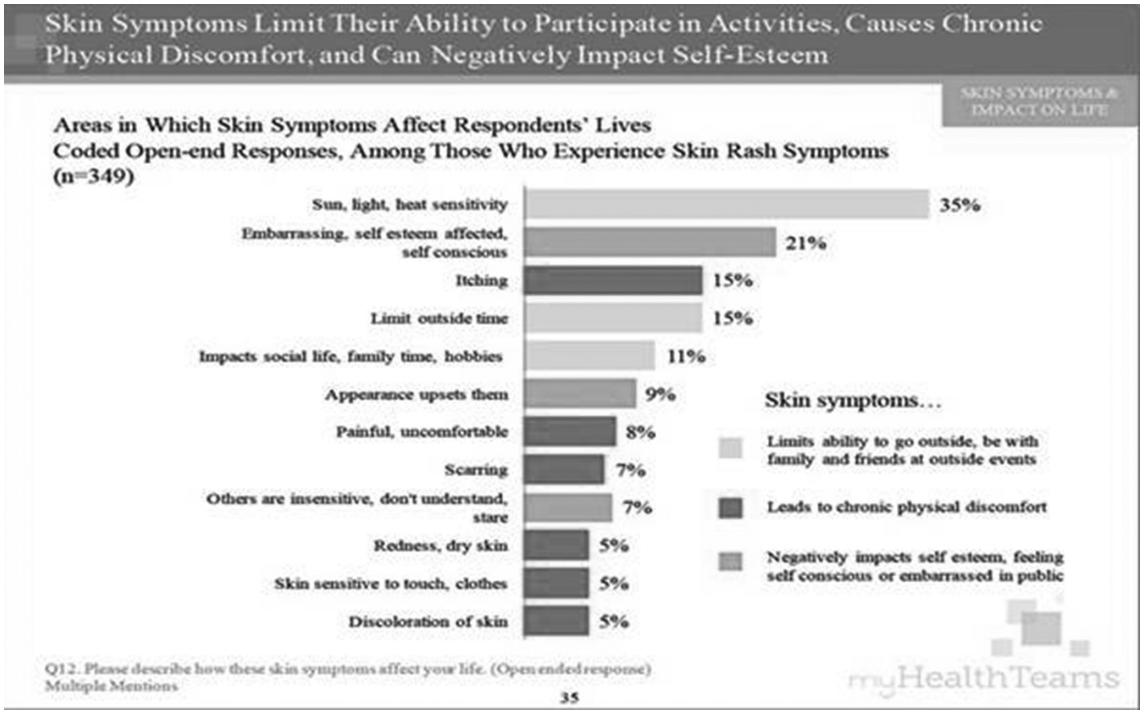

Abstract 162 Figure 2

(≥1.6 mg/dL for men, ≥1.4 mg/dL for women) were identified from medical record. This study used the data in time the patients were diagnosed. The data of SLE patients from 2008 to 2016 were recorded in RSHS Lupus Registry. Chi-square analyses was performed to determine the association between those variabels.

Results A total of 428 SLE patients had a median age of 35 years (97.9% female), 64 of them (15%) were hypertensive, 176 SLE patients (41.1%) had proteinuria, and 106 SLE patients (24.8%) had elevated serum creatinine level. Forty one SLE patients with hypertension (64.1%) had proteinuria. Hypertension was associated with proteinuria in SLE patients (95% CI, Pearson Chi-Square 18.948, asymptotic significance <0.001). Elevated serum creatinine level had no association with hypertension (95% CI, Pearson Chi-Square 0.071, asymptotic significance 0.789) and with proteinuria (95% CI, Pearson Chi-Square 0.603, asymptotic significance 0.438).

Conclusions In this study, hypertension is associated with proteinuria. There are no associations between hypertension and proteinuria with elevated serum creatinine level.

164 SJOGREN'S SYNDROME AND LOCALISEDLOCALIZED NODULAR CUTANEOUS AMYLOIDOSIS: NEW INSIGHTS INTO THE LINK BETWEEN THE TWO

[1]N Walsh*, [2]I.M. Lano, [3]J.G. Hanly, [4]L Cerroni. *[1]Dalhousie University, Pathology, Halifax, Canada; [2]Nova Scotia Health Authority, Pathology, Halifax, Canada; [3]Dalhousie University, Rheumatology, Halifax, Canada; [4]Medical University of Graz, Dermatology, Graz, Austria*

10.1136/lupus-2017-000215.164

Background and aims Sjogren's Syndrome (SS), a known complication of systemic lupus erythematosus, is associated with localised nodular cutaneous amyloidosis, AL type (AL-LNCA). The reason is unclear, but clues from studies of this rare variant of amyloidosis are emerging.

