

Background and aims Systemic lupus erythematosus (SLE) is an autoimmune and inflammatory disease with multiple clinical manifestations including arthropathy. The severity of the articular involvement or deformity to an erosive deforming arthropathy with severe functional disability. In rare cases a severe, erosive and deforming arthropathy, clinically indistinguishable from rheumatoid arthritis (RA) can be observed; this clinical entity is traditionally known as "Rhumus". It remains controversial whether Rhupus is a distinct entity, an overlap between SLE and RA or a serious articular involvement of SLE.

Methods Observational.

Results A 23 years old female presented with polyarthritis, vasculitis, and anaemia. She was having symmetrical inflammatory polyarthritis of both upper and lower limb for last 2 years and was having skin rash for last 1 year. She also gave history of recurrent oral ulcers, photosensitivity and alopecia. On Investigation, revealed anaemia, alopecia, oral ulcer, vasculitis and active synovitis of both elbows, wrists, hands, knees and ankle joints. Her report showed raised of inflammatory parameter, normochromic normocytic anaemia. Further work up showed positive result in RF and anti-IgG. Also showed positive results on some antigens ANA profile. She was started on prednisolone, Metotrexate, folic acid, hydroxychloroquine, calcium, vitamin D and Natrium Diclofenac.

Conclusions Rhupus Syndrome is a rare syndrome. Currently, Rhupus remains an entity not perfectly known, but the pathogenesis, the autoantibody positivity, the radiological manifestations and therapy all support the idea that it is really an overlap syndrome between SLE and RA, although its pathogenesis still remains to be fully understood.

215 ACTIVE ARTHRITIS IS ASSOCIATED WITH 14-3-BETA TITRE IN PATIENTS WITH SYSTEMIC LUPUS ERYTHEMATOSUS

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Background and aims Non-erosive arthritis is common in systemic lupus erythematosus (SLE). 14-3-3 eta, a chaperone protein that activates pro-inflammatory pathways is emerging as a novel biomarker for erosive Rheumatoid Arthritis. We investigated clinical associations of serum 14-3-3 eta in SLE focusing on arthritis.

Methods Sociodemographics, ACR criteria, and SLEDAI were recorded. Arthritis, assessed by the SLEDAI, was categorised as active (n=78), inactive (n=138) and never present (n=49). Serum 14-3-3 eta was measured by ELISA; titres above 0.19 ng/ml were considered positive. We report descriptive statistics and logistic regression models testing the association of 14-3-3eta with arthritis state.

Results SLE patients (n=265) were mainly female (92%), Caucasian (67%) with a mean (SD) age of 51.7 (14) years, and median (25%,75%) disease duration of 8 (4,10) years, number ACR criteria of 6 (5,7), and SLEDAI of 4 (2,7). 241 (81%) had active or inactive arthritis. 14-3-3 eta positivity was

similar across the three arthritis groups (active 22/78 (28%), inactive 27/138 (20%), never present 10/49 (20%) with a median (25%75%) titre of 0.6 ng/ml (0.34, 1.82). The highest quartile of 14-3-3eta associated with active arthritis (OR 3.6 (95% CI 1.33, 9.98) p=0.012) after adjusting for ethnicity and SLEDAI. There were no differences in 14-3-3 eta positivity for other lupus criteria nor correlation of 14-3-3 eta titer with number of ACR criteria or SLEDAI.

Conclusions 14-3-3 eta titers are highest in lupus patients with active arthritis suggesting a higher risk for more severe arthritis. Further work will explore the associations of 14-3-3 eta in lupus with erosive arthritis.

216 ACUTE PANCREATITIS AS AN INITIAL MANIFESTATION OF SYSTEMIC LUPUS ERYTHEMATOSUS : TWO CASE REPORTS

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Background and aims Acute pancreatitis is a rare initial presentation of systemic lupus erythematosus.

Methods We report two cases of Malay patients who presented with fever, abdominal pain, ascites and high level of pancreatic enzymes. They were diagnosed with acute pancreatitis associated with systemic lupus erythematosus.

Results First patient is a Malay male patient presented to us late. He had severe acute pancreatitis with severe hyperbilirubinemia, lupus nephritis and autoimmune haemolytic anaemia. He died despite maximal therapy was provided. The second case is a Malay lady who came to us early responded well to high dose corticosteroids and discharged well.

Conclusions The mortality rate of lupus-associated pancreatitis is higher than in non-lupus associated pancreatitis. Early awareness of lupus-associated pancreatitis as an initial manifestation of systemic lupus erythematosus is crucial in managing and improving outcome in lupus patients.

217 PRIOR SUN EXPOSURE AND SKIN-SPECIFIC AUTO-ANTIBODIES ARE ASSOCIATED WITH SKIN DISEASE IN SYSTEMIC LUPUS ERYTHEMATOSUS

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Background and aims Almost 80% of systemic lupus erythematosus (SLE) patients manifest lupus-specific skin lesions. A pathogenic link between skin inflammation and SLE has been proposed. We hypothesised that skin-directed antibodies are present in SLE and are associated with a history of significant sun-exposure.

Methods Blood was collected from three patient populations; SLE with a history of lupus-specific skin lesions as cases (n=15), SLE without a history of skin lesions (n=7) and atopic dermatitis (n=6) as controls. Serum anti-dsDNA antibodies were measured by ELISA. Peripheral blood

mononuclear cells were analysed by flow cytometry. Patients completed a scored questionnaire addressing sun exposure history prior to disease onset. The questionnaire, flow cytometry and ELISA results were analysed using Mann-Whitney test.

