SAT0197  NON MYOCARDIAL CARDIAC INVOLVEMENT IN ANTIPHOSPHOLIPID SYNDROME IN A SPANISH REFERENCE CENTER

A. Robles Marhuenda1, J. Álvarez Troncoso2, A. De Gea Grela1, G. Daroca Bengoa1, L. Ramos Ruperto1, A. Díez Vidal1, J. J. Rios1, C. Soto Abadánes1, E. Martínez Robles1, A. Noblejas Mozó1, F. Arnalich Fernández1, 2Hospital Universitario La Paz, Department of Internal Medicine, Madrid, Spain

Background: Antiphospholipid syndrome (APS) is a systemic autoimmune disease, associated with a hypercoagulable state and fetal loss and with other clinical manifestations including cardiac involvement. APS occurs as a primary disorder (PAPS) or secondary to another autoimmune disease (SAPS). Due to its vascular nature, various organs and tissues may be affected, including the cardiac system. Cardiac manifestations of APS are valve abnormalities (valvar insufficiency and pulmonary hypertension (PH)).

Objectives: To assess the prevalence of non-myocardial involvement (valvulopathy and pulmonary hypertension) in a cohort of patients with antiphospholipid antibodies (aPLs).

Methods: Retrospective observational study in a Spanish reference center for systemic autoimmune diseases. All patients with aPLs and performed transthoracic echocardiogram (TTE) were included in the study. Patients were divided between PAPS, SAPS and aPLs carriers. A cohort of 50 patients with systemic lupus erythematosus (SLE) without aPLs was used as a control. Anti-cardiolipin, anti-B2GP1 and lupus anticoagulant antibodies were determined by standard techniques.

Results: A total of 220 patients were reviewed. 145 (65.9%) were female. The mean age was 42 years. Among all patients with aPLs, 102 were PAPS, 73 SAPS, and 45 asymptomatic carriers (silent APS). Patients with aPLs, unlike patients with SLE without aPLs, were more frequently pathologic TTE (114 patients, 52%) (p = 0.02), and 114 patients, 7% (p = 0.005) pulmonary hypertension (21, 9.5%, p = ns). Valve involvement was identified in 99 patients: 45 in PAPS, 27 in SAPS, 14 in aPLs carriers and 13 in the SLE without aPLs, these differences being statistically significant (p = 0.002). Valvulopathy was asymptomatic in the majority of patients but required valve replacement in two patients. Mitral valve was the most affected, especially in the form of insufficiency (57%), followed by aortic valve, combined mitral and aortic valve, and less frequently the pulmonary valve alone (3 cases).

Conclusion: Subclinical valve involvement was very common in patients with APS. There was no correlation with other clinical manifestations of APS nor were other risk factors identified. PH was less frequent than valvular involvement in patients with APS. However, despite not being statistically significant, close to 10% of patients with APS had PH compared to 6% of patients without APS.

Table 1. The details of echocardiographic signs of PH in patients with SLE.

<table>
<thead>
<tr>
<th>Echocardiographic 'signs' of PH</th>
<th>PH probability (no of patients)</th>
<th>Low, n=50</th>
<th>Intermediate, n=8</th>
<th>High, n=2</th>
</tr>
</thead>
<tbody>
<tr>
<td>Peak</td>
<td>≤2.8</td>
<td>50</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td>tricuspid regurgitation</td>
<td>2.9-3.4</td>
<td>0</td>
<td>7</td>
<td>0</td>
</tr>
<tr>
<td>velocity, m/s</td>
<td>&gt;3.4</td>
<td>0</td>
<td>0</td>
<td>2</td>
</tr>
<tr>
<td>Ventricles</td>
<td>Right left ventricle basal diameter ratio &gt;1.0</td>
<td>0</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td></td>
<td>Flattening of interventricular septum</td>
<td>0</td>
<td>0</td>
<td>2</td>
</tr>
<tr>
<td>Pulmonary artery</td>
<td>Right ventricular outflow Doppler acceleration time&gt;105ms and/or mid-diastolic notching</td>
<td>28</td>
<td>5</td>
<td>2</td>
</tr>
<tr>
<td></td>
<td>Early diastolic pulmonary regurgitation velocity&gt;2.2m/s</td>
<td>0</td>
<td>0</td>
<td>2</td>
</tr>
<tr>
<td></td>
<td>PA diameter&gt;25mm</td>
<td>4</td>
<td>2</td>
<td>2</td>
</tr>
<tr>
<td>Inferior vena</td>
<td>Inferior vena diameter &gt;21mm with decreased inspiratory collapse</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Cava and right atrium</td>
<td>Right atrial area &gt;18cm²</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
</tbody>
</table>

References:

Disclosure of Interests: None declared.
DOI: 10.1136/annrheumdis-2020-eular.4958
Patients with intermediate probability of PH, one patient had intermittent palpitation and chest pain, while others were asymptomatic including one patient with PAH based on RHC. The most prevalent auto-antibodies among patients with intermediate and high probability of PH were anti-RO (8 patients), anti-nuclear antibodies (7 patients) and anti-dsDNA (5 patients).

