lucency in the head of left femur. We started conservative management of joint pain. After 10 months, she newly complained of bilateral knee pain. X-ray of knee joint demonstrated joint space narrowing in both knees on medial aspect and severe bony sclerotic changes in both lateral condyles of femur.
Results The risk factors for AVN in SLE have been reported by several studies. There is a strong causal relationship between corticosteroid intake and AVN development in SLE patients. However, in this case, the patient had never taken corticosteroid since diagnosis of SLE.
Conclusions The pathophysiology of AVN is not clear yet, however SLE itself should be considered an important risk factor of AVN.

PO.1.26 CONNECTIVE TISSUE SYSTEMIC DISEASES AND ITS ORAL HEALTH IMPLICATIONS

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Purpose The aim of the study was to asses oral health conditions in connective tissue diseases.
Material and Methods Ninety nine women aged from 25 to 74 years were enrolled in the study. The study group comprised patients with systemic lupus erythematosus (n = 36) and scleroderma (n = 14). The control group consisted of healthy women.

Clinical examination of the oral cavity included the assessment of the dental condition in terms of the occurrence of caries, periodontal disease and mucous membrane disease, the level of oral hygiene and the occurrence of subjective complaints in the oral cavity.
Results Statistically significantly higher values of oral hygiene indices i.e. Approximal Plaque Index (API), Oral Hygiene Index – Simplified (OHI – S) and the Calculus Index – Simplified (CI – S) and Debris Index-Simplified (DI-S) were observed in patients with connective tissue systemic diseases (API 38.32 ± 29.66 vs. 25.21 ± 18.61; p = 0.016 OHI-S 1.54 ± 1.09 vs. 0.92 ± 0.80; p = 0.001 CI-S 0.88 ± 0.61 vs. 0.56 ± 0.59; p = 0.002 DI-S 0.66 ± 0.56 vs. 0.37 ± 0.29; p = 0.011).

The Sulcus Bleeding Index – modified (mSBI index) was statistically significantly higher in the group of patients with connective tissue systemic diseases compared to the control group (27.64 ± 28.57 vs. 12.17 ± 18.13, p = 0.001). The Sulcus Bleeding Index – modified (mSBI index) was statistically significantly higher in the group of patients with connective tissue systemic diseases compared to the control group (27.64 ± 28.57 vs. 12.17 ± 18.13, p = 0.001). In these patients oral mucosal abnormalities were more prevalent compared to the control group (60% vs. 26.53%).
Conclusions Patients with systemic connective tissue disease have impaired salivation, a lower salivary pH and a lower buffer capacity, although the differences are not significant in the case of the last two parameters. Worse condition of dental and oral health of female patients with systemic connective tissue disease indicates the need to provide this group of women with a dental prophylactic and therapeutic program that considers the specificity of the impact of the underlying disease on dentition, periodontium, mucous membrane and saliva parameters.

Thursday 06 October 2022 from 13:00 to 14:10

PO.2 E- poster session 2: adaptive immunity including autoantibodies, APS, diagnostic and classification criteria

PO.2.27 EARLY CHANGES IN THE CIRCULATING B CELL COMPARTMENT ASSOCIATED WITH RESPONSE TO TREATMENT AND OCCURRENCE OF FLARES IN PATIENTS RECEIVING THERAPY FOR ACTIVE SYSTEMIC LUPUS ERYTHEMATOSUS

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Purpose To investigate changes in B cell subsets and serological markers in relation to clinical response and flares in patients with systemic lupus erythematosus (SLE) treated with standard therapy (ST) with or without add-on belimumab.
Methods We analysed data from the BLISS-76, BLISS-SC and BLISS Northeast Asia trials (N=1712). Circulating CD19+ B cell subsets were determined by flow-cytometry. We studied associations of relative to baseline percentage changes in circulating B cell subsets, anti-dsDNA antibody and complement levels with SLE Responder Index (SRI)-4 response after 52 weeks of treatment or occurrence of disease flares during follow-up. B cell changes occurring through week 8 were termed 'rapid' and through week 24 'early'. Non-parametric tests were employed as appropriate.
Results In the entire cohort, more prominent decreases in CD20-CD27br plasmablasts (-44.9% vs. -33.3%; P=0.011), and CD20-CD138+ LLPC (-48.2% vs. -37.1%; P=0.024) were seen in SRI-4 responders (47.8%), while less prominent early decreases in CD20-CD138+ LLPC (-23.5% vs -39.4%; P=0.028) and CD27brCD38br SLE-associated plasma cells (-19.0% vs -27.8%; P=0.045) were shown in patients developing severe flares (12.2%), holding true for patients on ST alone. A rapid decrease in CD20+CD138+ short-lived plasma cells (-50.4% vs -16.7%; P=0.019) and CD20-CD27br plasmablasts (-50.0% vs -29.9%; P=0.020) followed by a subsequent return to near-baseline values distinguished patients developing a renal flare. By contrast, plasma cell subsets gradually decreased in patients who did not develop a renal flare.

Memory B cells showed a more prominent rapid (+92.0% vs +66.7%; P=0.002) and early (+60.0% vs +49.5%; P=0.033) expansion in SRI-4 responders versus