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.

**REFERENCES**


Results: We describe 6 cases, all the patients were women 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. ESSDAI 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 one 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.

**REFERENCES**


Disclosure of Interests: None declared

**DOI:** 10.1136/annrheumdis-2019-eular.7297

**AB0548**

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

Inês Rego de Figueiredo1, Julie Norris2, Wan Fai Ng3,4,5,6

1Unidade de Doenças Auto-Imunes/Medicina 7.2, Hospital de Curry Cabral, Centro Hospitalar Universitário Lisboa Central (CHULC), Lisboa, Portugal; 2Newcastle-upon-Tyne Hospitals NHS Foundation Trust, Newcastle-Upon-Tyne, United Kingdom; 3Musculoskeletal Research Group, Institute of Cellular Medicine, Newcastle University, Newcastle-Upon-Tyne, United Kingdom

**Background:** Although pain has been generally accepted being a cardinal symptoms of primary Sjögren’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 ≥3/7.

**Results:** Data from 44 patients attending the Sjögren’s clinic were analyzed, 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 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 of 43% and 34% for anti-Ro and anti-La, respectively.

Disclosure of Interests: None declared

**DOI:** 10.1136/annrheumdis-2019-eular.7297