

Myocardial function was determined by echocardiogram (2-D, M-mode, tissue and conventional Doppler techniques).

Results Traditional cardiovascular risk factors were similar in PAPS and controls. PAPS patients had 55.6% of venous events, 55.6% arterial and 22.2% obstetric features, stroke was observed in 33.3%, deep venous thrombosis in 44.4%, livedo reticularis in 66.7%. 88.9% were positive for IgG and/or IgM anticardiolipin antibodies and 66.7% were positive for lupus anticoagulant. Conventional echocardiographic data was not altered in all parameters evaluated, comparing patients and controls. Regarding tissue Doppler echocardiogram data, a lower S' of lateral wall of left ventricle was observed in PAPS in comparison to controls [0.085 (0.007–0.12) vs. 0.12 (0.09–0.13), $p=0.004$] as well as A' wave of the septum [0.07 (0.06–0.08) vs. 0.09 (0.07–0.11), $p=0.02$].

Conclusions Our data support the notion that PAPS patients have asymptomatic myocardial dysfunction evidenced by tissue Doppler echocardiography.

61 ANTIPHOSPHOLIPID ANTIBODY SYNDROME PRESENTING AS SPONTANEOUS HEPATIC RUPTURE

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Background and aims Spontaneous hepatic rupture (SHR) is a rare peripartum complication and usually occurs among patients with pre-eclampsia, eclampsia or HELLP syndrome. We report a case of a 29 year old primigravid woman with fetal death in utero and spontaneous hepatic rupture secondary to undiagnosed Antiphospholipid Antibody Syndrome (APAS). Despite its uncommonness, a high index of suspicion



Abstract 61 Figure 1



Abstract 61 Figure 2

Abstract 61 Table 1 Revised SAPPORO Classification criteria for the antiphospholipid antibody syndrome.

Clinical criteria	
✓	1. Vascular thrombosis One or more clinical episodes of arterial, venous, or small vessel thrombosis
	2. Pregnancy morbidity
✓	a. One or more unexplained fetal deaths of a morphologically normal fetus at or beyond the 10 th week of gestation
x	b. One or more pre-term births of a morphologically normal neonate
x	c. Before the 34 th week of gestation because of: (i) eclampsia or severe pre-eclampsia or (ii) recognized features of placental insufficiency
x	d. Three or more unexplained consecutive spontaneous miscarriages before the 10 th week of gestation, with maternal anatomic or hormonal abnormalities and paternal and maternal chromosomal causes excluded
Laboratory criteria	
✓	1. Lupus anticoagulant (LA) present in plasma, on two or more occasions at least 12 weeks apart
x	2. Anticardiolipin (aCL) antibody of immunoglobulin (Ig)G and/or IgM isotype in serum or plasma, present in medium or high titre (i.e. >40 GPL units or MPL units, or > 1 st 99 th centile), on two or more occasions, at least 12 weeks apart
x	3. Anti-β ₂ -glycoprotein I antibody of IgG and/or IgM isotype in serum or plasma (in titre > the 99 th centile), present on two or more occasions at least 12 weeks apart
x	Antiphospholipid antibody syndrome (APAS) is present if at least one of the clinical criteria and one of the laboratory criteria are met

for an autoimmune disease such as APAS to prevent maternal and fetal complications is recommended.

Presenting a 29 year old, primigravid of 32 weeks age of gestation was admitted due to epigastric pain, hypotension and decreased fetal movement. She delivered to a dead male neonate via Emergency Low Segment Transverse Caesarean Section. Hemoperitoneum and active bleeding from the liver were noted intraoperatively.

Methods Patient was managed as spontaneous hepatic rupture. APAS was considered and diagnosed via the Revised SAPPORO Criteria. HELLP syndrome and pre-eclampsia were ruled out by clinical and laboratory parameters.

Results Hepatic packing with drainage and blood pressure control were done. Patient received Low Molecular Weight Heparin and Aspirin and improved after 13 days without bleeding.

Conclusions Spontaneous hepatic rupture is a rare, life-threatening presentation of APAS that warrants timely diagnosis and effective control of haemorrhage to prevent maternal and fetal mortality. Early initiation of anticoagulation is both safe and effective in preventing APAS complications. Aspirin should be initiated to prevent future thrombosis and pregnancy loss.

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STUDY OF CLINICAL UTILITY OF ANTIBODIES TO PHOSPHATIDYLSELINE/PROTHROMBIN COMPLEX IN INDIAN PATIENTS

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Background and aims To explore utility of Antibodies to Phosphatidylserine/Prothrombin Complex (aPSPT), in Indian Anti phospholipid Syndrome (APS) patients.

