from 81 patients with SLE. We examined anti-dsDNA level, clinical features and kidney laboratory profile in all patients. The obtained data were statistically analysed.

**Results**

81 SLE patients with mean level of anti-dsDNA 294 IU/ml (6.1–1317). There is no significant relationship between increased level of Anti-dsDNA with other clinical manifestations (p>0.05). There are significant relationships between increased level of Anti-dsDNA with ureaemia level (p=0.016), thrombocytopenia (p=0.001), leucopenia (p=0.006), kidney disorder (p=0.049) and urine protein (p=0.028). Arthritis is the most frequent clinical manifestation (96.3%) from this study followed by malar rash (77.8%) and photo sensitivity (40.7%).

**Conclusions**

Elevated anti-ds DNA level was not correlated with clinical symptoms but there is significant correlation with haematology disorder and kidney laboratory profiles of SLE patients.

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**Selected nailfold capillaroscopy parameters are predictive of SLE onset in connective tissue diseases subgroup**

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**Background and aims**

Nailfold capillaroscopy (NVC) is an useful, non-invasive, reproducible and cost-effective favourable diagnostic tool able to assess the shape of capillaries in the periungual region and the presence of their peculiar abnormalities, essential in the differential diagnosis of connective tissue diseases (CTD).

**Methods**

The aim of the study was to evaluate if selected NVC pictures are linked to SLE onset in a cohort of 42 CTD-affected women presenting Raynaud’s phenomenon, observed over 36 months. All of them were examined by this method every 6 months. We considered the following NVC parameters: presence of ectasic capillary loops (diameter ≥20 μm); megacapillaries (≥50 μm); hemosiderin deposits; capillary number reduction; neo-angiogenesis phenomena; micro-vascular array disorganisation. CTD and SLE diagnoses were posed according to the 2015 ACR/SLICC criteria. Qualitative variables were expressed in frequencies; their association, by non-parametric tests. Quantitative variables were assessed by analysis of co-variance.

**Results**

The presence of hemosiderin deposits, ectasic loops and neo-angiogenic phenomena was strongly associated to the clinical subgroup of patients that later developed SLE (12/42 subjects; OR=13.5). The variable meandering deposits was the more strongly associated to SLE onset (OR=8.32; p<0.0101). The independent variables ectasic loops (OR=12.16) and neo-angiogenic phenomena (OR=6.60) were predictive for the persistence of CTD diagnosis.

**Conclusions**

Nailfold capillaroscopy, summarising, can help in CTD management, since the presence of typical capillaroscopic abnormalities seems to be related to the development of SLE.
Abstract 222 Table 1

<table>
<thead>
<tr>
<th>Correlation coefficient</th>
<th>p</th>
<th>RR</th>
<th>95% CI</th>
</tr>
</thead>
<tbody>
<tr>
<td>ESR</td>
<td>0.34</td>
<td>&lt;0.05</td>
<td>1.56</td>
</tr>
<tr>
<td>ANA</td>
<td>0.22</td>
<td>&gt;0.05</td>
<td>1.12</td>
</tr>
<tr>
<td>AntiDNA Ab</td>
<td>0.13</td>
<td>&gt;0.05</td>
<td>0.98</td>
</tr>
<tr>
<td>Low Hb level</td>
<td>0.48</td>
<td>&lt;0.05</td>
<td>1.99</td>
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<tr>
<td>Low leucocytes</td>
<td>0.23</td>
<td>&gt;0.05</td>
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</tr>
<tr>
<td>Low lymphocytes</td>
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<td>&lt;0.05</td>
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</tr>
<tr>
<td>Antiphospholipid syndrome</td>
<td>-</td>
<td>-</td>
<td>2.30</td>
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<tr>
<td>Pulmonary involvement (SLAM)</td>
<td>-</td>
<td>-</td>
<td>1.88</td>
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Background and aims
To study the association between serum 25-Hydroxyvitamin D3 levels and clinical manifestation, disease activity, and disease damage of systemic lupus erythematosus (SLE).

