Table 1. Description of study population

	LN		RA		tDMARDs		Non tDMARDs	
	N	%	N	%	N	%	N	%
Age (years)								
18-34	1700	26.6	9015	8.3	1828	11.1	7187	7.8
35-44	1743	27.2	16662	15.4	2816	17.1	13846	15.1
45-54	1563	24.4	29955	27.7	4452	27.1	25503	27.8
55-64	1397	21.8	52685	48.6	7354	44.7	45331	49.3
Gender								
Female	5385	84.1	78419	72.4	12653	76.9	65766	71.6
Male	1018	15.9	29898	27.6	3797	23.1	26101	28.4

Table 2. IRs per 1,000 PY [95% CI] of SI for LN and RA patients

	LN total PY = 22065		RA total PY = 365033		tDMARDs		Non tDMARDs	
					total PY = 60999		total PY = 304034	
Pneumocystis carini pneumonia	28.2 [26.0-30.4]	8.5 [8.2-8.8]	12.6 [11.7-13.5]	7.7 [7.4-8.0]				
Septicaemia	23.3 [21.3-25.3]	12.1 [11.7-12.4]	13.3 [12.3-14.2]	11.8 [11.5-12.2]				
Cytomegalovirus infection	13.4 [11.9-14.9]	4.4 [4.2-4.6]	6.2 [5.6-6.8]	4.1 [3.8-4.3]				
Tuberculosis	7.2 [6.0-8.3]	6.7 [6.5-7.0]	18.2 [17.1-19.3]	4.4 [4.2-4.7]				
Mycosis	5.1 [4.1-6.0]	2.7 [2.6-2.9]	4.6 [4.1-5.1]	2.4 [2.2-2.5]				
Aspergillosis	4.7 [3.8-5.6]	2.7 [2.5-2.9]	2.1 [1.7-2.5]	2.8 [2.6-3.0]				
Herpes	3.3 [2.5-4.0]	2.4 [2.2-2.6]	2.9 [2.5-3.3]	2.3 [2.1-2.5]				

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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 autoimmune 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: 53 patients with anti-phospholipid syndrome (APS) were collected 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),

Table 1. Comparison of clinical data of two case groups and healthy control group M (p25, p75)

Groups	Case group A	Case group B	Healthy control group	H value	P value
History of thrombus (case)	4 ^a	8 ^a	-	13.709	0.001
History of adverse pregnancy (case)	3 ^a	19 ^a	-	34.596	<0.001
ESR	20.00 (12.25,111.00) ^a	35.00 (14.25,95.00) ^a	9.00 (6.00,13.00)	34.381	<0.001
CRP	15.00 (4.03,37.83) ^{ab}	7.33 (1.76,21.13) ^{ab}	2.10 (1.28,2.31)	35.263	<0.001
PLT	228.00 (189.50,573.25) ^{ab}	197.00 (66.00,260.50) ^{ab}	258.50 (228.25,272.25)	33.482	<0.001

Note: ^aComparison with healthy control group $P < 0.05$; ^bComparison with case group $P < 0.05$.

Table 2. Comparison of lymphocyte subsets in peripheral blood of two case groups and healthy control group M (p25, p75)

Groups	T (ng/ml)	CD4 ⁺ T (ng/ml)	CD8 ⁺ T (ng/ml)	CD4 ⁺ T/CD8 ⁺ T
Case group A	1140.22 (878.86,1819.56) ^{ab}	606.18 (473.50,873.45) ^b	494.55 (252.90,1022.24) ^b	1.56 (0.75,2.52) ^a
Case group B	664.89 (281.36,1360.00) ^{ab}	383.64 (142.46,678.25) ^{ab}	220.19 (114.43,464.50) ^{ab}	1.53 (0.94,3.07) ^a
Healthy control group	1250.50 (1070.00,1576.50)	639.00 (543.00,787.50)	422.00 (333.25,526.50)	1.55 (1.24,2.04)
H value	11.444	14.704	6.498	18.607
P value	0.003	0.001	0.039	<0.001
Groups	Th2	Th17 (ng/ml)	Treg (ng/ml)	Th17/Treg
Case group A	10.26 (7.36,14.72)	7.07 (3.65,12.17)	21.98 (18.00,34.25)	0.33 (0.12,0.48)
Case group B	2.78 (1.22,3.56) ^a	7.20 (3.29,10.50)	20.29 (13.03,31.31) ^a	0.31 (0.25,0.38)
Healthy control group	10.80 (5.39,15.83)	5.45 (4.06,7.56)	29.09 (21.63,42.07)	0.18 (0.13,0.33)
H value	10.884	2.452	7.516	2.590
P value	0.004	0.293	0.023	0.274

Note: ^aComparison with healthy control group $P < 0.05$; ^bComparison with case group $P < 0.05$.

