Conclusion: Assessment and management of LN patients are greatly facilitated by information obtained by renal biopsy. In the present study the evaluation by HE of 53 kidney samples from patients with LN showed TI-I in 62% of the specimens and a well-defined infiltrate pattern with GC-like features in 39% of those specimens with TI-I, confirmed in IHC. The presence of TI was associated with a worse outcome in response to therapy. Our preliminary results obtained by IHC suggest that ELS might be considered as a biomarker of renal response to B-cell depleting therapy supporting the importance of TI in LN pathogenesis.

References:

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SAT0225 THE POSITIVITY FOR HISTOPATHOLOGIC ASSESSMENT IN SALIVARY GLANDS SHOWED LITTLE IMPACTS ON CLINICAL FEATURES FOR ESTABLISHED PRIMARY SJÖGREN’S SYNDROME IN A CERTAIN ETHNIC POPULATION

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Background: The presence and the severity of focal lymphocytic saliadenitis in minor salivary glands is a pathognomonic feature in primary Sjögren’s syndrome (pSS). However, it has not been determined whether performing of minor salivary gland biopsy (MSGB) in a setting of serologically and clinically established pSS give us additional clinical information.

Objectives: To investigate the necessity of MSGB in established pSS patients with the anti-Ro/SSA antibody.

Methods: We extracted 185 patients with anti-Ro/SSA antibody-positive pSS from the Korean Initiative of primary Sjögren’s Syndrome, a prospective cohort. We assigned them into two groups, 161 patients with focus score ≥1 and other 24 with focus score < 1. The two groups were compared in various clinical aspects including the severity of glandular dysfunctions, systemic disease activities, extra-glandular manifestations, and other clinical indices and laboratory values. We also evaluated relationship between focus score and clinically important variables in pSS.

Results: Between two groups, there were no significant differences in the severity of secretory dysfunctions, the frequency of extra-glandular manifestations, systemic disease activities represented by various clinical indices, and laboratory findings possibly predicting the risk for lymphoma. Rather, the Sjögren’s syndrome disease damage index was higher in the group with focus score < 1. Among all variables, serum immunoglobulin G level solely showed the correlation with focus score.

Conclusion: Given that little influence on clinical phenotypes, unconditional performing of MSGB should be reconsidered for serologically and clinically established pSS, especially in low-risk area for lymphoproliferative diseases.

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SAT0226 MINOR SALIVARY GLAND BIOPSY TO DIAGNOSE LYMPHOMA IN PATIENTS WITH PRIMARY SJÖGREN’S SYNDROME

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Background: Among 120 patients affected by LN from our Rheumatology Unit, 91 patients (age 43.8 ± 12 years, 74 (81.3%) female, disease duration 7.1 ± 7.9 years) were evaluated according to the 2016 revision of ISN/RPS classification.

Methods: Among 120 patients affected by LN from our Rheumatology Unit, 91 patients were extensively characterized by histopathological and genetic studies. We assigned them into two groups, 161 patients with focus score ≥1 and other 24 with focus score < 1. The two groups were compared in various clinical aspects including the severity of glandular dysfunctions, systemic disease activities represented by various clinical indices, and laboratory findings possibly predicting the risk for lymphoma. Rather, the Sjögren’s syndrome disease damage index was higher in the group with focus score < 1. Among all variables, serum immunoglobulin G level solely showed the correlation with focus score.

Conclusion: Given that little influence on clinical phenotypes, unconditional performing of MSGB should be reconsidered for serologically and clinically established pSS, especially in low-risk area for lymphoproliferative diseases.

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Background: Non-Hodgkin B-cell lymphoma (NHL), especially mucosa-associated lymphoid tissue (MALT) lymphoma, is one of the main complications of primary Sjögren's syndrome (pSS). Frequent extranodal lymphoproliferation makes its diagnosis challenging and obtaining a biopsy difficult. Since pSS-associated lymphomas are very frequently MALT lymphomas with salivary gland involvement, we hypothesized that minor salivary gland biopsy (MSGB) could be useful for NHL diagnosis in this context.

Objectives: To evaluate the potential contribution of MSGB for the diagnosis of pSS-associated MALT lymphoma by comparing patients diagnosed with NHL based on MSGB or another tissue.

Methods: All pSS patients (ACR/EULAR 2016 classification criteria), from the Paris National Referral Centers for Rare Systemic Autoimmune Diseases, diagnosed with NHL between January 2010 and October 2019, were included. Each patient's clinical, biological, radiological and therapeutic information was collected retrospectively at NHL diagnosis and 1-year later. Only patients with MSGB available were analyzed; they were divided into 2 groups according to MSGB results for NHL; MSGB and NHL.

Results: Among 36 pSS patients diagnosed with NHL during the study period, 25 had an MSGB available at the time of NHL diagnosis. Among them, 13 MSGBs contained NHL (MSGB+). MSGB was the only site enabling NHL diagnosis for 10/13 (77%) patients. MSGBs were NHL+ for lymphomas diagnosed based on other tissue samples for 12 (48%) patients; pSS and NHL were diagnosed simultaneously in 4/13 (31%). MSBGs were NHL+ for 10/13 (77%) patients.

Conclusion: MSGB might avoid the need for a more invasive procedure. Moreover, our findings suggest MSGB should be obtained at pSS diagnosis, and repeatedly during follow-up, when NHL, especially MALT, is suspected.

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