361 CORRELATION BETWEEN THE LEVELS OF BIOMARKERS P1NP, BAFF AND SCD40L SERUM WITH SKIN FIBROSIS BASED ON MODIFIED RODNAN'S SKIN SCORE IN SYSTEMIC SCLEROSIS

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Background and aims Systemic Sclerosis (SSc) is a chronic progressive autoimmune disease. Assessment of skin fibrosis based on modified Rodnan's skin score (mRSS) are important to determining clinical response and prognosis. Several biomarkers may potential to check skin fibrosis in SSc patients, such as B-cell Activating Factor (BAFF), Pro-collagen Type-1 Terminal Pro-peptide (P1NP), and sCD40L which believed playing role in fibrosis cascade. The aim of study is to evaluate the correlation levels of BAFF, P1NP and sCD40L serum with mRSS in SSc.

Methods This is a cross-sectional study enrolled SSc patients in Rheumatology clinic Hasan Sadikin Hospital Bandung-Indonesia, from Nov 2015 to July 2016. All subjects performed mRSS measurement and blood tests. Data analysed by Rank-Spearman correlation.

Results There are 42 subjects, mean age $40 + 10$ years old, 40 (95.2%) are female, 24 (57.1%) are limited type SSc and 18 (42.9%) are diffuse type SSc. Thirty-nine (92.9%) subjects treated with methotrexate, 29 (69%) subjects with corticosteroid, and 4 (9.5%) subjects with cyclophosphamide. The mean level of BAFF was 1090 ± 386 pg/mL, the mean level of sCD40L was 6858 ± 2665 pg/mL, and the mean level of P1NP was 51.5 ± 25.7 ng/ml. The median of mRSS was 17 (5-36). There are a significant correlation between mRSS and BAFF serum ($r = 0.710$; $p = 0.016$), a significant correlation between mRSS and P1NP serum ($r = 0.862$, $p = 0.001$), There are no significant correlation between mRSS and sCD40L serum ($r = 0.184$; $p = 0.318$).

Conclusions Our study found a significant correlation between BAFF and P1NP serum with mRSS, and no significant correlation between sCD40L serum with mRSS in SSc patients.

362 HEALTH-RELATED QUALITY OF LIFE (HRQOL), EMOTIONALITY THE DAY-TO-DAY PROBLEM SOLVING AND COPING IN LUPUS PATIENTS

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Background and aims This document presents the results of a study performed to assess the Health-related Quality of Life (HRQOL), emotionality and day-to-day problem solving and coping in lupus patients, compared to a control sample. This research is intended to analyse how symptoms affect to patients and what is the level of impairment associated to the disease perceived by them.

Methods The assessment was carried out by examining 35 lupus-diagnosed patients living in Madrid. Three questionnaires were used: SF-36 for measuring HRQOL, PANAS for quantifying positive and negative affect, ISAP for analysing problem solving and coping; additionally, a structured interview (LUPAM) to evaluate pain level and perceived level of impairment.

Results Main results found were that HRQOL level in lupus patients is lower than the average population, finding out differences also in the "past week Negative Affect" dimension. Nevertheless, statistically significant discrepancies between patient and control samples regarding to Problem Solving and Coping were not found.

Conclusions The study proves that patients perceive lupus and lupus-related disability in a worse manner depending on the disease phase, while there are some possible solutions to improve this perception such as the development of chronical pain programs.

363 ANTI – TNF ALFA INDUCED LUPUS : A CASE REPORT

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Background and aims The use of protein based anti-TNF alfa therapies such as antibodies and soluble TNF alfa receptors is commonly associated with the induction of autoantibodies, whereas anti-TNF induced lupus (ATIL) is rare. ATIL can occur with any of the available TNF inhibitors, but the frequency and clinical characteristics of ATIL vary between different drugs.

Methods: Observational.

Results A 25 years old girl was diagnosed Rheumatoid Arthritis. Patient got MTX and Prednison 1 year ago. We add treatment with anti-TNF alfa (golimumab), after 2 weeks she got treatment, patient was suffer with hipertermia, dispnea, moon face,extremitals oedema and vasculitis. Laboratory result is anaemia, trombositopenia, LED was rise, C3 and C4 was decreased, hipoalbuminemia, ANA profile for any autoantibodies were positive. Then we diagnosed her anti-TNF Alfa drug induced Lupus (ATIL). We stop gift her anti-TNF Alfa and treated her with Prednison, MTX, and Furosemide Injection.

