375 COMPARISON OF ULTRASONOGRAPHIC JOINT AND TENDON INVOLVEMENTS IN HANDS BETWEEN EARLY, TREATMENT-NAÏVE PATIENTS WITH SYSTEMIC LUPUS ERYTHEMATOSUS AND RHEUMATOID ARTHRITIS

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Background and aims Although both systemic lupus erythematosus (SLE) and rheumatoid arthritis (RA) may lead to the joint deformity, different characteristics such as the absence or the presence of bone destruction have been recognised as well. We aimed to clarify the difference of joint and tendon involvements between SLE and RA patients by using ultrasonography (US).

Methods Fifteen SLE with joint symptoms and 40 RA patients, who were treatment-naïve, were enrolled in this study. The wrist, metacarpophalangeal and proximal interphalangeal joints and related extensor/flexor tendons were ultrasonographically examined. Their joints and tendons were evaluated using a gray-scale (GS) for synovial thickening and synovial fluid retention, and power Doppler (PD) for blood flow according to a semiquantitative method based on a scale of grades 0 to 3, and patients graded with GS $\geq$2 or PD $\geq$1 were judged as having joint or tendon involvement.

Results Joint involvement was comparably observed in patients with SLE and RA (80% versus 95%, p=0.119). However, tendon involvement was more frequent in SLE than in RA (93% versus 65%, p=0.045), especially in the wrist joints (73% versus 40%, p=0.037). Moreover, when we investigated the intensity of US findings, the joint involvement score (GS+PD) per affected joint was lower in SLE than RA (2.0 versus 2.6, p=0.019), although tendon involvement score was similar (2.1 versus 2.2, p=0.738).

Conclusions As compared with RA, joint involvement is less intense and tendon involvement is more frequent in SLE with articular symptoms.

376 CUTANEOUS LUPUS ERYTHEMATOSUS -EVALUATION OF LABORATORY INVESTIGATIONS COSTS FOR HOSPITALISED CASES IN BUCHAREST DERMATOLOGICAL CLINIC COMPARED TO RECOMMENDED CORE SET INVESTIGATIONS BY EUROPEAN GUIDELINES

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Background and aims To evaluate the financial impact of laboratory analysis costs for patients with Cutaneous Lupus Eythematosus(CLE) and to compare with European recommendation regarding the CLE Core Set Investigations.

A retrospective statistical study of patients with CLE of both genders (57 patients/1 year), on a daily basis or multiple days hospitalisation.The diagnosis ranged from Chronic Cutaneous Lupus Erythematosus (CCLE) to Subacute Cutaneous Lupus Erythematosus(SCLE) and Systemic Lupus Erythematosus(SLE).

Methods Average laboratory analysis costs for patients admitted for one day hospitalisation and prolonged hospitalisation, standard deviation for each category were calculated for one year on different subtypes of CLE.

Results The average laboratory analysis cost was 19 € /patient/ 1 day hospitalisation for previously diagnosed cases and 26 € for new cases (with cutaneous biopsy). Remarkable differences were observed in the individual laboratory analysis costs between patients. No uniform pattern was noticed in each category. The cost of the laboratory analysis panel recommended by the European Guidelines for CLE is 150 € /patient, comparing with the highest average value of 77.5 € /patient for prolonged hospitalisation.

Conclusions The results suggest a remarkable difference in the costs of laboratory analysis for each patient with CLE (for 1 day or for prolonged hospitalisation) admitted in the hospital despite the existing protocol. A lack of uniform standardised pattern was observed among all patients with different diagnoses of LE.

This shows an adapted version of the European guidelines for CLE in some European countries where the healthcare budget may be less extended and also a lack of knowledge regarding the existing protocol for CLE investigations.

377 CLINICAL AND IMMUNOLOGICAL REMISSION IN POLISH COHORT OF SYSTEMIC LUPUS ERYTHEMATOSUS PATIENTS

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Background and aims To evaluate clinical and immunological remission according to Systemic Lupus Erythematosus Disease Activity Index assessed by SLEDAI (version 2000) (Gladman *et al*, 2002).

Methods We observed clinical response to standard treatment in the cohort of 127 lupus erythematosus Polish patients (118 female and 9 male) with average age 43±6 years (range 18–63 years), average disease duration 7,8±5,6 years (range 1,0–15,0 years). All of them complained of renal and non-renal manifestations and were treated with oral and pulse glucocorticoids and immunosuppressive therapies (CTX, MMF, AZT, CsA, MTX) (Tab.1). As a background therapy 77% of these patients were on chloroquine or hydroksychloroquine (CQ/HCQ).

Results In most analysed cases despite of standard immunosuppressive therapies fulfiled remission criteria were not achieved (SLEDAI $\geq$6). Full remission defined as clinical (minimum moderate improvement in various clinical signs and symptoms) and immunological (significant decrease of anti-dsDNA antibodies and significant increase level of C3 or C4 complement) response were obtained only by 9 patients (7%). Unexpectedly over 86% of our lupus patients have moderate or severe activity according to SELENA/SLEDAI score.

Conclusions Patients with lupus activity who not achieve remission are potential target for more aggressive standard treatment or novel biologic therapy. Effective strategy of treatment our lupus patients is still unmet need.