Abstract FRI0219 Table 1

	ANA	RF	Anti-Ro/SSA	Anti-La/SSB
Grade I (n = 5)	40%	60%	0%	0%
Grade II (n = 12)	50%	41,7%	11,1%	0%
Grade III (n = 58)	59,6%	33,9%	14,7%	8,8%
Grade IV (n = 45)	80%	65,9%	28,9%	15,8%
Sensitivity for a positive biopsy	47,5%	67,9%	22,2%	12,5%
Specificity for a positive biopsy	41,9%	43,3%	81,8%	86,3%

Conclusion In our PSS patients, auto-antibodies' profile did not differ between patients with different grades of infiltration in lip biopsy.

FRI0220 STABLE ANTI-RO AND ANTI-LA SEROLOGICAL PROFILE IN ANTI-RO AND ANTI-LA NEGATIVE SIALADENITIS AND SJÖGREN'S SYNDROME PATIENTS AS DISEASE PROGRESSES

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Background It is generally considered that more weight should be put on objective signs in the classification criteria for Sjögren's syndrome (SS). Such objective findings include the presence of anti-Ro- and anti-La-antibodies, as well as the sublabial gland histology expressed in focus-score (FS) and IgA containing plasmacells percentage (IgA%) score. So far, anti-Ro and/or anti-La autoantibodies in the patient's serum have been the most sensitive (40–80%) and specific serological markers for Sjögren's syndrome.

Objectives The aim of this study is to investigate whether seroconversion from anti-Ro- and anti-La antibodies negative to positive occurs in our SS and focal sialadenitis patients after disease has progressed for a minimum of five years since diagnosis.

Methods Blood samples were taken from 20 patients, and sera were measured for presence of anti-Ro- or anti-La antibodies using ELISA and counter immune electrophoresis (CIE). Twelve patients fulfilled the ESG criteria for Sjögren's syndrome. Five of them were diagnosed with primary SS and 7 were diagnosed with secondary SS. Histologic (FS > 1, IgA% < 70) underlined the diagnosis. The remainder 8 patients with sicca symptoms and FS > 1 did not meet the ESG criteria and were therefore diagnosed as having focal sialadenitis.

Results In the ELISA no anti-Ro or anti-La positive sera were detected. An initial CIE, performed as confirmation measurement technique, showed three possibly positive sera. However, in a second CIE these sera were identified as anti-RNP antibodies positive sera.

Conclusion These results confirm other observations that the serological profile in patients with Sjögren's syndrome is stable as disease progresses. There appears to be no need for repeated measurements of anti-Ro- or anti-La antibodies presence in anti-Ro- and anti-La negative patients' sera. Further investigations should point out whether measurement for presence of these autoantibodies in exocrine tissue itself or in exocrine glands products such as saliva is preferable over serological analysis in terms of disease-sensitivity. These alternative methods might be necessary to increase accuracy of the diagnosis since at least 20%

of SS patients show a sustained lack of anti-Ro and anti-La antibodies in their serum.

FRI0221 PRIMARY AND SECONDARY SJÖGREN'S SYNDROME – RESPIRATORY INVOLVEMENT

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Background Pulmonary disease is reported in both primary and secondary Sjögren's syndrome.

Objectives In order to study the respiratory involvement we evaluated 52 patients with Sjögren's syndrome.

Methods Forty seven patients were female (90.4%) and five were male (9.6%).

The mean age was 53 years (range 26–80).

The median duration of the disease was 11 years.

Twenty four patients (46%) had criteria (European criteria) for primary Sjögren's syndrome (A Group) and 28 patients (54%) for secondary Sjögren's syndrome (B Group).

Rheumatoid arthritis was present in 20/28 (71%) with secondary Sjögren's syndrome (B Group).

We used clinical, radiological and functional criteria for the assessment of respiratory involvement.

Results A total of 21/52 patients (40%) reported symptoms, 9 from A Group (17%) and 12 from B Group (23%).

Chest radiographs had evidence of abnormality in 21/52 patients (40%), 11 from A Group (21%) and 10 from B Group (19%).

Lung function impairment was seen in 15/52 patients (29%), 6 from A Group (12%) and 9 from B Group (17%).

Conclusion This study provides evidence that lung involvement is an important manifestation of Sjögren's syndrome in primary as in secondary disease.

FRI0222 VALIDATION OF TWO NONINVASIVE DIAGNOSTIC METHODS FOR XEROSTOMIA IN SJÖGREN'S SYNDROME

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Background Sjögren's Syndrome (SS) is a systemic autoimmune disease the mainly affects exocrine glands and usually presents a persistent dry mouth (xerostomia) and/or dry eyes (xerophthalmia). Xerostomia is an unsatisfactory diagnostic criteria because is subjective and can be caused by other conditions like: side effects drugs, stress, depression, dehydration, radiation therapy, and other systemic diseases like sarcoidosis, amyloidosis, lymphoma, VIH infection, etc. Altho minor salivary gland biopsy (MSGGB) is an easy and safety objective diagnostic methods is rather invasive and unpleasant for the patients.

Objectives Validate two simple, easy, noninvasive and nonexpensive diagnostic methods for xerostomia in Sjögren's Syndrome (SS).

Methods Thirty-six (36) SS Patients with mean age 57 (range 31–74), 32 female and 4 male, diagnosed according to revised European Community criteria were included in the study. 13 Patients with pSS (primary SS) 12 Patients with sSS (secondary SS) and 11 with probable pSS (3 criteria). We performed in all