AB0580

CONGENITAL HEART BLOCK AND MATERNAL POSITIVE ANTI-RO AND ANTI-LA AUTOANTIBODIES: A SINGLE CENTRE-STUDY

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Background: The fetal Congenital Heart Block (CHB) is thankfully a rare occurrence. It can develop during pregnancy in women with Rheumatic Diseases who have positive autoantibodies anti-Ro/La.

Objectives: To evaluate the efficacy of hydroxychloroquine (HCQ) treatment and the monthly control in a multidisciplinary unit of Rheumatic Diseases and pregnancy on the pregnancy outcomes in women with positive anti-Ro/La.

Methods: Descriptive, prospective, longitudinal and open study of 28 pregnant patients with positive anti-Ro/La. They were attended in a specialised multidisciplinary unit of Rheumatic Diseases and pregnancy and 46 pregnancies were developed with no complications. The following variables were collected: age, maternal pathology, presence of anti-Ro52, anti-Ro60 y anti-La, prior abortions, prior babies born with CHB, result of fetal echocardiograms, treatment during pregnancy, obstetric outcomes births/abortion, pregnancy length and maternal/fetal complications.

Results: 28 pregnant women were included in the study. 64.3% were diagnosed with Systemic Lupus Erythematosus, 21.4% with Sjögren's syndrome, 10.7% with undifferentiated connective tissue and 3.6% with rheumatoid arthritis. Our patients were an average of 32.24 ± 5.34 years old and the 35% were elder than 35 years. 46 pregnancies were developed during the monitoring with an average of 1.61 ± 0.74 pregnancies per patient. Before the inclusion in our unit, the following fetal history was collected: 1 baby with CHB and 11 abortions. Nevertheless, during the multidisciplinary evaluation and treatment there was no baby developing CHB and only 2 abortions occurred during the first trimester. The positivity of anti-Ro52, anti-Ro60 y anti-La was 89.3%, 32% and 29% respectively. Besides, 2 patients had triple positive autoantibodies and 6 patients double positive autoantibodies. 18% of our patients were diagnosed with lupus nephritis and 29% were diagnosed with secondary antiphospholipid syndrome and/or thrombophilia. The immunosuppressive therapy received during the 46 pregnancies is specified in figure 1. Also, 50% pregnant women received treatment with acetylsalicylic acid, 24% with low-molecular-weight heparin and 41% with corticoid. The mean gestational age was 38 weeks and 11% births were caesarean. 11% babies were preterm with an average birth weight of 2871.6 ± 494.8 grams. 87% of our patients did not have complications in the puerperium. All of our patients were monitored with periodic fetal echocardiograms from the 16th week of gestation and none had a baby with CHB or neonatal lupus (100% of the babies were born healthy).

Abstract AB0580 – Figure 1. Immunosuppressive therapy received during the 46 pregnancies (%)

Conclusions: Our results demonstrate that both treatment with hydroxychloroquine and close control in a multidisciplinary unit are effective in the prevention of congenital heart block development, in the decrease in the number of abortions and in a reduction of maternal and fetal morbidity and mortality. The multidisciplinary evaluation is essential in women diagnosed with rheumatic diseases with high obstetric risk.

Disclosure of Interest: None declared

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AB0581

PREGNANCY OUTCOMES IN WOMEN WITH ANTIPHOSPHOLIPID SYNDROME AND THROMBOPHILIA TREATED IN A MULTIDISCIPLINARY UNIT

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Background: The Antiphospholipid Syndrome (APS) and Thrombophilia predominantly affect women of fertile age, so their pregnancies should be considered high obstetric risk. These pregnant women need close monitoring in a multidisciplinary unit.

Objectives: To evaluate the efficacy of the treatment on the pregnancy outcomes of women with APS and thrombophilia from a Spanish cohort.

Methods: Descriptive, prospective, longitudinal and open study of 88 pregnant patients with primary and/or secondary APS and thrombophilia assisted in a specialised multidisciplinary unit of Rheumatic Diseases and pregnancy (integrated by Gynaecologists, Haematologists and Rheumatologists). The following variables were collected: age, maternal pathology, presence of antiphospholipid antibodies, thrombotic episodes and prior abortions, number of childbirths, treatment during pregnancy, obstetric outcomes births/abortion and pregnancy length and maternal/fetal complications.

