IL-6, IL-10, IFN-γ and TNF-α in ROC curve may be more predictive for finding bacterial infection in SLE and may prompt clinicians more promptly and accurately to help them make correct medication.

References:

[1] Illescas-Montes R, Corona-Castro CC, Melguizo-Rodríguez L, et al. Infectious processes and systemic lupus erythematosus. Immunology 2019;158:153-160.

[2] Furst DE, Breedveld FC, Kalden JR, et al. Updated consensus statement on biological agents for the treatment of rheumatic diseases. Ann Rheum Dis 2002; 61: ii2–7.

Disclosure of Interests: None declared

DOI: 10.1136/annrheumdis-2020-eular.5376

SAT0206 MINOR SALIVARY GLAND BIOPSY AND SEROLOGICAL PROFILE IN PRIMARY SJÖGREN'S SYNDROME: A SINGLE TERTIARY REFERRAL CENTER EXPERIENCE

C. M. Gamboa-Alonso[1], M. J. Garza Martínez[1], B. R. Vázquez Fuentes[1], G. Figueroa-Parra[1], D. Vega-Morales[1], J. C. Riegatorres[1], J. D. Ángulo[1], D. Á. Galarza-Delgado[1]. [1]*University Hospital "Dr. José Eleuterio González", Rheumatology, Monterrey, Mexico*

Background: Minor salivary gland biopsy (MSGB) portrays an important role as part of the diagnostic criteria of primary Sjögren's syndrome (pSS) in the ACR/EULAR 2016 classification. Autoantibodies anti-Ro/SSA and anti-La/SSB embody part of these criteria. Patients with negative serology have been classified as pSS using MSGB outcomes in up to 40% of cases.

Objectives: Compare MSGB and serological characteristics between pSS positive biopsy versus pSS negative biopsy and sicca groups.

Methods: 174 subjects with sicca symptoms and MSGB biopsy were studied. Patients who fulfilled the ACR/EULAR 2016 criteria were classified as pSS. Serological profile: Rheumatoid factor (RF) (IgA, IgG and IgM), Anti La/SSB and Anti-Ro/SSA, available in 148 and 161 patients respectively, as well as histopathological characteristics of MSGB were recollected (Table 2).

Comparison between subgroups according to biopsy status was performed. Differences between serology and MSGB were reported using Chi square, a p<0.05 was considered statistically significant

Results: 95(54.59%) pSS patients with positive biopsy, 47 (27. 02%) pSS with a negative biopsy and 32 (18.39%) sicca patients were included.

A positive serology profile (RF, Anti-Ro/SSA, Anti-La/SSB) was found more frequently in the pSS positive biopsy cohort when compared to the pSS negative biopsy and sicca groups (Table 1).

Table 1. Comparison between serological and histopathological characteristics in pSS and sicca groups.

Groups	Positive biopsy n=95	Negative biopsy n=47	Sicca n=32	p^1	p^2
Age (years) mean, (SD)	54.59 (11.69)	50.17 (12.35)	49.18 (12.74)	0.42 (0.43-0.45)	0.78
Female, n (%)	92 (96.8)	46 (97.87)	32 (100)	0.779	0.58
Serological profile					
Rheumatoid factor					
IgA (%)	26 (27.4)	12 (25.5)	4 (12.5)	0.35 (0.47-0.49)	0.23
IgM (%)	47 (49.5)	25 (53.19)	7 (21.9)	0.34 (0.41-0.43)	0.015
IgG (%)	13 (13.7)	7 (14.8)	1 (3.1)	0.35 (0.45-0.47)	0.25
Positivity Anti-Ro/SSA, n (%)	47 (52.8)	12 (30)	2 (6.3)	0.015 (0.013-0.018)	<0.05
Positivity Anti-La/SSB, n (%)	17 (19.77)	3 (9.09)	0(0)	0.003 (0.002-0.004)	0.019

[1]*p* of the comparison between pSS positive biopsy group vs pSS negative biopsy group
[2]*p* of the comparison of the 3 groups
Anti-Ro/SSA: available in pSS biopsy positive group n=89, pSS negative biopsy group n=40
Anti-La/SSB: available in pSS biopsy positive group n=86, pSS negative biopsy group n=33

Table 2. Histopathologic characteristics and comparison in pSS and sicca groups.

Characteristics	Positive biopsy n=95	Negative biopsy n=47	Sicca n=32	p^1	p^2
Lobules, n (SD)	12.45 (7.24)	15.2 (9.95)	11.84 (9.84)	0.19 (0.13 0.15)	0.43
Foci, n (SD)	3.23 (3.16)	0(0)	0(0)	<0.05	<0.05
Atrophy, n (%)	27 (28.4)	9 (9.5)	7 (21.9)	0.007	0.57
Adipose infiltration, n (%)	22 (23.2)	12 (12.6)	6 (18.8)	0.12	NA
Ductal dilatation, n (%)	22 (23.2)	8 (8.4)	6(18.8)	0.05	0.73

[1]*p* of the comparison between pSS positive biopsy group vs pSS negative biopsy group
[2]*p* of the comparison of the 3 groups

Histopathological characteristics of MSGB are described in Table 2. Sicca group had more alterations when compared to pSS negative biopsy group.

