Cardiac involvement and lupus nephritis (LN) were developed in 20% of patients. About 13.75% of patients had neurological manifestations, 26.5% articular complications, 16% vascular involvement and 10% of them developed infectious complications. Eight percent of these infections were diagnosed concomitantly with the diagnosis of SLE and 92% of them after the diagnosis of lupus with an average of 25 months. About 52.9% of the patients developed more than 2 episodes of infection. The spectrum of infectious complications was: pulmonary in 33.3%, urinary in 22.2% and cutaneous in 13.9%. Tuberculosis was the most frequent infection 12.5%. Lupus flare complicated the infection in 28.6% of patients with mean SLEDAI score at 10. Comparative study between group 1 and group 2 revealed that LN, corticosteroids and immunosuppressors were associated with a high risk of infection (p=0.002, p=0.017 and p=0.034 respectively). In multivariate analysis only LN was an independent predictive factor (OR=3.5, 95% CI=1.06-12.87, p=0.049).

Conclusions: Infections may complicate the course of SLE with flares presenting in 1/3 of cases. Half of the patients had more than 2 episodes of infection during their follow up. The presence of LN represents a predictive factor of such complication.

Disclosure of Interest: None declared

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AB0518 NEW 2016 ACR/EULAR CLASSIFICATION CRITERIA FOR SJÖGREN SYNDROME: USEFULNESS AND APPLICABILITY IN CLINICAL PRACTICE

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Background: The Sjögren syndrome (SS) is an autoimmune disease where the cellular and humoral mechanisms affect the exocrine glands. In 2016, new classification criteria validated by ACR and EULAR were established.

Objectives: To compare the new criteria with those used so far in our hospital, as well as to assess the need for changes in the current diagnostic strategy.

Methods: Retrospective observational study in which 65 patients diagnosed with SS at the Hospital of León were randomly included. We reviewed the diagnostic tests performed and the fulfilment of the different classification criteria developed since 1993. Other variables studied were: sex; age at the time of diagnosis and the months from the onset of symptoms; xerostomia and xerophthalmia; extraglandular involvement, ESSDAI; immunosuppression; Raynaud; lymphoma development; and analytical alterations.

Results: The mean age at the time of diagnosis was 54.9 years ±14 | 23–82 |, with an average of months from the onset of symptoms to the diagnosis of 10.2±9.5 | 0–36|. 90.8% were women. 87.7% presented xerostomia; and 91% showed xerophthalmia, being severe in 43.1%. 64.6% had extraglandular manifestations; being the most prevalent the joint manifestation (60%) and the cutaneous one (18.4%). Over the past year, 37% developed haematological alterations in the form of cytopenias, and 73% biological alterations. At the time of the study, 32.8% presented low activity, 38.5% moderate activity and 9.2% high activity, measured by ESSDAI; being higher in anti-Ro positive patients (p=0.011). There was no association between ESSDAI and other antibodies, Raynaud or severe ocular involvement. 10.8% required systemic immunosuppression (RTX 5, AZA 2) and 18.5% needed ocular immunosuppression (topical cyclosporine). Only one patient developed lymphoma.

A Schirmer's test (ST) was performed in 92.3% (positive in 89.2%), saving the Van Bijsterveld test for patients with severe ocular involvement. The Ocular Staining Score (OSS) was not performed in any patient.

The scintigraphy of the salivary glands was positive in 70.8% of the patients and was not performed in 21.5%. The parotid sialography was only performed in two patients and the study of the salivary flow was not stimulated in none of them.

Regarding the autoimmunity, 80% presented positive antiRo; 61.5% antiLa; 89% ANA; 61.5% RF; 43% quadruple positivity.

Labial gland biopsy was performed only in 18.4%, with a positive result in 75%.

All patients met the 1993 European Criteria; 86.2% met the European-American criteria of 2002; and only 10.8% met the SICCA-ACR Criteria. The new criteria validated by ACR and EULAR were verified in 80%. Four patients who fulfilled the European criteria did not meet the new criteria, coinciding with those patients with negative ST, but positive scintigraphy.

Conclusions: In our hospital, the method for electing the xerostomia study was the salivary scintigraphy; therefore, we cannot establish direct comparisons with the new criteria.

The incorporation of non-stimulated salivary flow in our diagnostic strategy is necessary.

We should consider conducting a lip biopsy more systematically for histological confirmation since there are no validated diagnostic criteria.

