrence of VF in women with SLE.
Methods: Consecutive patients with SLE were enrolled in a prospective, observational study from 2006 to 2015. Information on potential risk factors, including demographics, clinical data and bone mineral density (BMD) at the lumbar spine and hip on dual-energy X-ray absorptiometry was collected at baseline and follow-up. Semi-quantitative analysis was used to determine incident VF on lateral thoracic and lumbar radiographs, defined as any vertebral body graded normal at baseline and at least mildly deformed (20–25% reduction or more in any vertebral height) during follow-up. Differences in baseline characteristics were assessed in patients with and without radiographic VF.
Statistical analysis: The Chi-square or Fisher's exact test, independent samples t-test, and Mann-Whitney U-test were used as appropriate to compare baseline characteristics of patients with and without prevalent or incident VF. Possible risk factors for incident VF were assessed by multivariate logistic regression analysis.
Results: Of 110 SLE patients included, with a median follow-up of 8 (IQR 8–9) years, 22 (20%) had radiographic VF at baseline; 35 (32%) patients had a new VF. The annual incidence rate of new morphometric VF was 3.5 (95% CI 2.4–4.91) per 100 patient/years. Most fractures were located in the mid-thoracic and thoracolumbar region of the spine. Table 1 shows sociodemographic and clinical differences between patients with and without VF. In the multivariable analysis, VF were significantly associated with baseline BMD at the total hip and longer disease duration. Cumulative glucocorticoid dose, postmenopausal status and previous prevalent VF were not associated with VF.

	Vertebral fractures		
	Yes (n= 35)	No (n=105)	p
Age, years, mean (SD)	44.1 ± 11.0	41.4 ± 11.8	0.272
BMI, kg/m^2, mean (SD)	27.1 ± 5.3	27.3 ± 3.9	0.871
Postmenopausal at baseline, n (%)	**22 (63)**	**30 (40)**	**0.021**
Disease duration, years, median (IQR)	**9.0 (5-14)**	**5.0 (3-12)**	**0.005**
Vertebral deformity at baseline, n (%)	9 (26)	13 (17)	0.317
25OHvitD levels, ng/mL, mean (SD)	20.8 ± 6.6	19.1 ± 7.0	0.407
SLICC/ACR DI, ≥1 n (%)	**21 (60)**	**29 (39)**	**0.042**
Cumulative dose of GCT, gram, median (IQR)	**16.2 (7-41)**	**9.9 (6-24)**	**0.037**
BMD lumbar spine, g/cm^2, mean (SD)	0.981 ± 0.222	1.039 ± 0.217	0.205
BMD total hip, g/cm^2, median (IQR)	**0.884 (0.844-1.025)**	**0.981 (0.914-1.055)**	**0.011**
Use of bisphosphonates during follow-up,	15 (43)	24 (32)	0.185

Conclusions: In this SLE cohort in daily clinical practice, radiographic VF were frequently present in SLE patients, especially those with longer disease duration and low hip BMD.
References:
[1] Borba VZC, Matos PG, da Silva Viana PR, et al. High prevalence of vertebral deformity in premenopausal systemic lupus erythematosus patients. Lupus. 2005;14(7):529–33.
[2] Mendoza-Pinto C, García-Carrasco M, Sandoval-Cruz H, et al. Risk factors of vertebral fractures in women with systemic lupus erythematosus. Clin Rheumatol. 2009;28(5):579–85.
[3] Bultink IEM, Lems WF, Kostense PJ, et al. Prevalence of and risk factors for low bone mineral density and vertebral fractures in patients with systemic lupus erythematosus. Arthritis Rheum. 2005;52(7):2044–50.
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AB0487 NEUROLOGIC MANIFESTATIONS AND THEIR IMPACT ON CHRONIC DAMAGE IN PATIENTS WITH ANTIPHOSPHOLIPID SYNDROME: RESULT FROM A MONOCENTRIC COHORT

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Background: Antiphospholipid syndrome (APS) is an autoimmune disease with wide clinical features and cumulative damage. The nervous system involvement is very broad and severe.
Objectives: The aim of this study is to analyze the impact of neurologic manifestations on Damage Index in Patients with APS (DIAPS).
Methods: All consecutive patients known with APS were included in our monocentric cohort. Data on medical history, clinical manifestations, aPL profile and medication were collected. DIAPS score was used to measure damage in each patient.
Results: Seventy six patients with APS were included: 11 patients with primary APS and 65 patients with secondary APS, with mean disease duration of 9.59±7.39years. Overall,35 patients (46.1%) had neurologic manifestations. Their mean disease duration was 9.2±5.76 years. Seven patients had primary APS and 28 patients had secondary APS. Six patients were on chronic oral anticoagulant therapy and low dose aspirin, 12 patients on oral anticoagulant alone and 15 patients on low dose aspirin. Transient ischemic attack was the first manifestation of APS in 4 patients (11.42%) at mean age of 29.5±10.96 years. Their mean DIAPS value was 7.75±4.19. Ischemic stroke was the first APS manifestation in 12 patients (34.28%) at mean age of 40.08±16.31years, with DIAPS mean value of 7.41±3.67. All of these patients have neurological sequelaes. The DIAPS value was higher in patients with neurologic manifestations (3±2.9 vs 5.71±3.62, p=0.001) and DIAPS value correlated significantly to neurologic manifestations (R=0.416, p<0.000) reflecting it's impact on cumulative damage in APS patients.
Conclusions: Neurologic manifestations in APS patients have a great impact on cumulative damage especially in patients presenting with ischemic stroke or transient ischemic attack as the first manifestation of APS.
References:
[1] M-C Amigo et al. Development and initial validation of a damage index (DIAPS) in patients with thrombotic antiphospholipid syndrome (APS). Lupus (2015) 24, 927–934.
[2] L.A. Martinez-Martinez et al. Damage Index in Patients with Thrombotic Antiphospholipid Syndrome: Retrospective Cohort Study. Ann Rheum Dis 2016;75:1065.
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AB0488 CAPILLAROSCOPY FINDINGS IN CHILDHOOD-ONSET SYSTEMIC LUPUS ERYTHEMATOSUS, A DUTCH EXPERIENCE OF 20 CHILDREN AND ADOLESCENTS

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Background: Capillaroscopy findings can be qualitatively described as: normal, microangiopathy (non-specific abnormalities) or scleroderma pattern (1). Capillary abnormalities, described in varying prevalence in patients with systemic lupus erythematosus (SLE), are mainly described as microangiopathy (2–4)
Objectives: To describe capillary characteristics in a cross-sectional cohort of patients with childhood-onset SLE (cSLE) by quantitative and qualitative assessment
Methods: Nailfold videocapillaroscopy (NVC) was performed in cSLE-patients (onset <18 years) with a x200 magnification lens (Optilia). The following capillaroscopic characteristics were evaluated per millimeter: density (compared to mean density known for age, sex and ethnicity) (5), number of abnormal shapes (as defined by the EULAR study group on microcirculation in Rheumatic Diseases (6)), giant capillaries (defined as apical diameter >50 mcm), maximum apical diameter (dilatations defined as apical diameter 20–50mcm) and microbleedings (large hemorrhages and small multiple point-shaped hemorrhages surrounding the capillary loop [image])
Results: 4063 capillaries from 20 patients with cSLE, were analyzed. All patients showed capillary abnormalities, 15% (n=3) showed a scleroderma-pattern. A lower mean density (mean 6.7, range 1.9–9.5) was seen in 55% (n=11), multiple