C-reactive protein (CRP), platelets (PLT)]levels in the three groups were analyzed. The measurement data is not subject to normal distribution using the Median-Quartile method for statistical description; multiple sample comparisons using the Kruskal-Wallis H test; $p < 0.05$ as the difference is statistically significant.

Results: (1) The rates of thrombosis and adverse pregnancy in the two case groups were significantly increased. In the two case groups, the ESR 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 case A group were increased, while the levels of total T, CD4⁺ T, CD8⁺ T, CD4⁺ T/CD8⁺ T, Th2 and Treg cells were decreased. However, there was no significant difference in Th17 cells level and Th17/Treg ratio compared with the healthy control group.

Conclusion: APS patients were more prone to have thrombosis, adverse pregnancy and thrombocytopenia. The changes 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.

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AB0437

RISK FACTORS ASSESSMENT FOR SUBCLINICAL ARTEROSCLEROSIS 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 sustained inflammation, greater prevalence of cardiovascular risk factors (CVRFs) and pharmacological 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 CVRF 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/EULAR¹ classification criteria for pSS) and 38 age and sex matched controls. Demographic variables and classical CVRFs were collected (Hypertension, Diabetes mellitus, dyslipemia, Body Mass Index and smoking habit) and the presence of subclinical atherosclerosis was assessed by carotid ultrasound with carotid intima-media thickness (CIMT) measurement and determination of the presence of atheromatous plaques², both in pSS patients and controls. Disease

features were also collected in pSS patients (disease duration, disease activity measured by ESSDAI, glandular vs extraglandular involvement, serological features and treatments received).

Statistical analysis: To evaluate differences between patients and controls, T-test or Wilcoxon test with continuity correction, were used for quantitative features and Fisher test for categorical variables. In order to test the presence of pSS as an independent risk factor for subclinical atherosclerosis, from other features as classic CVRFs or analytical data, first we adjusted logistic binomial regression in a bivariate analysis, to select possible predictors to be included in a multivariate analysis. Statistical significance was $p < 0.05$, and OR CI 95% was calculated. *R-Statistics v- 3.6*

Results: All of the 76 patients included were women, with a mean age of 53.7 ± 11.7 years. For both groups, no differences between prevalence of classical CVRFs were found. Subclinical atherosclerosis presence was higher in patients with pSS than in controls [OR= 4.17, 95%CI (1.27- 16.54), $p < 0.001$], as well as CIMT values (0.79 ± 0.43 mm vs. 0.66 ± 0.27 mm; $p = 0.02$). An association of subclinical atherosclerosis with erythrocyte sedimentation rate [OR=1.18, 95%CI (1.05-1.37), $p < 0.05$] and Rheumatoid Factor [OR=1.28, 95%CI (1.63-2.26), $p < 0.05$].

Conclusion: This cohort showed a greater prevalence of subclinical atherosclerosis in patients with pSS, indicating this disease as an independent risk factor for presence of early vascular damage.

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AB0438 MALIGNANCIES IN PATIENTS WITH PRIMARY SJOGREN'S SYNDROME

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Background: Sjogren's syndrome (SS) is a chronic, systemic, autoimmune disease. The risk of developing lymphoproliferative malignancies is high in primary Sjogren's syndrome (pSS).

Objectives: In this study, we planned to present malignancy data in patients who were followed up in our outpatient clinic with a diagnosis of pSS.

Methods: Data of 151 patients diagnosed with pSS between 2004-2019 were retrospectively reviewed and clinical, demographic characteristics of 15 patients diagnosed with malignancy were examined.

Results: All 15 patients with malignancy were female, their mean age was 59 ± 13 years, and the disease duration was 9 ± 1 years.

In this group, 7% of the patients had fever, 13% had weight loss and 7% had night sweats. Dry eye was present in 87%, dry mouth in 93%, LAP in 53% (Table 1). None of the patients had myositis, neuropathy and vasculitis. In 87% of the patients, schirmer was below 5 mm and in 67% of the salivary gland scintigraphy, decreased involvement in the parotid and submandibular gland was detected. Salivary gland biopsy was compatible with pSS diagnosis in 53% of patients. Rheumatoid factor, ANA, SS-A and SS-B were positive in %60, %93, %67 and %53 of patients, respectively.

