pulmonary arterial hypertension (PAH) and predictive risk factors in a cohort of patients with antiphospholipid antibodies.
Methods: We included 232 patients from our cohort who underwent an echocardiogram. A total of 84 (36%) patients with primary antiphospholipid syndrome (PFS), 47 (20%) with APS secondary to systemic lupus erythematosus (SLE), 47 (20%) patients with antiphospholipid antibodies 23%) with SLE without AAF.
The determinations of AAF and lupus anticoagulant were performed according to the indications of the international thrombosis society.
Statistical analysis was performed with SPSS 18; using the Chi square test and the Fisher exact test.
Results: In patients with AAF, the echocardiogram was pathological in 88 patients (52%) (p=0.023). Valvular affectation was evidenced in 64 (38%) (p=0.005) and PAH in 16 (p = ns). Seventeen patients (35%), SAF (48%), SAFS (26%), AIF silent (14%) and 9 patients in the non-AAF group (12%) presented with valvular affectation (p=0.002). PAH presented 19 patients, 9 with SAFP (47%), 6 in the SAFS group (32%), 1 in the silent AAF group (5%) and 3 in the non-AAF group (16%) (p=). Both PAH and valvular involvement were asymptomatic in most cases, although two patients required valvular replacement. The most frequently affected valve in all groups was mitral valve (84%), except in patients with PAH where the most prevalent valvular pathology was tricuspid insufficiency. Patients with valvulopathy and APS had a higher prevalence of total thrombosis than SAF without valvulopathy (p=0.05). Patients with valvulopathy also significantly increased stroke and thrombocytopenia (p=0.04). Patients with valvulopathy had lupus anticoagulant more frequently (p=0.04), with no difference for the rest of AAF.
Conclusions: Subclinical valvular involvement is very common in patients with AAF. Every patient with AAA should be given an echocardiogram in the initial protocol of their study in order to rule out both significant valvulopathy and PAH that can modify the management of the condition.
Disclosure of Interest: None declared
DOI: 10.1136/annrheumdis-2017-eular.2548

SAT0265 CLINICAL CHARACTERISTICS OF SYSTEMIC LUPUS ERYTHREMATOSUS IN AN EGYPTIAN POPULATION: A RETROSPECTIVE COHORT

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Background: Systemic lupus erythrematosus (SLE) is an autoimmune disease with a myriad of manifestations, that could vary among different ethnic and racial groups.
Objectives: To study the prevalence of various manifestations of SLE in an Egyptian population.
Methods: Information in this study was derived from the medical records of SLE patients who followed up in a private clinic in Cairo from January 1980 to June 2016.
Results: This descriptive retrospective case series included 1109 juvenile (19.4%) and adult (80.6%) patients, of which 114 (10.3%) were males and 995 were females (89.7%). Age of onset showed a mean of 26±11.19 years, and the mean of disease duration was 48.78±58.46 months (median: 26 years). The most common manifestations were synovitis (76.7%), malar rash (48.5%), leukopenia (45.7%), and photosensitivity (45.6%). At least one of the antiphospholipid antibodies was present in 41.8% of the patients tested for APL (636 patients). However thromboembolic manifestations and/or recurrent fetal loss occured in 11.5% of the patients. Neuropsychiatric manifestations were evident only in 6.4% of the patients, with seizures being the most common neuropsychiatric manifestation, present in 4% of the patients. 33.1% of the patients had nephritis, which followed the onset of the disease by a mean duration of 20±21.3 months (median=12 months). There were gender differences in the disease characteristics. Cutaneous vasculitis, nephritis, and hypocomplementemia were statistically higher in males (p=0.012, p=0.01, and p=0.041 respectively). Whereas, synovitis, and alopecia were statistically higher in females (p=0.012 and p=0.006 respectively). Patients with juvenile onset had a statisticaly higher frequency of nephritis (0=0.01), seizures (p=0.012) haemolytic anemia (p=0.001), and hypocomplementinemia (p=0.02).
Conclusions: Synovitis and malar rash were the most common manifestations in our study. Secondary antiphospholipid was present in 11.5% of the patients. Male patients and juvenile patients showed a tendency towards a more severe disease.
Disclosure of Interest: None declared
DOI: 10.1136/annrheumdis-2017-eular.2151

SAT0266 EFFECT OF THE METABOLIC SYNDROME ON ORGAN DAMAGE AND MORTALITY IN CHINESE PATIENTS WITH SYSTEMIC LUPUS ERYTHEMATOSUS: A LONGITUDINAL ANALYSIS

