AB0635 ANTI-PHOSPHOLIPID ANTIBODIES IN LUPUS MYOCARDITIS

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Background: Myocarditis in lupus is an uncommon clinical manifestation, with unknown pathogenesis.iii Suggested etiologies include Immune-complexes, cell mediated damage and anti-phospholipid antibodies. The latter may affect the myocardial function microthrombi in cardiac vessels or direct cytotoxicity.iii Previ-
ously, small studies have suggested an association between antiphospholipid tests as myocarditis.

Objectives: To evaluate whether myocarditis in SLE is associated with antiphos-
pholipid positivity.

Methods: This was a cross-sectional study in which patients fulfilling SLICC crite-
rion 2012 for SLE or Alarcon Segovia criteria for MCTD were included after con-
sent. Patients were recruited as ‘Cases’ if they had myocarditis/cardiomopathy defined by poor generalised contractility and/or dilatation of all chambers nad/or reduced ejection fraction on echocardiography without any obvious cause. Those with regional wall motion abnormalities or pulmonary artery hypertension (moderate or severe) were excluded. Controls were age (±2.5 years) and disease dura-
tion (±25%) matched patients of SLE without any abnormality on echocardiography. Serum titers of anticardiolipin antibodies and b2 GP1 (both IgG and IGM) were measured by commercial ELISA kit. Lupus anticoagulant was detected by Dilute Russell Viper Venom Test (dRVVT) with both screening (pro-
longed) and confirmation steps (shortening on higher phospholipid content, ratio >1:2) on doubly centrifuged, platelet poor plasma. Proportions were compared using chi-square test (or Fischers exact test) and continuous variables by Mann-
Whitney U test.

Results: A total of 51 patients were recruited in this study that included 21 cases and 30 controls. All had SLE, except 1 case was of MCTD (among cases). There was no difference in mean (±SD) age (33.3±14.7, 32.6±12.4 years, p=0.9) or median (interquartile range) disease duration (30.4–35.25 13.5–45 months, p=0.6) between groups. Mean ejection fraction of Cases was 31.7% (+29.3%) while that of Controls was 55.7% (±1.7%) (p<0.001). There were no significant differen-
tes between proportion of Cases (42.9%) and Controls (40%) with positive anti-
phospholipid tests (p=0.7). The majority had positive anticardiolipin antibodies, followed by b2 GP1, and lupus anticoagulant was positive in only two in each group (figure 1). Among 9 Cases positive at baseline, 6 patients could be re-tested (2 expired and 1 was lost), out of which 3 had persistent positivity. Out of 12 Con-
trols positive once, 8 could be retested (1 expired and 3 were lost), with 1 being persistently positive. There was no significant difference in persistent positivity between groups. (p=0.3).

Figure 1

Conclusions: This study did not find any significant association between anti-
phospholipid antibodies (single time or persistent) with cases of lupus myocarditis.

REFERENCES:


[2] Bidani AK, Roberts JL, Schwartz MM, Lewis EJ. Immuneopathology of car-

Disclosure of Interest: None declared


AB0636 DAMAGE ACCRUAL IN SYSTEMIC LUPUS ERYTHEMATOSUS NOT RELATED TO SUSTAINED HYPOCOMPLEMENTEMIA

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Background: Hypocomplementemia (HC) represents a significant clinical finding in Systemic Lupus Erythematosus (SLE) as it suggests complement activation by immune-complexes, which can initiate inflammation. As disease activity contrib-
tutes to damage accrual in SLE patients, we investigated the role of HC as a pre-
dictor of subsequent organ damage.

Objectives: Investigate the relationship between HC, disease flares and organ damage accrual in SLE patients.

Methods: Longitudinal cohort study of 102 SLE patients with HC defined as a C3 and/or C4 levels below cut-off during median follow-up of 13.8 years (IQR 7.0, 23.1). Disease activity was scored by time averaged SLEDAI-2K without the sero-
logical components (cWAS), flares by SELENA-SLEDAI and damage accrual by SLICC-DI. Analysis included comparisons between normocomplementemic (NC) and hypocomplementemic (HC) patients, and multivariate logistic and Cox regression models.

