Objectives (i) to evaluate the prevalence of ACAST D1 in SLE; (ii) to correlate the presence of ACAST D1 with: 1- clinical manifestations and SLE activity index (SLEDAI); 2- anti-phospholipid antibodies (APL), i.e., anti-cardiolipin antibodies (ACL), lupus anticoagulant (LA), anti-beta2 glycoprotein I antibodies (aB2GPI), anti-annexin V antibodies (aANXV).

Methods 84 patients with SLE who fulfilled the revised ACR criteria were included retrospectively. The following clinical features were studied: arthritis, nephritis, neurological and cardiac manifestations, vascular injury (arterial and venous thrombosis, fetal losses, vasculitis). The diagnosis of vasculitis was made by histological and angiographic data. For detection of ACAST D1, an ELISA was performed, using as antigen the recombinant domain 1 of calpastatin. ACL, aB2GPI, aANXV have also been detected by ELISA.

Results The prevalence of ACAST D1, aB2GPI, aANXV, ACL and ACC was 9%, 14%, 12%, 43% and 48% respectively. Among the several clinical manifestations, the frequency of ACAST D1 was higher in vasculitis (23%). No statistically association was found between ACAST D1 and APL or the presence of thrombosis. However, high levels of ACAST D1 were positively correlated with the presence of vasculitis ($p = 0.0085$) and with disease activity ($p < 0.02$).

Conclusion ACAST D1 could participate in pathogenic mechanisms of inflammatory vascular lesions and could represent a marker of disease activity.

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FRI0143 COMPARISON OF ORGAN DAMAGE IN SYSTEMIC LUPUS ERYTHEMATOSUS PATIENTS WITH AND WITHOUT ANTIPHOSPHOLIPID SYNDROME

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10.1136/annrheumdis-2001.178

Background Organ damage in systemic lupus erythematosus (SLE) may result from SLE itself or other comorbid conditions. Several items (subitems) of the SLICC/ACR damage index were previously reported as clinical manifestations associated with antiphospholipid syndrome (APS) or antiphospholipid antibodies. The contribution of APS to organ damage in SLE remains to be determined.

Objectives To determine and compare end organ damage in patients with SLE with and without APS.

Methods A preliminary analysis was performed by using the data of an ongoing study on organ damage in patients with SLE. Permanent organ damage was determined by using SLICC/ACR damage index in 106 consecutively assessed patients that were stratified according to the presence of APS. All patients fulfilled the ACR criteria for the classification of SLE. Student's *t*, Fisher's exact and Mann Whitney U tests were used for comparisons.

Results Twenty-one patients (19.8%) were classified as secondary APS (sAPS) according to the published criteria. The mean age was 35 ± 11.5 vs. 36.6 ± 11.7 years, the mean disease duration was 98 ± 66 vs. 102 ± 76 months and the mean duration of follow-up was 82 ± 72 vs. 70 ± 64 months in the sAPS and

non-sAPS groups respectively ($p > 0.05$). The mean number of ACR criteria fulfilled by the patients was similar (6 ± 1.4 vs. 6 ± 1.2) in both groups. Disease activity parameters (SLEDAI, patient and doctor visual analogue scales) were not significantly different between the groups at the time of the assessment. Total and weighted organ damage scores were significantly higher in the sAPS group (1.81 ± 1.21 vs. 0.94 ± 1.21 , $p = 0.004$; 6.10 ± 4.46 vs. 2.76 ± 3.96 , $p = 0.001$). The comparison of the individual items showed increased scores from ocular, neuropsychiatric and peripheral vascular damage.

Conclusion In this study we found that SLE patients with sAPS have higher organ damage scores than SLE patients without sAPS. Ocular, neuropsychiatric and peripheral vascular damage were found to be increased in patients with sAPS compared to the non-sAPS group. The presence of APS may significantly contribute to the organ damage in patients with SLE and specific measures are needed to avoid them.

FRI0144 TUBERCULOSIS IN PATIENTS WITH SYSTEMIC LUPUS ERYTHEMATOSUS: INCREASED FREQUENCY OF EXTRAPULMONARY LOCALIZATION

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10.1136/annrheumdis-2001.179

Background

Objectives To investigate the frequency and characteristics of tuberculosis (TB) in patients with systemic lupus erythematosus (SLE).

Methods We reviewed the charts of 556 patients with SLE who were followed-up between 1978–2001 in our lupus clinic. Sixteen patients who developed tuberculosis after the diagnosis of SLE were identified and included into the study. Clinical characteristics of patients recorded according to a predefined protocol.

Results Demographic characteristics of patients were as follows: Male/female ratio:3/13, age at disease onset: 32.7 ± 9.1 (23–52), median follow-up time: 83 ± 75 months (3–260), mean time elapsed from the diagnosis of SLE to onset of TB: 54 ± 50 months (2–174), mean duration of follow-up after the diagnosis of TB: 47 ± 43 months (6–163). Diagnosis of TB was confirmed microbiologically in 68% of patients. Eight of 16 patients (50%) had extrapulmonary TB (vertebral involvement in 3, meningeal in 2 and skin and soft tissue in 3). All patients had been treated with prednisolon (PRD) (cumulative dose of; 19.7 ± 16.2 g) before the diagnosis of TB. Seven of 16 (44%) patients were additionally treated with pulse PRD, 6 of 16 (38%) with cyclophosphamide and 1 of 16 (0.6%) with azathioprine.

Conclusion TB infection occurred in 2.9% of patients with SLE in the early or late period after the diagnosis and initiation of immunosuppressive treatment. Extrapulmonary localization of TB was strikingly more than expected and a search for TB should be undertaken in SLE patients who developed novel neurological, musculoskeletal, skin and soft tissue manifestations. The precise role of immunosuppressive regimes and the place of prophylaxis in the development of TB in SLE remain to be determined.