IS LUPUS MORE PREVALENT IN WORLD’S MOST STRESSED COUNTRIES?

A. Almahkour1, D. Pyne, A. Pakozdi, R. Rajkaria, A. Cove-smith, M. Lewis, on behalf of Barts Lupus Center. BARTS NHS TRUST, London, UK

Background: A number of studies have implicated psychological stress as a trigger for autoimmune diseases. In a questionnaire study involving 120 lupus patients emotional stress was selected in over 75% cases as a trigger for their disease. 1 The role of stress as a trigger in lupus however is controversial. Here we study whether there is an association between the prevalence of lupus in various countries and their reported stress measures.

Methods: We undertook a literature review of the reported prevalence of lupus in various countries across the world. We then recorded the reported stress index in those countries from Bloombergs study, which utilised seven equally weighted variables: homicide rates, GDP per capita income inequality, corruption perception, unemployment, urban air pollution and life expectancy to rank 74 countries according to stress levels. Pearson’s correlation was used to measure association between national stress indices and lupus prevalence.

Results: Results are presented in graph 1. Prevalence data was only available in the literature for limited countries. Of the countries studied no correlation was found between national stress indices and lupus prevalence.

REFERENCES:

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LYMPHADENOPATHY IN SYSTEMIC LUPUS ERYTHEMATOSUS: CLINICAL RELEVANCE AND HISTOLOGICAL SUBTYPES

A. Berbel1, M. Estevoz2, M. Freire5, E. González4, L. González-Vázquez6, I. Carballo8, B. Sopena4, on behalf of CEAG (Círculo de Estudios en Enfermedades Autoinmunes de Galicia), 1Medical Student, Faculty of Medicine, University of Santiago de Compostela, Santiago de Compostela (A Coruña); 2Systemic Diseases Unit; 3Systemic Diseases Unit, CHUVI, Vigo; 4Systemic Diseases Unit, CHOU, Ourense; 5Department of Medicine, POIVISA, Vigo; 6Systemic Diseases Unit, Hospital Clínico Universitario de Santiago de Compostela (CHUS), Santiago de Compostela (A Coruña), Spain

Background: Some patients with Systemic Lupus Erythematosus (SLE) have lymphadenopathy (LAP) at diagnosis or at follow-up. The prevalence of LAP in SLE > 1%. In the oldest EURLOPUS series, 12% in the 1993 EURLOPUS series; however, in the last two decades its prevalence was not mentioned. However, the presence of LAP and their histological type may have clinical relevance. 3

Objectives: To study the prevalence and histologic characteristics of LAP in a cohort of patients with definite SLE and evaluate its relationship with clinical manifestations.

Methods: All patients diagnosed with SLE according to the 1997-ACR criteria at the Autoimmunity Units of three different hospitals since 2005 were followed looking for lymph node enlargement at every consult. The moment when LAP was detected, the concomitant clinical symptoms, SLE manifestations and laboratory variables were recorded. The group of patients with and without LAP were compared. A tissue sample was obtained when indicated. All patients agreed to participate in the study.

Results: 103 patients with definite SLE were included in the study. Valuable LAP (>10 mm) was found in 28 patients (27%). The gender and age of SLE patients with and without LAP was similar (80% vs 78% females, and 34±15 vs. 40±28 years respectively). LAP was detected at the time of SLE diagnosis in 54% of patients. Fever was significantly more frequent in patients with LAP (80% vs 5%; p<0.01) like dermatomyositis (86% vs. 60%; p<0.05) and serositis (45% vs. 6%; p<0.01). High titers of anti-dsDNA antibodies (71% vs. 42%; p<0.05) and hypocomplementemia (89% vs. 60%; p<0.05) were also more frequent in patients with LAP. A total of 28 tissue samples were obtained in 17 patients (FNA 6, Ultrasound-guided biopsy 6 and surgical excision in 17). The histopathological study showed: Reactive lymphadenitis 20, histiocytic necrotizing lymphadenitis in 6 and Non-Hodgkin Lymphoma in 2 (B-cell lymphoma on methotrexate treatment, and a Burkitt lymphoma). All 6 patients with LAP and histiocytic necrotizing lymphadenitis have cutaneous involvement but none of them developed lupus nephritis.

Conclusions: Patients con SLE and lymphadenopathy had significantly more fever, cutaneous lesions and serositis. High levels of anti-dsDNA antibodies and hypocomplementemia were more frequent in these patients. In some occasions malignancy could be the cause of lymphadenopathy.