Since the majority of patients with SLE are double positive, differences between the two subspecificities of Ro (52 and 60) could not be analysed. On the other hand, no differences were found in cardiac conduction regarding the treatments received, the activity or damage indexes, or the analytical or clinical characteristics of the patients.

Cumulative clinical manifestations (%)	
Articular	80
Cutaneous	63
Leuco-lymphopenia	42
Renal	24
Serositis	30
Neurologic	9
Secondary antiphospholipid syndrome	10
Secondary Sjögren syndrome	10
Activity and damage indexes	
SLICC	0,32 ± 0,7
SLEDAI in diagnosis	7,97 ± 4,2
SLEDAI in inclusion	1,82 ± 2,48
Analytical parameters	
Increased DNA	51 %
Average DNA	207,86 ± 357 (UI/L)
Hypocomplementemia	39 %
Anti-Ro positive antibodies	31 %

Abstract AB0540 – Figure 1

Conclusions: The study results show that there are no differences in cardiac conduction according to the presence of anti-Ro antibodies in SLE patients. Thus, the cardiac screening in SLE patients with anti-Ro positive antibodies seems not helpful in clinical practice.

Disclosure of Interest: None declared

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AB0541 HEPICIDIN AND INTERFERON-A IN SYSTEMIC LUPUS ERYTHEMATOSUS PATIENTS

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Background: Systemic lupus erythematosus (SLE) is a chronic autoimmune disease where interferon (IFN) α , is considered to play a central role in its pathogenesis. Anaemia of chronic disease (ACD) in SLE is common. Hepcidin may contribute to anaemia by limiting iron availability for erythropoiesis.

Objectives: The aim of the study was to evaluate INF- α and hepcidin levels in sera of anaemic and non-anaemic SLE patients.

Methods: This was a pilot study of SLE patients with established disease. Patients were divided as anaemic and non- anaemic according to the haemoglobin (Hb) levels: Hb value <13.5 gm% for men and <11.5 gm% for females. ACD was defined according the levels of iron and ferritin. Serum hepcidin (the active 25 amino acid form) was measured using ELISA (Peninsula Laboratories International). IFN alpha was also measured using ELISA (eBioscience, affymetric). The inter-assay coefficient of variation was <20% for both assays). All analyses were performed with IBMSPSS Statistics for Windows (version 21). Data are expressed as the mean $\pm$ standard deviation (SD). Statistical analysis was performed using

Student's t-test for independent samples. The relationships between hepcidin level and all variables were analysed using two-tailed Pearson's correlation test. P values less than 0.05 were considered significant.

Results: Forty SLE patients (36 women and 4 men) were studied. Demographic parameters were as follows: age 46.78 $\pm$ 16.04 years, disease duration 10.55 $\pm$ 6.58 years. Levels of Hb were 12.49 $\pm$ 1.28 g/dl. Levels of INF- α were 0.16 $\pm$ 0.47 pgr/ml while hepcidin levels were 2.54 $\pm$ 2.63 ngr/ml. When the patients were divided into anaemic (20 patients) and non-anaemic (20 patients) groups (Hb:11.41 $\pm$ 0.56 vs. 13.57 $\pm$ 0.77 g/dl, $p<0.001$), patients with anaemia had lower disease duration (9.75 $\pm$ 6.16 vs. 11.35 $\pm$ 7.03 years, $p=0.45$), lower levels of INF- α (0.13 $\pm$ 0.035 vs. 0.19 $\pm$ 0.036 pgr/ml $p<0.001$) and higher hepcidin levels (2.92 $\pm$ 2.9 vs. 2.17 $\pm$ 2.35 ngr/ml, $p=0.37$) than the patients without anaemia. No correlation was observed between levels of hepcidin with all variables. There was also no correlation between hepcidin and INF- α levels.

Conclusions: INF- α does not seem to contribute in ACD pathogenesis in SLE patients and does not correlate with hepcidin levels in SLE patients. Further studies will clarify the role of INF- α in anaemia in SLE.

Disclosure of Interest: None declared

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AB0542 MULTIPLE SCLEROSIS IN PATIENTS WITH PRIMARY SJÖGREN'S SYNDROME

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Background: Imaging and histopathologic studies in patients with primary Sjögren's Syndrome (pSS) have demonstrated white matter lesions which are indistinguishable from those observed in multiple sclerosis (MS).

Objectives: The purpose of this study was to evaluate the frequency of MS in a cohort of patients with pSS.

Methods: One hundred and twenty-one patients with pSS had been evaluated and followed up in the outpatient Rheumatology Clinic at predefined times since 1994. All patients were classified according to the 2016 ACR-EULAR criteria for SS. During follow-up the clinical, laboratory and imaging findings were all recorded. In addition, Magnetic Resonance Imaging and electrophysiological studies as well as spinal fluid analysis were performed when indicated. The diagnosis of MS was based on the 2010 revised McDonald criteria.

Results: Seven patients were diagnosed as having MS. All patients with MS were female. Mean age at the time of MS diagnosis was 65.5 $\pm$ 3.6 years, while pSS has been diagnosed at the mean age of 54.4 $\pm$ 3.2 years. Mean time of MS development was approximately 10 years after the pSS diagnosis. pSS patients who developed MS had severe sicca symptoms without other extraglandular manifestations and had positive Ro (SSA) antibodies and a positive minor salivary gland biopsy. pSS patients with MS development were treated appropriately in the Neurology department with biological medications with some improvement of the sicca symptoms.

Conclusions: We found that 5.8% of pSS patients as having MS. This percentage of patients clearly indicates the possibility for the coexistence of a second autoimmune disease with similar if not common pathogenetic mechanisms. Thus patients with pSS should be evaluated carefully and screened appropriately for MS when indicated.

