Abstract 237 Table 1 Distribution of ischaemic stroke subtypes in patients with SLE according to TOAST classification

Ischemic stroke subtypes	N (%)	Age in years at first event (median, range)
Any ischemic stroke	56 (100%)	52 (17-84)
Large artery artherosclerosis (LAA)	7 (12%)	55 (34-67)
Small arterial occlucion (SAO)	9 (16%)	63 (51-84)
Cardioembolic stroke (CE)	12 (21%)	57 (23-70)
Other determined etiology (OE), all APS	19 (33%)	42 (18-74)**
Undetermined etiology (UE)	9 (16%)	56 (25-73)

**Patients with OE/APS strokes were younger, as compared to all other stroke subtypes, p=0.003

Abstract 237 Table 2 Association of the risk allele, STAT4 single nucleotide polymorphism (SNP) rs10181656 (G), in SLE patients with ischaemic stroke overall and stroke subtypes, specified according to the TOAST classification

Stroke type	MAF %	OR (95% CI) vs. Controls N=658 MAF 22.1 %	p-value vs. Controls	OR (95% CI) vs. Non-stroke SLE, N=517 MAF 31.9 %	p-value vs. Non-stroke SLE
Any ischemic stroke N=56	33.7	3.3 (2.2-4.9)	<0.0001	2.0 (1.3-2.9)	0.0005
Small artery occlusion N=9	27.8	1.4 (0.5-3.8)	0.57	0.8 (0.3-2.3)	0.71
Large artery occlusion N=7	21.4	1.0 (0.3-3.5)	1.00	0.6 (0.2-2.1)	0.56
Cardioembolic stroke N=12	70.8	8.6 (3.5-20.8)	$1.8x10^{-8}$	5.1 (2.1-12.5)	$6.7x10^{-5}$
Other determined etiology (all APS) N=19	60.5	5.4 (2.8-10.5)	$3.2x10^{-8}$	3.2(1.7-6.3)	0.0003
Undetermined etiology N= 9	33.3	1.8 (0.7-4.7)	0.28	1.1 (0.4-2.8)	0.92

MAF = monoallele frequency, N= number of patients, OR= Odds Ratio, CI = Confidence interval

Results 56/69 patients with ischaemic stroke had charts with sufficient information for TOAST classification. Median age was 52 (17-84) years, 91% were female. All strokes classified as OC were attributed to APS. TOAST classification is presented in Table 1. Stroke of OE/APS and CE origin were associated with the *STAT4* risk genotype as presented in Table 2.
Conclusions The majority of ischaemic strokes among SLE patients were of APS or CE origin. These two subtypes were associated with genetic susceptibility in the *STAT4* gene. Patients with APS associated strokes were remarkably young. STAT4 genotype could, in addition to antiphospholipid antibodies and echocardiography, add information about stroke risk and help identify patients who will benefit from prophylactic anticoagulation treatment.

238 HEMOPHAGOCYTIC SYNDROME IN SYSTEMIC LUPUS ERYTHEMATOSUS : A MONOCENTRIC REVIEW OF 13 CASES

Z Tazi Mezalek*, W Ammouri, M Bourkia, H Harmouche, M Maamar, M Adnaoui. *Avicenne hospital- Mohammed V university, Ibn Sina hospital, Rabat, Morocco*

10.1136/lupus-2017-000215.238

Background and aims In recent years hemophagocytic syndrome (HS) has been increasingly reported in patients with systemic lupus erythematosus (SLE).
Methods We reviewed the medical records of adult patients with SLE and HS for a recent 6 years period (2010–2015). The diagnosis of SLE was made using ACR criteria and of HS using Hunter criteria.
Results Among 110 consecutive patients, 13 (12 women) was identified having HS. The mean age was 37.69+/-11.4 years (21-68). HS revealed lupus in 3 patients. Fever, pericarditis and splenomegaly were found in 100%, 54% and 46% at presentation of HS. Bone marrow aspiration indicated hemophagocytosis in all patients. Laboratory features were bicytopenia or pancytopenia, high C-reactive protein level (mean 93 mg/L) hyperferritinemia (mean 11.082 ng/ml), hypertriglyceridemia (mean 4.2 g/L) in all patients. All patients had anti-nuclear antibodies when the HS occurred. Serum complement C3 was low in 10 patients. HS was associated with a lupus flare in 8 patients. Infections was diagnosed in 11 patients. Both conditions was considered present in 6 patients.

