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 (INNO^{TM}ANA, 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

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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)

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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

palate) was 35% vs. 0% ($p < 0.0005$). Gingival recessions were 42.5% vs. 2.5% ($p < 0.0005$). Oral mucosal involvements (via clinical examination of regions in the oral cavity) including mucosal atrophy and thinning were seen more frequently in Scl than in normal controls ($p < 0.0005$). The same was true for mucosal pallor ($p = 0.002$), mucosal telangiectasia ($p < 0.0005$), mucosal erosions and ulcerations ($p = 0.002$).

Conclusion Systemic sclerosis frequently involves different parts of the oral cavity. The teeth, tongue, gingiva and mucosal folds involvement were seen more than normal population. We recommend oral examination regularly in patients with scleroderma.

FRI0104 REACTIVE ARTHRITIS IN 43 IRANIAN PATIENTS

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Background Reactive arthritis refers to an acute non-purulent arthritis reactive to an infection elsewhere in the body.

Objectives The aim of this study was to find the demography of reactive arthritis in Iranian patients.

Methods In a five years period 43 patients who definitely were diagnosed as Reactive Arthritis were seen in our centre. All patients were classified by the European Criteria for reactive arthritis classification. 139 items were checked in every patient. The data were analysed by SPSS software.

Results The age ratio was 17–45 years with a mean age of 23.8 years. Forty patients (93%) were male and the male to female ratio was 13/1. A history of infection in 1 to 4 weeks before the attack of reactive arthritis was diarrhoea in 20 (46.5%) and urethritis in 16 patients (37.2%).

The clinical manifestation during the disease were: constitutional symptoms in 24 (55.8%), including fever 44.2%, weight loss 32.6%, fatigue 20.9%, lower extremity arthritis 100%, and upper extremity arthritis 48.8%. Sacroiliac involvement was seen in 37.2% of patients. The most common peripheral arthritis was seen in ankle (83.7%) and knee joints (76.7%). Achilles and Calcaneal Enthesopathy were seen in 46.5% of patients. Extra articular manifestations were seen in 37 patients (86%): eye involvement in 31 patients (55.8%) and mucocutaneous involvement in 13 patients (30.2%).

Lab test: Leucocytosis were seen in 23.2%, Anaemia in 11.7%, Erythrocyte sedimentation rate > 50 in 62.5%, positive CRP in 83.7% and positive HLA-B27 in 46.8% of cases.

Conclusion Reactive Arthritis in Iranian patients has the same clinical manifestations as in other countries. Male to female ratio in the Iranian patient is more than in other countries. HLA-B27 is less common in Iranian patients than in other countries.

FRI0105 PREVALENCE OF THYROID DISORDERS IN SYSTEMIC LUPUS ERYTHEMATOSUS: A STUDY IN 100 BRAZILIAN PATIENTS

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Background The association of thyroid dysfunction with autoimmune diseases is well known, however its prevalence in patients with systemic lupus erythematosus (SLE) is not well established.

Objectives The objective of this study was to determine the prevalence of thyroid disorders in 100 Brazilian lupus patients, including laboratorial and clinical manifestations suggesting thyroid abnormalities and its possible relation with lupus activity.

Methods We evaluated 100 Brazilian patients, 93 females and 7 males, with mean age of 34,2 years. All of them had the diagnosis of SLE, according to the criteria of the American College of Rheumatology, and did not had a previous history of thyroid disease.

Results Laboratory findings of thyroid dysfunction were found in sixteen (16%) patients. In nine patients (9%) the exams indicated subclinical hypothyroidism, in two patients (2%) the results were compatible with subclinical hyperthyroidism and in four patients (4%), primary hypothyroidism was diagnosed. One patient had the level of free thyroxine (T4 I) below the normal range. Positive anti-thyroid auto-antibodies was found in six patients (6%), being anti-peroxidase in four patients (4%), anti-thyroglobulin in one patient (1%) and both in one patient (1%). The diagnosis of concomitant hypothyroidism was confirmed in only one patient who presented positive anti-peroxidase antibodies. Seventy-six patients (76%) reported clinical complaints suggestive of thyroid dysfunction, such as: emotional liability, anxiety, weight loss, increased appetite, fatigue and asthenia. The evaluation of activity criteria, based on the SLEDAI (Systemic Lupus Erythematosus Disease Activity Index), did not show statistically significant difference between the groups with and without alterations of the thyroid function (7,44 and 5,26 respectively).

Conclusion The authors conclude that thyroid disorder, especially the subclinical form, is a frequent finding in patients with SLE. However, they emphasise that, based on the results of the studied group, positive laboratory findings of thyroid dysfunction are not related to the activity of lupus disease.

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FRI0106 THE ASSESSMENT OF GLOMERULAR FILTRATION RATE DURING THE TREATMENT OF PATIENTS WITH LUPUS NEPHRITIS

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Background The deterioration of renal function is one of the most important prognostic predictors in lupus nephritis (LN).

Objectives To determine glomerular filtration rate (GFR) in patients (pts) with LN and to clarify the characteristics of renal haemodynamics during the treatment of LN.