systemic inflammation and endothelial dysfunction, which promotes accelerated atherosclerosis.  

**Objectives:** Evaluate the frequency of atheromatous plaques in patients with systemic lupus erythematosus.

**Methods:** Observational, prospective, cross-sectional study. Carotid Doppler was performed on patients with SLE from the external consultation of the rheumatology service from November 2019 to 2020. Inclusion criteria: > 18 years old, diagnosis SLE with the classification criteria ACR 2007, realization of Doppler. Controls: no disease, equated by age and sex. The data was analyzed with SPSS V23.

**Results:** 116 patients met inclusion criteria, including 116 female controls. Mean sick time was 6.23 years. 14.65% (17) had atheromatous plates, 29.4% calcified plates (5), 34.7% Dyslipidemia (63.1%) (73), obesity 34.7% (33), high blood pressure 23.1% (22), diabetes 3.4% (4), smokers 0% (0). The activity rate using SLEDAI showed 68.96% (80) without activity, 13.79% (16) low, 11.20% (13) moderate, 6.03% (7) high activity. About control group (116), 19.82% (23) showed atheromatous plates, 39.13% (9) calcified plates.

**Conclusion:** Our study shows that less than a quarter of patients have atheromatous plaques in the carotid Doppler. In relation to LES activity, the vast majority are in low activity. We suggest the realization of Carotid Doppler in patients with low activity SLE for evaluation and monitoring of cardiovascular risk. Our study showed that there is no increased risk of atheroma plaque formation in SLE patients, compared to the general population.

**REFERENCES:**


**Disclosure of Interests:** None declared

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