Results: 88 pregnant women were included in the study. 44 patients were diagnosed with thrombophilia (mostly, Heterozygotes for MTHFR gene), 33 with primary or secondary APS and 11 patients were diagnosed with both APS and thrombophilia. 140 pregnancies were developed during the monitoring: 61% of women had a single birth, 30% had two births and 5% had three births. Abortions registered before and during inclusion in our unit are specified in figure 1. Before the inclusion in our unit, 52% patients had 1 or 2 abortions, 25% had 3 abortions and 23% had 4 or more abortions. 10% patients had presented a previous thrombosis. Our patients were an average of 33.6 ± 5.5 years old and the 44.3% were elder than 35 years. Among the 44 patients with APS: 50% presented positivity to Lupus Anticoagulant (LA), 25% had triple positive antiphospholipid antibodies (LA, anticardiolipin antibodies and anti-β2-glycoprotein) and 27% had double positive autoantibodies. As for the treatment received during the 140 pregnancies: 50% pregnant women received treatment with prophylactic doses of low-molecular-weight heparin (LMWH) together with acetylsalicylic acid (ASA), 26% were treated in monotherapy with LMWH and 9% in monotherapy with ASA. 10 patients diagnosed with thrombophilia, with an average of 5.3 ± 1.5 abortions per patients, received treatment with LMWH, ASA and intravenous gammaglobulin. All patients who received LMWH during pregnancy also received LMWH after birth for 6 weeks. The mean gestational age was 38 weeks with an average birth weight of 3058.5 ± 595.6 grams. 13% babies were preterm and 32% births were caesarean. 87% of our patients did not have complications in the puerperium.

Abstract AB0581 – Figure 1

Conclusions: The treatment is effective in the prevention of abortions. Our results demonstrate a decrease in the number of abortions and a larger number of term pregnancies since the inclusion of patients with high risk pregnancies in our unit. The multidisciplinary evaluation is essential to prevent complications in women diagnosed with APS and thrombophilia in order to reduce adverse pregnancy outcomes and exacerbations of the mother's pathology.

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AB0582

SOLUBLE TRIGGERING RECEPTOR EXPRESSED ON MYELOID CELLS-1 (STREM-1) AND ADRENOMEDULIN ARE ELEVATED IN PATIENTS WITH SYSTEMIC LUPUS ERYTHEMATOSUS

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Background: Adrenomedulin is a peptide firstly isolated from human pheochromocytoma with vasodilatory effects. Secretion of adrenomedulin is modified by inflammatory cytokines and it may be important as a suppressor of lupus nephritis activity. Triggering receptor expressed on myeloid cells-1 (TREM) is a member of immunoglobulin superfamily clearly elevated in inflammatory conditions. Some subgroups of patients with systemic lupus erythematosus-SLE may have especially elevated levels of s-TREM.

Objectives: The aim of this study was to examine adrenomedulin and s-TREM levels in patients with SLE and healthy controls and to assess their relation with SLE disease activity index-SLEDAI

Methods: Serum samples from 50 SEL patients and 40 healthy blood donors were analysed. Serum levels of adrenomedulin, s-TREM, complement components C3 and C3, and anti-dsDNA antibodies were measured

Results: Patients with SLE had higher adrenomedulin (9.8±4.5 vs. 15.3±7.2 pg/mL, $p<0.05$) and s-TREM (11.7±4.1 vs. 20.3±13.1 pg/mL) ($p<0.05$) levels. s-TREM showed correlation with anti-dsDNA antibodies ($\rho=0.405$, $p<0.05$) and SLEDAI score ($\rho=0.386$, $p<0.001$). In multivariate analysis s-TREM did not appear as an independent predictor of SLEDAI score, while only anti-dsDNA antibodies were significant in multivariate analysis.

Conclusions: Increased adrenomedulin and s-TREM are found in lupus sera. Despite of correlation with SLEDAI score, s-TREM is not better then anti-dsDNA antibodies as a predictor of SLE disease activity.

