AB1301

IMMUNE REGULATION THERAPY PROMOTED THE RECANALIZATION OF CORONARY ARTERY IN A PATIENT WITH ANTIPHOSPHOLIPID SYNDROME: A CASE REPORT AND LITERATURE REVIEW

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Background: Thrombosis is considered as a major feature of antiphospholipid syndrome (APS). Once formed, thrombosis will threaten life and long-term oral anticoagulant therapy is required. In addition, some patients underwent percutaneous coronary intervention (PCI), but in-stent restenosis (ISR) is the most common complication of PCI. There is currently insufficient treatment for such patients. Because APS is an autoimmune disease, we developed a new therapy (Sirolimus based immunomodulatory) to treat a APS patients with ISR after PCI.

Objectives: Assess the degree of stenosis of the various branches of the coronary arteries, and to observe the changes in the number of regulatory T cells (Tregs) in the peripheral blood of patients.

Methods: An APS patient with coronary artery involvement was found in-stent restenosis after implantation of the stent. After sirolimus and other immunomodulatory treatments, coronary angiography and coronary CTA were performed to assess the degree of stenosis of the various branches of the coronary arteries, and to observe the changes in the number of regulatory T cells (Tregs) in the peripheral blood of patients.

Results: After 6 months of immunomodulation therapy, the patient did not have clinical symptoms such as chest tightness and tightness. Four consecutive coronary angiography and coronary CTA (dual source) showed disappearance of left main plaque. Stenosis, the degree of stenosis in the anterior descending stent was reduced from 90% to 66%; the degree of right coronary stenosis was reduced from 50% to 30%, new stenosis and new thrombosis did not occur in other branches. The absolute number of Treg cells in peripheral blood gradually increased from 34.41 to 50.83 cells/ μ L.

Conclusion: Sirolimus is an inhibitor of mTOR that is a serine/threonine kinase in two different complexes (mTORC1 and mTORC2) to promote cell proliferation and neovascularization. Antiphospholipid antibodies activate the mTOR pathway in endothelial cells in culture. When pretreated with mTOR inhibitors prevents this process from occurring. Sirolimus specifically inhibits the mTOR pathway and prevents neointimal hyperplasia and neovascularization in the coronary arteries. In APS patients with coronary artery involvement, the reduction of Treg cells may also be an important cause of immune tolerance deficiency. Sirolimus also increased the number of Treg cells. If early use of immunomodulators such as sirolimus for prophylaxis, it may prevent re-stenosis after stenting. The successful treatment of this patient also provided us with new diagnostic and therapeutic ideas.

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AB1302

SOCIAL MEDIA USE IN SYSTEMIC LUPUS ERYTHEMATOSUS IMPACT ON PREVALENCE OF ANXIETY AND DEPRESSION

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Background: The psychological problems of patients with Systemic lupus erythematosus (SLE) have been widely concerned. Studies found that the SLE patients showed a prevalence of depression in SLE cohorts ranging from 17% to 75%, and anxiety being 6%-52%[1, 2]. Factors contributing to mood disorders are various[3]. As a nontraditional form of media, social media has become increasingly popular worldwide[4]. Previous

study has demonstrated that social media use (SMU) plays a significant role in adolescents' psychological functioning[5-8], whether SMU could impact the mental health of SLE patients, no previous finding of SMU on SLE patients is reported.

Objectives: We aimed to explore the potential association of the patterns of social media use (SMU) with anxiety and depression in patients with systemic lupus erythematosus (SLE).

Methods: The relevant data were collected from 402 SLE patients aged 18-60 years in the First Affiliated Hospital of Zhengzhou University between July 2018 and October 2018 for subsequent analysis. Demographic and clinical characteristics, the patterns of SMU, the reasons and barriers to SMU were recorded. Anxiety and depression were assessed using hospital anxiety and depression scale (HADS). Adjusted estimates of association were derived using logistic regression.

