whole group with pSS ($p < 0.001$), while for the Ro and/or La positive group was 47.1. Ten years survivorship in pSS patients was not significantly lower with respect to the general population (86.5 vs 90%) calculated with the aid of life tables of the Italian general population (matched for age and sex).

Conclusion Patients with purpura, parotid swelling, low C4 levels and cryoglobulinemia present an increased risk to develop lymphoproliferative disorders. These clinical and laboratory findings seem to identify a subgroup of patients with pSS which should be controlled and, maybe, treated in a different way.

FRI0225 GLUCOCORTICOSTEROID AND CYTOTOXIC THERAPY

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Background

Objectives To assess the effect of long-term glucocorticosteroid (GCS) low doses and cytostatics taking on clinical-laboratory SS manifestations.

Methods 500 SS pts divided into 4 groups were included into the study. 1st group – 200 of SS pts had 5 mg of Prednisolone daily, 1.8 for a year, 0.9–1.8 for subsequent years and chlorobutin – 2 mg daily for a year, 360–720 mg for the next 5–15 years. 2nd group – 100 SS pts had Prednisolone according the same scheme and cyclophosphane 200 mg twice a month, 4.8 mg for a year, 2.4–4.8 g for the next 5–15 years. 3d group – 100 SS pts had Prednisolone according the same scheme for 5–15 years. 4th group – 100 SS pts had only substitution therapy. Reliable improvement of stomatological (decrease of salivary glands, disappearing or decrease of frequency of parotitis, increase of salivation), ophthalmologic (residing of cornea dystrophy) and some systemic manifestations disappearing of arthralgia, regional lymphadenopathy, decrease of morning stiffness) were noticed only in the first three groups of pts and in the 1st and 2nd groups it was more pronounced (<0.001). Only in the 1st and 2nd groups disappearing of purpura relapse in the third of pts. ESR, fibrinogens levels, general protein, G-globulins, 3 classes of immunoglobulins, CIC and RF titers decrease in 5 years was found only in the 1st and 2nd groups of pts ($p < 0.001$). Substantial improvement (1st, 2nd groups – 30%, 3d – 10%) and moderate improvement (1st, 2nd groups – 25%, 3d – 20%) was found only in pts with cytostatics and GCS therapy. 30% (1st and 2nd groups) and 40% (3d group) pts needed more potent therapy, whereas 60% (4th) of pts had therapy due to development of different stage of severity of systemic manifestations.

Results

Conclusion Obtained data demonstrate the necessity of low doses of GCS and chlorobutin/cyclophosphane in early terms of SS with glandular manifestations. In some cases such therapy is effective during systemic manifestations of the disease which is not dangerous for the life of patient.

FRI0226 EFFECT OF LOW DOSES OF PREDNISOLONE ON BONE MINERAL DENSITY (BMD) IN SJOGREN'S SYNDROME

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Background Lately the effect of corticosteroids on BMD during different diseases including autoimmune ones was widely discussed.

Objectives To determine the effect of long-term (>5 years) taking of Prednisolone in daily dosage of 2–2.5 mg on BMD in pts with Sjogren's syndrome (SS).

Methods 112 female pts aged 33–73 with reliable SS diagnosis were examined. 56 (50%) out of them were treated for more than 5 years by low doses of hormones. As it was evident that menopausal beginning influenced BMD, all examined persons were divided into 4 groups: pts with retained menstrual cycle who did not receive hormones (1st group – 32pts with median age 40.7(7.8 years) and those who for a long time took low doses (<5 mg/day) of Prednisolone (2nd group – 24 pts with median age 41.5(4.7 years); women of postmenopausal period who were never treated by hormones (3d group – 24 pts aged 57.5(6.7 year, postmenopausal period 7.3(0.8 years) and those who for a long time took low doses of Prednisolone (4th group – 32 pts aged 52.3(5.6 years; postmenopausal period 8.1(0.7 years). All groups of pts were comparable by weight and height coefficient. Assessment of BMD in lumbar area of the spine (L1-L4) and left femoral neck was carried out by double X-ray absorptiometry on densitometer QDR-1000 («Hologic», USA). Statistical analysis was done by Student's t-criterion and (2 criterion).

Results BMD in L1-L4 was correspondingly to 1–4 groups: 1.030(0.128 g/cm², 0.983(0.100 g/cm², 0.858(0.123 g/cm² and 0.837(0.124 g/cm², there were no reliable difference in comparison of 1st and 2nd, 3d and 4th groups. BMD in femoral neck was as follows according to groups: 0.891(0.115 g/cm², 0.815 (0.104 g/cm², 0.740(0.116 g/cm² and 0.763(0.090 g/cm². During analysis it turned out that BMD in femoral neck in the 2nd group was reliably lower than in the 1st group ($t = 2.59$, $p < 0.01$), during comparison of the 3d and 4th group there were no differences. In the 1st and 2nd groups there was no osteoporosis ($T < 2.5$ SD), osteopenia ($T < 1.0$ SD) in L1-L4 and in neck developed correspondingly in 25% and 18.75% of cases in the 1st group and in 33.3% and 41.7% in the 2nd group. In the 3d and 4th groups osteoporosis and osteopenia developed mainly with equal frequency in corresponding areas.

Conclusion In women with retained menstrual cycle the long-term taking of low doses of Prednisolone results in BMD decrease in femoral neck, frequency of osteopenia grows but osteoporosis in this case does not develop. In postmenopausal period taking of low doses of hormones has no substantial effect on the frequency of osteoporosis and osteopenia development.

FRI0227 MONOCLONAL SECRETION DURING SJOGREN'S SYNDROME (SS)

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Background Finding of monoclonal immunoglobulins and light chains in serum and urine of SS pts suggests the possibility of SS transformation into malignant lympho-proliferative diseases.

Objectives To characterise the spectrum of monoclonal secretion in SS, to evaluate the role of monoclonal immunoglobulinopathy in the development of I-secreting lymphomas in SS.

Methods 24 females aged 25–75 years (49.2(3.4) with SS duration of 2–28 years admitted into Institute of Rheumatology