pattern was the most common followed by speckled (29.9% and 13.4% respectively). Anticardiolipin antibodies was positive in 71.2% while lupus anticoagulant was detected in 50.8% (table 2). Mean SLEDAI was 13.38 ± 9.75 with proteinuria in 58.9%, increased binding to DNA in 54.9% and low complement in 45.5%.

Abstract AB0625 – Table 1. Renal biopsy of 268 Egyptian SLE patients

Renal Biopsy	Frequency	Percent
Not done	301	52.9
Class I LN	23	4.0
Class II LN	34	6.0
Class III LN	104	18.3
Class IV LN	80	14.1
Class V LN	20	3.5
Class VI LN	7	1.2

Abstract AB0625 – Table 2. Immunological pattern of 569 Egyptian SLE patients

	Number	Percent
ANA pattern	313	55
- Not done	170	29.9
- Homogenous	76	13.4
- Speckled	10	1.8
- Rim		
Anti-ds DNA	488	85.8
Anticardiolipin antibodies	405	71.2
Lupus anticoagulant	289	50.8
Anti-Ro antibodies	16	2.8
Anti-La antibodies	12	2.1

Abstract AB0625 – Figure 1

Conclusions: These data are similar to that reported from MENA region; however, with little difference from international data as regard presenting symptom and immunological pattern. Differences observed among ethnic groups probably reflect the genetic component of ethnicity.

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AB0626

CLINICAL FEATURES OF SYSTEMIC LUPUS ERYTHEMATOSUS IN MALES

S. Sayhi, T. Ben Achour, N. Boussetta, B. Arfaoui, N.E.H. Gueddich, F. Ajili, B. Louzir, on behalf of research unit UR 17DN02. *internal medicine, Military hospital, Tunis, Tunisia*

Background: Systemic lupus erythematosus (SLE) is an autoimmune disease that primarily affects the adult woman. Male involvement is rare.

We report a series of men with systemic lupus in order to specify the particularities of the different manifestations of SLE in men.

Objectives: we aim to describe the clinical feature of male tunisien patients presenting SLE

Methods: This is a retrospective study of male lupus patients hospitalised in internal medicine for a period of 9 years. All patients are Tunisian and meet the lupus criteria established by the ACR.

Results: Twenty-one patients with male lupus were enrolled in a total of 97 systemic lupus (gender-to-sex ratio 3.6). The mean age at diagnosis was 34 years (range: 14 to 84 years). A family 1 lupus in one case. The clinical manifestations are dominated by joint damage (95%) with non-erosive arthritis in 9 cases and arthralgia in 12 cases, followed by cutaneous manifestations (erythema vespertilio=71%, photosensitivity=41%), Raynaud (25%). Pericarditis was found in 37.5% and pleurisy in 23%. Venous thrombosis was only observed in 4 cases associated with anti-cardiolipin antibodies in one case, and complicated by pulmonary embolism in one case. Sixteen patients had progressive nephropathy (permanent proteinuria >0.5 g/24 hours with mean proteinuria of 3.2 g/24 hours and extremes of 0.7 and 8 g/24 hours) of which 9 underwent kidney biopsy puncture. Membranoproliferative glomerulonephritis was observed in 4 cases, segmental and focal in 3 cases, mesangial and extramembranous, each in one case. Two patients had progressed to end-stage renal disease requiring hemodialysis. Concerning haematological involvement, anaemia, observed in 50% of cases, was haemolytic in 12.5% of cases. Leukopenia and lymphopenia were each scored in 46% of cases. Sixteen patients 16 were put on chloroquine, all patients were placed on high dose corticosteroids for an average of 25 months with boli in 7 cases, combined with cyclophosphamide (700 mg/month IV) in 4 patients cases in patients with proliferative glomerulonephritis. The evolution was enlabeled with flares in 11 cases, 2 of which had progressed to end-stage renal failure. Aseptic osteonecrosis of the femoral head was observed in one patient after 1 year of corticosteroid therapy. Complete remission was observed in 3 patients with a follow-up of 14, 24, and 144 months and one patient died as a result of peritonitis.

Conclusions: Systemic lupus is a disease essentially of adult women and rarely affects humans. The prevalence of the disease in the female gender suggests the intervention of a hormonal factor. In favour of the deleterious role of estrogens, lupus relapses are triggered by pregnancy, the peri and postpartum, as well as the oostropogestative pill. The most common manifestations in humans in our study were renal impairment including membranoproliferative glomerulonephritis and segmental and focal glomerulonephritis complicated by renal failure in two patients. These data join those of the literature. The same is true for hemolytic anaemia.

LES is rare in men, nevertheless it correlates with a higher mortality in front of the association most frequent with the renal involvement which imposes a better knowledge of these clinical and laboratory particularities.

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AB0627

PHYSICAL ACTIVITY BY SELF-REPORTED PHYSICAL ACTIVITY AND LUPUS NEPHRITIS IN PATIENTS WITH SYSTEMIC LUPUS ERYTHEMATOSUS

S.-K. Kim, J.-Y. Choe, S.-H. Park, H. Lee. *Catholic University of Daegu School of Medicine, Daegu, Korea, Republic of Ireland*

Background: Physical activity is found to be associated with clinical status such as disease activity, organ damage, disability, fatigue, and quality of life in systemic lupus erythematosus (SLE).

Objectives: The aim of this study was to identify the association between physical activity and disease activity and organ damage in patients with SLE.

Methods: A total of 415 patients with SLE were consecutively enrolled from KOREan lupus Network (KORNET) registry. This registry assessed clinical features, disease activity Systemic Lupus Erythematosus Disease Activity Index 2000 [SLEDAI-2K]), and disease damage (Systemic Lupus International Collaborating Clinics/American College of Rheumatology [SLICC/ACR] damage index [SDI]) at the enrollment of study. Self-reported physical activity was measured by International Physical Activity Questionnaire (IPAQ). Statistical analyses were used by Mann-Whitney U test and multivariate logistic regression analysis.

Results: There is significant difference of vigour activity between patients with lupus nephritis (n=93) and without lupus nephritis (n=322) (p=0.012), but not moderate and walking activities. In contrast, the differences of each physical activity,