**Conclusion:** We found 16.6% patients with SLE who had intermediate and high probability of PH, based on 2015 ESC echocardiography criteria for PH. All except one patient had symptoms suggestive of PH at the time of study. RHC performed subsequently on two patients with high PH probability confirmed PH.

**References:**

**Disclosure of Interests:** None declared

**Ann Rheum Dis:** first published as 10.1136/annrheumdis-2020-eular.6401 on 13 June 2020. Downloaded from

---

**SARE0199**

**PARTICULARITIES OF SJÖGREN SYNDROME IN ELDERLY PATIENTS**

I. Naceur1, R. Abdita1, T. Ben Salem1, F. Said1, M. Khatir1, I. Ben Ghorbel1, M. Lamlioum1, M. H. Houman1, 1Faculty of Medicine, Tunis-El Manar University, Inserm Medical, Rabta university Hospital, Tunis, Tunisia

**Background:** Sjögren syndrome (SS) is a systemic autoimmune disease mainly described in females at a peak incidence age of 50. It was suggested that elderly onset of disease has particular clinical and biological phenotype.

**Objectives:** The aim of our study is to determine the particularities of SS in elderly patients.

**Methods:** Data of 332 patient fulfilling the American European Consensus Group criteria for Sjögren's syndrome over a period of 18 years were studied. Clinical and biological features of elderly patients (G1) were described and compared to those of patients aged below 65 years old (G2) using the X2 and Fisher test.

**Results:** A total of 35 elderly were retained: 33 females and 2 males. The mean age of disease onset was 68.8 ± 4.4 years. The average delay (from first sign of the disease to diagnosis) was 127 years. The mean age at diagnosis was 70.3 ± 4.7 years. Xerostomia was described by 33 patients (94.3%). Focus score in the minor labial salivary glands pathology was ≥ 1 in 32 patients (91.4%). Two patients had abnormalities in parotid scintigraphy. Xeropthalmia was described by 32 elderly patients (91.4%). Schirmer test was abnormal in 20 cases (57.1%) and Break Up Time test was altered in 20 cases (57.1%). Arthritis was the most frequent extra-glandular manifestation reported in 74.3% of patients. Fatigue was noted in 12 patients. The other systemic manifestations were: interstitial lung disease (n=13), peripheral neuropathy (n=7), central nervous system involvement (n=5), Raynaud’s phenomenon (n=4), myositis (n=2) and renal tubulopathy (n=2). Laboratory findings showed hyperglobulinaemia (n=19) and lymphopenia (n=15). Antinuclear antibodies were positive in 25 patients (71.4%), with positive anti-SSA antibodies (n=14) and positive anti-SSB antibodies (n=7). SS was primary in 25 patients. Ten patients had one or more associated autoimmune diseases: cryoglobulinemia (n=4), systemic sclerosis (n=3), systemic lupus erythematosus (n=2), rheumatoid arthritis (n=2) and autoimmune hepatitis (n=2).

Systemic treatments involved corticosteroids for 15 patients, immunosuppressant agents for 12 patients, nonsteroidal anti-inflammatory drugs for three patients and immunosuppressant agents for nine patients. One patient developed lymphoma. Comparative analysis showed that SS diagnosis was made earlier in elderly with an average delay of 127 years in G1 vs 3 years in G2 (p=0.02). Fatigue was more frequent in elderly (63.2% vs 23.8%) p<0.01. Positivity of anti-SSA was also more frequent in elderly (64.9% vs 46.7%; p=0.04). Anti-malarial agents were less prescribed in elderly (36.4% vs 55.3%; p<0.03). There was no significant differences between the two groups concerning the other clinical features, laboratory findings, treatment and outcomes.

**Conclusion:** Regardless of the statistical findings in our study and in the literature, treatment and follow-up of elderly patients with SS must obey to closer attention considering their vulnerability and the complexity of their management.

**Disclosure of Interests:** None declared

**Ann Rheum Dis:** first published as 10.1136/annrheumdis-2020-eular.3172 on 15 September 2023 by guest. Protected by copyright.