Conclusions Anti-TNF induced autoantibodies are common following therapy with all of the currently available anti-TNF therapies.However, the incidence of 'fullblown' ATIL is rare. Nevertheless, cerebral and renal involvement has been reported more frequently in ATIL compared with classical DIL. The incidence/prevalence of dsDNA antibodies and hypocomplementaemia is also greater in ATIL, whilst anti histone antibodies, the serological hallmark of classical DIL, are less commonly found. Due to the potentially serious complications of ATIL,screening for this prior to and during anti-TNF therapy might assume greater importance. If the diagnosis is suspected then anti-TNF therapy should be withdrawn unless symptoms are very mild.
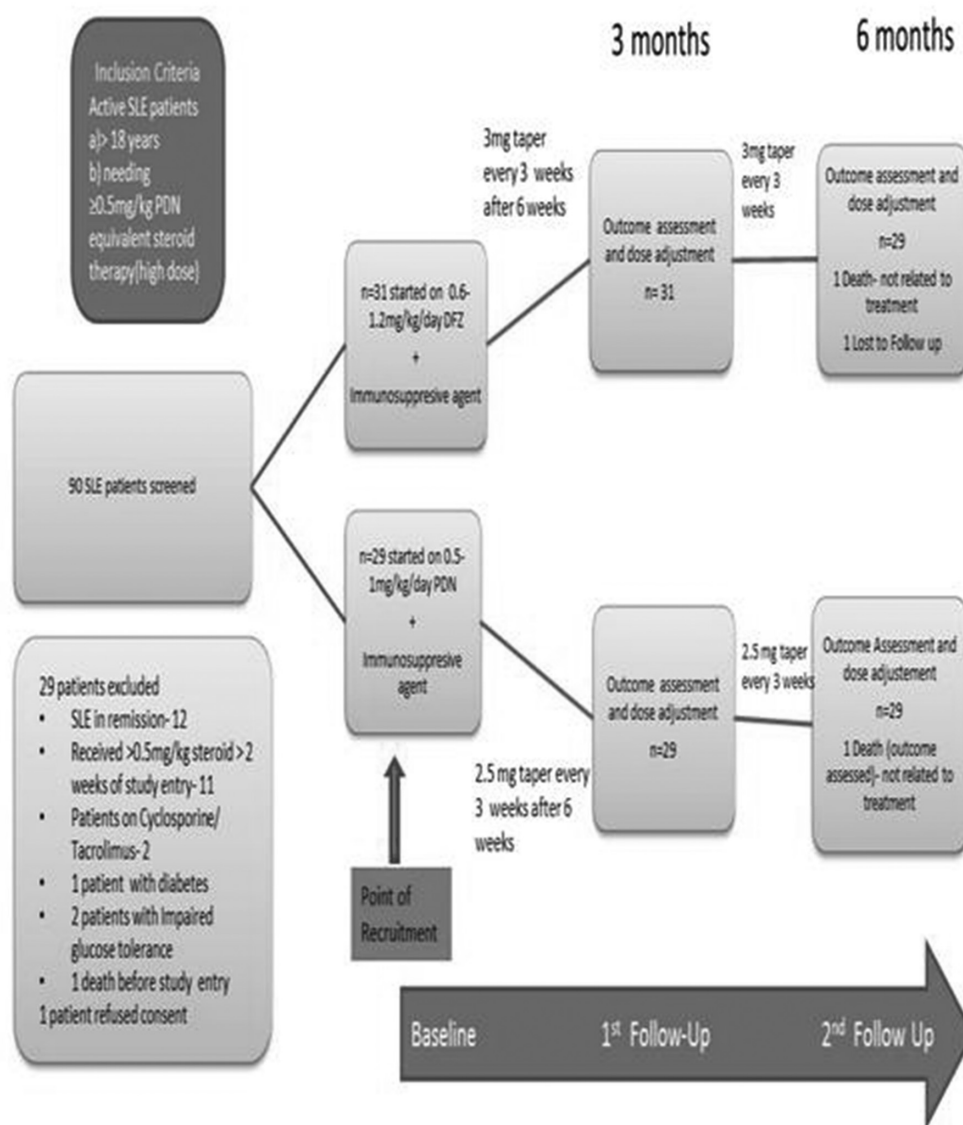
364 COMPARISON OF ADVERSE EFFECTS AND EFFICACY OF HIGH DOSE DEFLAZACORT VERSUS HIGH DOSE PREDNISOLONE IN SYSTEMIC LUPUS ERYTHEMATOSUS PATIENTS- A PROSPECTIVE COHORT STUDY

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Background and aims Deflazacort (DFZ), oxazoline prednisolone (PDN) derivative, has dose equivalence of 1.2:1 (mg) to

Abstract 364 Figure 1   Showing the study design.

PDN. No study has compared adverse effects and efficacy of high doses of DFZ and PDN, in SLE.

Aims-To compare adverse effects of high dose DFZ and PDN in SLE patients concerning cushingoid features and body weight changes, 3 and 6 months after initiation.

