Results 87 patients (82 females) had mean age 29.23 ±13.13SD (6 – 62) at TB infection, mean SLE disease duration 3.40±4.44SD (<1–23) years. There were 59 (67%) PTB, 5 (6%) EPTB, 23 (27%) DTB. Extra-pulmonary sites included 8 meningitis or brain abscess, 7 soft tissue abscess, 7 pleural effusion, 3 genitourinary, 3 arthritis, 1 hepatobiliary, 1 ileocecal, 1 cutaneous. Average SLEDAI score was 4.74±3.19SD (0 – 14), nephritis in 31 (35.63%). Average cumulative prednisone was 15.29±19.38SD (0.5–86.4) grams; mean daily prednisone was 13.87+10.5SD mg (0 – 50) with 22 patients (25.29%) taking immunosuppressives 3 months preceding TB. Significant risks for DTB were nephritis (p=0.017) and prednisone >11 mg/d (p<0.05). Sixty three (72.41%) successfully completed anti-TB treatment. Among 24 deaths, 9 were attributed to TB (6 disseminated, 3 PTB respiratory failure), 15 due to active lupus.

Conclusions In this cohort, nephritis and recent prednisone dose >11 mg/day were significant risk factors for disseminated TB which is associated with poor prognosis.

185 SERUM TUMOURTUMOR NECROSIS (TNF)-LIKE WEAK INDUCER OF APOPTOSIS (TWEAK) AND LEPTIN AS BIOMARKERS OF ACCELERATED ATHEROSCLEROSIS IN PATIENTS WITH SYSTEMIC LUPUS ERYTHEMATOSUS AND ANTIPHOSPHOLIPID SYNDROME

[1]E Mostafa*, [2]A badawi. *[1]Cairo, Egypt; [2]kasr alainy university, internal medicine-rheumatology and immunology, cairo, Egypt*

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Background and aims Patients with systemic lupus erythematosus (SLE) and antiphospholipidsyndrome (APS) are at increased risk of atherosclerosis, and occurs much earlier compared to the general population even after accounting for traditional risk factors. Aim of the work: To examine the association between serum TWEAK, leptin and subclinical atherosclerosis in SLE and APS.

Patients and methods Serum tumour necrosis factor (TNF)-like weak inducer of apoptosis(TWEAK) and leptin were measured in 30 SLE patients, 26 SLE patients with secondary APS(SLE–APS), 14 with primary APS (pAPS) and 20 age and sex matched control. The SLE diseaseactivity index (SLEDAI) was assessed in SLE patients. The intima media thickness (IMT) was measuredby carotid ultrasound.

Results Serum TWEAK was significantly higher in patients with pAPS (945.1±16.2 pg/ml) than in SLE–APS (755.3 ±59.9 pg/ml), SLE patients (499.2±47.1 pg/ml) and control (129.6±18.6 pg/ml) (p<0.001). Also, serum leptin was significantly higher in pAPSpatients (14.0±2.8 ng/ml) compared to that in SLE–APS (6.5±0.9 ng/ml), SLE patients (3.8±1.2 ng/ml) and control (1.6±0.6 ng/ml) (p<0.001). The IMT was significantly increasedin the pAPS patients compared to SLE–APS group (p<0.001), SLE patients (p=0.006) and to the control (p<0.001). A significant correlation was found between TWEAK with the body massindex and high density lipoprotein in SLE–APS and inversely with the random blood sugar and thediastolic blood pressure in SLE patients. Serum leptin only significantly correlated with the totalleucocytic count in SLE patients.

Conclusions Patients with pAPS are more liable to develop premature atherosclerosis even in theabsence of the traditional risk factors.

186 FERROKINETICS IN ANAEMIAANEMIA OF CHRONIC DISEASE ASSOCIATED WITH SYSTEMIC LUPUS ERYTHEMATOSUS AND IRON DEFICIENCY ANAEMIA

E Mostafa. *Cairo, Egypt*

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Background and aims Systemic lupus erythematosus is a common autoimmune disease occurring predominantly in women. Anaemia is common in SLE patients, the most commom cause of anaemia is anaemia of chronic disease. The key mediator of anaemia of chronic disease is Hepcidin.

The aim of this study was to determine the role of hepcidin in anaemia of chronic disease in SLE and its role in differentiation between ACD and IDA.

Methods The study was conducted on 50 patients with SLE (25 patient with ACD and 25 patient without anaemia), 20 patients with iron deficiency anaemia (IDA) and 15 healthy controls. All study persons underwent full clinical assessment, CBC, ESR, serum iron, TIBC, ferritin and hepcidin measured by ELISA.

Results Serum hepcidin was significantly higher in SLE group than IDA than control groups, with mean+SD in SLE group (7.8±3.4 mg/dl) compared to mean+SD (4.6±2.5 mg/dl) in IDA group and mean+SD (2.2±0.8) in the control group with P value<0.001, with sensitivity 75% and specificity 60% in detection of anaemia in general and with sensitivity 91% and specificity 67% in anaemia in SLE patients. Serum hepcidin was also significantly higher in SLE+a patients than SLE-a, with mean+SD in SLE+a group (9.6±3.5 mg/dl) compared to mean+SD in SLE-a group (5.6±2.8 mg/dl) with P value<0.001.

Conclusions The measurement of serum hepcidin is a useful lmarker for diagnosis of ACD in patients with SLE and its differentiation from IDA.

Serum hepcidin is both sensitive and specific for detection of anaemia in SLE patients, and is a useful marker for disease activity.

187 PREVALENCE OF METABOLIC SYNDROME (MS) IN PATIENTS WITH SYSTEMIC LUPUS ERYTHEMATOSUS (SLE) IN MEXICAN POPULATION AND ITS RELATIONSHIP WITH INFLAMMATION MARKERS. MULTICENTER STUDY

[1]S Muñoz López*, [1]L Andrade Ortega, [1]F Irazoque Palazuelos, [2]D Alonso Martínez, [3]S. Hernández Sandoval, [4]RÁ Galaviz Pérez, [4]V Alvarado Romano, [1]VM Rosales Don Pablo. *[1]Centro Médico Nacional 20 de Noviembre ISSSTE, Reumatology, Ciudad de México, Mexico; [2]Hospital General Naval de Alta Especialidad, Internal Medicine, Ciudad de México, Mexico; [3]Instituto Nacional de Cardiología Ignacio Chávez, Nuclear Cardiology, Ciudad de México, Mexico; [4]Hospital General Naval de Alta Especialidad, Reumatology, Ciudad de México, Mexico*

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Background and aims Prevalence of MS is higher in patients with SLE than in the general population (16%–32%). Inflammatory activity and steroids have been associated with the SM. 25% of deaths from SLE have a cardiovascular (CV) origin and are associated with dyslipidemia, elevated BMI, insulin resistance and hypertension.

Objective To determine the prevalence of MS in Mexicans patients with SLE and its association with disease characteristics and inflammatory markers.

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