Abstract FRI0391 – Table 1. Independently-Associated Clinical Biomarkers with Serological UA levels in fertile SLE female patients

Variable	Unstandardized Coefficients	Standardised Coefficients	t	P	95% CI
	B	SEM			
CRE	1.145	0.462 0.263	2.478	0.016	0.223–2.068
oestrogen receptor β urine protein	–2.758	0.933 0.239	2.299	0.033	3.132–44.38
UBLD	2.906	1.042 0.286	2.788	0.019	0.825–4.986
Constant	56.426	28.058 0.216	2.011	0.048	0.422–112.43
	177.283	42.179	4.203	0.001	93.09–216.47

Conclusions: Hyperuricemia in young female SLE patients indicated the renal damage, and low level of oestrogen receptor β may contribute to hyperuricemia.

REFERENCE:

- [1] Liu H.-J, Ma J.-D, Mo Y.-Q, et al. The study on the uric acid level of the fertile female systemic lupus erythematosus patients. *Ann Rheum Dis*, 2015;74(S2):1095–1096.

Disclosure of Interest: None declared

DOI: 10.1136/annrheumdis-2018-eular.5486

FRI0392 THE RELATIONSHIP BETWEEN SALIVARY FLOW RATES, ORAL HEALTH ASSESSMENT AND ULTRASONOGRAPHIC SCORING OF THE MAJOR SALIVARY GLANDS IN SJOGREN SYNDROME

Y. Yalcinkaya¹, G. Mumcu², Z. Erturk¹, A.U. Unal¹, P. Atagunduz¹, H. Direskeneli¹, N. Inanc¹. ¹Department of Internal Medicine, Division of Rheumatology, Marmara University, School of Medicine; ²University of Health Sciences, Istanbul, Turkey

Background: Salivary flow rates (SFR) and oral health were known to be frequently impaired in Sjogren's syndrome (SjS) due to chronic inflammation and destruction of the salivary glands. Ultrasonography (USG) of major salivary glands (SG-USG) is a non-invasive widely used tool to evaluate salivary glands in SjS.

Objectives: The aim of the study was to assess the relationships between SFRs, oral health and USG changes of major salivary glands in patients with primary SjS.

Methods: Fifty-nine SjS patients (F/M:57/2) with the mean age of 52.2±11.5 years. The duration of follow-up period of 9.±7.1 years fulfilling ACR-EULAR classification criteria (2002) were included. Major salivary glands (bilateral parotis and submandibular glands) were scored according to two different scoring systems which are Hocevar A.(0–48) and Milic VD. (0–12). Oral health was assessed by indices. Measurements of whole unstimulated and stimulated SFRs were carried out in patients between 9 a.m. and 10 a.m in the morning. Oral health related quality of life (OHRQoL) as a patient reported outcome measure was evaluated by using Oral health impact profile (OHIP-14). High scores indicated poor OHRQoL status. Pathologic findings in oral health (GM) and USG images (NI) were evaluated by two authors as double-blind.

Results: Unstimulated SFR (0.2±0.2 ml/min) was correlated with stimulated SFR (1.1±0.7 ml/min) in the whole group ($r=0.8$ $p=0.000$). Moderate correlations were seen between unstimulated and stimulated whole SFRs and scores of hypoechoic areas in bilateral parotid and submandibular glands ($p<0.05$). Scores of Hocevar, Milic and OHIP-14 were found to be poor in patients with unstimulated SFR ≤ 0.1 ml/minute compared to those of others ($p<0.05$) (table 1). In addition, the number of extracted teeth (8.6±7.5) was correlated with the number of carious teeth ($r=0.3$, $p=0.036$).

Abstract FRI0392 – Table 1. Salivary Flow Rates, OHIP-14 and SG-USG Scores of SjS Patients

	Salivary Flow Rates (SFR)		P
	≤ 0.1 ml/minute (n=17)	>0.1 ml/minute (n=39)	
Hocevar-total score	24.8±8.9	16.4±8.8	P=0.003
Milic-total score	7.4±2.2	4.9±2.3	P=0.001
OHIP-14 score	36.4±15.2	15.1±8.3	P=0.001

Conclusions: Unstimulated and stimulated SFRs were found correlated with the structural changes of major salivary glands. Tooth loss and poor OHRQoL were shown in patients due to reduced salivary outputs. USG images of salivary glands

could give insight to physicians about oral health and OHRQoL as outcome measure in patients with SjS.

