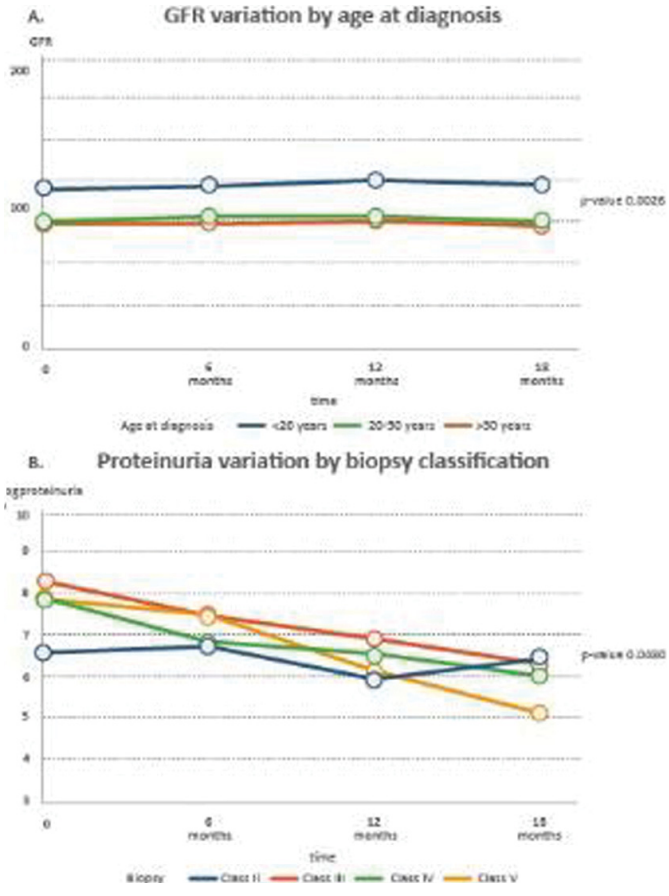
American SLE population have shown a higher prevalence of LN, higher severity, and less favorable outcomes (1).
Objectives: To determine the incidence of lupus nephritis and end-stage renal failure, as well as evaluate progression of renal function and proteinuria during an 18-month follow up in colombian patients with SLE.
Methods: A retrospective cohort study was conducted in 1448 patients with SLE, 41 of which were diagnosed with LN between August/2014 and July/2015. Follow up was made for 18 months, analyzing glomerular filtration rate (GFR) and proteinuria, induction and manteinance therapy, renal relapses, hospitalizations and mortality. Univariate analysis was done to describe sociodemographic and clinical variables. Longitudinal data analysis was performed using linear mixed models with random intercepts. In all cases, a p value <0.05 was considered statistically significant.
Results: Clinical characteristics of patients with LN are shown in table 1. Eighty-five percent of LNs where biopsy-proven. Incidence of LN was 2,83 cases/100 SLE patients/year. The incidence of end-stage renal failure was 7,31 cases/100 LN patients. During the 18-month follow up, 34% of patients had hospitalizations related to SLE activity or complications, 7,3% renal relapse, 2,4% rebiopsy, and no mortality cases. Induction therapy was done with cyclophosphamide in 58,5% and with mycophenolate mofetil in 41,4%, with 30% of the patients requiring re-induction therapy, Ten percent of patients required use of rituximab due to refractory response to multiple treatments. In longitudinal linear analyses, age at diagnosis and anti dsDNA was positively associated to GFR variations (Figure 1,A), while anti Sm, hematologic involvement and biopsy classification were associated to proteinuria variations during time of follow-up (Figure 1,B).
Conclusions: In a real life scenario, anual incidence of lupus nephritis was 2,83 cases/100 SLE patients. A high proportion of patients with refractory response to multiple immunomodulatory treatments for LN were identified.