Disclosure of Interest: None declared

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AB0543 CORRELATION BETWEEN SYSTEMIC LUPUS ERYTHEMATOSUS DISEASE ACTIVITY AND OCULAR SIGNS IN OPHTHALMOLOGICALLY ASYMPTOMATIC PATIENTS

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Background: Systemic lupus erythematosus (SLE) is an autoimmune disease involving different organs and systems. Ocular manifestations of lupus may manifest as a presenting feature of the disease or as a complication that can be sight threatening. Almost any part of the eye and visual pathway can be affected by inflammatory or thrombotic processes yet ophthalmological assessment in those patients may be delayed.

Objectives: Detection of various ocular pathologies in ophthalmologically asymptomatic SLE patients using Optical Coherence Tomography (OCT), Fundus Fluorescein angiography (FFA), and fundus examination, in addition to studying the

relation of between detected ocular changes and SLE disease activity assessed by SLEDAI score.

Methods: 26 ophthalmologically asymptomatic SLE patients recruited from Kasr Alainy hospital, Cairo University, and were subjected to comprehensive ocular assessment in the form of the measurement of visual acuity, fundus examination, FFA, and OCT. Hypertensive, diabetic and renal impairment patients were excluded.

Results: SLE patients were 25 females and 1 male, age mean of 25.15 (± 8.6) years, SLEDAI mean 14 (± 8.3), duration of illness mean 27 (± 42.3) months. FFA showed that 38 out of 52 eyes (73%) had signs of pathological changes in the form of splinter haemorrhages, venular occlusion, diffuse mottling and optic nerve leakage and also degenerative changes which indicate chronicity, in the form of hyperfluorescence areas outside the arcades and pre-papillary areas and capillary dropouts. Besides; OCT detected changes in 67.3% of the examined eyes with 26.9% revealing degenerative thinning. There was significant correlation between disease activity and changes detected by FFA (p value 0.017), but neither the fundus findings nor the OCT pathological changes had correlation with disease activity. On the other hand, there was significant correlation between OCT changes and prolonged use of hydroxychloroquine more than 5 years (p value 0.032) and steroid intake for more than 3 month (p value 0.039). There was no correlation between FFA or OCT changes and proteinuria or anti-phospholipid antibodies.

Abstract AB0543 – Table 1. Relation between disease activity and FFA changes

SLEDAI	Negative FFA changes	Positive FFA changes	p-value
Inactive	2 (0.03%)	0	0.017
Active	12 (23%)	38 (73%)	

Abstract AB0543 – Table 2. Relation between Hydroxychloroquine (HXQ) and OCT changes

	Negative OCT changes	Positive OCT changes	p-value
HXQ<5 years	17 (32.6%)	27 (51.9%)	0.032
HXQ≥5 years	0.0%	8 (15.3%)

Abstract AB0543 – Figure 1. Revealing discrepancy between fundus and FFA changes (left), Correlation between SLEDAI score and FFA changes (right)

Conclusions: FFA is can detect early retinopathy changes in patients of SLE which cannot be detected by fundus examination. FFA changes are correlating with disease activity. On the other hand, there was no correlation between OCT changes and disease activity. OCT is more sensitive to detect changes from hydroxychloroquine and steroids intake.

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AB0544 ROLE OF ANTI-NEURONAL ANTIBODIES (A-NA) IN EPILEPSY LUPUS PATIENTS

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Background: Epilepsy may occur before, during or after SLE diagnosis, with a prevalence of 6.7%–14%. Recent works showed that a significant proportion of patients with not responding to antiepileptic drugs (AED)-resistant epilepsy harbour neural-specific autoantibodies. The detection of these antibodies may predict a favourable response to immunotherapy (75% of patients).¹ A small number of recent studies have described the existence of antibodies directed against a-NA in neuropsychiatric SLE (NPSLE), and data are contrasting.²

Objectives: Evaluate the clinical features of epilepsy in patients with SLE. Evaluate any clinical-instrumental differences in epilepsy in patients diagnosed with epilepsy prior to many years of SLE. Evaluate antibodies associated with neurological phenotypes.

Methods: We retrospectively evaluated a SLE cohort for epileptic seizures. We single out 11 epileptic SLE patients (about 10%). A control group of 10 SLE patients with no NPSLE was matched for sex and age. Sera patients were tested for: ANA, a-ds-DNA, a-ENA, LAC, anticardiolipin IgG and IgM, anti-β2-glycoprotein IgG and IgM, a-nucleosomes, a-ribosomal.

All sera were evaluated for the presence of autoantibodies directed to neural antigens by indirect immunofluorescence on frozen sections of mouse brain, cell-based assays (a-NA, a-NMDA).

Results: In our cohort of SLE patients with epilepsy we confirm the association between SLE and epilepsy of the mesial temporal lobe (MTLE). Six patients had epilepsy at least 5 years prior to SLE diagnosis (average 11.6 years), the presence of minor symptoms suggestive of SLE (eg arthralgia, rash,) was reported many years before immunological diagnosis. Moreover seizure frequency was achieved when they started immunosuppressive drugs. Anti-NA antibodies were present in 6/11 (54%) of patients with SLE/epilepsy compared with 2/10 (20%) of the control group (p=0.05). We obtained specificity 0.80 (95% CI 0.44–0.97), and sensitivity 0.54 (95% CI 0.23–0.82). Among the other antibodies studied, we have not found any statistically significant difference between the two groups.

Abstract AB0544 – Figure 1

Conclusions: Anti-NA antibodies could be a useful biomarker of NPSLE, allowing a more precocious diagnosis and therefore a more early therapeutic intervention with improvement of long-term prognosis and quality of life.

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