- To analyse the epidemiological data (Sex, age and presence of HLA B27).

Methods We included 86 patients with AS, 61 men (70.9%) and 25 women (29.1%), mean age was 48.6 ± 11.8 years (range 22–71). The disease onset had occurred at 27.4 ± 9.2 years (range 6–53). The diagnosis of SS was made according to European Criteria and all patients with SS had keratoconjunctivitis sicca.

Results Uveitis was present in 30 patients (34.9%), SS in 8 patients (9.3%) and HLA-B27 + in 63 patients (73.3%).

In the group of female patients (25) we found: 22 (88%) HLA-B27 +, 10 (40%) with uveitis, 8 (32%) with SicS and 1 (4%) with SS. In the group of male patients (61) we found: 41 (67.2%) HLA-B27 +, 20 (32.8%) with uveitis, 12 (19.7%) with SicS and 7 (11.5%) with SS.

In the group of HLA-B27 + patients (62) we found: 26 (41.9%) with uveitis and 6 (9.7%) with SS. In the group of HLA-B27 negative patients (24) we found: 4 (16.7%) with uveitis and 2 (8.3%) with SS.

Conclusion

- The prevalence of HLA-B27 was lower than in literature.
- HLA-B27 was more prevalent in female.
- The frequency of uveitis was higher in the HLA-B27 positive patients.
- We find a high prevalence of SS in male.

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SAT0033 ENRICHMENT OF CD8⁺ CD28- CYTOTOXIC T CELLS IN CIRCULATING LYMPHOCYTES OF PATIENTS WITH ANKYLOSING SPONDYLITIS

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Background In patients with ankylosing spondylitis (AS), HLA-B27 restricted cytotoxic T lymphocytes (CTLs) exist with specificity for arthritogenic bacteria, viral peptides or autoantigens. These MHC-class I restricted CTLs could maintain the inflammatory process even after the bacterial pathogen itself had been eradicated by antibacterial immune responses and thus be directly involved in the pathogenesis of spondylarthropathies. Phenotypically they are characterised by the distinct expression of CD28-CD57⁺CD11a^{high}.

Objectives This study was performed to directly compare the relative number of CD8⁺ CTLs from AS patients with age-matched healthy controls. Until now only few data are available for the incidence of CD8⁺CD28- T cells in autoimmune diseases.

Methods AS patients were recruited and examined at the Gasteiner Heilstollen Hospital. Controls were preselected by evaluating the proband's history and physical examination excluding an inflammatory or autoimmune diseases. Peripheral blood mononuclear cells were isolated by Ficoll density gradient

centrifugation, triple-stained for CD3, CD4, and CD28-antigens and analysed on a FACScan flow cytometer.

Results Peripheral blood was analysed from 95 AS patients and 53 age-matched healthy controls (49.1 ± 11.4 and 48.0 ± 14.0 years old, respectively). In AS patients CD8⁺CD28- T cells are expanded more than in the age-matched population ($41.2 \pm 17.7\%$ and $18.6 \pm 7.6\%$ ($p < 0.0001$), with regression lines $y = 0.23x + 29.85$ ($R^2 = 0.02$) and $y = 0.03x + 17.03$ ($R^2 = 0.004$), respectively). The percentage of CD8⁺CD28- T cells does not increase over the decades in healthy controls. Trends are described for increased percentages of CD8⁺CD28- T cells in patients with severe disease.

Conclusion These data suggest that the fraction of CD8⁺CD28- T cells is not only increased in certain infectious diseases but also in patients diagnosed with AS. Increased percentages of CD8⁺CD28- T cells during ageing might be an artificial effect of undiagnosed infectious or autoimmune diseases. This finding further supports the hypothesis that increased levels of CD8⁺CD28- T cells can be considered pathogenic, comparable to benign monoclonal gammopathy.

SAT0034 ANTINUCLEAR ANTIBODIES IN PSORIATIC ARTHRITIS

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Background It is usually believed that Antinuclear Antibodies are no more prevalent in psoriatic patients than in the general population.

Objectives To assess the prevalence of ANA positivity in a group of psoriatic arthritis patients. To search for possible differences between those who are ANA positive and those who aren't.

Methods We prospectively analysed according to a designed protocol 47 consecutive patients observed between 00/01/19 and 00/11/14. We recorded the history and physical examination with standard procedures. In all patients the presence of ANA and serum markers of viral hepatitis B and C were determined.

Results We found 38,3% of ANA positivity (Group 1 = ANA positive patients; Group 2 = ANA negative patients). The majority of group 1 patients presented a speckled pattern in title equal or superior to 1/320.

The two groups were similar in respect to gender distribution, age, duration of psoriasis, duration of arthritis, history of concomitant exacerbation of cutaneous and articular disease, history of previous or actual medication with sulphasalazine, extent of cutaneous involvement, presence of nail and scalp psoriasis and prevalence of viral hepatitis B and C.

A greater frequency of sacroiliitis (50% vs 27,6%), of family history of psoriasis (61,1% vs 48,3%) and family history of psoriatic arthritis (22,2% vs 6,9%) was seen in group 1 but didn't reach statistical significance.

Conclusion Our group of psoriatic arthritis patients shows a high prevalence of ANA positivity.

Although the frequency of patients with sacroiliitis, family history of psoriasis and psoriatic arthritis is greater in the ANA positive group we were not able to show differences with statistical significance.