bureau: Abbvie, Celgene, Gilead, Janssen, Novartis, Pfizer, Roche, Indalecio Monteagudo: None declared, Juan Carlos Nieto Speakers bureau: Pfizer, Abbvie, MSD, Novartis, Janssen, Lilly, Nordic Pharma, BMS, Gebro, FAES Farma, Roche, Sanofi

**DOI:** 10.1136/annrheumdis-2020-eular.4678

## AB0432 CLINICAL AND SEROLOGICAL CHARACTERISTICS OF "RHUPUS SYNDROME"

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**Background:** Systemic lupus erythematosus (SLE) is a multisystemic and chronic autoimmune disorder that typically affects (1). Arthritis is one of the most frequent manifestations in SLE with an incidence reported from 69% to 95% (2). Rheumatoid arthritis (RA) is an articular, inflammatory, chronic disease of autoimmune nature (3). Rhupus syndrome is defined as a patient that meets the classification criteria for RA of the American College of Rheumatology (ACR) of 1987 and for SLE of the ACR of 1982, in addition, necessarily erosive arthropathy with antibodies specific for positive SLE (anti-Sm or anti-DNAdc) (4). With the development of more recent classification criteria for both RA and SLE, which allow us to detect both diseases earlier, they create even more heterogeneity in the definition of rhupus, being a rare entity, the analysis of the clinical and serological characteristics of this population in our clinic would provide data to the few existing.

**Objectives:** To describe the clinical and serological characteristics of patients with Rhupus.

**Methods:** An observational, retrospective study was done in the rheumatology clinic of the university hospital "Dr. Jose Eleuterio Gonzalez" in Monterrey, Mexico. The electronic medical record (EMR) was reviewed. In search of the term "rhupus". All the patients were analyzed individually to verify the rhupus diagnosis. The main clinical and serological characteristics were evaluated. The results are shown in descriptive statistics.

**Results:** 30 patients were obtained from the search in the EMR, 22 patients were included, 8 patients were excluded (5 non-SLE, 3 non-RA) (Figure 1). The mean age was 40.14 (SD 10.86); 20 (90.9%) were females; the onset diagnosis was SLE in 5 (22.7%), RA in 14 (63.6%) and both 3 (13.6%). 17 (77.3%) had general symptoms, 12 (54.5%) had cutaneous manifestations, 14 (66.6%) had renal manifestations, 6 (27.3%) had serositis, 19 (86.3%) had hematologic manifestations, 3 (13.6%) had neuropsychiatric manifestations, 1 (4.5%) had diffuse alveolar hemorrhage. 12 (60%) had anti-dsDNA positive, 4 (23.5%) had anti-Sm positive, 16 (84.2%) had anti-CCP positive (Table 1). The articular manifestations (swollen and tender joints at onset and at last visit) are detailed in Table 2. The treatments were different at the onset of the disease compared with the last visit, except for methotrexate (Table 2).

**Table 1. Clinical and serological characteristics.**

| | N=22 |
|---|---|
| **Female, n (%)** | 20 (90.9) |
| **Age, mean (SD)** | 40.14 (10.86) |
| **Onset diagnosis** | |
| SLE, n (%) | 5 (22.7) |
| RA, n (%) | 14 (63.6) |
| Both, n (%) | 3 (13.6) |
| **Manifestations** | |
| General, n (%) | 17 (77.3) |
| Cutaneous, n (%) | 12 (54.5) |
| Renal, n (%) | 14 (66.6) |
| Serositis, n (%) | 6 (27.3) |
| Hematological, n (%) | 19 (86.3) |
| Neuropsychiatric, n (%) | 3 (13.6) |
| Diffuse alveolar hemorrhage, n (%) | 1 (4.5) |
| **Serology** | |
| Anti-dsDNA (N=20), n (%) | 12 (60) |
| Anti-Sm (N=17), n (%) | 4 (23.5) |
| Anti-CCP (N=19), n (%) | 16 (84.2) |