Results: HC occurred in 2/3 of patients overall and was more often due to low C3 (97%) than low C4 (54%). HC patients had a higher prevalence of anti-dsDNA Ab (72% vs 36%, p<0.01) and aPL (74% vs 40%, p<0.01), but HC concurred with anti-dsDNA presence in only 36% of cases. HC patients had higher maximum cWAS scores, but the time adjusted cWAS (1.9 vs 1.2, p=0.9) and the frequency and risk of overall damage accrual (SDI=0, n=60) associated with HC was similar as for NC patients (OR 1.08, p<0.20).

Conclusions: Low complement levels occur in 2/3 of SLE patients but have neg-
ligible impact on time averaged disease activity and damage accrual in SLE. Dis-
crepancies between low C3, low C4 and anti-dsDNA Ab occurrence indicate that in SLE alternative complement activation occurs frequently and requires further translational study.

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Disclosure of Interest: None declared


AB0637 HAEMATOLOGICAL INVOLVEMENT OF PRIMARY SjOGRÉN’S SYNDROME PATIENTS IN A SINGLE CENTRE STUDY OF 232 CHINESE CASES

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Background: Primary Sjögren’s syndrome (pSS) is a common systemic auto-
immune disease, characterised by lymphocytic infiltration of the secretory glands and different extrapoland manifestations. Besides haematological disorders are prevalent but well recognised in patients with pSS.

Objectives: Our aim is to determine the existence of cytopenia at diagnosis or during follow-up of our pSS patients as well as the associated factors.

Methods: A cohort of pSS patients that had been followed-up in the Department of Rheumatology, Tongji hospital of Tongji University, from 2011 to 2017 was retro-
respectively assessed. Clinical and laboratory findings about the patients were recorded.

Results: Out of 232 pSS patients composing the cohort, cytopenia was already present in 55.60% (n=129) at the time of diagnosis. Anaemia was detected in 30.17% (n=70), leucopenia in 37.5% (n=87), neutropenia in 22.41% (n=52), and thrombocytopenia in 26.72% (n=62) of patients. The proportion of patients with cumulative cytopenia was 6.47% (n=15). Cumulative cytopenia was disease-
related in 5.60% (n=13) and medication-related in 0.86% (n=2) of the patients. In patients with cytopenia at the time of diagnosis, erythrocyte sedimentation rates (ESR) were higher (p<0.001). C3 and C4 hypocomplementemia was more preva-
ulent (p<0.001, p=0.060), and they were positive for anti-SSB at a greater propor-
tion (p<0.05). Hypogammaglobulinaemia, C3 hypocomplementemia, positive anti-
SSA and anti-SSB might increase the incidence of anaemia in pSS, with OR of 2.700, 2.042, 1.537 and 1.901, respectively. In addition, logistic regression analy-
sis suggest C3 hypocomplementemia might be associated with different types of Leukopenia(p<0.01), while abnormal Transaminase and C4 hypocomplemente-
ia are independent risk factors for thrombocytopenia with a OR of 4.171 (1.516–
11.480) and 5.697 (1.662–19.523). Cytopenia in pSS patients not either at diag-
nosis or during follow-up, was always easy to be amended, but several cases led to unfavourable outcome.
Conclusions: High ESR levels in SLE patients are associated with active disease and specific organ involvements, and may predict a poor prognosis. It should be checked routinely for the monitoring of SLE patients.

Disclosure of Interest: None declared


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Abstract AB0639 – Table 1

<table>
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Conclusions: After first admission, the risk factor for mortality include old age, associated with SLE and diabetes. These require close follow-up.

REFERENCE:

Acknowledgements: We thanks to Kaohsiung CGMH for data support

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Abstract AB0640 – Figure 1. Cumulative survival rates for patients with elevated or normal ESR at first admission