frequency of anti-P antibodies in SLE population can vary from 6% to 36% in different ethnic groups.²

Objectives To clarify the frequency of presence of anti-P antibodies in patients with SLE.

Methods The investigated group constituted of 36 SLE patients (age 21–52 years, SLE duration 0.5–16 years), sera from 5 patients with discoid lupus and 48 RA patients were tested too. Sera of 20 normal healthy persons were used as normal controls. Anti-P antibodies were measured by immunoblot (INNOTMANA, Innogenetics, Belgium) and ELISA (ABP Diagnostics Inc., Canada) using commercial kits.

Results Anti-P antibodies were found in 5/36 (13.9%) SEL patients, using immunoblot, and in 7/36 (19.4%) SEL patients, using ELISA, and in 1/48 RA patient (2.1%) using ELISA. None of the sera of the other RA patients as well as discoid patients and normal persons was found to be positive for anti-P antibodies. Anti-P antibodies were occurred together with ANA, dsDNA and histone antibodies ($p < 0.0001$). No clinical differences were found in patients with anti-P antibodies, belonging anti-SmB and anti-SmD positive and negative groups. Among the investigated patients neurological disorders were seen only in two patients, while no studied patient had lupus psychosis. One patient had encephalomeningitis (positive anti-P antibodies by both methods) the other had APS with thrombosis (positive anti-P antibodies by ELISA). In our study all SLE patients with anti-P antibodies had active lupus nephritis ($p < 0.0001$), LE cells ($p < 0.0001$) and cardiac disorders ($p > 0.05$). The majority (6 from 7 patients) of these patients had polyarthritis. None of the patients with SLE duration less than 3 years had anti-P antibodies. Disease duration was longer in patients positive for anti-P antibodies (4.30 ± 5.03 and 10.10 ± 6.05 years, accordingly; $p < 0.043$).

Conclusion The clinical significance of presence of anti-P antibodies in SLE is limited. Presence of these antibodies is associated with acute lupus nephritis; the antibodies are found in patients with long disease duration.

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FRI0102 THE OUTCOME OF LUPUS NEPHRITIS IN MALAYSIAN PATIENTS WITH SYSTEMIC LUPUS ERYTHEMATOSUS

¹SS Yeap, ²SI Asarudin, ¹SK Chow, ¹CT Chua, ²LC Lai. ¹Department of Medicine, University of Malaya, Kuala Lumpur, Malaysia; ²Faculty of Medicine and Health Sciences, University Putra Malaysia, Serdang, Malaysia

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Background Renal disease is a common manifestation of systemic lupus erythematosus (SLE). However, there continues to be debate about the best therapeutic option(s).

Objectives This objective of this study was to look at the response rate and complications of previous treatment(s) given for their lupus nephritis.

Methods A retrospective cross-sectional survey of the case notes of SLE patients under current follow-up at University Hospital, Kuala Lumpur, from June to August 2000 was undertaken.

Results A total of 103 patients (97F, 6M) were studied of whom 48 (46.6%) had renal involvement at presentation. The WHO classification of the first renal biopsy was: class I – 6(5.8%), class II – 10(9.7%), class III – 4(3.9%), class IV – 58(56.3%), class V

– 18(17.5%). We present the results for class IV disease (Table 1). Six patients had prednisolone only of whom 2 went into remission, 3 patients had IV Cyclophosphamide (CPM) followed by oral CPM and all went into remission. Drug-related complications were noted in 63 (61.2%) patients. Prednisolone, oral CPM, IV CPM and Azathioprine (Aza) were responsible for 36.5%, 28.6%, 17.5% and 12.7% of complications respectively.

Abstract FRI0102 Table 1

	Aza only n = 14	Oral CPM n = 12	IV CPM n = 11	Oral CPM + Aza n = 8	IV CPM + Aza n = 4
Median duration Rx	11.54	9.04	17.13	16.59	31.38
Median remission	12.12	15.01	15.25	13.45	14.04
Percentage remission	42.86	83.33	90.91	75.0	75.0

Treatment Details for Class IV Lupus Nephritis.

Conclusion In this cohort of class IV lupus nephritis patients, IV CPM, closely followed by oral CPM, are the agents of choice in inducing remission, but this is associated with a higher complication rate than Aza alone.

FRI0103 THE ORAL INVOLVEMENT IN SCLERODERMA (SYSTEMIC SCLEROSIS)

F Gharibdoost, M Sahebjam, M Khoshkhoodjad, M Akbarian, F Shahram, A Nadjji, AR Jamshidi, C Chams, F Davatchi. *Rheumatology Research Center, Shariati Hospital, Tehran, Iran*

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Background Oral manifestations are a common feature of systemic sclerosis (scleroderma).

Objectives The aim of this study was to find the frequency, characteristics, and the severity of oral involvement in Iranian patients with scleroderma, seen in the Scleroderma Unit, Rheumatology Research Centre.

Methods Cases were selected consecutively according to the American College of Rheumatology criteria.

A complete oral examination was performed for all patients. Their data were compared with a control group by chi square test and fisher exact test.

Results Forty scleroderma (Scl) patients (31 limited scleroderma, 9 diffuse form) and 40 healthy subjects (age and sex matched) were evaluated.

The mean age in the Scl group was $40.83 (\pm 10.02 \text{ SD})$ and in the control group $40.30 (+ 10.43 \text{ SD})$ years.

The mean duration of the disease was $8.3 (\pm 8.94 \text{ SD})$ years.

The following symptoms were seen more frequently in Scl than in the control group: reduced vertical lip distance ($40.25 \text{ mm} \pm 7.26 \text{ SD}$ versus $49.63 \text{ mm} \pm 7.38 \text{ SD}$, $p < 0.0005$), Xerostomy (subjective, %35 versus %75, $P = 0.003$), Raynaud's of oral region (27.5% vs. 5%, $p < 0.0001$). The number of lost teeth (due to mobility or decays) was $9.59 \pm 9.73 \text{ SD}$ versus $4.3 \pm 6.54 \text{ SD}$ ($p = 0.006$). Stiffness and depapillation of the tongue was 35% vs. 0% (each sign) ($p < 0.0005$). Gingival Inflammation was 77.5% vs. 42.5% ($p = 0.001$). The atrophy of gingival surface (thin epithelium) was 70% vs. 2.5% ($p < 0.0005$). Gingival stiffness was 30% vs. 0% ($p < 0.0005$). Flattening and disappearance of the mucosal folds in the ruga region (on the hard