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

AR Jamshidi, F Gharibdoost, M Akbarian, F Shahram, A Nadj, F Davatchi. *Rheumatology Research Center, Shariati Hospital, Tehran, Iran*

10.1136/annrheumdis-2001.139

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

AM Kakehasi, VN Dias, JE Duarte, CC Lanna, MA Carvalho. *Rheumatology Unit, Hospital Das Clínicas, Belo Horizonte, Brazil*

10.1136/annrheumdis-2001.140

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

¹H Seleskovic, ¹S Mulic, ²N Kapidzic Basic, ³M Hukic, ⁴A Cickusic, ⁵M Smajic. ¹Rheumatology Department, Internal Clinic; ²Clinic for Physical Medicine and Rehabilitation; ³Microbiology Department, University Clinical Center, Tuzla, Bosnia & Herzegovina; ⁴Nuclear Department, Internal Clinic; ⁵Internal Clinic

10.1136/annrheumdis-2001.141

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.

Methods Thirty three clinically active pts with LN underwent glomerular filtration rate (GFR) clearance study by using radio-nucleotide compound Tc-99 m diethylamine-pentoacetic acid (DTPA). All pts had definite clinical evidence of active LN, including urinary and immunological abnormalities. Twenty of pts underwent renal biopsies (66%). GFR was studied in 30 female and 3 male pts (average 39 years and duration of disease average 5 years) in two occasions over an interval of 3 to 6 months during treatment with corticosteroids (Cs) and cytotoxic drugs (Ct).

Results GFR-DTPA clearance was in range from 11 to 157 ml/min, mean 87.42 ml/min (normal >100 ml/min), in repeated measurements it was in range from 13 to 147 ml/min, mean GFR (94.33) was slightly but not significantly better. We divided pts into four groups. First group of 12 pts had values in normal range, second group of 11 pts showed an improvement in GFR from mean 64.33 to 95.50 ml/min. Mean GFR second values from third group of 6 pts (18%) were as low as in first measurements (mean 51.83), and a fall in GFR (mean 106 to 70.25 ml/min) was notified only in 4 pts (12%) as a result of deterioration of glomerular function.

Conclusion During the undergoing treatment over an interval of 3 to 6 month we kept GFR in pts with LN in normal range at 12 pts (37%). Average GFR increased significantly ($p < 0.05$) at 11 pts (33%). The treatment LN with Cs and Ct is useful for saving renal function, and could be able to prevent the progression LN to renal failure.

FRI0107 TOXICITY OF ANTIMALARIALS IN THE TREATMENT OF PORTUGUESE PATIENTS WITH SYSTEMIC LUPUS ERYTHEMATOSUS

H Canhão, JE Fonseca, JC Teixeira Costa, JA Pereira Silva, M Viana Queiroz. *Rheumatology Unit, Santa Maria Hospital, Lisbon, Portugal*

10.1136/annrheumdis-2001.142

Background Chloroquine and hydroxychloroquine are drugs widely used in the treatment of systemic lupus erythematosus (SLE).

Objectives The aim of our study was to assess the toxicity of antimalarials in the treatment of SLE Portuguese patients.

Methods 234 outpatients satisfying the 1982 revised ARA criteria for SLE and regularly followed in our Rheumatology Unit were evaluated. 222 (94,9%) were females and 12 (5,1%) were males. The mean age of SLE onset was 30,1 years. The mean duration of follow-up was 5,5 years.