Methods Data of 372 subjects whose sera was tested for aPSPT by ELISA (AESUKU,GERMANY), was retrospectively analysed. Performance of various APLs was compared using non-parametric tests. To ascertain additional utility of aPSPT, patients with suspected APS were categorised into 2 groups i. e. i) those with any one of criteria antibodies positive ii) those with any one APL positivity including anti- PSPT positivity.

Results In 46 patients of APS, 38 (82.60%) had thrombotic events (21 arterial , 26 venous) and 11 (23.91%) had obstetric events. Lupus anticoagulant was present in 37/46 (80.43%) ,anticardiolipin antibody in 19/46 (41.33%), aPSPT in 17/46 (36.95%), anti- β 2glycoprotein1 (β 2GP1) IgG and IgM in 13/46 (28.26%) and 7/46 (15.21%) patients of APS respectively. aPSPT tested positive in 9/60 (15%) patients with seronegative APS (SNAPS). aPSPT did not differ from other criteria APLs in any clinical parameter except compared to those with IgM B2GP-1 positivity. aPSPT was numerically more sensitive and specific than IgM B2GP1 for thrombotic, non-criteria events but less sensitive for detecting obstetric events (Table 2). Inclusion of aPSPT test in patients with suspected APS increased

Abstract 62 Tabel 1 Showing the categorization of Study subjects into patients and controls

Type of Subjects	Number	Sub-categorization
Total Number of Subjects	372	Female -331 Male -41
Definite APS (satisfying revised Sapporo criteria)	46	Primary -20 Secondary-26
Controls	326	Patients with seronegative APS (SNAPS)- 60 Connective Tissue Disease controls-146 Obstetric Controls- 107 Healthy Controls -13

Abstract 62 Tabel 2 Comparision of sensitivity and specificity of aPSPT and IgM anti- β 2GP1 in definite APS patients

Definite APS patients	Anti PSPT positive		IgM Anti- β 2GP1 antibody positive	
	Sensitivity	Specificity	Sensitivity	Specificity
Obstetric Events	27.3%	38.5%	45.5%	11.5%
Arterial Events	38.1%	32%	9.5%	24%
Venous Events	38.5%	30%	11.5%	25%
Non criteria manifestations	50%	29.4%	16.7%	17.6%

sensitivity marginally but with concomitant decrease in specificity.

Conclusions In our study, aPSPT was third most common antibody in APS patients, displaying higher sensitivity and specificity in comparison to IgM anti- β 2 GP1 for all APS manifestations except obstetric ones. SNAPS patients may test positive for aPSPT, thus endorsing its inclusion in classification criteria of APS.

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RITUXIMAB: IN THE MANAGEMENT OF ANTIPHOSPHOLIPID ANTIBODIES ASSOCIATED CHOREA IN A CHILD WITH LUPUS

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Background and aims Neuropsychiatric manifestations are noted in 50.94% of children with lupus. Chorea, a non-thrombotic complication associated with antiphospholipid antibodies (APLA), is seen in 4% cases.

Aim- To describe the clinical course of a child with lupus who had chorea on follow up and was treated with rituximab
Methods A 10 year old girl presented with spastic quadriparesis, fever, weight loss, alopecia, oral ulcers, anaemia and thrombocytopenia. Antinuclear antibody was 4+ diffuse pattern; and anti-dsDNA titres were 220.25 IU/ml (normal <55 IU/ml). T2 weighted magnetic resonance imaging (MRI) brain and spine showed multiple foci of increased signal intensity in bilateral corona radiata and centrum semiovale. She also had positive lupus anticoagulant and elevated anticardiolipin antibody titres. She received steroids, azathioprine, anticoagulants and aspirin, and showed remarkable improvement. Five years later, she was admitted with multiple joint pains and foot drop related to mononeuritis multiplex. She developed seizures and MRI brain showed diffuse cerebral atrophy with T2/FLAIR white matter hyperintensities. At 18 years of age, she presented with chorea and MRI showed periventricular T2/FLAIR hyperintensities. She responded to intravenous pulses of methylprednisolone and cyclophosphamide. Three years later, she again had similar choreiform movements with aggressive behaviour, which did not respond to haloperidol, steroids and warfarin. At this point of time, she was administered 3 doses of rituximab (500 mg/m² at one weekly interval).