OBSTETRIC AND THROMBOTIC ANTIPHOSPHOLIPID SYNDROME: SIMILAR ANTIBODIES BUT DIFFERENT PHENOTYPES?

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Background: Several studies showed two main clinical phenotypes of antiphospholipid syndrome which could be independent, but only a few data contrast features between these two groups.

Objectives: To investigate whether obstetric and thrombotic manifestations of APS are independent subtypes.

Methods: This was a single center prospective study from the PUMCH database of primary antiphospholipid syndrome followed for over 4 years. Comparing demographic data, laboratory tests, pregnancy morbidity and thrombotic events during follow-up between isolated obstetric APS (IoAPS) and IAPs (isolated thrombotic APS).

Results: A total of 244 patients was registered in PUMCH primary APS cohorts, 157(64.34%) were female patients. In female patients, 44(28.03%) were diagnosed with IoAPS, 42(26.75%) were IAPs. Demography showed patients in IAPs group were older than IoAPS group (40 vs 33, p<0.001), presented more cardiovascular risks (33.33% vs 6.8%, p<0.01), neurological disorders (23.8% vs 2.3%, p<0.01) and thrombocytopenia (47.6% vs 20.5%, p<0.01). Antibody profiles had no difference in triple positivity, double positivity and partial single positivity (ACL, LA, LA), but presence of single anti-β2GPI positivity showed significant difference between IoAPS and IAPS (59.09% vs 38.1%, p<0.05). Significant difference was presented in homocysteine (Median) between IoAPS and IAPS (9.9 vs 11.5, p<0.05), not in inflammatory markers. During 49.5 (Median) months follow-up of ItAPS group, patients got 90 pregnancies, 5 abortions but weren’t fulfilled with the diagnosis criteria of pregnancy morbidity. No thrombotic event occurred during 48.5 (Median) months follow-up time in IoAPS group.

Conclusion: IoAPS and IAPs shared similar antibody profile, but presented isolated clinical complications, different demographic features and maintained independent manifestation during follow-up, indicating the underlying pathogeneses are different.

Table 1. Demographic characteristics

<table>
<thead>
<tr>
<th>Variable</th>
<th>IoAPS(n=44)</th>
<th>IAPs(n=42)</th>
<th>P-value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Age, years, Median (Q1-Q3)</td>
<td>33 (30.00,36.00)</td>
<td>40 (33.75, 55.25)</td>
<td>.00</td>
</tr>
<tr>
<td>B.M.I. Median (Q1-Q3)</td>
<td>22.86 (20.70,24.45)</td>
<td>23.52 (21.14, 27.70)</td>
<td>.10</td>
</tr>
<tr>
<td>Flow-up time, month, Median (Q1-Q3)</td>
<td>48.50 (36.00,77.00)</td>
<td>49.50 (23.00,103.75)</td>
<td>.44</td>
</tr>
</tbody>
</table>

Table 2. Laboratory tests

<table>
<thead>
<tr>
<th>Antibody categories</th>
<th>IoAPS(n=44)</th>
<th>IAPs(n=42)</th>
<th>P-value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Double positive (%)</td>
<td>7(15.90)</td>
<td>11(26.19)</td>
<td>.29</td>
</tr>
<tr>
<td>Single positive (%)</td>
<td>26(59.10)</td>
<td>16(38.10)</td>
<td>.04</td>
</tr>
</tbody>
</table>

References:


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Background: The salivary glands are an important organ in the oral mucosa and their dysfunction is associated with significant patient and healthcare burden. The aim of this study was to evaluate the changes in abnormalities of salivary gland ultrasound (SGUS) in patients with primary Sjögren’s syndrome (pSS) and idiopathic sicca syndrome (idSS).

Methods: Patients with pSS (n=70) and idSS (n=18) underwent SGUS twice at baseline and 2 years later. The semi-quantitative SGUS score (0-48) was used, which comprises five parameters: parenchymal echogenicity, homogeneity, hypoechoic areas, hyperechogenic reflections, and clarity of posterior borders. The intraglandular power Doppler signal (PDS) was also assessed. The changes of these SGUS variables were compared in patients with pSS and idSS sicca syndrome.

Results: The median (interquartile range) total SGUS scores at baseline was 27 (14) in patients with and 4 (3) in those with idiopathic sicca syndrome (p<0.001). In the pSS group, the total SGUS scores and the SGUS scores for bilateral parotid glands were significantly increased during median 23.4 month follow-up (p=0.026). Homogeneity and hypoechoic areas were the domains to show statistically significant progression of SGUS scores. None of the SGUS scores changed significantly in the patients with idiopathic sicca syndrome. In patients with pSS, baseline and follow-up PDS sum scores of four salivary glands were significantly higher in worsening SGUS group (n=13) than no change/improvement SGUS group (n=55).

Conclusion: The structural abnormalities in major salivary glands assessed using SGUS scores progressed significantly in patients with pSS. In pSS group, 16.8% patients had worsening SGUS scores during 2 years. Intra-glandular hypervascularity was associated with worsening of salivary gland abnormalities.

References:

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