Results: The patients were 61 females and 19 males (sex-ratio=3) with a mean age of 38 years.

Forty two patients had cardiac involvement. They were 33 female and 9 male with a mean age of the disease of 31,8 years (16-80 years) at the beginning of the disease and 41 years at the time of the study.

83% of patients were symptomatic. The symptoms were dominated by objectified chest pain (43%). In Doppler echocardiography, pericarditis was found in 23 patients (55%) with a single case of cardiac tamponade. Libman Saks endocarditis and lupus myocarditis were found in one case each. Pulmonary hypertension (HTP) was observed in 16 patients (38%) and valvular disease in 22 patients (52%). Cardiomegaly was observed in 9 patients (21%). Electrical abnormalities were dominated by microvoltage found in 8 patients. The general symptoms (83%), skin lesions (76%) and musculoskeletal involvement (64%) were the most frequent events associated with the cardiac manifestations in group 1. ANA were positive in 97% of cases and antiphospholipid antibodies in 24%. Prednisone: 1mg/kg/day and immunosuppressive therapy were indicated respectively in 71% and 38% of patients.

Conclusion: Cardiac abnormalities are very common in lupus patients even when clinically asymptomatic. SLE is among systemic diseases most providers of heart disease. Echocardiography is an excellent non-invasive tool for cardiac evaluation. Their research must be systematic with echocardiography in order to reduce subsequent cardiac morbidity and mortality among the lupus patients.

Disclosure of Interests: None declared

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AB0558 TIME OF DIAGNOSTICS OF SJOGREN'S SYNDROME DEPENDING ON ITS FIRST MANIFESTATION

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Background: Sjogren's syndrome (SS) is a rare autoimmune disease with multisystem manifestations. Diagnostics of SS is intricate due to its low prevalence and need of invasive tests for diagnosis confirmation.

Objectives: To investigate influence of the first symptom of SS on the time of diagnosis establishment.

Methods: The study was conducted at Dnipropetrovsk Mechnikov Regional Hospital, Dnipro, Ukraine. 23 patients (1 male and 22 females, mean age 54 [47;61] years) with SS that received medical care at Rheumatology Department from 2007th to 2017th were enrolled to the study. Diagnosis of SS was provided according to American-European Consensus Group criteria (2002). We analyzed time from the first symptom appearance to diagnosis of SS establishment. Symptoms of the disease onset were classified into 4 groups: fever (body temperature >37 °C), arthritis (swelling and/or tenderness of ≥1 joints), signs of salivary glands injury (swelling of salivary glands, dry mouth syndrome) and other signs of autoimmune diseases (Rhaynaud's phenomenon, rash, myalgia).

Results: Median time between the first symptoms and SS diagnostics was 8 [2;17] years. Time to SS diagnostics depending on the first manifestation is in the table below.

Table 1. Time of SS diagnostics depending on the first symptom.

Symptom	Present	Absent	Log-rank test (p)
Fever	3 [1;8]	9,5 [2,2;17]	0,06
Arthritis	17 [6;22,5]	6,5 [2;11,5]	0,06
Salivary glands injury	11 [6;19,5]	4,5 [2;10]	0,15
Symptoms of autoimmune diseases	4 [2;8]	10,5 [2;18]	0,09

Presence of fever or symptoms of autoimmune diseases led to faster diagnostics of SS. Presence of salivary glands injury didn't influence time of SS diagnostics, while arthritis enlarged it (Figure 1).

Conclusion: Fever and signs of autoimmune diseases may be useful in diagnostics of SS. Greater alertness of symptoms of salivary glands injury is needed.

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AB0559 ASSOCIATED FACTORS AND PREVALENCE OF OSTEONECROSIS IN A COHORT STUDY IN PATIENTS WITH SYSTEMIC LUPUS ERYTHEMATOSUS (SLE) FROM HOSPITAL DEL MAR/PARC DE SALUT MAR.

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Background: Although the pathophysiology of osteonecrosis (ON) is not completely well-understood, it is likely the result of multiple combined effects such as environment, metabolic or genetic factors.

Clinical presentation of ON may be silent or may appear in a variable range of gradual-onset pain. The prevalence of ON in patients with SLE varies according to whether the lesions are symptomatic or asymptomatic.

Corticosteroid therapy (CT) has been recognized as a main risk factor to develop ON. Nevertheless, it looks like ON is more frequent in patients with SLE than in any other disease requiring systemic CT, which suggests that the use of corticosteroids may not be the only risk factor in those patients.

Objectives: To evaluate the prevalence of ON and to determine the association between ON and other variables such as sociodemographic factors, cardiovascular risk factors, SLE symptoms, autoimmunity, treatment received and disease activity in patients with SLE from Hospital del Mar.

Methods: 177 medical records were reviewed. Inclusion criteria included patients with SLE that met at least 4 of 11 ACR-LUPUS criteria revised in 1982 and updated in 1997. We identified six ON cases. The ON variable was evaluated by nuclear magnetic resonance in symptomatic patients. Afterwards, we matched ON patients with controls according to age and gender in a 1:2 proportion.

A bivariate descriptive analysis between cases and controls was made including demographic and clinical variables, cardiovascular risk factors and treatment received. The association between ON and the previously mentioned variables was evaluated by Fisher's Exact test and Chi-square test.

Results: The prevalence of ON was 3.4% (CI 95%: 0.01% - 0.07%), lower than that described in other series. We found statistical significance association between ON and arterial hypertension (patients with ON and hypertension: 62.5% vs patients with ON without hypertension: 10%; p-value 0.043), as well as between ON and CT evaluated by its presence in the last hospital follow-up (patients with ON under CT: 100% vs patients with ON without CT: 20%; p-value 0.025). The association between ON and the use of corticosteroid pulse therapy (CPT) was also statistical significance (patients with ON who received CPT: 80% vs patients with ON who did not receive CPT: 15.3%; p-value 0.022). Finally, we found a marginal association, although relevant, between ON and the SLICC damage index (p-value 0.057) (Table/Fig-1).

Conclusion: We found a statistical significance association between ON and hypertension (classical known cardiovascular risk factor) as well as between ON and CT (in the last visit) and the use of CPT (risk factor known as an etiological agent in ON). We did not find a statistical significance association between ON and lupus disease activity (SLEDAI), but a trend to statistical significance was noticeable with respect to the accumulated irreversible damage on lupus disease (SLICC). In order to confirm the results obtained, it is necessary to carry out other studies, with a larger sample and a longer follow-up period.

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