According to CT findings, 23% had nodules in the lung, nodule sizes were less than 1 cm, and patients were followed up for an increase in size. Hilar and subcarinal lymph nodes were present in 6% of patients and their sizes were ranged from 5 mm to 15 mm. Bronchoscopy was performed for two patients due to mediastinal LAP. Biopsy results were evaluated as reactive changes.

Interstitial lung disease (ILD) findings were present in 16 patients. (69% NSIP, 25% LIP, 6% UIP). All patients with ILD received steroid therapy. Two patients received 6 cycles of cyclophosphamide treatment for active alveolitis and azathioprine (AZA) was used in maintenance therapy. Due to ILD, one patient was receiving rituximab, one patient was receiving mycophenolate mofetil, while nine patients were using AZA.

It was found bronchiectasis in 3% of patients, emphysema in 5%, sequelae fibrotic changes in 13%, and 1% patients had thickening of the pleura. One patient was diagnosed with hypersensitivity pneumonia and two patients had lung cancer (Table-1).

There was a smoking history in 21% of the patients. There was a significant relationship between smoking and development of emphysema and malignancy. The relationship between smoking and lung cancer development could not be assessed due to the absence of lung cancer in the non-smoking group (Table-2).

Conclusion: Lung findings are detected in 9-12% of patients in pSS, which can increase to 75% with the use of tomography, pulmonary function tests and bronchoscopy.

Since pSS has a wide spectrum from airway disease or interstitial lung disease to BALT lymphoma lung involvement of the disease has been emphasized.

References:

- [1] Hatron PY, Tillie-Leblond I, Launay D, et al.: Pulmonary manifestations of Sjogren's syndrome. *Presse Med.* 40:e49-e64 2011

Table 1. Lung Findings of Primary Sjogren's Syndrome Patients

	% (N)
Nodule	23(34)
Mediastinal LAP	9(6)
Interstitial Lung Disease	11(16)
NSIP	69(11)
LIP	25(4)
UIP	6(1)
Bronchiectasis	3(4)
Atelectasis	5(7)
Emphysema	5(7)
Sequelae Fibrotic Change	13(19)
Tuberculosis Sequelae	1(2)
Airway disease	1(1)
Pleural effusion	1(2)
Lung cancer	1(2)

Table 2. Effects of smoking on lung findings

N(%)	Smoker 31(21)	Non-Smoker 107(71)	p	OR	%95 CI
Emphysema	6(19)	1(1)	0.001	25	2.9-220
Interstitial Lung Disease	2(7)	14(13)	0.524	0.458	0.09-2.13
Raynaud	6(19)	22(21)	0.883	0.926	0.33-2.53
LAP	10(32)	32(30)	0.802	1.11	0.47-2.63
Nodule	9(29)	23(22)	0.381	1.49	0.60-3.68
Malignancy	7(23)	8(8)	0.043	3.6	1.19-10.9
Lung Cancer	2(7)	0	-	-	-
Atelectasis	2(7)	3(3)	0.313	2.39	0.38-14.9
Bronchiectasis	0	4(4)	-	-	-

Disclosure of Interests: : None declared

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AB0440 LDL-CHOLESTEROL AS A RISK FACTOR OF PROGRESSION TO ESRD IN PATIENTS WITH LUPUS NEPHRITIS

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Background:

Objectives: There are few data on the effect of dyslipidemia in patients with lupus nephritis (LN). Thus, we investigated the effect of low-density lipoprotein-cholesterol (LDL-C) on the progression to end-stage renal disease (ESRD) in patients with biopsy-proven LN.

Methods: We followed 121 LN patients who underwent kidney biopsy and were subsequently treated with immunosuppressive drugs. Sociodemographic, clinical, laboratory (including lipid profile), and treatment-related data at the time of kidney biopsy and during follow-up were obtained by a review of patients' charts.

Patients were divided into two groups related to the mean LDL-C level: <100 mg/dL and ≥100 mg/dL. Cox's proportional regression analysis was performed to identify the independent predictors of progression to ESRD in LN patients.

