Conclusions: In all CTD, the capillaries in SSc patients are most severely damaged. The disease of capillaries in CTD patients correlates with PAH, ILD and cardiovascular complications. So, NVC could be a predictive detection method for PAH and cardiopulmonary disease in CTD patients.

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AB0557

HAEMATOLOGICAL INVOLVEMENT (CYTOPENIA) AT THE TIME OF THE DIAGNOSIS IS ASSOCIATED WITH LESS SEVERE OCULAR INVOLVEMENT IN PATIENTS WITH PRIMARY SJOGREN SYNDROME

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Background: In patients with primary Sjogren Syndrome (pSS), haematological involvement – autoimmune cytopenia, might be present at the time of the diagnosis or can develop in time after the characteristic glandular involvement. ^(1,2)

Objectives: The objective of the study is to evaluate the correlation between glandular involvement (ocular) and presence of cytopenia in patients diagnosed with pSS.

Methods: A retrospective analysis was performed on a cohort of patients diagnosed with primary Sjogren Syndrome under surveillance in one Rheumatology Centre between 2009 and 2016. The documented cases have been diagnosed according to the 2002 American-European Consensus group classification criteria, the 2012 ACR criteria or 2016 ACR/EULAR Classification Criteria for pSS. The EULAR Sjogren's Syndrome Disease Activity Index (ESSDAI) was calculated for all patients. Ocular assessment and follow-up were performed in collaboration with the same ophthalmologist. The data was analysed using Windows Excel/SPSS20.0.

Results: 30 female patients diagnosed with pSS were included in the study. The mean age at the time of diagnosis was 52.1 years±SD 9.1. The ESSDAI was calculated for all patients at baseline: 5 (17%) patients presented high disease activity (ESSDAI >14), 14 (46%) patients moderate disease activity (5≤ESSDAI≤13) and 11 (37%) patients low disease activity (ESSDAI <5). The domain weight for glandular involvement when calculating ESSDAI is fairly low (2),¹ so in the studied group there wasn't obtained a statistically significant correlation between ocular involvement and disease activity as evaluated by ESSDAI.

In the clinical case series, Spearman's rank correlation coefficient between haematological (autoimmune cytopenia), and biological markers (hypocomplementemia) and ocular involvement were calculated. A strong negative correlation was found between autoimmune cytopenia and glandular manifestations (ocular involvement-xerophthalmia) ($r=-0.60$; $p<0.05$). Another strong negative correlation was obtained between hypocomplementemia and severe ocular involvement (corneal ulceration) ($r=-0.59$, $p<0.05$), respectively.

Conclusions: Patients diagnosed with primary Sjogren Syndrome that presented at disease's onset cytopenia and hypocomplementemia had a less severe ocular involvement.

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AB0558

ARE REGULATORY T CELL LEVELS DIFFERENT IN ACTIVE AND INACTIVE SLE PATIENTS?

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Background: The subgroups of T helper cells and regulatory T cells (T-reg) are involved in the pathogenesis of systemic lupus erythematosus (SLE). T-reg cells

suppress immune response to autoantigens and prevent autoimmune diseases (AID). Although there are studies suggesting that Treg cells are reduced during the active period of SLE, there are also studies claiming reversal.

Objectives: To determine whether there is a difference between T-reg and Th-17 cell levels in active and inactive SLE patients and to demonstrate the effects of these cells on disease course.

Methods: 21 SLE patients without active infection were included. Erythrocyte sedimentation rate, CRP, C3, C4, anti-ds-DNA levels, SLEDAI values were recorded in terms of organ and system involvement, hemogram results, disease activation. SLEDAI ≥6 were considered active disease. Concurrent peripheral blood Th17 and T-reg levels were studied. 15 healthy control subjects were included in the study.