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AB0583

NEOPLASIA PREVALENCE IN PRIMARY SJÖGREN'S SYNDROME IN HISPANIC PATIENTS

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Background: A rheumatic disease may be a casual factor in the pathogenesis of a neoplastic disease, as in other cases, cancer may lead to the development of paraneoplastic rheumatic manifestations that may be the only initial symptoms¹. Lazarus *et al.* demonstrated in its cohort study with 112 patients that of the 22% of patients who developed some neoplasm during the study, the most prevalent was lymphoma with 44%. according to the same study, patients with pss present a risk 37.5 times more than that of the general population. of generating lymphoma, with another risk 2.6 times of developing another type of cancer². it was also shown that in patients with pss there is an incidence of 320 cases per 100 000 a year of presenting non-hodgkin's lymphoma³. In our country there are no epidemiological studies to know the prevalence of cancer in patients with pss, so these numbers are difficult to estimate

Objectives: Determine the prevalence of cancer in patients with ss in the mexican population.

Methods: Cross-sectional, observational study was conducted in which 393 patients were included, of which 221 (52%) came from the national institute of medical sciences and nutrition "salvador zubiran", 92 (23.4%) from the university hospital "José E González" and 80 (20.6%) of the Juárez Mexico hospital/ABC medical centre whom fulfilled the diagnosis of ssp according to the 2002/2012 criteria of the american college of rheumatology/european league against

rheumatism. Bivariate anailsis was performed, normality was demonstrated using the K.S test, the student's T test was used for the numerical variables and the chi2 test for the categorical ones, and no difference was found between the characteristics of patients with or without cancer.

Results: We include 393 patients, the majority were women (n=377, 95.9%) with an average age of 56.4 (±13.60), of these 23 (5.85%) had some type of neoplasm regardless of their malignancy. the most prevalent was lymphoma with 9 cases (34.6%), followed by breast cancer with 5 (19.2%), 3 (11.5%) of basal cell cancer and 2 (7.7%) cases of cervical uterine cancer

Abstract AB0583 – Table 1. Demographic characteristics in Patients with Primary Sjögren Syndrome (n:393)

	Neoplasia	No neoplasia	P
Age years, mean(SD)	61.57 (15.40)	56.10 (13.44)	0.519
Female gender, n(%)	23 (100%)	354 (95.7%)	0.309
Positive Anti-Ro/SSA, n(%)	15 (71.4%)	238 (64.7%)	0.528
Positive Anti-La/SSB, n(%)	9 (42.9%)	168 (46.3%)	0.760
Positive Schirmer test, n(%)	15 (78.9%)	245 (83.9%)	0.572
Abnormal NSWSF, n(%)	12 (63.2%)	215 (77.1%)	0.169
Positive GSM biopsy, n(%)	18 (81.8%)	276 (77.1%)	0.607
Use of glucocorticoids, n(%)	9 (45%)	131 (36.2%)	0.426
Use of hydroxychloroquine, n(%)	6 (28.6%)	167 (46.1%)	0.116
Use of methotrexate, n(%)	3 (15%)	74 (20.4%)	0.555
Another immunosuppressive agent, n (%)	5 (21.7%)	76 (20.5%)	0.890

NSWSF: non-stimulated whole salivary flow, MSG: Minor salivary gland

Abstract AB0583 – Figure 1. Neoplasia prevalence in primary sjögren syndrome in Mexican-Mexitzo patients

Conclusions: We confirmed lymphoma as the most prevalent neoplasia in a cohort of non-Caucasian pSS patients. We observed the presence of non-hematological malignancy 60.86% of our patients, whether it risk is increased in pSS population still needs to be addressed.

REFERENCES:

- [1] Bellan M, Boggio E, Sola D, Gibbin A, Gualerzi A, Favretto S, ... Sainaghi PP. Association between rheumatic diseases and cancer: results from a clinical practice cohort study. *Internal and Emergency Medicine* 2017;12 (5):621–627.
- [2] Lazarus MN. Incidence of cancer in a cohort of patients with primary Sjogren's syndrome. *Rheumatology* 2006;45(8):1012–1015.
- [3] Nishishinya MB, Pereda CA, Muñoz-Fernández S, Pego-Reigosa JM, Rúa-Figueroa I, Andreu JL, ... Santamaría EL. Identification of lymphoma predictors in patients with primary Sjögren's syndrome: A systematic literature review and meta-analysis. *Rheumatology International* 2015;35(1):17–26.

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