Corticosteroids were initially administered in all patients. Immunosuppressant therapy was used together with corticosteroids in 7 patients. Intravenous immunoglobulin was given in 3 cases. Anti-tuberculosis treatment was used also as first line treatment in 4 patients with life threatening presentation. All patients had a good outcome with a mean follow-up of 25 months.
Conclusions The occurrence of HS was most frequently associated with the SLE disease activity and bacterial infection. Profound cytopenia, high SLEDAI score are the characteristics of SLE patients with HS in our series.

239 DEMOGRAPHY, CLINICAL AND IMMUNOGICAL PROFILE OF SYSTEMIC LUPUS ERYTHEMATOSUS PATIENTS FROM A TERTIARY CARE CENTRECENTER IN INDIA

V Vasdev*, A Kumar, A Hegde, A MN, K Kishore, G Dharchoudhury. *Army Hospital R and R, Rheumatology and Clinical Immunology, New Delhi, India*

10.1136/lupus-2017-000215.239

Background and aims Systemic lupus erythematosus (SLE) is a systemic connective tissue disease involving multiple organ systems. There is lack of data on clinical and immunolgical profile in SLE patients from Indian subcontinent.
Objectives To describe clinical profile, outcome and laboratory profile of 226 SLE patients from records maintained at a tertiary care centre in India from 2008 – 2016
Methods All patients who satisfied 1997 revised criteria of the ACR or the 2012 New SLICC Classification Criteria for SLE were included in the analysis. The medical records were analysed for clinical and laboratory profile of SLE patients.
Results A total of 226 SLE patients records were analysed. The female to male ratio was 9:1 (204 females, 22 males). The mean follow up was 4.2 years(Range 2–8 years). The overall mean age at diagnosis was 27 years (range 15–46

years). The most common clinical manifestations at onset were fatigue (78.4%), Anaemia (72.2%), polyarthralgia (66.2%), photosensitivity (61.1%), low grade fever (56.6%) and myalgias (52.1%). Renal involvement was seen in 56.3% subjects. ANA by immunofluorescence was positive in 100% and most common pattern was speckled (62.1%). Immunoblot assay for sub autoantibodies showed Anti DsDNA (56.7%), Antinucleosome (25.6%), antihistones (28.4%), anti SmD1 (28.2%), anti Ro52 Kd (58.4%) and Anti Ro 60 kd(52.2%). A total of 08 patients died during follow up and most common cause was sepsis with underlying renal involvement.

Conclusions This retrospective study on a large cohort of SLE patients from India shows significant difference in clinical manifestations and autoantibody profile in Asians as compared to Caucasians.

240 CORRELATION OF HISTOPATHOLOGY WITH CLINICAL PARAMETERS IN LUPUS NEPHRITIS AMONG FILIPINOS

E Venegas*, A de Asis- Fabila, S Navarra. *University of Santo Tomas Hospital, Rheumatology, Manila, Philippines*

10.1136/lupus-2017-000215.240

Background and aims In Philippine setting, management of lupus nephritis (LN) is primarily driven by clinical parameters more than kidney biopsy because of limited resources. This paper describes clinico-pathologic correlations in a cohort of Filipino patients with LN.

Methods Study population included LN patients who underwent kidney biopsy at University of Santo Tomas (UST) Hospital, Manila, Philippines from 2005 to 2015.Pathologic diagnoses utilised International Society of Nephrology/Renal Pathology Society (ISN/RPS) 2003 classification, including activity and chronicity indices. Correlations of histopathologic classification with demographic and systemic lupus erythematosus (SLE) characteristics were performed using linear and multinomial regression analysis.