Disclosure of Interest: None declared

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AB0519 LABORATORY ABNORMALITIES IN PATIENTS WITH PRIMARY SJOGREN'S SYNDROME

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Background: Primary Sjögren's syndrome (pSS) is a chronic systemic autoimmune disease often accompanied by analytical abnormalities. Altered levels in serum protein concentration, blood cell count and autoantibodies contribute to the broad spectrum of biological manifestations that characterize pSS.

Objectives: The objective of this study is to evaluate the presence of laboratory abnormalities in patients with pSS from the SjogrenSER registry.

Methods: We conducted a multicentre transversal study of a cohort of pSS patients fulfilling 2002 European/American criteria, from 33 Spanish rheumatology departments. Every patient was interviewed for data collection and signed an informed consent. Data were also collected by reviewing medical records. Local ethics committees approved the study. Variables were analysed by descriptive statistical methods, using means, medians and rates. Chi-square was used to establish the statistical associations. A $p<0.05$ was considered significant.

Results: Four hundred and thirty-seven patients were included. Ninety-five percent of them were women. The median age of the cohort was 58 years. AntiRo antibodies were present in 93.6% of patients and AntiLa antibodies in 67.3% of patients. All patients were ANA+. Rheumatoid factor (RF) was positive in 64.8% of patients. Low levels of C3 and C4 were observed in 14.87% and 14.19% of patients, respectively. Polyclonal hypergammaglobulinemia (HGG) was present in 53% of patients. Thirteen patients had cryoglobulins (2.97%). An increase in β2microglobulin was observed in 22.2% of patients. Fifty-six percent of the patients had hematological involvement: 29% of the patients had anemia, 38% had leukopenia (38% lymphopenia, 10.5% had neutropenia), and 9% had thrombocytopenia. The median ESR was 25 mm. Age at diagnosis and age at onset of symptoms were significantly lower in patients presenting RF+ vs RF- (48.71 vs 53.73, $p<0.001$ and 44.76 vs 49.53, p=0.001, respectively), decreased C3 vs normal C3 (45.66 vs 51.18, p=0.004 and 42.2 vs 46.99, p=0.018, respectively), decreased C4 vs normal C4 (47.02 vs. 50.89, P=0.042, for age at diagnosis) and HGG (47.59 vs 54, $p<0.001$, and 43.44 vs 50.16, $p<0.001$, respectively). ESR was significantly higher in patients with hematological involvement (35.94 vs 26.24, $p<0.001$), RF+ (36.39 vs 22.91, $p<0.001$), decreased C3 (37.8 vs 30.53, p=0.026) and C4 (38.71 vs. 30.42, p=0.04)), HGG (36.21 vs 26.03, $p<0.001$) and increased β2microglobulin (38.80 vs 29.71, p=0.009). ESSDAI (Eular Sjögren Syndrome Disease Activity Index) was significantly higher in patients with haematological involvement (5.58 vs 3.69, $p<0.001$), RF+ (5.40 vs 3.53, $p<0.001$) and HGG (5.31 vs 3.93, P=0.011). The median ESSDAI score was 2 (P25-P75, 0–4).

Conclusions: in SjogrenSER registry all patients were serologically positive. More than half of the patients presented abnormalities in serum proteins and 14% had hipocomplementemia. More than half of the patients had abnormalities, mostly leucopenia and lymphopenia. Patients with analytical alterations were younger at the time of diagnosis and had more often elevated ESR and higher ESSDAI score.

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AB0520 THE ROLE OF LEPTIN IN SJOGREN'S DISEASE

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Background: Sjogren's disease (SD) is a multisystemic disease mostly manifest with sicca symptoms. Lympocytic infiltration of the glandular and extra glanduler organs is the dominant pathologic feature of the disease. Multiple stimulators were accused in the pathogenesis of SD. Leptin, an endogenous peptide, involves in various metabolic processes as well as influence immune system (1). Increased serum leptin level is observed in patients with autoimmune diseases such as SD, systemic lupus erythematosus and rheumatoid arthritis when compared to healthy controls (2).

Objectives: Even if serum leptin level increases in the patient with SD, there is no data about its effect on exocrine glands. We aimed to compare density of leptin in the salivary gland of SD patients with control group. Furthermore we evaluted the relation between intensity of lympocytic infiltration and density of leptin in the salivary glands of SD patients

Methods: We applied leptin immunostain to minor salivary glands samples of 24 SD patientss,who were fullfilled American College of Rheumatology Sjögren's Disease Classification Criteria (ACR-SDCC) and 19 patients who undergo minor salivary gland biopsy due to clinically on suspicion of SD but not fullfilling the ACR-SDCC and had no lymphocytic focus on biopsy. Herein,leptin density in acinar and ductal structures of the salivary glands were evaluated in both groups.Moreover,