Methods (Figure 1)

Outcome parameters for a)Cushingoid features assessed using Cushing's Severity Index (CSI) b) Hirsuitism with Ferriman Gallaway score c) Weight gain assessed by difference (Δ) of weight (kilograms) during 3 visits. Significant adverse event (SAE) was defined as a)10% increment in weight b)20% increase in scores for hirsuitism and cushing's indices

Results Number of SAEs (mean±SD) in DFZ group were 5.9 ±6 and 4.8±3.7 as compared to 14.1±7.7 and 9.4±5.5 events in PDN group (p<0.001) at 3 and 6 months respectively. By multiple regression analysis, adjusting for dose and duration of prior steroid intake, PDN group had 6.7 more SAEs (95% CI: 2.5–10.9) at 3 months and 4.2 more events (95% CI: 1.3–7.2) at 6 months, compared to DFZ group (p-0.01,0.03). There was no significant difference by generalised estimation equation between the groups w.r.t changes in SLE-DAI, Renal SLEDAI, Anti dsDNA and C3/C4 levels. There were 2 serious infections (needing hospitalisation/IV antibiotics) in PDN group while none in DFZ group (Tables 1 and 2).

Abstract 364 Table 1 Showing comparison of baseline parameters in both treatment groups.

Parameter	Deflazacort Group (n=31)		Prednisolone Group (n=29)	
Age in years (mean±SD)	27.3±9.3		28.3±7.6	
Sex	All female		All female	
Duration of Steroid Intake before study entry (mean in days±SD)	212.9±280		124.8±106.1	
Steroid dose in before study entry (mean in mg/day±SD)	14.3±20		11.3±15.9	
Indications for treatment- n(%)	LN Class II	1 (3.33%)	LN Class II	0(0)
	LN Class III	1(3.335)	LN Class III	3(10.3%)
	LN Class IV	12(38.7%)	LN Class IV	11(37.9%)
	LN Class V	3(9.7%)	LN Class V	4(13.7%)
	CNS Lupus	4 (12.9%)	CNS Lupus	2(6.9%)
	Vasculitis	4(12.9%)	Vasculitis	4(13.7%)
	Cytopenias	3 (9.7%)	Cytopenias	3(10.3%)
	Hemolytic Anemia	1 (3.33%)	Hemolytic Anemia	1(3.5%)
	Myositis	1(3.33%)	Myositis	0(0)
	ILD	1(3.33%)	ILD	0(0)
	Autoimmune Hepatitis	0(0)	Autoimmune Hepatitis	1(3.5%)

Conclusions DFZ and PDN used in comparable manner in SLE had similar efficacy with significantly lesser weight gain, lesser cushingoid features (including lesser glycaemic elevation) seen in DFZ group.

365 **PROFILE OF HENOCH SCHONLEIN PURPURA (HSP) NEPHRITIS: 23 YEARS EXPERIENCE AT A TERTIARY CARE CENTRE IN NORTH INDIA**

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Background and aims Henoch Schonlein Purpura (HSP) is one of the most common vasculitides of childhood. Glomerulonephritis is seen in approximately 30%–50% of the patients and is the principal cause of morbidity and mortality in HSP patients.

Methods 314 children were diagnosed with HSP from 1993–2015 based on EULAR/PRINTO/PRES criteria. A retrospective case review of all patients with HSP Nephritis (HSPN) was done. HSPN was defined based on urine erythrocyte >5/HPF and proteinuria. Patients were divided into four clinical types (Table 1). The severity of renal pathological findings was determined based on the classification of International Study of Kidney Disease (ISKDC), from grades I – VI.

Results Renal involvement was seen in 64 patients after a mean duration of 32.3 days from the onset of symptoms of HSP. Details of patients with HSPN is summarised in table 2, 3 and figure 1. Three fourth of the patients had histological grade II or IIIa (figure 2). 75% of patients with grade $\geq$ IV had gross hematuria at presentation. Treatment details are shown in figure 3. Patients were followed up for a mean period of 42.9 months during which 13 were lost to follow up and 1 expired. Nephritis resolved in 48 patients (75%). 13 patients developed renal relapse manifesting as albuminuria with microscopic hematuria in 77% patients followed by isolated albuminuria (23%).

Conclusions Renal involvement was noted in 20.4% of children with HSP. Massive proteinuria was the most common clinical feature. Grade II and IIIa were the most common renal pathological grades.

366 **SPLICING FACTOR PROLINE/GLUTAMINE-RICH (SFPQ) IS A NOVEL AUTOANTIGEN OF ANTI-MDA5 ANTIBODY-POSITIVE DERMATOMYOSITIS/CLINICALLY AMYOPATHIC DERMATOMYOSITIS**

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Background and aims Anti-MDA5-positive dermatomyositis (DM) and clinically amyopathic DM (CADM) often develop