Disclosure of Interest: None declared

DOI: 10.1136/annrheumdis-2018-eular.7059

FRI0393 MATERNAL AND FETAL OUTCOMES IN SYSTEMIC LUPUS ERYTHEMATOSUS

I.Y. Yil¹, L. Yang², H.K. Tan², L.K. Tan², J. Thumboo¹, Y.J. Poh¹. ¹Rheumatology; ²Obstetrics and gynaecology, Singapore General Hospital, Singapore, Singapore

Background: Systemic Lupus Erythematosus (SLE) is associated with an increased risk of adverse pregnancy outcomes.

Objectives: We aim to evaluate the maternal and fetal outcomes in SLE pregnancies in a single tertiary referral centre.

Methods: We retrospectively analysed 75 pregnancies in 45 patients with SLE over a 16 year period from 2000 to 2016. All patients fulfilled the 1997 American College of Rheumatology (ACR) criteria or the Systemic Lupus International Collaborating Clinics (SLICC) criteria for diagnosis of SLE.

Results: In our multi-ethnic cohort, there were 65% Chinese, 23% Malays and 7% Indians. The mean age was 32 years old and majority (55%) were nulliparous. The mean SLE disease duration was 5.9 years. Baseline SLE manifestations were predominantly haematological (73%), arthritis (71%) and renal (57%). There were 33 pregnancies (44%) with anti-Ro (SS-A) antibody positivity. There were 9 pregnancies (12%) with SLE and antiphospholipid syndrome. In our cohort, the majority of the patients were on prednisolone (76%). Half of the patients (48%) were on hydroxychloroquine or chloroquine and 27% were on azathioprine. In the subgroup of patients with SLE and antiphospholipid syndrome, 67% (6/9 pregnancies) were treated with therapeutic clexane and 33% (3 pregnancies) with the combination of prophylactic clexane and aspirin. The mean SELENA-SLEDAI score at the booking visit was 4.0.

In our cohort, the live birth rate was 75%. More than half of the deliveries were via Caesarean section (57%). There were maternal and fetal complications in 61% of the pregnancies. Pregnancy losses occurred in 16 pregnancies with the majority (87%) being early pregnancy losses that occurred prior to 13 weeks gestation. There were 13 pregnancies (17%) with intrauterine growth restriction and 18 pregnancies (24%) with preterm delivery. In the subgroup of the preterm births, 2 were extremely preterm birth (<28 weeks gestation) and 2 were very preterm birth (28 weeks to <32 weeks gestation). There were no cases of congenital heart block or neonatal lupus. There was one neonatal death.

SLE flares occurred in 25 pregnancies (33%). The most common organ involvement were haematological (44%), renal (40%), mucocutaneous (28%) and arthritis (16%). Pre-eclampsia occurred in 2 pregnancies (2%). There were 3 cases of a first presentation of lupus nephritis in pregnancy. In the subgroup of SLE pregnancies with antiphospholipid syndrome, there were higher SLE flare rates (44%) and more adverse pregnancy outcomes with 3 pregnancies (33%) that resulted in miscarriages, 2 pregnancies (22%) with preterm delivery and one pregnancy (11%) complicated by pre-eclampsia (table 1). There were 7% of pregnancies with a post-partum SLE flare.

Abstract FRI0393 – Table 1. Comparison of maternal and fetal outcomes between SLE pregnancies and SLE with antiphospholipid (APS) pregnancies

Adverse pregnancy outcomes	SLE pregnancies (n=75)	SLE with APS pregnancies (n=9)
SLE flares, n(%)	25 (33.33%)	4 (44.44%)
Pre-eclampsia, n(%)	2 (2.67%)	1 (11.1%)
Miscarriages, n(%)	15 (20%)	3 (33.33%)
Early pregnancy loss ($<13/40$), n(%)	14 (18.67%)	3 (33.33%)
Late pregnancy loss ($\geq 13/40$), n(%)	1 (1.33%)	0
Preterm delivery, n(%)	18 (24%)	2 (22.22%)
Neonatal death, n(%)	1 (1.33%)	1 (11.1%)

Conclusions: In our multi-ethnic cohort, more than half of the patients experienced an adverse pregnancy outcome. SLE flares in pregnancy occurred in a third of the cohort with the most common organ manifestation being haematological and renal flares. SLE pregnancies with antiphospholipid syndrome appeared to be associated with a higher risk of SLE flares and adverse pregnancy outcomes.

Disclosure of Interest: None declared

DOI: 10.1136/annrheumdis-2018-eular.4941