Results Questionnaire responses indicate increased sun exposure prior to disease onset in SLE patients with skin disease when compared to SLE patients without skin disease (median score=60 versus 32, respectively; $p<0.05$). Anti-desmoglein-3 auto-antibody levels were higher in the serum of SLE patients with skin disease than in patients without skin disease (median=0.571 versus 0.123 IU, respectively; $p<0.05$). T-follicular helper (TFH) cells stimulate B-cells to produce auto-antibodies via IL-21. There was a trend to enhanced IL-21 production in SLE with skin lesions compared to SLE without skin (median=34 versus 19%, respectively).

Conclusions SLE patients with skin disease have a history of higher antecedent sun exposure consistent with the hypothesis that sun exposure is an environmental trigger. The resulting immune activation of the skin may be reflected in aberrant skin-specific antibody production and heightened IL-21 secretion by TFH cells.

218 RISK FACTORS ASSOCIATED WITH THE OCCURRENCE OF AUTOIMMUNE HEMOLYTIC ANAEMIA IN SYSTEMIC LUPUS ERYTHEMATOSUS

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Background and aims Almost all systemic lupus erythematosus (SLE) patients develop haematological abnormalities during their disease course. Autoimmune hemolytic anaemia (AIHA) was reported in 5%–14% of SLE patients which is usually mediated by warm-type IgG anti-erythrocyte antibodies. There is still paucity data about risk factors associated with the occurrence of AIHA in SLE patients. The aim of this study is to know risk factors associated with the occurrence of AIHA in SLE patients.

Methods This study was a retrospective cohort single centre study from 2013–2015 from our general hospital, Karawaci, Tangerang, Banten, Indonesia. The criteria of SLE patients were using American College of Rheumatology (ACR) criteria. The data were from our medical records database. The criteria of AIHA were based on American Society Haematology (ASH) criteria. Clinical data and risk factors of AIHA patients were reviewed and analysed. Anti-nuclear antibody (ANA) and anti-dsDNA were detected using indirect immunofluorescence test (IFA-Bio-Rad, USA).

Results Fifty-seven patients were included, of whom 93% were female with a median age of 36 (12–72) year old. AIHA patient found in 57.9% of the patients with positive IgG antibody to erythrocyte. ANA was positive in 84.2% and anti-dsDNA was positive 75.4%. Positive ANA, OR 1.91 (0.45–8.02); positive anti-dsDNA 2.25 (0.66–7.76); decreased complement3 (C3) 0.77 (0.23–2.51); decreased C4 0.67 (0.21–2.16); decreased albumin level 0.82 (0.23–2.92); thrombocytopenia 3.19 (1.01–10.05), leucopenia 0.95 (0.30–3.0) did not significantly related to AIHA.

Conclusions The proportion of AIHA in SLE patients 57.9%. Positive ANA, anti-dsDNA, decreased C3, C4,

hypoalbuminemia, thrombocytopenia, and leucopenia were not statistically significant.

219 EFFECT OF COMPLETE OR PARTIAL PROTEINURIA RECOVERY COMPARED TO NO RECOVERY AT 2 YEARS AFTER THE DIAGNOSIS OF LUPUS NEPHRITIS ON LONG TERM OUTCOMES

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Background and aims To evaluate the effect of Complete Recovery (CR), Partial Recovery (PR), and No Recovery (NR) at 2 years from diagnosis of LN on long term outcomes.

Methods Patients with LN (proteinuria in 24 hour urine [24H-P]>0.5 g/day) were studied. At 2 years from LN, patients were divided into CR, PR and NR. Long-term outcomes were studied up to 15 years. CR was defined as normal 24H-P, PR as a reduction $\geq 50\%$ in 24H-P without achieving CR and NR as a reduction $<50\%$ 24 hour-P compared to baseline. Long term outcomes: Renal outcomes (low eGFR <15 mL/min, end-stage renal disease requiring dialysis or transplantation [ESRD], and a Composite Renal Outcome [low eGFR or ESRD]); Cardio-Vascular (CV) outcomes (angina or myocardial infarction); Damage (SDI ≥ 1); and Death. Time-independent and time-dependent Cox proportional hazards models were applied to describe the effect of CR, PR or NR on long-term outcomes.

Results Of 277 patients, 63.9% achieved CR, 18.41% PR, and 9.75% NR at 2 years. CR protected from all long-term outcomes compared to PR and NR on Kaplan-Meier analysis and Cox model (Figure 1). CR protected against CV outcomes only in the Cox model. Compared to NR, PR only protected against low eGFR. Neither CR nor PR protected against damage. On time-dependent analysis, when comparing CR to NR and PR to NR, only NR was a risk factor for ESRD when compared to CR (HR=3.93).

Conclusions CR protects against CV and renal outcomes, and mortality. PR protects against low eGFR.

220 RELATIONSHIP BETWEEN INCREASED LEVELS OF ANTI-DSDNA WITH CLINICAL SYMPTOMS IN PATIENTS WITH SLE

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Background Systemic Lupus Erythematosus (SLE) is an autoimmune rheumatic disease characterised by widespread inflammation and affects any organ or system in the body. Many autoimmune diseases result in autoantibody production, but anti-dsDNA antibodies are highly specific to SLE. Previous study found that Anti-dsDNA antibodies are associated with severe clinical manifestations of lupus.

Objective To examine the association between anti-dsDNA level with clinical features and laboratory findings in patients with SLE.

Methods This cross-sectional study was conducted in the Haji Adam Malik General Hospital Medan in August-October 2016