Spearman correlation test and the association between MMP9 and serology were evaluated with χ^2 test.

Table 1. Demographic characteristics in Hispanic patients with primary Sjögren's Syndrome

Age, median (DS)	53.23 (13.0)
Female, n (%)	58 (96.7)
Anti-Ro/SSA, n (%)	41 (68.3)
Anti-La/SSB, n (%)	18 (31.6)
RF IgG, n (%)	13 (21.7)
RF IgM, n (%)	31 (51.7)
RF IgA, n (%)	24 (40.0)
Schirmer, n (%)	38 (63.3)
OSDI, n (%)	52 (86.7)
OSS, n (%)	43 (71.7)
Metalloproteinase 9, n (%)	14 (23.3)
Ocular Osmolarity >300, n (%)	45 (75.0)
Abnormal USF, n (%)	45 (75.0)
GSMB, n (%)	51 (85.0)

RF: Rheumatoid Factor, OSDI: Ocular Surface Disease Index, OSS: Ocular Staining Score, USF: Unstimulated Salivary Flow; MSGB: Minor Salivary Gland Biopsy.

Conclusion: A significant correlation was observed between serology, ocular surface damage (OSS), and ocular surface inflammation (MMP-9). The positivity of RF isotypes IgM and IgA could alert the clinician about the ocular damage to initiate a study directed to this organ. Nevertheless this present study shows preliminary outcomes, we need to enroll more patients to obtain better outcomes.

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FRI0221 CATASTROPHIC ANTIPHOSPHOLIPID SYNDROME IN PREGNANCY: CASE SERIES

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Background: Catastrophic antiphospholipid syndrome (CAPS) is a rare condition associated with high mortality¹. Prompt recognition and treatment is important for optimal outcomes. Clinical features of CAPS can overlap with obstetric complications, leading to diagnostic challenge².

Objectives: Describe two patients with CAPS during immediate post-partum period.

Methods: We report two cases in a single centre over two years.

Results: A 38 year old with obstetric Antiphospholipid syndrome (APS) presented with epigastric pain, transaminitis and thrombocytopenia in keeping with evolving HELLP syndrome. Spontaneous complete miscarriage ensued. Post-delivery, she developed worsening abdominal pain and transaminitis (Table 1). Imaging demonstrated hepatic infarcts and patchy ground glass lung opacities. She was treated for CAPS with intravenous steroids and anticoagulation, and recovered.

A 39 year old with primary APS (deep venous thrombosis and obstetric features) whose antenatal course was fraught with minor per vaginal bleeding (PVB) presented with heavy PVB at 22 weeks gestation requiring cessation of anticoagulation. She developed a deep venous thrombosis. Risk of clot propagation versus bleeding prompted cautious anticoagulation. Labour was induced for declining maternal health and poor foetal prognosis at 24 weeks, 3 days. Post-delivery, she developed abdominal pain, headache, transaminitis and worsening thrombocytopenia with heavy PVB requiring uterine artery embolization. Given features that were consistent with micro thrombi and ischaemia (Table 1), she was treated as for CAPS and HELLP syndrome with intravenous steroids, plasma exchange (PLEX) and intravenous immunoglobulin (IVIG), and recovered.

Table 1

	Case 1	Case 2
Gestational age on admission	17 weeks 5 days	22 weeks 5 days
Treatment during pregnancy prior to CAPS	LMWH ¹ once daily, Aspirin	LMWH twice daily, Aspirin, Steroids, Hydroxychloroquine, monthly IVIG
Time of onset of CAPS	2 nd day after foetal loss	4 th day after foetal loss
Organ involvement	Hepatic, Pulmonary, Placenta	Hepatic, Central nervous system, Placenta
Laboratory results at onsets of CAPS		
Haemoglobin (g/dL)	7.4	10.1
Platelets (x10⁹/L)	82	28
AST²/ALT³/LDH⁴ (U/L)	137/140/690	1199/1130/2206
Estimated proteinuria (g/day)	2.7	2.3
Positive serologies	Anti-Ro Anti-nuclear antibody, Anti-double stranded DNA, Lupus anticoagulant, Anti-cardiolipin IgM/IgG, B2 glycoprotein IgM/IgG	
Treatment	IV MP ⁵ , LMWH 1mg/kg/day twice daily	IV MP, PLEX, IVIG, LMWH 1mg/kg/day twice daily
Outcomes		
Obstetric		Intra-uterine foetal demise
Maternal		Recovery

¹Low molecular weight heparin. ²Aspartate aminotransferase. ³Alanine aminotransferase. ⁴Lactate dehydrogenase. ⁵Intravenous Methylprednisolone

Conclusion: Recognition of CAPS is complex in pregnancy. Vigilance is required for urgent aggressive treatment to improve outcomes in this uncommon condition.

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FRI0222 ANALYSIS OF CLINICAL AND SEROLOGICAL PICTURE OF PATIENTS WITH PRIMARY SJÖGREN'S SYNDROME AND AN EARLY DISEASE ONSET AT AGE BEFORE 35 YEARS

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Background: Primary Sjögren's Syndrome (pSS) is a chronic systemic autoimmune disease with diverse clinical picture, extending from exocrinopathy to systemic disease and non-Hodgkin's lymphoma (NHL). Usually, it affects middle aged women, but early disease onset (≤ 35 years old) has been also observed. So far, there is a limited number of studies to explore whether the age of SS onset affects the clinical SS phenotype¹. To definitely answer this question a well-organized, large, harmonized cohort of patients with a continuous follow up is needed, through the ongoing European project (HarmonicSS, grant agreement no: 731944).

Objectives: To investigate whether the clinical and serological picture of pSS patients with early disease onset (≤ 35 years old) differs to that of middle-age onset.

Methods: Medical records of 717 pSS patients, included in two Greek cohorts fulfilling the 2002 revised European/American International classification criteria for SS, were evaluated. The study group included 133 (18.5%) patients with disease onset ≤ 35 years (median disease duration, range: 10, 0-32 years; group A) matched at 1:1 ratio according to gender and disease duration with 133 pSS patients with middle-age onset (mean