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 SJÖGREN'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

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AB0439 LUNG FINDINGS IN PATIENTS WITH PRIMARY SJÖGREN'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.