Table 1. The data of pSS patients with malignancy

	N(%)
Gender (Female)	15(100)
Dry mouth	14(93)
Dry Eye	13(87)
Arthritis	3(20)
Parotitis	4(27)
Raynaud Phenomenon	2(13)
Lymphadenopathy	8(53)
Interstitial Lung Disease	4(27)
Smoking	7(47)

Table 1. The data of pSS patients with malignancy

Hypocomplementemia	4(27)
Malignancy	
Lung Cancer	2(13)
Breast Cancer	4(27)
Thyroid Papillary Cancer	3(20)
Cervical Cancer	2(13)
Vulva Cancer	1(7)
Mycosis Fungoides	1(7)
MALT lymphoma	1(7)
Diffuse Large B Cell Lymphoma	1(7)

Low C3 level was detected in 27% of patients and C4 level was normal in all patients. Hypergammaglobulinemia was detected in %27 patients but data of five patients could not be reached. Malignancy was detected in 10% of the patients who were followed up with the diagnosis of PSS. Two patients had cervical cancer (CA), four had breast CA, three had thyroid papillary CA, one had diffuse large b cell lymphoma, one had MALT (mucous-associated lymphoid tissue) lymphoma, one had mycosis fungoides, one had vulva epithelial carcinoma and two had lung CA. Patients with malignancy and those without were compared in terms of clinical and laboratory findings. There was a significant relationship between presence LAP and smoking with development of malignancy. Subgroup analysis was performed according to titers of C-Reactive protein (CRP) and erythrocyte sedimentation rates (ESH), but there was no significant relationship between laboratory findings and the development of malignancy. (Table 2)

Conclusion: According to 2015 data of Turkey unified database for all age groups, the rate of cancer in woman is 25% for breast cancer, 12% for thyroid CA, 5.1% for lung CA, 2.5% for cervical CA, 2.8% for non-hodgkin lymphoma. Patients with pSS have a 6 to 19-fold increased risk for the development of non-Hodgkin B-cell lymphoma. For these reasons, detailed questioning and physical examination gain importance in the follow-up of patients

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Table-2. Relationship between presence of malignancy and clinical and laboratory findings

N(%)	Malignancy(±) 15	Malignancy(-) 136	P	OR	%95 CI
Hypocomplementemia	4(27)	11/96(12)	0,119	2,81	0,76-10,3
Fever	1(7)	7(5)	0,576	1,31	0,15-11,4
Night Sweats	1(7)	0	*	*	*
Weight Loss	2(13)	10(7)	0,339	1,93	0,38-9,81
Smoking	7(47)	24(20)	0,043	3,6	1,19-10,9
LAP	8(53)	36(27)	0,039	3,17	1,07-9,38
Hypergammaglobulinemia	4/10(40)	26/86(30)	*	*	*
ESH>50 mm/h	2(13)	8(6)	0,260	2,46	0,47-12,8
CRP>3XNormal	2(13)	14(10)	0,662	1,34	0,27-6,56

*No analysis was done because the data was not enough

Disclosure of Interests: None declared

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AB0439 LUNG FINDINGS IN PATIENTS WITH PRIMARY SJOGREN'S SYNDROME

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Background: Sjogren's syndrome (SS) is a systemic, autoimmune disease and can affect many organs and systems.

Objectives: In this study, we planned to present the lung findings of primary SS (pSS) patients who are being followed in our outpatient clinic.

Methods: Chest radiographs and thorax CTs of 151 patients who were admitted to the rheumatology outpatient clinic between 2004 and 2017 and diagnosed as pSS according to the classification criteria of the American-European consensus group Sjogren's syndrome were retrospectively scanned.

Results: In our study, 97% of pSS patients were female and 3% were male and the mean age was 56 ± 12 years, disease duration was 10.5 ± 5 years.

It was observed dry eye in 86% of patients, dry mouth in 88%, parotitis in 17%, arthritis in 29%, vasculitis in 4%, neuropathy in 6%, myositis in 1%, lymphadenopathy in 29% (LAP), and 20% of patients had Raynaud phenomenon. In 50% of the patients, chest radiography was normal, and there were no respiratory complaints. Thorax CT was requested due to suspicious appearance on 50% chest x-ray.