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 ANAEAMIA 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.