in past history were registered in 5/9 (55%) APS patients and 2/11 (18%) BD patients and none of HC. Fetal loss occurred only in women with APS (4/4 (100%) who had pregnancy during the disease). All the patients were hospitalized and underwent follow-up investigation according to the diagnosis including TTE, local coagulation tests and antiphospholipid antibodies profile.

**Results:** the velocity of clot growth in APS was lower, than in BD and in HC: 23.7 [22.6; 24.7] vs 29.0 [28.2; 34.4] and 31.1 [29.8; 33.3] Um/min, respectively (p<0.001). Clot size at 30 minutes in APS was also lower, than in BD and HC: 972.1 [921.3; 1007.4] vs 1152.7 [1098.3; 1225-4] and 1226.6 [1140.5; 1293.1] Um, respectively (p<0.001). Spontaneous clotting was registered only in 2 BD patients in mean time 2 minutes. Clot density and lag time (lag, the delay between the test start and the onset of clot formation) were the same in all the three groups. Prolonged APTT was found in APS (33.7 [30.6; 47.1] sec) and normal APTT - in BD (30.9 [29.1; 31.1] sec) and HC (29.7 [28.2; 30.8] sec). Increased soluble fibrin-monomer complexes were revealed in all APS patients (100%), 91% BD patients and 25% HC (p<0.01). After interpretation the TTE results were distributed as follows: hypocoagulation was noted in 1 APS patient with a positive lupus anticoagulant, while all other APS patients had normocoagulation. Thrombotic readiness status (TRS) was diagnosed only in 2 BD patients. The frequency of normocoagulation and hypercoagulation did not differ between BD and HC.

Local coagulation tests (APTT, thrombin time, prothrombin time) were the same among SLE patients and TRS: 4.2 [3.6; 4.7] vs 2.8 [2.7; 3.0] and 2.8 [2.7;2.8] g/l respectively, p<0.04. BD activity by Behçet’s Disease Current Activity Form correlated with local coagulation tests and antiphospholipid antibodies profile.

**Disclosure of Interests:** None declared

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