
AB0436

CHANGES OF LYMPHOCYTE SUBSETS AND CLINICAL INDEXES IN PERIPHERAL BLOOD OF PATIENTS WITH ANTI-PHOSPHOLIPID SYNDROME

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Background: Anti-phospholipid Syndrome (APS) is a non-inflammatory auto-immune disease, which can be divided into primary and secondary. Changes in lymphocyte numbers in APS are caused by disruption of the immune balance.

Objectives: The levels of lymphocyte subsets in peripheral blood of patients with anti-phospholipid syndrome were observed and their clinical indexes were analyzed.

Methods: S3 patients with anti-phospholipid syndrome (APS) were enrolled in the study as the case group and divided into two groups of A, B according to whether primary and 50 health examiners as the healthy control group. The levels of peripheral lymphocyte subsets and laboratory data [erythrocyte sedimentation rate (ESR), C-reactive protein (CRP), platelets (PLT)] were compared with healthy controls.

Results: The levels of lymphocyte subsets in peripheral blood of patients with anti-phospholipid syndrome were significantly increased. In the case group, the CRP and CRP were higher than those in the healthy control group, and the CRP in group A was higher. (2) Compared with the healthy control group, the levels of CD8+ T, CD4+ T/CD8+ T in T cell were increased, while the levels of total T, CD4+ T, CD8+ T, CD4+ T/CD8+ T in the case group were increased, and the CRP in group A was higher. (2) Compared with the healthy control group, the levels of CD8+ T, CD4+ T/CD8+ T in T cell were increased, while the levels of total T, CD4+ T, CD8+ T, CD4+ T/CD8+ T in T cell were increased, while the levels of total T, CD8+ T, CD4+ T/CD8+ T, TH2 and Treg cells were decreased. However, there was no significant difference in TH17 cells compared with the healthy control group.

Conclusion: APS patients were more prone to have thrombosis, adverse pregnancy and thrombocytopenia. The levels of lymphocyte subsets were seen in peripheral blood, and the primary and secondary had different directions and different degrees of manifestation. However, whether the secondary factors can aggravate the clinical indicators of APS is still unclear.


Disclosure of Interests: None declared DOI: 10.1136/annrheumdis-2020-eular.5167

AB0437

RISK FACTORS ASSESSMENT FOR SUBCLINICAL ARTERIOSCLEROSIS IN PRIMARY SJÖGREN’S SYNDROME


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Background: Some autoimmune diseases, including rheumatoid arthritis (RA) and systemic lupus erythematosus (SLE), are considered to be independent risk factors for vascular morbidity and mortality. These pathologies present accelerated atherosclerosis, partly because of a chronic inflammatory state, greater prevalence of cardiovascular risk factors (CVRFs) and pharmaceutical therapy. However, regarding primary Sjögren’s syndrome (pSS), available data are heterogeneous and proceed from small case series. For this reason, the aim of this study was to provide further information on the identification of atherosclerosis in pSS and its possible association with clinical and analytical parameters of the disease.

Objectives: To assess presence of subclinical atherosclerosis by means of carotid ultrasound in patients with pSS and to analyze clinical, analytical and CVRFs along with their potential association with the presence of subclinical cardiovascular affection.

Methods: This is a cross-sectional study of 38 patients with pSS (all patients met ACR/EULAR classification criteria for pSS) and 38 age and sex matched controls. Demographic variables and clinical CVRFs were collected (Hypertension, Diabetes mellitus, dyslipemia, Body Mass Index and smoking habit) and the presence of subclinical atherosclerosis was assessed by carotid ultrasonic with carotid intima-media thickness (CIMT) measurement and determination of the presence of atheromatous plaques, both in pSS patients and controls.

Disclosure of Interests: The authors have declared no conflicts of interest.