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Objectives: To study the effect of the metabolic syndrome (MetS) on organ damage and mortality in patients with SLE.
Methods: Consecutive patients who fulfilled ≥4 ACR criteria for SLE and were assessed for the presence of the MetS between 2010 and 2011 were included. Those patients who did not have MetS assessment or succumbed before 2010 were excluded. The MetS was defined by the updated joint consensus criteria, using the Asian criteria for central obesity, when ≥3 of the following components were present: (1) Increased waist circumference to ≥90cm in men or ≥80cm in women; (2) Elevated blood pressure to ≥130/85mmHg or requiring drug therapy; (3) Elevated serum triglyceride level to ≥1.7mmol/L; (4) Reduced serum high density lipoprotein (HDL)-cholesterol to ≤1.0mmol/L in men and ≤1.3mmol/L in women; and (5) Elevated fasting glucose level to ≥5.6mmol/L. Longitudinal data regarding new organ damage, vascular events and mortality on follow-up were retrieved from our cohort database. The association of the MetS with new organ damage and mortality was studied by logistic regression analyses.
Results: 577 SLE patients were studied (93% women; age at entry 41.2±13.4 years; SLE duration 9.3±7.2 years). The mean follow-up time of the patients since entry was 66.3±1.8 months. The mean body mass index (BMI) of the patients was 22.3±3.9kg/m^2 (11% >27kg/m^2). A total of 85 (14.7%) patients qualified the MetS (28% fulfilling waist; 20% fulfilling blood pressure; 25% fulfilling triglyceride; 33% fulfilling HDL and 9.2% fulfilling glucose criteria). New organ damage and vascular (coronary, cerebrovascular and peripheral vascular) events developed in 128 (22%) and 23 (4.0%) patients, respectively. The most common new arterial events were stroke (50%), acute coronary syndrome (33%) and peripheral vascular disease (17%). Thirty-nine (6.8%) patients died (infection 36%; vascular causes 18%; cancer 15%; lung fibrosis 8%; suicide 3%). Patients with the MetS (N=85), when compared to those without (N=492), had significantly higher SDI accrual at their last clinic visits (0.70±1.0 vs 0.26±0.6; p<0.001). Regarding individual systems, the increase in SDI scores in the ocular, renal, cardiovascular, musculoskeletal and endocrine (new diabetes mellitus) systems were significantly higher in the MetS group of patients. New vascular events (11% vs 2.8%; p=0.001), all-cause mortality (14% vs 5.5%; p=0.003), death due to vascular complications (7.1% vs 0.2%; p<0.001) were significantly more common in patients with MetS than those without. Logistic regression revealed that the MetS was significantly associated with new damage in the ocular (OR 2.77 [1.05–7.34]; p=0.04, renal (OR 4.72 [1.86–12.0]; p=0.001), cardiovascular (OR 3.66 [1.03–12.9]; p=0.04] and endocrine system (OR 41.9 [4.93–357]; p=0.001), adjusted for age, sex, SLE duration and the antiphospholipid antibodies (IgG-anticardiolipin or the lupus anticoagulant). The presence of the MetS increased the risk of new vascular events (OR 2.94 [1.18–7.31]; p=0.02), all-cause mortality (OR 1.60 [0.73–3.47]; p=0.24) and vascular mortality (OR 30.3 [3.42–268]; p=0.002) after adjustment for the same covariates.
Conclusions: In this 5-year longitudinal study, the MetS is significantly associated with new organ damage, vascular events and mortality in patients with SLE.
Disclosure of Interest: None declared
DOI: 10.1136/annrheumdis-2017-eular.3939

SAT0267 SERUM 25-HYDROXYVITAMIN D3 LEVELS AND FLARES OF SYSTEMIC LUPUS ERYTHEMATOSUS: A LONGITUDINAL COHORT ANALYSIS

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Objectives: To study the relationship between serum 25-hydroxyvitamin D3 levels and flares of systemic lupus erythematosus (SLE) in a longitudinal cohort of Chinese patients.
Methods: Patients who fulfilled ≥4 of the ACR criteria for SLE were recruited from our rheumatology out-patient clinics in November 2011. Blood was taken at 10 AM and was assayed for the serum levels of 25-hydroxyvitamin D3 by liquid chromatography tandem mass spectrometry (LC-MS/MS). Patients were stratified according to the 25-hydroxyvitamin D3 levels; group 1 (<15ng/ml, deficiency); group 2 (15–30ng/ml, insufficiency); and group 3 (>30ng/ml, adequate); and were followed longitudinally every 2–4 months for serial assessment of disease activity (by SELENA-SLEDAI) and the occurrence of mild/moderate or severe SLE flares (by SELENA flare instrument). Comparison was made among these groups in the baseline and mean summated SLEDAI over time (area under the curve), and the annual incidence of mild/moderate and severe flares by the one-way ANOVA test.
Results: 276 SLE patients were studied (94% women; age 41.0±13.8 years; SLE duration 8.7±6.6 years). 25 (9.1%) patients had eGFR ≤60ml/min. The proportion of patients with 25-hydroxyvitamin D3 levels of <15, 15–30, >30ng/ml was 26%, 54% and 20%, respectively. Patients with vitamin D deficiency (group 1) were significantly younger, had lower body mass index (BMI) but higher baseline eGFR and SLEDAI scores when compared with the other groups. No significant differences in the clinical manifestations were observed among the three groups of patients except for lower prevalence of facial rash in group 3 (p=0.02). After a mean follow-up of 32.5±5.5 months, 153 mild flares and 91 severe flares developed in our patients. The mean summated SLEDAI score over time was: 3.2±2.0 (group 1); 2.4±1.9 (group 2); and 2.7±2.1 (group 3), respectively (p=0.02). The annual incidence of mild/moderate and severe flares was: 0.26±0.39 and 0.20±0.45 (group 1); 0.20±0.33 and 0.09±0.22 (group 2); and 0.20±0.32 and 0.14±0.46 (group 3), respectively (p=NS in all). In a subgroup of 73 patients who did not have clinical or serological SLE activity at baseline (SLEDAI=0), a similar