Results Included were 101 LN patients (94 females, 72 adults) with mean age 25.2±11.5 (9–61) at SLE diagnosis and 3.08 ±6.02 (<1–12) years disease duration from SLE diagnosis to biopsy. Most common ISN/RPS classification was Class IV in 57 (56.4%) patients and Class III in 33 (32.7%). Average activity index was 6.64±2.22 (0-12), chronicity index, 3.54 ±2.02 (0-9); Class IV and V correlated with higher activity index scores, p=0.001. Mean uPCR was 2.61+1.44 (0.03–7.43) mg/mg with highest uPCR in Class IV, followed by classes III and V. Mean estimated glomerular filtration rate (eGFR) was 63.02±34.25 (9-139) mL/min, with inverse correlation between eGFR and histologic activity, p=0.003. Extra renal manifestations included arthritis (61%), malar rash (59%) and photosensitivity (50%), with mean SLEDAI score of 11.07±3.78; these did not correlate with histologic indices.

Conclusions This study shows good correlation of clinical renal parameters with histopathology, supporting the rationale of current Philippine practice to perform kidney biopsies as clinically indicated rather than routinely.

241 ROLE OF SEROLOGY IN DIAGNOSIS OF EARLY SLE AMONG FILIPINOS

[1]L. Zamora*. [1]*University of Santo Tomas Hospital, Medicine Section of Rheumatology, Manila, Philippines*

10.1136/lupus-2017-000215.241

Background and aims Variable evolution of manifestations and reliance on serology for definitive SLE classification in early systemic lupus erythematosus (SLE) can challenge shared patient-physician management decisions and strain limited resources. This study aimed to determine which clinical manifestation/s require additional serology to formally classify early SLE patients.

Methods Clinical and serologic manifestations of patients with early SLE diagnosed <1 year from symptom onset at Lupus Clinics of University of Santo Tomas (UST) Hospital, Manila, Philippines from January 2014 to December 2015 were analysed. Minimum laboratory tests included complete blood count (CBC), urinalysis and anti-nuclear antibody (ANA). Clinical manifestations were based on the 2012 SLICC criteria.

Results 79 patients (78 females) had mean age at SLE diagnosis of 31.95+10.5 years (range 18–53), mean disease duration 5.66+5.41 months (range 0.23–12), all patients were ANA positive. Most common clinical manifestations were alopecia, acute cutaneous lupus rash (malar and photosensitive rash), arthritis and nephritis. Sixty-five patients (82.3%) fulfilled at least 3 clinical criteria for SLE. Fourteen patients required additional serology to complete classification criteria: 12 patients had only 2 clinical criteria including mucocutaneous (n=11), arthritis (n=6) and nephritis (n=4); the other 2 patients had only 1 clinical criterion each as thrombocytopenia or nephritis.

Conclusions In this early SLE cohort, mucocutaneous and musculoskeletal were the most common presenting manifestations. Additional serology was more often required in those with "asymptomatic" features of nephritis and thrombocytopenia when other clinical features are absent – reinforcing the value of CBC and urinalysis in early SLE.

242 LONG-TERM PROGNOSIS OF PATIENTS WITH SYSTEMIC LUPUS ERYTHEMATOSUS-ASSOCIATED PULMONARY ARTERIAL HYPERTENSION: CSTAR-PAH COHORT STUDY

J Zhao*, J Qian, W Qian, M Li, X Zeng. *Peking Union Medical College Hospital, Rheumatology, beijing, China*

10.1136/lupus-2017-000215.242

Background and aims Systemic lupus erythematosus (SLE)-associated pulmonary arterial hypertension (PAH) is common in Asian countries, and the clinical outcome of patients with SLE-associated PAH is dramatically impaired. This study aimed to identify the long-term clinical outcomes and prognostic factors of patients with SLE-associated PAH confirmed by right heart catheterization (RHC).

Methods A multicenter cohort of SLE-associated PAH was established. Baseline and follow-up records were collected. The primary endpoint was death from any cause. The secondary experimental end point was treatment goal achievement (TGA).

Results Among the 310 patients enrolled from 14 PAH centres, 282 patients with confirmed mortality statuses were included in the survival analysis, 263 patients with complete