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	AntiSMAbs	C3	C4	CRP mg/dl	Leucocytes	Hemoglobin (g/dl)	Creatinine (mg/dl)	Proteinuria	Kidney Biopsy	CT Findings	Treatment	Intestinal Biopsy
Homogeneous 1:1280	NA	60	32	32.3	8.5	8.3	1.45	0.3 gr/R	NA	Target Shooting	mPDR + CIC	NA
Homogeneous 1:1280	NA	27	7.6	5.9	15.6	12	1.06	0.22 gr/R	NA	Target Shooting	mPDR + CIC	NA
Free specified 1:320	NA	34.5	30	1.6	7.38	16	0.82	1 gr/R	NA	Target Shooting	mPDR + mPDR	NA
Homogeneous 1:1280	NA	302.2	22	0.3	8.1	12.2	0.9	> 3gr/R	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	2 gr/R	II	Target Shooting	mPDR + CIC + RIZ	NA
Homogeneous 1:1280	NA	34	7	0.5	8.4	10.6	1.74	> 3gr/R	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

2.5±4.1 and ESSPRI 5.8±2.5. A total of 10 patients (23%) had peripheral neuropathy.

For part I: 19 patients (43%) may have neuropathic pain. Overall, patients with neuropathic pain were similar to those without, even considering previous diagnosis of peripheral neuropathy. The exception was the ESSPRI score, in which patients with neuropathic pain had a higher score (6.9±2.4 vs 4.9±2.9, p-value 0.02). As for the individual components of the questionnaire: numbness mean was 37.2, tingling means was 33.7 and increased pain due to touch mean was the lowest with 25.5. None of them was significantly associated with ESSPRI.

For part II: 59% of patients may have neuropathic pain. Anti-Ro positivity was lower among patients with neuropathic pain (42% vs 58%, p-value 0.04), biopsy score distribution was different with a predominance of FS 1 in the group with neuropathic pain (88% vs 12%, p-value=0.03) and ESSPRI was again higher in patients with neuropathic pain (6.9±1.4 vs 4.5±2.9; p-value=0.008). Of the individual items: tingling and numbness, pins/needles and itching, burning, painful cold and electric shocks were reported in 57%, 48%, 45%, 34% and 27% respectively.

Finally, 36% (16) of the total of patients were positive for neuropathic pain for both parts of the questionnaire.

Conclusion: The prevalence of neuropathic pain appears to be common among pSS patients, in particular in seronegative patients and associated with lower focus score on salivary gland biopsy.

Interestingly, there was no association between neuropathic pain and the previous diagnosis of peripheral neuropathy. This may result of peripheral neuropathy no longer active, and therefore asymptomatic, but may also account for undiagnosed peripheral neuropathy in the group of neuropathic pain or other more general causes of neuropathic pain.

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AB0549

NEUROPSYCHIATRIC DISEASE IN SYSTEMIC LUPUS ERYTHEMATOUS AND PRIMARY SJÖGREN'S SYNDROME: THE ADAPTATION OF A QUESTIONNAIRE

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Background: Systemic Lupus Erythematosus (SLE) and Primary Sjögren Syndrome (pSS) are systemic autoimmune diseases, both associated with neurological and psychiatric manifestations. In SLE there are several questionnaires used for neuropsychiatric screening and evaluation, however for pSS there are no specific tools available. Their development is required in order to standardize symptom assessment and allow for accurate disease prevalence estimation.

Objectives: The main objective of this project is to assess the prevalence of neurological and psychiatric manifestations in our cohort of SLE and pSS patients through the adaptation to Portuguese of a screening questionnaire developed by Mosca et al 2010(1) and its relationship to quality of life.

Methods: A cross sectional study was performed by applying a screening questionnaire, adapted from Mosca et al (1), to patients with SLE and pSS. The outcomes were evaluated both as binary (neurologic (ND≥9 pts) and psychiatric (PD≥10 pts) disease versus no disease) and continuous variables (score average) and in relationship to demographic data, disease scores (SLEDAI and SLICC, and ESSDAI and ESSPRI) and a quality of life instrument (VAS score).

Results: A total of 70 participants (16 pSS and 54 SLE patients) participated in the study. Neurological disease was present in 63% and 48% and psychiatric disease in 25% and 15% of pSS and SLE patients, respectively. There was a statistically significant association between the presence of neurological and psychiatric disease and quality of life (pSS PD 20 vs 75, p-value 0.004; SLE ND 60 vs 80, p-value 0.001 and PD 50 vs 76.5, p-value 0.008). There was a trend for higher ESSPRI scores, with higher psychiatric scores (0.54 Spearman correlation

coefficient; p-value=0.03). SLE higher neurological scores correlated with older age (0.34 Spearman correlation coefficient, p-value=0.01).

Conclusion: The questionnaire yielded a frequency of neurological and psychiatric disease similar to literature, as well as correlation to quality of life. This study represents the first step in the validation process for the Portuguese language but results should be regarded with caution considering this questionnaire was designed for screening and not for diagnosis.

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AB0550

PHENOTYPE OF BIOPSY-PROVEN PATIENTS WITH PRIMARY SJÖGREN SYNDROME LACKING RO AUTOANTIBODIES: HIGH FREQUENCY OF DRYNESS SYMPTOMS WITH LOW SYSTEMIC ACTIVITY (BIG DATA SJÖGREN PROJECT)

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Methods: The International Big Data Sjögren Project was designed in 2014 to take a "high-definition" picture of the primary SjS at diagnosis (2002 criteria) by merging international databases. 2716 FLS+/Ro- patients were compared with 8315 Ro+ patients