**Table 2. Disease activity and treatment.**

| | At onset N=22 | Last visit N=22 |
|---|---|---|
| **Swollen joints**, mean (SD) | 9.3 (6.6) | 3.0 (4.8) |
| **Tender joints**, mean (SD) | 8.5 (7.1) | 1.59 (3.8) |
| **VAS**, mean (SD) | 42 (33.6) | 17.2 (21.1) |
| **PGA**, mean (SD) | 38 (32.3) | 16.6 (20.3) |
| **Activity scales** | | |
| SLEDAI-2k, mean (SD) | 8.38 (4.5) | 2.9 (3.2) |
| DAS28-VSG, mean (SD) | 5.26 (1.51) | 2.89 (0.83) |
| **Treatment** | | |
| Glucocorticoid, n (%) | 21 (95.4) | 15 (68.2) |

**Table 2. Disease activity and treatment.**

| | At onset N=22 | Last visit N=22 |
|---|---|---|
| Antimalarials, n (%) | 17 (77.2) | 11 (50) |
| Immunosuppressants, n (%) | 8 (36.3) | 2 (9.1) |
| Methotrexate, n (%) | 16 (72.7) | 16 (72.7) |
| Leflunomide, n (%) | 4 (18.2) | 5 (22.7) |
| Sulfasalazine, n (%) | 5 (22.7) | 0 (0) |

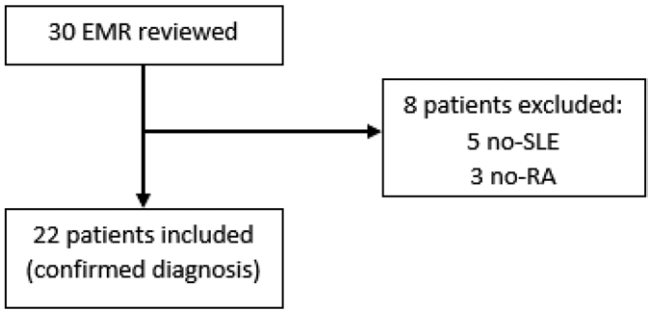


**Figure 1.**

**Conclusion:** In our cohort, rhupus affects more frequently females, the hematologic manifestations are very frequent and the neuropsychiatric and diffuse alveolar hemorrhage was rare.

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**Disclosure of Interests:** None declared

**DOI:** 10.1136/annrheumdis-2020-eular.6440

## AB0433 HIGH RISK OF MATERNAL THROMBOTIC AND SEVERE HEMORRHAGIC COMPLICATIONS IN 119 PROSPECTIVE PREGNANCIES ASSOCIATED WITH ANTIPHOSPHOLIPID SYNDROME (GR2 STUDY)

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**Background:** Women are at higher risk of thrombotic or severe bleeding complications during pregnancy, especially in the postpartum period (around 1%), but no prospective data have been available for women with antiphospholipid syndrome (APS). We report the first results of the French GR2 prospective study of pregnancy and rare diseases.

**Objectives:** To describe the thrombotic and haemorrhagic events in APS patients included in the GR2 study and to identify risk factors associated with these complications.

**Methods:** Women with APS and an ongoing pregnancy at 12 weeks of gestation were eligible for prospective inclusion in the GR2 study. Exclusion criteria were proteinuria (ratio > 1 g/g), serum creatinine > 100 µmol/L, or a multifetal pregnancy. Severe bleeding was defined as the need for transfusion, intensive care admission, or invasive treatment. Uteroplacental vascular insufficiency was defined as intrauterine growth restriction, preeclampsia, or HELLP syndrome.

**Results:** The study included 119 pregnancies in 119 APS patients (53% thrombotic and 47% obstetric only APS). Treatment included aspirin (99%) and heparin (98%, in the therapeutic range for 50%).

Twelve women (10%) had a thrombotic (n=5) and/or a severe haemorrhagic event (n=9).

The thrombotic events included stroke (at 11 weeks; n=1), catastrophic APS (CAPS) (n=2), a pulmonary embolism (n=1), and portal vein thrombosis (n=1) (in the postpartum). Placental insufficiency was also present in 6 of these 12 women.