Results: Thirty-six SLE patients had a cryoglobulin determination throughout the study period. Ten patients had cryoglobulin levels $>1$% and were included in the case group, whereas 26 patients with a negative determination were included as controls. Mean age was 37.7±18.3 in cases and 41.7±19.3 in controls. 70% of cases and 88.5% of controls were women. Among subjects with cryoglobulinemia, the cryocrit was 1% in 9 patients, and 3% in one. Regarding clinical and immunological characteristics, a positive lupus anticoagulant and a history of vasculitis were more frequent in patients with serum cryoglobulins ($p=0.004$ and 0.04, respectively). At the time of the cryoglobulin measurement, patients in the case group had lower levels of C3 and C4 ($p=0.026$ and $p=0.003$, respectively), and serum albumin ($p=0.028$). They also had a higher prevalence of serositis ($p=0.021$) and peripheral oedema ($p=0.034$), as well as a higher SLICC Damage Index score ($p=0.014$) than controls.

Regarding follow-up, patients in the case group had a higher SLEDAI score after six and twelve months ($p=0.009$ and 0.034, respectively). Also, after 12 months they had a higher prevalence of renal activity ($p<0.004$) and lower C4 levels ($p=0.001$). Among patients with renal activity, 20% of cases and 55% of controls had achieved complete remission after 12 months.

Conclusions: Serum cryoglobulins in SLE patients were associated with positive lupus anticoagulant and hypocomplementemia. Cryoglobulinemia was also associated with specific disease manifestations, such as serositis and vasculitis, and with damage accrual. At follow-up, patients with cryoglobulinemia had a higher prevalence of renal activity, as well as an increased disease activity overall. Whether cryoglobulins could be used as a biomarker for renal activity or worse renal prognosis remains to be determined, and larger prospective studies will be needed to address this possibility.

Disclosure of Interest: None declared