Conclusion Our findings are consistent with hypothesis that B cell response in RA synovium is probably antigen driven and oligoclonal.

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SLE – Clinical aspects

AB0071 LYMPHOCYTOTOXIC ANTIBODY (LCA) AMONG IRAQI SLE PATIENTS AND THEIR RELATIVES

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Background

Objectives To study the Lymphocytotoxic antibodies (LCA) in SLE patients and their first degree relatives compared to matching controls.

Methods Complement dependent microcytotoxicity test was used to assess the presence of LCA, their temperature dependence in addition to HLA specificity among 40 SLE patients, 184 of their first degree relatives in comparison to 100 subjects of a blood bank donor as a healthy control.

Results Lymphocytotoxic activity was manifested in 70% of patients, 33.36% of relatives compared to 80% of control group. While cold dependent antibodies were higher among patients group (92.8%) compared to 35% of their relatives. The presence of these antibodies in a control group was less temperature dependent, since 62.5% of them reacted both at 22°C and 15°C and only 12.5% of them exhibited a sole reactivity of 15°C.

No association between LCA and and of HLA antigen of both classes was detected, however, patients had a tendency to react with a large number of lymphocyte samples than did positive sera from other group. Generally, females had a higher percentage of LCA (42.15%). Yet, the highest percentage was reported among sisters, followed by mothers, while brothers exhibited the least frequency (15.15%). In contrast to females, male subjects reported the highest frequency of these antibodies among age group of > 50 years.

Conclusion Patients expressed a high positivity rate of cold LCA. Moreover, female first degree relatives showed higher positivity rates than male relatives or controls.

AB0072 LYMPHOCYTOTOXIC ANTIBODY (LCA) AMONG IRAQI SLE PATIENTS AND THEIR RELATIVES

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10.1136/annrheumdis-2001.117

Background

Objectives To study the lymphocytotoxic antibodies (LCA) in SLE patients and their first degree relatives compared to matching controls.

Methods Complement dependent microcytotoxicity test was used to assess the presence of LCA, their temperature dependence in addition to HLA specificity among 40 SLE patients, 184 of

their first degree relatives in comparison to 100 subjects of a blood bank donor as a healthy control.

Results Lymphocytotoxic activity was manifested in 70% of patients, 33.36% of relatives compared to 80% of control group. While cold dependent antibodies were higher among patients group (92.8%) compared to 35% of their relatives. The presence of these antibodies in a control group was less temperature dependent, since 62.5% of them reacted both at 22°C and 15°C and only 12.5% of them exhibited a sole reactivity of 15°C.

No association between LCA and any of HLA antigen of both classes was detected, however, patients had a tendency to react with a large number of lymphocyte samples than did positive sera from other group. Generally, females, had a higher percentage of Lca (42.15%), yet, the highest percentage was reported among sisters, followed by mothers, while brothers exhibited the least frequency (15.15%). In contrast to females, male subjects reported the highest frequency of these antibodies among age group of > 50 years.

Conclusion Patients expressed a high positivity rate of cold LCA. Moreover, female first degree relatives showed higher positivity rates than male relatives or controls.

AB0073 A CASE OF FULMINANT LUPUS IN A YOUNG MAN WITH HEREDITARY HAEMOCHROMATOSIS

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Background Mild derangements of liver function tests in systemic lupus erythematosus (SLE) are not uncommon, reflecting either disease activity or treatment. Rare causes of hepatic dysfunction include arteritis and lupoid hepatitis.¹ We report on a patient with SLE and coexisting haemochromatosis.

Objectives

Methods CASE REPORT: A 26 year old man presented with acute onset of jaundice and skin rash. He had a history of intermittent rash and arthralgia with serology positive for ribonuclear protein antibodies characteristic of mixed connective tissue disease. On examination he was icteric with a pyrexia. There was a maculopapular rash typical of subacute cutaneous lupus over his anterior chest wall.

Results Investigations showed a normocytic, normochromic anaemia, a thrombocytopaenia and a lymphopaenia. His prothrombin time and partial thromboplastin time were prolonged. Liver function tests showed an elevated total bilirubin and raised aspartate transferase and alanine transferase. Autoimmune serology showed positive antiRNP/Sm. Complement levels were low. Anticardiolipin antibodies were negative. Viral titres were negative. Serum ferritin level was elevated. Blood cultures grew *Staphylococcus aureus*. He was treated with high dose corticosteroids. He had intravenous antibiotics. The coagulopathy was treated with vitamin K and fresh frozen plasma. The thrombocytopaenia was treated with immunoglobulins. In spite of further management, unfortunately he died. A postmortem showed acute renal tubular necrosis and crescentic glomerulonephritis. Liver histology showed periportal deposition of iron predominantly in zone three. This, together with the presence of iron deposition in the exocrine pancreas gland confirmed the diagnosis of hereditary haemochromatosis.