Results: Seventy-one of 121 biopsy-proven LN patients (58.7%) showed more than 100 mg/dL of LDL-C at the time of LN diagnosis. The higher LDL-C group excreted more 24-hour urine protein (p=0.003), and showed a higher proportion of proliferative LN (p=0.013) and an activity score >12 (p=0.023). During a mean follow-up of 83.0 (range, 12–171) months, ESRD was more frequent in the higher LDL-C group than in the lower group (15.5% vs. 2.0%; p=0.012). In the multivariate Cox's proportional regression analysis, LDL-C ≥100 mg/dL (hazard ratio [HR], 171.340; p=0.012), estimated glomerular filtration rate during the renal biopsy (HR, 0.977; p=0.005), statin exposure during follow-up (HR, 0.163; p=0.031), relapse (HR, 9.752; p=0.036), and complete remission at 1-year of treatment (HR, 0.034; p=0.003) were significant predictors of progression to ESRD in LN patients.

Conclusion: Our findings suggest that dyslipidemia at the onset of LN is an independent risk factor for predicting the development of ESRD in LN patients. Therefore, lipid profile should be monitored carefully and managed aggressively to avoid the deterioration of kidney function in patients with LN.

Disclosure of Interests: None declared

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AB0441 ASSOCIATION OF CO-POSITIVITY FOR ANTI-DSDNA, -NUCLEOSOME, AND -HISTONE ANTIBODIES AND DISEASE ACTIVITY IN PATIENTS WITH LUPUS NEPHRITIS: RESULTS FROM THE KORNET REGISTRY

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Background: Recent studies have shown that the simultaneous positivity of anti-double stranded DNA, -nucleosome, and -histone antibodies (3-pos) is prevalent in lupus nephritis (LN) patients compared to non-renal systemic lupus erythematosus (SLE) patients.

Objectives: The aim of this study was to define the clinical, biologic, histopathologic, and prognostic differences according to the simultaneous reactivity to those antibodies in Korean patients with biopsy-proven LN.

Methods: We studied 102 patients who underwent kidney biopsy prior to the start of induction treatment and who were subsequently treated with immunosuppressives and followed-up for more than 12 months. Sociodemographic, clinical, laboratory, and treatment-related data at the time of kidney biopsy and during follow-up were obtained by a review of patients' charts. Antibodies were detected by immunoblot analysis or ELISA at the time of renal biopsy.

Results: Fifty-eight (35.4%) of the total of 102 LN patients had 3-pos. In comparison with non-3-pos patients, the patients with 3-pos showed a higher SLE Disease Activity Index-2000 score (P=0.002), lower lymphocyte level (p=0.004), higher proportion of proteinuria >3.5g/24hr (p=0.005), and higher positivity of urinary sediments (p=0.005) at the time of renal biopsy. In the renal histopathologic findings, the patients with 3-pos had more proliferative LN (p=0.015) and also showed more endocapillary hypercellularity, sub-endothelial hyaline deposits, fibrinoid necrosis/karyorrhexis, and cellular crescents in the disease activity index (p=0.016, p=0.045, p=0.002, and p=0.022, respectively), as well as a higher activity score (p=0.011). After a median follow-up of 83.2 months, rapid glomerular filtration rate decline was frequently observed in patients with 3-pos compared to those without (p=0.012).

Conclusion: Our findings suggest that 3-pos is related to severe LN and, furthermore, that patients with 3-pos show a rapid decline of renal function compared to those without.

Disclosure of Interests: None declared

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AB0442 RISK FACTORS ASSOCIATED WITH THROMBOTIC EVENTS IN KOREAN PATIENTS WITH SYSTEMIC LUPUS ERYTHEMATOSUS

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Background:

Objectives: Up to 30–40% of all patients with systemic lupus erythematosus (SLE) experience thrombosis, presenting as stroke and myocardial infarction, and these thrombotic events cause substantial morbidity and mortality in SLE. We explored the risk factors associated with the occurrence of thrombotic events in SLE patients.

Methods: This study enrolled 259 SLE patients (mean age, 34.0 ± 13.7; 239 females) with available clinical data at the time of SLE onset from the lupus cohort at Chonnam National University Hospital. Sociodemographic, clinical, and laboratory data, and history of concomitant diseases were obtained. Thrombotic events were defined as the presence of arterial or venous thrombosis. The