loop length was related to the occurrence of livedo reticularis ($p < 0.05$).

Conclusion Thus we suggest that nailfold capillaroscopy can be useful to better define SLE patients with APS, helping to identify some microvascular changes that seem related to clinical and laboratory features of APS.

FRI0180 PARANEOPLASIC ANTIPHOSPHOLIPID SYNDROME- A POSSIBLE MAIN CAUSE OF THROMBOSIS IN CANCER PATIENTS

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Background The antiphospholipid (APS) is a hypercoagulable state marked by the antibodies that recognise anionic phospholipid-protein cofactor complexes.

Objectives This study was undertaken to investigate a possible association of antiphospholipid antibodies (APLA) in cancer patients with thromboembolic events.

Methods The study group included 46 patients with different malignancies and associated thromboses. Tests were performed for detecting APLA: anticardiolipin enzyme linked immunoassay (ELISA) for both IgG and IgM isotypes, anti-β₂-GPI IgG antibody ELISA, and coagulation test for lupus anticoagulant (LAC). We used ACL method with IL Test LAC Screen and IL Test LAC Confirm.

All patients underwent complete clinical and radiological examination, routine laboratory tests were done.

Results 18 patients had APS associated with evolutive cancers. LAC was present in 14 patients (B-cell lymphoma (2 cases), ovarian-(3), breast-(3), lung-(4), pancreatic-(1), bladder (1) cancer, and was related mainly with deep vein thromboses of the legs, pulmonary embolism and catastrophic antiphospholipid syndrome. Anticardiolipin antibodies (ACLA) were detected in 3 patients with bladder -, pancreatic - and breast cancer, and were associated with aortic nonocclusive thrombosis, stroke, myocardial infarction and multiinfarct dementia. In one patient (prostatic cancer) were present both ACLA and LAC, associated with stroke, myocardial infarction, multiinfarct dementia. The presence of LAC seems to be related more to venous thromboses and metastatic disease, while ACLA seems to be related to arterial thromboses.

Conclusion The presence of APS in cancer patients is associated with vascular thromboses, leading to a poor quality of life or to fatal events (including metastatic spread).

The presence of APLA in cancer patients may be a warning sign of a thrombotic event and might lead to a better selection of patients for prophylactic anticoagulant therapy.

FRI0181 SKIN MANIFESTATIONS IN SECONDARY ANTIPHOSPHOLIPID SYNDROME – ANALYSIS OF FORTY PATIENTS

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Background Skin lesions are common kind of connective tissue disease manifestations.

Objectives The aim of study was evaluation of skin involvement in clinical presentation of 40 patients with systemic lupus erythematosus (SLE) and secondary antiphospholipid syndrome (APS).

Methods Examined group (34 women and 6 men) was represented by patients who fulfilled diagnostic ARA criteria for both, SLE and APS. Average duration of disease was 7.54 ± 7.53 (1–33) years and average age of patients was 31.45 ± 13.95 (8–65) years. Patients with SLE without APS represented control group.

Results We noticed cutaneous ulcerations in 15/40 (37.5%) patients from examined group. They were predominantly located at lower legs and fingers of palms. Cutaneous ulcerations were significantly more frequently ($p = 0.025$) appeared in patients with both, SLE and APS than in control group. Livedo reticularis was observed in 9/40 (22.5%) patients from examined group, the most frequently at lower legs but one patient expressed livedo reticularis at skin of the torso. There was no significant difference in comparison to control group where prevalence of livedo reticularis was 10% (2/20). We observed palmar-plantar erythema in 12.5% (5/40) patients with APS as a part of SLE. In control group, palmar-plantar erythema was noticed in 10% patients (2/20).

Conclusion Our study demonstrated that cutaneous ulcerations occurs more frequently in patients with both, SLE and APS than in patients with SLE alone, probably because of two present pathogenic mechanisms: vasculitis and thrombophilia as a part of APS. On the other hand, livedo reticularis and palmar-plantar erythema were presented with the same frequency in both groups of patients.

FRI0182 CATASTROPHIC ANTIPHOSPHOLIPID ANTIBODY SYNDROME – REPORT OF FIVE CASES

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Background The catastrophic antiphospholipid antibody syndrome (CAPS) is an uncommon disorder, characterised by widespread micro and macrovascular changes due to intravascular thrombosis. We report five cases of CAPS occurred at our department over the past 7 years.

Objectives

Methods All patients were females between 13 and 49 years, all having SLE; two of them had no identifiable precipitant factor, two underwent major surgery, and the last one had a respiratory tract infection and a SLE flare as probable precipitant events; four women had deep vein thrombosis and the other one a peripheral arterial thrombosis; stroke occurred in 4 patients, one of them concomitantly in the right and left middle cerebral arteries territories; intraalveolar haemorrhage occurred in two cases and one patient developed ARDS.

Treatment options were different for each patient and all had steroids and anticoagulation. Two had cyclophosphamide synchronised with plasmapheresis.

Results Unfortunately 4 of the patients died, the only survivor was treated with steroids and anticoagulation therapy.

