antibodies ($P < 0.01$). In multivariate analysis, there were significant association between Apgar scores at five minutes and the titer of anti-dsDNA antibodies ($P < 0.01$, Table 1).

Abstract AB0561 Table 1. Multivariate analysis of risk factor for Apgar score at 5 minutes

Variable	Standard β	P-value
SLEDAI at third trimester	0.361	0.05
C3 at conception	0.068	0.62
Anti-dsDNA antibody at conception	-0.964	< 0.01*
(R ² =0.589, P<0.001)		
Variable	Standard β	P-value
SLEDAI at third trimester	0.367	0.06
C4 at conception	0.047	0.74
Anti-dsDNA antibody at conception	-0.973	< 0.01*
(R ² =0.589, P<0.001)		
Variable	Standard β	P-value
SLEDAI at third trimester	0.400	0.03*
CH50 at conception	0.162	0.22
Anti-dsDNA antibody at conception	-0.969	< 0.01*
(R ² =0.610, P<0.001)		

Conclusion: In SLE, immunological abnormalities at conception, high SLEDAI and glucocorticoid doses were risk factors for preterm birth and having a LFD newborn. Apgar scores at five minutes were significantly associated with the titer of anti-dsDNA antibodies. Minimizing disease activity before pregnancy may decrease risks for mothers and their newborns. In preconception counseling, it is important for rheumatologists to explain these risk factors to patients with SLE who hope to conceive. There is a need for long-term follow-up studies focusing on the neurological development of children born from SLE mothers.

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AB0562

CARDIOVASCULAR RISK FACTORS AND FRAMINGHAM RISK SCORE IN PRIMARY SJÖGREN SYNDROME PATIENTS: A COMPARATIVE STUDY WITH MATCHED CONTROLS

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Background: The association between cardiovascular (CV) risk and chronic systemic inflammatory diseases has been an issue of debate. There is compelling evidence of increased CV morbidity in conditions such as rheumatoid arthritis (RA) and systemic lupus erythematosus (SLE) (1). Primary Sjögren's syndrome (pSS) is a chronic immune-mediated disease characterized by glandular and systemic manifestations, sharing clinical and immunological similarities with RA and SLE. However, in pSS patients the weight of cardiovascular disease attributed to traditional CV risk factors remains unclear.

Objectives: To determine the prevalence of traditional CV risk factors and long-term CV events based on the risk prediction tool of the Framingham risk score (FRS) in pSS patients.

Methods: The study included patients diagnosed with pSS, fulfilling both the 2016 ACR/EULAR and 2002 AECG criteria for the disease, followed-up at our Rheumatology department and 49 age and sex-matched controls. Inclusion criteria were age 30 to 74 and no history of CV events in order to calculate the FRS. In total, 46 out of 54 patients were eligible for the study. Data on the prevalence of traditional CV risk factors (diabetes, arterial hypertension and smoking), systolic blood pressure (SBP) values, total and high-density lipoprotein (HDL) cholesterol levels were collected and compared between groups. The 10-year risk for CV events according to FRS was calculated and means of patients and controls were compared. Parametric and nonparametric tests were used and the level of significance was defined as $p < 0.05$.

Results: The mean age of pSS patients and healthy individuals was 58.0 $\pm$ 11.6 and 54.1 $\pm$ 13.6 years, respectively. The prevalence of arterial

hypertension was higher in pSS patients than controls (52.2% versus 24.5%, $p = 0.005$). The prevalence of diabetes and smoking did not differ significantly between the two groups ($p = 0.674$ and $p = 0.949$, respectively). The SBP values, total and HDL cholesterol levels were also similar between pSS patients and healthy subjects ($p = 0.063$, $p = 0.413$ and $p = 0.217$, respectively). Mean 10-years risk for CV events assessed by FRS was 11.8 $\pm$ 8.3 for pSS patients and 7.8 $\pm$ 8.4 for matched controls, with statistically significant difference ($p = 0.013$).

Conclusion: In our study, pSS patients had a higher prevalence of arterial hypertension, which is in agreement with the M. Juarez *et al* (1) study. Although there were no significant differences in the other traditional CV risk factors, the results showed an increased 10-year risk for major CV events based on FRS assessment in pSS patients in comparison to age and sex-matched controls.

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AB0563

TRAUMA AND SLE-CONSIDERATIONS REGARDING A GROUP OF PATIENTS FROM ROMANIA

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Background: Systemic lupus erythematosus (SLE) represents a complex disease, which hasn't got a clear etiology established yet. Many genetic-susceptibility factors, environmental triggers, antigen-antibody (Ab) responses, B-cell and T-cell interactions, and immune clearance processes interact to generate and perpetuate autoimmunity. One of the triggers could be trauma-surgeries, serious infections or accidents.

Objectives: To assess the presence of history of trauma in patients diagnosed with SLE admitted in our Department, as well as the association with different co-morbidities.

Methods: We included 62 patients, admitted in the Rheumatology Department of the Tirgu-Mures Emergency Clinical County Hospital between 01.01.2018-29.01.2019, previously diagnosed with SLE. We performed a retrospective analysis of their medical documents, looking for evidence of traumatic risk factors.

Results: The majority of the patients were female (17=88.70%) and had some kind of trauma before being diagnosed with SLE (17=27.41%). Among the operations the most frequent were hysterectomy with bilateral oophorectomy and classical appendectomy, respectively (6=9.67% each), followed by cholecystectomy and tonsillectomy (2=3.22%). There were also one case of cerebral injury following a car accident and a complicated peritonitis-related to IUD extraction. The majority of co-morbidities was represented by neurologic involvement (16=25.80%), followed by thyroid (13=20.96%) and renal involvement (12=19.35%).

Conclusion: Patients with SLE from our department have a significant history of traumatic triggers, mainly open surgeries, which might explain the development of autoimmunity. They also have various organ involvement that sometimes warrants aggressive measures. Further studies have to be conducted in order to better examine the possible link between traumatic events and development of this multifaceted disease.

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AB0564

THE CONTROVERSIAL ROWELL SYNDROME: TO BE OR NOT TO BE?

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Background: Rowell syndrome is a rather rare and highly debated entity, initially defined by Rowell et al as discoid lupus associated with