Results: The incidence of anxiety and depression were 41.1% and 28.4% respectively among SLE patients with a mean score of 6.71 $\pm$ 3.65 and 5.45 $\pm$ 3.86 in each subscale. Patients without social media were more likely than those with social media to develop anxiety or depression (P 0.05, P 0.01). A correlation was found between the frequency of SMU and the incidences of anxiety (P 0.05) and depression (P 0.001), besides, the presences of depression also had a association with the duration for SMU (P 0.05).

Conclusion: Depression and anxiety are prevalent in patients with SLE and high frequency of SMU may decline the risks of anxiety and depression, to educate patients use social media properly may result in alleviation of anxious and depressive symptoms in patients with SLE.

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AB1302B

CHRONIC KIDNEY DISEASE IN RHEUMATOID ARTHRITIS: PREVALENCE AND RISK FACTORS

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Background: The problem of chronic kidney diseases (CKD) in rheumatoid arthritis (RA) patients have not been fully studied. The role of biological therapy (BT) is poorly understood.

Objectives: Aim of the study was to examine the prevalence, risk factors and histological variants of CKD in RA, and impact of pharmacotherapy.

Methods: 135 patients with RA from 2013 to 2018 were enrolled in this study. Age, gender, duration of RA, drug therapy, ESR, CRP, DAS28, renal function, proteinuria (PU), histological variants were analyzed. Arterial hypertension, weight index, serum lipids and glucose levels were also assessed.

Results: The incidence of CKD in RA was 30.4% (41 from 135). CKD 3-4 stages with eGFR < 60ml/min/1.73m² was detected in 14.8%

patients. The duration of the disease, high ESR and DAS28 score, NSAIDs treatment and hyperlipidemia were risk factors for CKD in RA (Fig 1). We also found negative correlation between the DAS28 and eGFR (Fig. 2).

Amyloidosis was the most common histologic pattern (51.52%), followed by chronic glomerulonephritis (CGN) (24.24%) and tubulo-interstitial nephritis (24.24%). Among CGN mesangial glomerulonephritis was the most frequent (Table 1). Renal amyloidosis was associated with a duration of RA, presence of systemic symptoms and CRP level.

The levels of PU were lower, and eGFR levels were higher in patients treated with BT than in patients treated with synthetic disease-modifying anti-rheumatic drugs (DMARDs) (Fig 3).

Conclusion: CKD is often developed in patients with high RA activity. Treatment with biological agents is associated with a lower PU and higher GFR levels.

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Abstract AB1302B Table 1. Renal histopathologic findings in RA patients (n=33)

Histological forms	n	%
Amyloidosis:	21	63.7
Chronic glomerulonephritis:	12	36.3
- Mesangial GN:	7	21.2
IgA nephropathy	4	12.1
IgM nephropathy	1	3.0
Membranoproliferative GN	2	6.0
- Minimal change disease	1	3.0
- Membranous nephropathy	3	9.1
- Diffuse nephrosclerosis		

Figure 1. Laboratory data in RA patients

Figure 1

Figure 2. Correlation between eGFR and DAS28

Figure 1

Figure 3. eGFR in RA patients treated with synthetic and biological DMARDs

Figure 1

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AB1302C SERUM IMMUNOGLOBULIN G4 LEVEL IN DIFFERENT TYPES OF MALIGNANCY WITHOUT IMMUNOGLOBULIN G4 RELATED DISEASE

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Background: High levels of serum immunoglobulin G4 (IgG4) would comprise a useful diagnostic tool in IgG4-related disease (IgG4-RD), but little information is available about IgG4 in conditions other than IgG4-RD such as malignancies. Previous studies indicate that IgG4-RD is a strong risk factor for malignancy development.

Objectives: The aim of this study is to evaluate the level of serum IgG4 in different malignancy without IgG4-RD.

Methods: 90 patients with malignancy were enrolled between March 1st and August 30th, which have been excluded with IgG4-RD. All samples were collected before treatment. Diagnosis of malignancy was determined by histological result. The levels of serum IgG4 were determined by