and controls;²SLE-AS subgroup and SLE-NonAS subgroup;³SLE patients with and without lupus nephritis(LN). The correlational analyses between PCSK9 levels and disease parameters were undergone.

Results: The differences of lipids parameters, body mass index (BMI), uric acid (UA) between SLE group and controls had no statistical significance. Even so, the ratio of cIMT thickening were higher in SLE patients, when compared with healthy controls (23.40% versus 6.67%, $p=0.05$). Serum PCSK9 levels were also significantly elevated in SLE patients than controls (median of PCSK9 level: 390.53 ng/ml versus 292.44 ng/ml, $p<0.05$). Patients in SLE-AS subgroup had even higher PCSK9 and C-reactive protein(CRP) levels than those in SLE-NonAS subgroup (median of PCSK9 level: 516.41 ng/ml versus 364.47 ng/ml, $p<0.05$; median of CRP level: 4.56 mg/L versus 1.05 mg/L, $p<0.01$) (figure 1). PCSK9 levels correlated with CRP levels, but not with age, disease activity, lipids characteristics, BMI or UA levels, particularly in female patients (table 1). Despite of no statistical significance, the ratio of lupus nephritis were higher in SLE-AS subgroup than those in SLE-NonAS subgroup (63.64% versus 44.44%, $p>0.05$). SLE patients with LN had higher PCSK9 concentrations than those without LN evidence(509.53 $\pm$ 131.69 ng/ml versus 332.02 $\pm$ 92.72 ng/ml, $p<0.001$).

Abstract AB1365 – Table 1. Correlational analysis of PCSK9 levels and disease parameters in SLE patients.

Variables	r_s	p -value
Age(years)	-0.014	0.927
SLEDAI	0.092	0.539
BMI(kg/m ²)	-0.120	0.420
Cholesterol(mmol/l)	-0.012	0.935
LDL cholesterol(mmol/l)	0.002	0.989
ApoA1(g/l)	0.011	0.943
ApoB(g/l)	0.181	0.223
Triglycerides(mmol/l)	-0.020	0.896
HDL cholesterol(mmol/l)	-0.112	0.453
Fasting blood glucose(mmol/l)	-0.193	0.193
Uric acid(μ mol/l)	-0.079	0.599
CRP(mg/l)	0.351	0.016
CRP(mg/l) in female patients	0.487	0.001

Abstract AB1365 – Figure 1

Conclusions: Elevation of PCSK9 concentrations can be observed in SLE patients, especially in those with LN or atherosclerosis. PCSK9. PCSK9 is probably linked with low-grade inflammation participating in the pathogenesis of atherosclerosis in SLE/LN patients.

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AB1366 RADIOISOTOPIC SYNOVIORTHESIS IN THE CONTROL OF REFRACTORY SYNOVITIS IN CASTILLA-LA MANCHA (A REGION OF SPAIN). AN EXPERIENCE OF 10 YEARS

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Background: Our hospital is the reference hospital in Nuclear Medicine for the realisation of radioisotopic synoviorthesis for all of Castilla-La Mancha (a region of Spain).

Objectives: To describe the experience in the performance of radioisotopic synoviorthesis in arthritis refractory to other treatments in our hospital.

Methods: Observational, descriptive and cross-sectional study protocolised through the review of the database of radioisotopic synoviorthesis performed between 2007 and 2017. Previous clinical data were collected (age, sex, pathology, previous treatments, previous infiltration and affected joint) and evolutive at 6 months after administering the isotope. An Excel database was created for a frequency analysis with SPSS 21.

Results: 30 radiosynovitis were performed with the most frequent pathologies, in this order: pigmented villonodular synovitis (40%), rheumatoid arthritis (23.3%), spondyloarthritis (13.3%), osteoarthritis (10%) and nonspecific arthritis (6.7%), followed by systemic lupus erythematosus and gout. After 6 months, 56.7% of patients improved compared to 36.7% who remained the same. Likewise, none of them presented complications related to the procedure. A 6.6% of patients were lost to follow-up.

Conclusions: In patients with episodes of recurrent arthritis with associated joint effusion in one or two joints, refractory to systemic treatments, to local infiltrations with corticosteroids and in those patients in whom other treatments may be contraindicated, we must consider the possibility of performing an isotope radiosynoviorthesis, as it is a simple, safe technique with a success rate of more than 50%.

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