Methods Six patients with AL-LNCA, 4 from Austria and 2 from Canada were identified. Clinical, demographic and histopathological data were recorded and outcome noted over a median period of 72 months (range 40–144).

Results Of 3 men and 3 women (median age 57 years; range 36–72) 1 patient had diabetes mellitus and essential hypertension and another scleroderma. The skin lesions were tan plaques or nodules, 1.5–4.0 cm in size, on the legs (5) and arm (1). Microscopically, bulky deposits of AL amyloid in the dermis/subcutis were associated with light perivascular infiltrates of lymphocytes and monoclonal plasma cells (with kappa (3) or lambda (3) light chain restriction). Two patients developed local cutaneous recurrences of their AL-LNCA 4 and 5 years after presentation. None developed systemic amyloidosis.

Conclusions The clinical phenotype and course of AL-LNCA in our series, like those in the literature, mirror those of primary cutaneous marginal zone lymphoma, lymphoplasmacytic variant. This is now included among the larger group of extranodal B-cell lymphomas of MALT. Patients with SS are at risk for the development of MALT lymphomas. These, in turn, are known to be associated with localised peritumoral amyloidosis in internal organs. We submit that AL-LNCA in SS is a manifestation of a MALT lymphoma in the skin.

165 CORRELATION BETWEEN PLASMA LEVELS OF TNF-α AND CAROTID ARTERY INTIMA MEDIA THICKNESS IN SLE

RY Hellmi. *Kariadi Hospital, Rheumatology, Semarang, Indonesia*

10.1136/lupus-2017-000215.165

Background and aims Long term complications and mortality of Systemic Lupus Erythematosus Systemic(SLE) associated with vascular disease and atherosclerosis. Atherosclerosis is clinically preceded by changes in the walls of arteries, known as Intima Media Thickness (IMT) and plaque formation. IMT can be measured by B-mode ultrasonography of the carotid arteries. Atherosclerosis is an inflammatory process that was affected by inflammatory cytokines including TNF α. The role of TNF-α is important in SLE disease, so it is important looking for correlation between plasma level of TNF α with carotid artery IMT from SLE patient.
Objective To determine the correlation between plasma level of TNF-α with carotid artery IMT from SLE patient.
Methods Cross Sectional Study, the subjects of this study was 32 people, consisting of woman aged ≥18 years. Statistical test using unpaired t-test and Spearman rank correlation test.
Results From 32 subjects there were 20 subject (62,50%) have a carotid artery IMT. There were no significant differences in plasma levels of TNF-α to carotid artery IMT(p=0405, 95% CI −2.34 until 5,64), no significant correlation between plasma levels of TNF-α with carotid artery IMT (p=0075; r=-0,319) in SLE patient. We compare subject with carotid artery IMT which have high and low plasma levels of TNF α is same (31,25% vs 31,25%)
Conclusions There were no significant differences and no significant correlation between plasma levels of TNF α with carotid artery IMT in SLE patient

166 EARLY RESULTS OF PATIENTS WITH ANTIPHOSPHOLIPID SYNDROME AND SYSTEMIC LUPUS ERYTHEMATOSUS FOLLOWING PULMONARY ENDARTERECTOMY

[1]S Olgun Yildizeli, [2]N Inanc*, [3]B Mutlu, [2]Y Şahinkaya, [4]M Yanartas, [4]S Tas, [2]H Direskeneli, [5]B Yildizeli. *[1]Marmara University – School of Medicine, Pulmonary Disease, Istanbul, Turkey; [2]Marmara University – School of Medicine, Rheumatology, Istanbul, Turkey; [3]Marmara University – School of Medicine, Cardiology, Istanbul, Turkey; [4]Kosuyolu Heart and Vascular Surgery, Kosuyolu Heart and Vascular Surgery, İstanbul, Turkey; [5]Marmara University – School of Medicine, Thoracic Surgery, Istanbul, Turkey*

