0.24–1.88, $p=0.452$), were independently associated with new organ involvement during the follow-up. There was a tendency for an association of higher ESSDAI at baseline with adverse outcome (OR 1.06, 95% CI 0.99–1.12, $p=0.075$).

Conclusion: Data from our cohort suggest that more aggressive disease course was associated with the presence of anti-SAA regardless of the age of pSS onset.

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AB0547

LUPUS ENTERITIS SERIES OF CASES IN DEVELOPING COUNTRY: FROM CLINICAL FINDINGS TO THERAPEUTIC MANAGEMENT

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Background: The prevalence of lupus enteritis (LE) is 2% one of gastrointestinal manifestation of the involvement of the LES. The rapid onset of these symptoms requires determining the life-threatening conditions, but their detection becomes a challenge. We present a series of 6 cases of LE, the most clinical findings and limitations in our environment.

Objectives: Our objective was to describe six cases of lupus enteritis, its diagnostic challenge in our country with limited resources, frequent clinical presentations and its management.

Methods: We retrospectively reviewed the medical records of 6 patients in our hospital with a diagnosis of SLE according to SLICC ACR 2010 criteria between 2017-2018 for suspicion of lupus enteritis. we discard infectious etiology.

Case	Age (years)	SLE evolution time	SLEDAI	Diarrhea	Abdominal pain	Vomit	Sickness	Fever
1	29	12 years	29	0	1	1	1	0
2	24	2 years	24	1	1	1	0	1
3	25	4 years	25	1	1	0	0	0
4	23	1 years	23	1	1	0	0	0
5	16	6 months	16	1	1	1	1	0
6	22	8 months	23	1	1	0	1	0

ANA	AntiSMA	C3	Ca	CRP mg/dl	Leucocytes	Hemoglobin (g/dl)	Creatinine (mg/dl)	Prothromb	Kidney Biopsy	CT Findings	Treatment	Intestinal Biopsy
Homogeneous (1:1280)	NA	60	12	12.3	8.5	8.3	1.45	0.3 gr/l	NA	Target Shooting	mPDR + CIC	NA
Homogeneous (1:1280)	NA	27	7.6	5.9	15.6	12	1.06	0.22 gr/l	NA	Target Shooting	mPDR + CIC	NA
Free specified (1:320)	NA	34.5	30	1.6	7.38	16	0.82	1 gr/l	NA	Target Shooting	mPDR + mPRF	NA
Homogeneous (1:1280)	NA	102.2	22	0.3	8.1	12.2	0.9	> 3gr/l	NA	Target Shooting	mPDR + CIC	Rectal ampulla biopsy Chronic non-specific colitis
Homogeneous (1:1280)	140 U/L	29	8	0	2.6	11	0.55	3 gr/l	II	Target Shooting	mPDR + CIC + RTX	NA
Homogeneous (1:1280)	NA	34	7	0.5	8.4	10.6	1.74	> 3gr/l	II	Target Shooting	mPDR + CIC	NA

Results: We describe 6 cases, all the patients were woman with a mean age of 23.1 years and an average of 3.6 years until the presentation of enteritis. The clinical symptoms included mainly abdominal pain (100%), vomiting (50%), diarrhea (83%), nausea (50%) and fever (16%). The laboratory characteristics mainly reflect the high lupus activity: SLEDAI 23 pts. Low levels of complement (83%), anemia (50%). The homogeneous pattern predominated in 83%, antiDNA was quantified only in one patient due to a lack of resources, with high titers. The median level of CRP was 3.3 mg/dL. Only two patients (33%) presented class III lupus nephritis by biopsy. In CT, the sign of target shot was present in all cases. Only 1 patient could be biopsied with non-specific chronic colitis. All patients received corticosteroids as first-line treatment, with additional immunosuppressants with significant improvement. One patient died due to pulmonary complications.

Conclusion: We should consider lupus enteritis as a possible initial digestive manifestation in patients with SLE. Its diagnosis requires a high index of suspicion, being the CT one of the fundamental pillars for the diagnosis. There is no consensus in the management, however, it was initiated with pulses of methylprednisolone, with limitations to request immunological studies and biological therapy due to economic implications. Finally, we emphasize the need for a prospective evaluation of this rare disease by encouraging the establishment of an international registry.

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AB0548

SELF-REPORTED NEUROPATHIC PAIN IN A COHORT OF PRIMARY SJOGREN'S SYNDROME

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Background: Although pain has been generally accepted being a cardinal symptoms of primary Sjogren's Syndrome (pSS), its cause remains unclear. It can be articular, muscular, neuropathic or related to fibromyalgia. Neuropathic pain in pSS has often been associated with peripheral neuropathy, either small-fibre neuropathy or sensory neuropathies, one of the most common neurological complications of pSS.

Objectives: The aim of this work is to assess the prevalence and associated factors of self-reported neuropathic pain in a cohort of pSS.

Methods: Questionnaires for screening for neuropathic pain was giving out during routine clinic appointment. The first part of the questionnaire was adapted from the Neuropathic Pain Questionnaire – Short Form(1). The second part was adapted from the Neuropathic Pain Diagnostic Questionnaire (DN4)(2), but only including the self-reported items (7 items related to symptoms), which is scored with a cut-off value of $\geq 3/7$.

Results: Data from 44 patients attending the Sjogren's clinic were analysed, yielding a female preponderance (86%), with a mean age of 59.6 years old. pSS disease duration on average 9.7 years, antibody positivity of 43% and 34% for anti-Ro and anti-La, respectively. 35 had salivary gland biopsy for diagnosis, the majority (48.6%) having a Focus Score (FS) of 1; 28.6% and 17.1% with FS of 2 and 3, respectively. Also worth mentioning 2 patients had lymphoma in the salivary gland biopsy (DLBC and MALT lymphoma). As for disease scores, ESSDAI mean was