Results 157 (67,1%) patients were medicated with antimalarials, 59 (37,6%) with chloroquine in a daily dose of 3–5 mg/kg and 98 (62,4%) with hydroxychloroquine in a daily dose of 5–7 mg/kg. 77 (32,9%) patients were never treated with chloroquine or hydroxychloroquine. In the chloroquine group, 28 (47,5%) patients were still on therapy and in 31 (52,5%) patients the chloroquine was stopped. In the hydroxychloroquine group 64 (65,3%) patients remain on therapy and in 34 (34,7%) patients the drug was suspended. The reasons to stop chloroquine were ocular toxicity in 20 (64,5%) patients, gastrointestinal intolerance in 5 (16,1%), cutaneous rash in 2 (6,4%), patient will in 2 (6,4%) and medical advice but without adverse effects in 2 (6,4%). The reasons to suspend hydroxychloroquine were ocular toxicity in 15 (44,1%) patients, patient will in 6 (17,6%), cutaneous rash in 3 (8,8%), medical advice but without adverse effects in 3 (8,8%), pregnancy in 3 (8,8%), death not related

with the antimalarial in 2 (5,9%), headache and dizziness in 1 (2,9%), gastrointestinal intolerance in 1 (2,9%).

Conclusion In our patients the antimalarial discontinuation was frequent and occurred in 65 (41,4%) out of the 157 treated patients. It occurred more often in the chloroquine group (52,5%) as compared to the hydroxychloroquine (34,7%) group. Most of the adverse effects reported were mild. Ocular toxicity was the most frequent adverse effect implicated in the drug discontinuation and it was reported in 35 (22,3%) of the 157 treated patients. Chloroquine induced more ocular toxicity as compared to hydroxychloroquine (64,5% vs 44,1%). Most of the patients that have stopped the drug because of the abnormalities detected in the ophthalmologic evaluation had no clinical symptoms. There were no blindness reports. The great number of ocular toxicity cases detected could be the result of the use of high sensitive tools in the ophthalmologic evaluation such as computerised evoked potentials or fluoresceinic angiography. In addition, other factors such as sun exposure and low body mass might have contributed to a higher rate of ocular toxicity as compared to Northern European reports. In the 157 patients group there were no reports of muscle, neurological, liver, renal or haematological abnormalities due to the antimalarial therapy.

The antimalarials are useful and relatively safe drugs in the treatment of SLE. Hydroxychloroquine seems to be less toxic than chloroquine. The need of a periodic ophthalmologic evaluation once or twice yearly was supported by our study.

FRI0108 RETINAL CHANGES AND ACTIVITY IN SYSTEMIC LUPUS ERYTHEMATOSUS

¹Z Hrnčíř, ²E Rencova, ¹T Soukup, ¹P Bradna, ¹Z Dvorak. ¹2nd Department of Medicine; ²Department of Ophthalmology, University Hospital, Hradec Kralove, Czech Republic

10.1136/annrheumdis-2001.143

Background The incidence of retinopathy in systemic lupus erythematosus (SLE) and its relation to other clinical and laboratory manifestations of SLE are under debate.¹ Great importance is placed on retinopathy in activity criteria according to the scoring system of SLEDAI.²

Objectives The goal of the monocenter cross sectional study from the East Bohemian region is to clarify the problem according to the incidence of retinal changes of SLE, and evaluation of the disease activity in SLE according to the descriptors of the SLEDAI² in patients with and without retinopathy.

Methods The group under study consists of 60 SLE patients according to ACR classification (1982, updated 1997). One expert ophthalmologist examined the ocular fundi for the presence of retinal changes fulfilling the definition of the SLEDAI descriptor for visual disturbance, but without any information about other SLEDAI descriptors. Data obtained in SLE patients with and without retinopathy were statistically processed using Wilcoxon's test and Fisher's exact test.

Results Retinopathy according to the SLEDAI definition was present in 9 (15%), and absent in 51 (85%) SLE patients. The values of the SLEDAI score in patients with retinopathy were significantly higher than in patients without retinopathy ($p < 0.001$). In SLE with retinopathy two other SLEDAI descriptors frequency was significantly more than in patients without retinopathy: arthritis ($p < 0.035$) and increased DNA binding ($p < 0.038$).

Conclusion The incidence of retinopathy according to the SLEDAI definition in 15% (9/60) of SLE under study, and