10.1136/lupus-2017-000215.166

Background and aims Pulmonary hypertension is one of the most debilitating and fatal complications of systemic lupus erythematosus (SLE) and antiphospholipid syndrome (APS). These patients are prone to chronic thromboembolic pulmonary hypertension (CTEPH), for which the treatment of choice is pulmonary endarterectomy (PEA). It is a complex surgical procedure with removal of obstructive thromboembolic material from the pulmonary arteries in order to reduce pulmonary vascular resistance, relieve pulmonary hypertension (PH) and alleviate right ventricular dysfunction. Hereby, we share our clinical experience of PEA for CTEPH in SLE and APS patients.
Methods Data were collected prospectively for consecutive patients with APS and SLE who underwent PEA over a 5 year period [2011–2016]. Case selection was made by consensus of a team consist of a cardiologist, pulmonologist, rheumatologist and thoracic surgeon. All the operations were performed by the same surgical team.
Results We identified 22 patients (5 male, 17 female) with APS and SLE. Mean age was 35 (range=7 to 57). Median NYHA score was III (II to IV). Mean pulmonary artery pressure (mPAP) of the patients fell immediately from 77.4 ±30.8 mmHg to 28.8±8.9 mmHg right after surgery, and 31.2±7.5 mmHg on discharge. One (5.9%) patient developed acute respiratory distress syndrome and died on postoperative day 10. Mean follow-up duration was 31 months, with no additional mortality.
Conclusions Patients with SLE and/or APS should be screened for CTEPH, since they are more susceptible to intravascular thrombosis. PEA is the treatment of choice for CTEPH patients, with its low morbidity and high success rates.

167 CLINICAL EVALUATION OF SYSTEMIC LUPUS ERYTHEMATOSUS PATIENTS FOR SKIN LESIONS-REPORT FROM A DEVELOPING COUNTRY

[1]Z Haider, [2]MN Islam,[3] A Asaduzzaman, [4]N Ferdous*, [5]JJH Rasker. *[1]BSMMU, Rheumatology, Dhaka, Bangladesh; [2]BSMMU and MOACandRC, Rheumatology, Dhaka, Bangladesh; [3]BSMMU, Dermatology, Dhaka, Bangladesh; [4]MOACandRC, Rheumatology, Dhaka, Bangladesh; [5]University of Twente, Psychology- Health and Technology, Enschede, Netherlands Antilles*

10.1136/lupus-2017-000215.167

Background and aims SLE patients often suffer from both specific, non specific skin lesions and infections. This study was aimed to observe frequency of lupus specific and non-specific skin lesions, skin infections and factors related to infections.
Methods This observational study was conducted in SLE clinic of BSMMU, Bangladesh. A total 148 patients were enrolled and followed for 1 year. Patients were evaluated at baseline, special and final visits. Clinical definitions and dermatologist opinion were used for diagnosis of skin lesions. Patient's demographics, SLE lesions, infection as well as relevant laboratory tests were recorded. Multivariate analysis was done for risk factors. Ethical clearance was obtained from IRB of BSMMU.
Results A total 131patients (126 women and 5 men) completed the study period; their mean age was 28.75±8.17 years. Frequency of skin lesions and infections were 71.76% (94) and 26.7% (35) respectively. Specific lupus lesions were malar rash 75.44% followed by DLE, 15.78%. Photosensitivity (72.6%), non-scaring alopecia (67.9%), mucosal ulcer (47.6%), raynaud's phenomenon (23.8%) and hyper-pigmentation (23.8%) were notable non-specific skin lesions. Common skin infections were tineasis (42.85%), herpes infections (34.26%), paronychia (20%) and scabies (17%). High SLEDAI score, low complements, prednisolone (>10 mg/day) and use of immunosuppressive agents at present or in past were found risk factors for skin infections.
Conclusions Skin infections were high in this study. Tineasis, herpes infections, paronychia and scabies were common. Active disease, use of prednisolone >10 mg/day and immunosuppressive therapy were observed risk factors. Vaccinations and judicious use of drugs might reduce the rate of skin infection.

168 AUTOANTIBODIES IN SLE WITH PULMONARY HYPERTENSION PROMOTE A MIGRATION OF PULMONARY ARTERY SMOOTH MUSCLE CELLS

Y Kato*, K Shibata, T Kubota. *Tokyo Medical and Dental University, Microbiology and Immunology, Tokyo, Japan*

10.1136/lupus-2017-000215.168

Background and aims The process of pulmonary vascular remodelling in pulmonary arterial hypertension (PAH) in