Table 1. Clinical characteristics of patients with lupus nephritis

Characteristic (N=41)	Mean (SD)
Age	37,2 (11,2)
Age at diagnosis	32,2 (11,1)
Years of evolution	4,6 (4,4)
	N (%)
Female	38 (92,7)
Malar rash	11 (28,2)
Discoid lupus	2 (4,9)
Photosensitivity	18 (46,1)
Oral ulcers	14 (34,1)
Serositis	16 (44,4)
Arthritis	31 (75,6)
Neurological involvement	5 (12,2)
Hematological involvement	32 (78)
ANAs (+)	39/39 (100)
Anti dsDNA (+)	29/41 (70,7)
Anti Sm (+)	17/35 (48,6)
Anti Ro (+)	19/36 (52,7)
Anti La (+)	10/34 (29,4)
Anti RNP (+)	18/36 (50)



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FRI0288 NAILFOLD CAPILLAROSCOPIC PICTURES IN A COHORT OF UNDIFFERENTIATED CONNECTIVE TISSUE DISEASE (UCTD) PATIENTS AND IN THOSE THAT MOVE TO SYSTEMIC LUPUS ERYTHEMATOSUS

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Background: Nailfold capillaroscopy (NVC) is a useful, non-invasive, reproducible and cost-effective diagnostic tool, able to assess the shape of capillaries in the nailfold bed. According to the presence of peculiar abnormalities, it is essential in the early differential diagnosis of connective tissue diseases (CTDs), mainly "scleroderma-spectrum disorders" (SSD). Despite its large diffusion, no univocal NVC patterns have been ascribed to undifferentiated connective tissue disease (UCTD) as well as to systemic lupus erythematosus (SLE).
Objectives: The aim of the study was to evaluate the most common NVC pictures in a population of UCTD patients and if selected NVC pictures might be linked to SLE onset in these patients.
Methods: We evaluated a cohort of 42 UCTD-affected women, diagnosed according to 2014 criteria proposed by Mosca et al. (age, 38 years±46 months; duration of disease, 71±54 months) presenting Raynaud's phenomenon. During the observational period (3 years), all of the UCTD patients were evaluated every 6 months. We considered the following NVC parameters/pictures: presence of ectasic capillary loops (diameter $\geq$20 μm); giant capillaries (diameter $\geq$50 μm); hemosiderin deposits/microhemorrages; capillary number reduction; meandering capillaries (tortuosity); elongated capillaries; ramified/bushy capillaries; micro-vascular array disorganization. SLE diagnosis was posed according to the 2012 SLICC/ACR criteria. Qualitative variables were expressed in frequencies; their association, by non-parametric tests; quantitative variables, by analysis of co-variance.
Results: Non-specific NVC alterations (for instance, not suggestive of SDD) were detected in 40 (98%) of the UCTD patients during the observational period. On the other hands, the presence of hemosiderin deposits, ectasic loops, elongated and ramified capillaries was found associated to the clinical subgroup of UCTD patients that later developed SLE (4/42 subjects, 10%; OR=10.5). In particular, the independent variables "hemosiderin deposits/microhemorrages" (OR=8.32) and "elongated capillaries" (OR 6.28), were found significantly linked to the SLE onset ($p<0.05$), whereas the independent variables "tortuosity" (OR=12.16) and "ramified/bushy capillaries" (OR 9.47) were, at the opposite, predictive for the prosecution of the status of UCTD patient ($p<0.05$).
Conclusions: The present study reports NVC pictures that can be more frequently observed in UCTD patients that include "tortuosity" and "ramified/bushy capillaries". In addition, the NVC analysis suggests the presence of typical capillaroscopic microvascular abnormalities, "hemosiderin deposits/microhemorrages" and "elongated capillaries", that more frequently seem observed in those UCTD patients that move to SLE onset.

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FRI0289 CEREBROVASCULAR DISEASE IN THE ANTIPHOSPHOLIPID SYNDROME

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Background: Antiphospholipid syndrome (APS) is a thrombophilic disorder characterized by recurrent arterial and venous thrombosis, and also pregnancy losses associated to antiphospholipid antibodies (APA). Cerebrovascular disease (CVD) is the most common and severe arterial thrombotic manifestation in patients with APS.
Objectives: 1.To determine the prevalence and the type of CVD in patients with APS. 2.To compare the recurrent strokes, affected brain areas, hospitalization, treatment and mortality between patients with CVD, with and without APS.