Conclusion CAPS is a rare event in our cohort of patients with antiphospholipid antibody syndrome (6.9%), having a high mortality rate. Most of the times it was possible to identify a

precipitant factor, namely major surgery or infection. Aggressive treatment must be started as soon as possible.

FRI0183 ANTICARDIOLIPIN ANTIBODIES IN WOMEN WITH UNEXPLAINED PREGNANCY LOSS

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Background Recurrent pregnancy loss is one of the major clinical features of antiphospholipid syndrome (APS). Although pregnancy losses in patients with antiphospholipid antibodies typically occur after the 10th week of gestation, early losses and premature birth also take place. Preliminary classification criteria for APS precisely define pregnancy morbidity associated with anticardiolipin antibodies (aCL) and/or with lupus anticoagulant (LA) as follows: 1) one or more unexplained fetal deaths; 2) one or more premature births; 3) three or more unexplained consecutive spontaneous abortions before the 10th week of gestation, when other causes (endocrine, genetic, and morphological) have been excluded.¹

Objectives To assess the prevalence of elevated levels of anticardiolipin antibodies in otherwise healthy women with history of unexplained pregnancy losses and to investigate prevalence of APS among them.

Methods 29,8 ± 5,3

A cross-sectional study comprised fifty women (mean age 29,8 ± 5,3 years) with a history of unexplained pregnancy losses (median 3; range 1–6). None of these women had anatomical, endocrine, genetic or infective cause for miscarriage. Anticardiolipin antibodies of IgG and IgM isotype were measured by a standardised ELISA for beta2-GPI- dependent aCL.

Results 14 out of 50 (28%) women had elevated levels of aCL IgG (5) or IgM (6) or both (3) isotypes. Comparing aCL positive and aCL negative women, we found statistically significant difference in women age (32,3 ± 5,85 vs. 28,8 ± 4,8 years; $p < 0,02$) and fetal age at the time of miscarriage (median 18 vs. 10 weeks; $p < 0,0001$). Ten out of these 14 women fulfilled criteria for APS. During the follow-up of these patients that has lasted several years (3–5), 2 patients have developed full-blown of primary APS that includes thromboembolic events, and the other 3 were diagnosed as systemic lupus erythematosus (2) and overlap syndrome (1) with secondary APS.

Conclusion Elevated levels of anticardiolipin antibodies in women with unexplained pregnancy losses imply the presence of antiphospholipid syndrome. In fifty percent of these patients, full development of primary APS or secondary APS associated with systemic lupus erythematosus can be expected.

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Scleroderma and related syndromes

AB0105 DYNAMICS OF HUMORAL IMMUNITY INDICES IN SYSTEMIC SCLEROSIS PATIENTS DEPENDING ON THE THERAPY CARRIED OUT

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Background

Objectives The aim of our study was to improve immunological control of specific antibodies (Ab) dynamics in blood of systemic sclerosis (SSc) patients during the therapy carried out using immunofluorescent (IFA) and immunoenzyme (IEA) analyses taking advantages of immobilised magnosorbents (MS).

Methods The Ab towards denatured deoxyribonucleic acid (dDNA), ribonucleic acid (RNA), cardiolipin (CL) were determined by IEA method, Ab towards catalase (Cat) ? by IFA method in sera of 28 SSc patients using immobilised MS before and after hospital treatment. Immobilisation was carried out by method of emulsion polymerisation by Gontar *et al.* (1990) in nitrogen gas flow with magnetic material incorporation in polyacrilamid gel structure. All observed patients were divided into 3 subgroups: first group (32 patients) was treated with basic medicines (D-penicillamine, vasomotor medicaments, physiotherapy, exercises, massage, symptomatic therapy), second group (22 patients) – + glucocorticosteroids; and third group (14 patients) – + plasmapheresis (Pph).

Results There were not reliable decrease of studied Ab ($p > 0,05$) in first group by IEA method, except Ab towards RNA ($p < 0,05$). However, we noted reliable decrease of Ab towards Cat ($p < 0,05$ after the course of therapy by IFA. In second group we revealed the decrease of Ab towards dDNA and RNA ($p < 0,05$), while the dynamics of Ab towards Cat and CL were less evident ($p > 0,05$). The positive effect of Pph was noted in third group, where we revealed marked tendency to decrease of Ab towards dDNA ($p < 0,02$), CL ($p < 0,001$), Cat and RNA ($p < 0,05$).

Conclusion The decrease of Ab towards dDNA, RNA, CL and Cat were noted in SSc patients during hospital treatment that allow the use of these indices as criteria for therapy efficiency and its duration. The use of extracorporeal treatment method ? Pph in complex therapy of SSc patients allow to achieve clinical improvement in patients side by side with significant decrease of Ab towards dDNA, RNA, CL and Cat.

AB0106 THE MORPHOLOGICAL AND FUNCTIONAL CHANGES OF MICROCIRCULATORY VESSELS IN SYSTEMIC SCLEROSIS

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Background

Objectives Systemic sclerosis (SSc) is characterised by the proof deterioration of microcirculation and the large structural changes of the microcirculatory vessels. The aim of the study was to investigate the relationship between functional and structural abnormalities of skin microcirculation in patients with systemic sclerosis (SSc).