Conclusion At its simplest this case represents two disease processes occurring by chance in the same patient. However both conditions are uncommon.

A second possibility is that there is a common genetic link. The patient's father had a history of idiopathic thrombocytopenia. Some cases of evolution from ITP to SLE have been reported. It seems possible therefore that there may be a genetic component to his predisposition to lupus. Linkage studies of SLE using microsatellites have revealed a wide range of genome susceptibility loci. Although haemochromatosis is the most commonly inherited single gene disorder, there was no known family history here.

A further possibility was that the two conditions had an additive effect. A high ferritin can reflect lupus activity. It also acts a source of iron causing production of hydroxyl radicals from oxygen and extensive tissue damage.

In conclusion there are several possible theories causing multi-organ failure in this case.

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AB0074 PULSE METHYLPREDNISOLONE AND CYCLOPHOSPHAMIDE THERAPY IN THREE SYSTEMIC LUPUS ERYTHEMATOSUS PATIENTS WITH BRONCHIOLITIS OBLITERANS ORGANISING PNEUMONIA AS THE INITIAL MANIFESTATION

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Background Diverse pleuropulmonary manifestations are common in patients with systemic lupus erythematosus (SLE). Bronchiolitis obliterans organising pneumonia (BOOP) is a pathologic entity characterised by the formation of fibrous tissue plugs within terminal bronchioles and alveolar ducts. Although BOOP has been associated with several connective tissue disorders, there are rare reports of BOOP in patients of SLE as the initial manifestation.

Objectives We described three SLE patients with open lung biopsy-proved BOOP as the initial manifestation which responded well to pulse intravenous methylprednisolone and cyclophosphamide therapy. All three cases presented with fever, cough and dyspnea. Chest radiographs and CT scan of lung revealed bilateral pulmonary infiltrates. BOOP was confirmed by open lung biopsy. Pulmonary vasculitis was also demonstrated in lung histopathology in one case.

Methods

Results The pulmonary lesions and respiratory illnesses responded well to monthly pulse intravenous methylprednisolone and cyclophosphamide therapy.

Abstract AB0074 Table 1

	Case 1	Case 2	Case 3
Sex	Female	Male	Male
Age	43	56	47
ANA	1:160, speckled	1:320, homogeneous	1:320, homogeneous
anti-ENA	SS-A, SS-B	Negative	Negative

anti-dsDNA	Negative	69 IU/ml	>400 IU/ml
Clinical and laboratory data.			

Conclusion

AB0075 AORTITIS SYNDROME (TAKAYASU'S ARTERITIS) ASSOCIATED WITH SYSTEMIC LUPUS ERYTHEMATOSUS

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Background Aortitis syndrome (Takayasu's arteritis) associated with various autoimmune diseases have been reported.

Objectives We report the rare association of aortitis syndrome with SLE in two patients.

Methods Case report.

Results Case 1. A 49-year-old woman admitted with Raynaud's phenomenon, right upper extremity claudication, malar rash, and oral ulcerations. Examination showed that her right radial pulse was not palpable. A systolic bruit was heard over her right carotid artery. Laboratory results were as follows: erythrocyte sedimentation rate 89 mm/h, leukopenia, thrombocytopenia, positive ANA, positive anti-ds-DNA. An artogram demonstrated a complete obstruction of the right subclavian artery near its origin. The patient was diagnosed as having SLE and TA based on ACR criteria for both diseases. She was treated with prednisolone and azathioprine. 6 months later, her right radial pulse was weakly present.

Case 2. A 30-year-old man was diagnosed in 1985 as having SLE based on malar rash, arthritis, positive ANA, positive anti-ds-DNA, hematologic abnormalities. He was treated with prednisolone (P) and azathioprine. He was readmitted in 1992 with progressive difficulty walking and symptoms of lower extremity claudication. Aortogram revealed occlusion of the abdominal aorta below the renal arteries. In 1994, he developed renal and cerebral involvement and superior vena cava syndrome (SVCS). He was again treated with P and cyclophosphamide (C). In 2000, A computed tomogram of the thorax confirmed SVCS due to mediastinal fibrosis. He has been using P and tamoxifen for 1 month.

Conclusion Our experience with these cases suggests that all patients with SLE be followed carefully for the development of occlusive arterial involvement.

AB0076 WARTS IN PATIENTS WITH SYSTEMIC LUPUS ERYTHEMATOSUS

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Background It is widely accepted that patients with systemic lupus erythematosus (SLE) have an increased susceptibility to infections, and infections have also been considered to be important in triggering SLE. An increased frequency of bacterial and mycotic infections have been reported. SLE is also associated with few viral infections.

Objectives During their follow-up many patients with SLE were found to have viral warts. We therefore undertook this study to determine the prevalence of warts in patients with SLE.