Results: 19 of the patients were women, the mean age was 37.3±12.9 years and mean duration of the disease was 7.9±1.29 years. Hematologic involvement was present in 15 (71.4%) of the patients, renal involvement in 17 (81%) and joint involvement in 7 (42.9%). Both Treg cells and CD4 +IL17+cell levels were significantly higher in SLE group than HC group in terms of CD4 +CD25+, CD4 +FOXP3+T reg, CD4 +CD25+FOXP3+T reg ($p=0.011$, $p=0.001$, $p=0.001$ and $p=0.040$, respectively). There was no significant difference between active ($n=12$) and inactive ($n=9$) SLE patients in terms of Th17 and T-reg levels. However, in the inactive period, the levels of CD4 +FOXP3+T reg and CD4 +CD25+FOXP3+Treg cells tended to increase compared to the active period.

Conclusions: This study showed the tendency of increasing in Treg cells in the inactive period. This may be related to the modification of immunosuppressive drugs. It may be more appropriate to perform similar studies before and after treatment.

Disclosure of Interest: None declared

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AB0559

THE PREVALENCE OF NON-CRITERIA ANTI-PHOSPHOLIPID ANTIBODIES IN ANTI-PHOSPHOLIPID SYNDROME

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Background: Antiphospholipid syndrome (APS) is an autoimmune disease characterised mainly by arterial and/or venous thrombosis, recurrent pregnancy morbidity, with the presence of a variety of heterogeneous circulating antiphospholipid antibodies. However, there are a group of APS patients with persistently negative antiphospholipid antibodies. It is necessary to validate new specific antibodies to better recognition of these APS patients.

Objectives: To explore the clinical significance of non-criteria anti-phospholipid antibodies in a large cohort of Chinese patients with anti-phospholipid syndrome (APS).

Methods: Serum samples were obtained from 214 APS patients, 122 disease control including systemic lupus erythematosus, sjogren syndrome, ankylosing spondylitis, rheumatoid arthritis, osteoarthritis and 50 healthy control. Antiphosphatidylserine(IgA/IgG/IgM) (aPS), anti-phosphatidylethanolamine (IgA/IgG/IgM) (aPE), anti-prothrombin-antibodies (IgA/IgG/IgM) (aPT), anti-annexin V-antibodies (IgA/IgG/IgM) (aAnxV), anti-phospholipid-antibody(IgG/IgM)(aPL), anti-oxLDL antibody(IgG/IgM)(aoxLDL) were tested by ELISA kits(HUMAN Diagnostics Products, Germany) and IgG/IgM APL were tested by ELISA(Louisville APL Diagnostic, USA). The Chi-square (χ^2) test was used to examine the difference of frequencies of antibodies in APS patients and patients with other diseases. Spearman correlation analysis was performed to investigate the relationship between aPS/PT and other clinical/laboratory parameters.

Results: The prevalence of aPS IgG, aPS IgM, aPT, aPE, aAnxV, aPL, aoxLDL and IgG APL, IgM APL were 44.8%, 22.4%, 46.3%, 9.8%, 17.8%, 44.4%, 22.4%, 45.3% and 22.9%. The specificity of the antibodies were 82.6%, 95.3%, 96.0%, 99.4%, 95.3%, 92.4%, 87.2%, 95.3% and 94.8%. The highest positive predictive values of these antibodies were aPE, aPE, aPS IgM and APL IgM were associated with thrombotic events and oxLDL, aPE, aPL, aPS IgG, aPS IgM, aPT, aoxLDL, APL IgG and APL IgM were correlated with anti-cardiolipin antibody (ACL). aPL, aPS IgG, aPS IgM, aPT, APL IgG and APL IgM were associated with β 2-GP1 antibody. APL IgG, APL IgM and PS IgG were the highest prevalence in both ACL and lupus anticoagulant (LAC) negative patients. aPT has the highest prevalence in ACL and β 2-GP1 negative patients and APL IgG and aPS IgG were the highest two antibodies in LAC and β 2-GP1 negative patients and aPT has the highest prevalence in seronegative APS patients.

Conclusions: Non-criteria aPLs have a good diagnostic value in APS and were associated with thrombotic events.

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