Conclusion: Histopathological alterations in MSGB (atrophy, adipose infiltration and ductal dilatation) can act as confounding data at biopsy interpretation since they were found in close prevalence in the pSS positive biopsy group and sicca group and should be carefully taken into account at diagnosis. A positive serologic profile was associated with more histopathological alterations in the positive biopsy group.

References:

[1] Wicheta S, Van der Groen T, Faquin W, August M. Minor Salivary Gland Biopsy—An Important Contributor to the Diagnosis of Sjögren Syndrome. Journal of Oral and Maxillofacial Surgery. 2017;75(12):2573-2578.

Disclosure of Interests: None declared

DOI: 10.1136/annrheumdis-2020-eular.6278

SAT0207 ANTI-SSA/RO POSITIVITY AND CONGENITAL HEART BLOCK: OBSTETRIC AND FETAL OUTCOME IN A COHORT OF ANTI-SSA/RO POSITIVE PREGNANT WOMEN WITH AND WITHOUT AUTO-IMMUNE DISEASES FROM THREE ITALIAN TERTIARY REFERRAL CENTERS

M. Gerosa[1], M. Fredi[2], L. Andreoli[2], C. Chighizola[3], L. M. Argolini[4], D. Donzelli[5], T. Vojinovic[2], V. Ramoni[6], E. Bellis[6], L. Trespidi[7], F. Gazzola[7], E. Ferrazzi[7], S. Zatti[8], F. Benvenuti[9,10], P. L. Meroni[11], F. Franceschini[2], C. Montecucco[10,12], R. Cimaz[1], R. Caporali[1,13], A. Tincani[2]. [1]*Department of Clinical Science and Community Health, University of Milan, Milano, Italy*; [2]*Reumatologia e Immunologia Clinica, Spedali Civili, University of Brescia, Brescia, Italy*; [3]*Immunorheumatology Research Lab, Istituto Auxologico Italiano, Milan, Italy*; [4]*Clinical Rheumatology Unit, ASST PINI-CTO, Milan, Italy*; [5]*University of Milan, Milan, Italy*; [6]*Rheumatology, Fondazione IRCCS Policlinico S Matteo, Pavia, Italy*; [7]*Obstetrics and Gynaecology, Ospedale Maggiore Policlinico, Milan, Italy*; [8]*UO Ginecologia e Ostetricia, ASST Spedali Civili Brescia, Brescia, Italy*; [9]*Obstetric andf Gynecology Clinic, Fondazione IRCCS S Matteo, Pavia, Italy*; [10]*University of Pavia, Pavia, Italy*; [11]*Immunorheumatology Research Laboratory, Istituto Auxologico Italiano, Milan, Italy*; [12]*Rheumatology, Fondazione IRCCS Policlinico S Mateo, Pavia, Italy*; [13]*Lupus Clinic, Clinical Rheumatology, ASST PINI-CTO, Milan, Italy*

Background: neonatal lupus syndrome (NLS) is an acquired disease caused by the trasplacental passage of anti-SSA antibodies. Congenital heart block (CHB) represents the most serious manifestation of NLS. The rate of CHB in Anti-SSA positive pregnant women ranges from 1 to 5% in different studies

Objectives: to retrospectively assess the prevalence of CHB in a cohort of anti-SSA positive pregnant women followed in 3 Italian tertiary centers

Methods: pregnancies of anti-SSA positive women attending the pregnancy clinic of ASST Pini CTO/Policlinico Mangiagalli, Rheumatology Division of Spedali Civili, Brescia and Rheumatology Division of Ospedale S Matteo, Pavia from 2009 to 2019 were included. Patients underwent monthly clinical examination. Fetal heart rate was assessed weekly by Doppler ultrasound from 14th to 26th gestational week. On week 14 and 26, a fetal echocardiography was performed. A EKG was performed at birth

Results: 351 prospectively followed pregnancies in 292 anti-SSA/Ro positive women were included. Table 1 reports diagnosis. None of the prospectively followed pregnancies were complicated by complete CHB. Seven additional patients were referred

Table 1. patients diagnosis

	n	%
Sjogren's Syndrome	58`	20
Systemic lupus erythematosus	76	26
UCTD	74	25
Asymptomatic Ro carriers	56	19
Other	28	10
	292	100

Table 2. maternal and fetal outcome

	healthy controls N=3158	Anti-SSA/Ro pts N=244	P value
Previous CHB n (%)		2 (0.8)	
Anti-SSB pos n (%)		46 (18.8)	
aPL pos n (%)		49 (20)	
Pregnancy			
Live births	3158	241	
Preeclampsia, n (%)	43 (1.1)	2 (0.8)	ns
Delivery			
Delivery <37 wks, n (%) / < 34 wks n (%)	401 (12.6) /201 (6)	35 (15.6) / 14 (6)	ns / ns
Cesarean Section, n (%)	897 (29.3)	115 (47.5)	<0.001