minor salivary gland samples of SD patients were also assessed for relationship between focus score, disease progression (evaluated with SSDAI) and leptin immunostaining.

Results: Demographic features of both group were similar. Furhermore, there were no difference in leptin staining features of both group.Additionally, we found that higher focus score (>2) was associated with more diffuse leptin staining and higher SSDAI scores related with diffuse acinar staining.

Figure 1. Total leptin Satining in Different Focus Score Groups

		Total Leptin Staining			
		≤2	3-4	≥5	Total
Focus Score	Focus 1	2	1	3	6
	Focus 2	0	9	3	12
	Focus Score >2	0	0	6	6
	Total	2	10	12	24

*p=0.02

Figure 2. Stromal Leptin Staining in Different Focus Groups

		Stromal staining				
		No Staining	Focal	Modest	Wide	Total
Focus Score	Focus 1	1	3	2	0	6
	Focus_2	0	9	1	2	12
	Focus >2	0	0	0	6	6
	Total	1	12	3	8	24

*p=0.001

Conclusions: Different leptin staining features in higher focus score and higher disease activity might indicate the role of leptin especially in more significant disease. Leptin may locally stimulate chemotaxis and activate infiltration of glands with inflammatory cells. We suggested further studies aimed to understand autocrine effect of leptin and evalute its role in SD pathogenesis

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AB0521 ANTIPHOSPHOLIPID SYNDROME - ATHEROSCLEROSIS AND CLINICAL-IMUNOLOGICAL CORRELATIONS

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Background: Antiphospholipid syndrome (APS) is an autoimmune, multisystem disease characterized by thrombocytopenia, venous and/or arterial thrombosis, pathological course of pregnancy in women (preeclampsia, eclampsia, miscarriage) and the presence of a heterogeneous group of antibodies - antiphospholipid antibodies. Recent studies show that in the pathogenesis of atherosclerotic process relevant inflammatory component of the immune response, as well as elements of autoimmunity (autoantibodies and autoantigens autoreactive lymphocytes). A number of autoimmune rheumatic diseases, including RA, SLE and API are characterized by accelerated atherosclerosis and therefore an increased risk of cardiovascular morbidity and mortality.

Objectives: The aim of the study was to investigate the incidence of cardiovascular events and atherosclerosis in patients with primary and secondary antiphospholipid syndrome, spyamo healthy subjects and patients with systemic lupus erythematosus without antiphospholipid antibodies.

Objectives of the study:

- To compare the damage to aa. Carotes in patients with APS compared to healthy subjects and patients with SLE without antifosfolipindi antibodies.
- To compare Are score in patients with APS compared to healthy individuals without antifosfolipindi antibodies.
- To compare atherosclerosis of aorta in patients with APS compared to healthy subjects and patients with SLE without antifosfolipindi antibodies.
- To compare cutaneous vascular lesions (Raynaud, Livedo reticularis, periungual vasculitis, son pulp gangrene, asphyxia, vasculitis lesions) on the limbs and body in patients with API spyamo healthy subjects and patients with SLE without antifosfolipindi antibodies.

Methods: For the purpose of this study examined 127 patients, 18 men (14%) and 109 women (86%), positive antiphospholipid antibodies. Patients were selected from the Department of Rheumatology, University Hospital "St. Ivan Rilski" – Sofia.

All the patients were tested for: ANA, aPL, standart laboratory tests.

Instrumental methods:

- calcium score of a. coronaria sinister, a. anterior descendens sinister, a. circumflexa sinister, a. coronaria dexter, Aorta, Valva aorte.
- Ultrasonographic examination of aa. Carotes to measure the Intima-media thickness.

Results: It is proved strong, statistically significant correlation between aCL antibodies and the presence of plaques in the left common carotid artery (p=0.041). Absent the dependence between the antibody titers and incidence of carotid plaques.

In the group with APS, 33,3% (14) establishes a positive calcium score of coronary arerii, 11.9% (5) plozhitelnite for aorta. Aortic valve Absent deposits. In the control group positive calcium score is when one person (5.88%).

Conclusions: We found that patients with antiphospholipid syndrome suffer from early developmentof atherosclerosis. In the process of atherogenesis involved inflammatory componentof immune response. Atherosclerosis can be viewed as an inflammatory autoimmune disease.

It is proved strong, statistically significant correlation between aCL antibodies and the presence of plaques in the left common carotid artery (p=0.041). Absent the dependence between the antibody titers and incidence of carotid plaques.

Disclosure of Interest: None declared

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AB0522 CLINICAL FINDINGS AND THEIR RELATIONSHIP WITH THE PROFILE OF ANTIPHOSPHOLIPID ANTIBODIES IN DOMINICAN PATIENTS

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Background: There is an increased risk of thrombotic events and obstetric morbidities in individuals with antiphospholipid antibodies (APAs) compared with the general population. The risk of complications is further increased in those patients who have a rheumatic diseases and antibody positivity.

Objectives: The purpose of this study is to determine the clinical findings and their relationship with the profile of antiphospholipid antibodies in patients with rheumatic disease, of the Division of Rheumatology of the Hospital Regional Universitario José Ma. Cabral y Baez, Dominican Republic.

Methods: Patients with 18 years of age and above, with a confirmed rheumatic disease was eligible for enrollment; those with positive titers for APAs, that met the inclusion and exclusion criteria, were included in our study. The institutional review board approved the protocol.

This is a transverse study, with retro-prospective data gathering from patients and their medical records. Demographic information at the time of APA measurement and medical information regarding the rheumatic disease and clinical course were collected from the patient's medical record, with a follow-up of 10 years.

Results: 40 patients were included in this study. The male to female ratio was 19:1; mean age was 36±10 years. A large number of patients (13 patients, 32.5%) were asymptomatic for antiphospholipid syndrome (APS) at the time of this study; eight patients (20%) were carriers without defining manifestations. Ten patients (25%) were categorized as vascular APS and five patients (12.5%) as obstetric APS; three patients (7.5%) had vascular and obstetric APS. One patient presented with catastrophic APS. In evaluating such specific profile of antiphospholipid antibodies, aCL was observed that corresponded to the antibody most frequently identified with IgG isotypes (52.5%) and IgM 47.5%. The lupus anticoagulant (LA) corresponded to the second most common (37.5%). The isotypes of the anti-B2GP-I were identified in less proportion. We report 89 pregnancies during the follow, with 29 abortions and 60 live births, of which 12 were premature and 11 born with intrauterine growth restrictions.

Conclusions: The most frequent clinical manifestations were livedo reticularis, vascular thrombosis in lower extremities, Raynaud's phenomenon, migraine, cerebrovascular disease, thrombocytopenia, leukopenia, and alteration of urine sediment.

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