

AB0301

CRITERIA FULLFILLMENT OF PRIMARY SJÖGREN'S SYNDROME ACCORDING TO TIME OF EVOLUTION OF SICCA SYMPTOMS

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Background: Primary Sjögren's Syndrome (PSS) is an autoimmune disease characterized by sicca symptoms, autoantibodies and lymphocytic infiltrate in exocrine glands.

Classification and diagnosis of PSS is performed by applying 2002 AECG, 2012 ACR or 2016 ACR-EULAR criteria.

Time of evolution of symptoms has been associated with different clinical, serological and pathology findings.

Objectives: Document sicca profiles and compare findings according to time of evolution of symptoms.

Methods: A descriptive retrospective observational study was performed in 116 patients with sicca symptoms in a Rheumatology center in México.

Patients were separated according to time of evolution of sicca symptoms in ≤1 year, ≤2 years, ≤3 years, and ≥3 years. Clinical, serological, and histopathology features were assessed at each established time.

Time from symptom onset to diagnosis was reported in median and interquartil range (IQR); age at symptom onset and age at diagnosis was expressed in mean and standard deviation (SD).

Patients were classified as PSS if they fulfilled the 2002 AECG or 2016 ACR-EULAR criteria. Serology of Rheumatoid factor (RF), ANA, Anti-Ro, and Anti-La were documented.

Description of MSGB was performed reporting presence of foci, lobules, atrophy, adipose tissue infiltration and ductal dilatation.

Results: One hundred and sixteen sicca patients had a complete profile and 97 (83.62%) fulfilled AECG 2002 SSP criteria. Eighty-two (70.6%) patients with an ocular staining score were able to classify as PSS using the 2016 ACR-EULAR criteria.

Of the sicca cohort, 112 (96.6%) were female. The mean age of symptom onset was 48.4 (SD 13.11) years, and the mean age at diagnosis was 53.33 (SD 12.43) years. The median time from symptom onset to diagnosis was 36 (IQR 12-84) months.

Fulfillment the 2002 AECG PSS classification criteria according to duration of sicca symptoms is described in Table 1.

Table 1. Classification PSS criteria according to time of evolution of sicca symptoms

| | <12 months | <24 months | <36 months | >37 months |
|---|------------|------------|------------|------------|
| Oral symptoms | 28% | 40% | 48% | 89% |
| Ocular symptoms | 26% | 39% | 47% | 93% |
| Altered Salivary flow rate test | 21% | 32% | 41% | 81% |
| Altered Schirmer test | 19% | 28% | 38% | 75% |
| Positive Anti Ro | 13% | 19% | 26% | 47% |
| Positive Anti La | 3% | 6% | 10% | 16% |
| ≥1 foci score/4mm ² | 14% | 24% | 34% | 67% |
| 2002 AECG Criteria* | 22% | 34% | 44% | 84% |
| *AECG-American European Consensus Group | 0% | 25% | 50% | 75% |
| | | | | 100% |

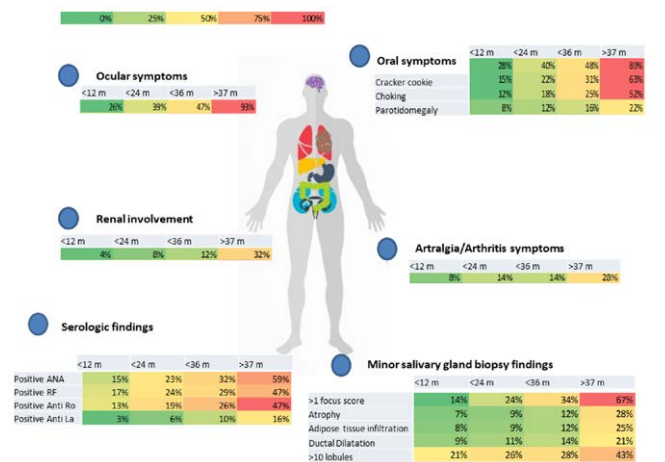


Figure 1. Clinical, serologic and histopathologic findings according to sicca symptom duration

Extra-classification criteria such as severe oral symptoms (choking, cracker cookie) were more common with prolonged symptom duration. Figure 1

Conclusion: The probability and capability of fulfilling PSS criteria is time dependent, this should be taken into consideration when evaluating patients referring sicca symptoms. Longer symptom duration was associated with more severe clinical, serological and histopathology profiles.

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AB0302

FACTORS ASSOCIATED WITH GESTATIONAL DIABETES MELLITUS (GDM) IN A MULTI-ETHNIC SYSTEMIC LUPUS ERYTHEMATOSUS (SLE) COHORT

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Background: The risks of insulin resistance and diabetes mellitus are elevated in systemic lupus erythematosus (SLE) patients. The use of glucocorticoid and anti-double stranded DNA antibodies positive are among the factors reported to be associated with the risk of gestational diabetes mellitus (GDM) in SLE patients. However, the relationship between GDM in Asian SLE patients is still obscure.

Objectives: To determine the prevalence of gestational diabetes mellitus (GDM) in a multi-ethnic SLE cohort in Malaysia and the associated risk factors.

Methods: This was a retrospective study of SLE pregnant women who have completed their antenatal care in Universiti Kebangsaan Malaysia Medical Centre (UKMMC) from 2004 until 2019. Screening and diagnosis of gestational diabetes mellitus (GDM) were as recommended in the guidelines by the Ministry of Health Malaysia. Information on SLE disease activity and treatment at 6 months before pregnancy and during pregnancy were determined from the medical records. Univariate and multi-variable logistic regression analyses were performed to determine the factors associated with GDM in the SLE patients.

Results: A total of 89 patients with 202 pregnancies were included in the study. Malay was the predominant ethnic in this cohort (n=82, 67.2%), followed by Chinese (n=33, 27.0%) and Indian (n=7, 5.7%). The most common system involvement of SLE was musculoskeletal (n=91, 74.6%), followed by haematological (n=78, 63.9%), lupus nephritis (54.9%, n=67) and mucocutaneous (n=66, 54.1%). The prevalence of GDM was 8.9% (n=18). More patients with GDM had positive anti-cardiolipin IgG antibody (aCL IgG) and lupus anticoagulant (LA) antibody as compared to the patients with no GDM, (55.6% vs 25.8%, p=0.01) and (50.0% vs 25.4%, p=0.05) respectively. On the other hand, the use of hydroxychloroquine (HCQ) in pregnancy was significantly lower in GDM patients (11.1%) as compared to no GDM group (39.1%), p=0.02. There was no significant difference in the ethnicity, SLE system involvement, disease activity status and immunosuppressant use including steroid, azathioprine and cyclosporine A at 6 months before and during pregnancy between the GDM and non-GDM group. A forward logistic regression which include aCL IgG, LA and HCQ use in pregnancy, only the HCQ use remained significantly associated with lower risk of GDM in the model with OR= 0.12, 95% C.I = 0.02-0.94, p=0.04.

Conclusion: Our study demonstrates the potential benefit of hydroxychloroquine in reducing the risk of gestational diabetes mellitus in SLE patients. The prevalence of antiphospholipid antibodies particularly aCL IgG and LA was found to be higher among patients with GDM. Further prospective studies are needed to confirm this association.

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AB0303

VALIDATION OF THE THREE CLASSIFICATION CRITERIA FOR SYSTEMIC LUPUS ERYTHEMATOSUS (SLE) ON A PATIENT COHORT FROM A V.A. NASONOVA SCIENTIFIC RESEARCH INSTITUTE OF RHEUMATOLOGY: A PROSPECTIVE STUDY

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