Methods
This was a retrospective cross sectional study of SLE patients seen between 1996 until 2015. Patients were grouped according to the Vitamin D3 levels: group 1 (<25 nmol/L: deficiency), group 2 (25–75 nmol/L: insufficiency) and group 3 (>75 nmol/L: adequate). Assessment of disease activity was done using Systemic Lupus Erythematosus Disease Activity Index Selena Modification (SLEDAI) while Systemic Lupus International Collaborating Clinics (SLICC) was use for disease damage.

Results
A total of 42 patients had their serum 25-Hydroxyvita- min D3 levels taken at one point of their visit. Majority were females (n=41). Mean age was 37.2 years (SD ±13.13) and mean duration of illness 9.5 years (SD ±5.7). The proportion of patients with 25-Hydroxyvitamin D3 level group 1 was 31%, group 2 was 61.9% and group 3 was 7.1% respectively. Main clinical manifestations were haematological 71.1%, arthritis 68.9%, malar rash 53.3%. SLEDAI mild activity (0-3) 90.5%, moderate activity (4-8) was 4.8% and severe activity (>8) was 4.8%. SLICC showed 78.6% had no damage and 21.4% with damage. Test of association using ANOVA, did not show any significance between Vitamin D3 level and SLE- DAI, SLICC and clinical manifestations were observed among the group.

Conclusions
Vitamin D insufficiency and deficiency was common in our SLE cohort. However, we did not find significant association between vitamin D deficiency and disease activity, damage or clinical manifestations. The study limitation includes small number of patients and retrospective design.

223 SERUM 25-HYDROXYVITAMIN D3 LEVELS AND CLINICAL COURSE OF SYSTEMIC LUPUS ERYTHEMATOSUS: A CROSS SECTIONAL RETROSPECTIVE COHORT STUDY IN A REFERRAL CENTRE

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224 PROTEIN-LOSING ENTEROPATHY AND FULMINANT INTESTINAL VASCULITIS IN A FILIPINO LUPUS PATIENT: A CASE REPORT

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Background and aims
We describe a rare case of GI vasculitis flare in SLE presenting as diarrhoea, hematochezia and profound hypoalbuminemia.

Methods
Case report

Results
A 49 year old patient has had stable SLE in the past 22 years until she developed episodes of diffuse abdominal pains accompanied by alternating diarrhoea with constipation for 12 months; colonoscopy showed rectal ulcers and abdominal CT scan showed colonic diverticulosis. She received supportive therapy with only minimal relief. She was first admitted due to severe abdominal pain and worsening diarrhoea; laboratory tests disclosed thrombocytopenia, hypocoomplementemia and high titer anti-dsDNA; there was dramatic resolution of symptoms with high dose corticosteroid and she was discharged significantly improved. A few weeks later while on tapering prednisone, she was re-admitted because of recurrence of profuse diarrhoea with severe electrolyte imbalance. Hospital course was marked by diarrhoea, severe hypoalbuminemia with progressive anasarca requiring intravenous albumin infusions, and episodes of massive hematochezia requiring multiple blood transfusions. Colonoscopy showed ischaemic colitis with edematous friable recto-sigmoid mucosa. Intravenous corticosteroid was increased. She underwent abdomino-perineal resection with ileal resection of necrotic intestinal segments; histopath confirmed haemorrhagic gangrenous necrosis of the small intestine and colon, with small and medium vessel vasculitis and thrombosis. Although immediate post-operative course was uneventful, she succumbed a few days later to fulminant bacterial peritonitis due to anastomotic failure with extension of the bowel ischemia.

Conclusions
This case illustrates the diagnostic dilemma and management challenges of lupus mesenteric vasculitis, requiring intensive monitoring for complications with aggressive supportive and disease-specific measures.

225 GASTROINTESTINAL FLARES AMONG FILIPINO PATIENTS WITH SLE: A CASE SERIES

RM Molina*, S Navarra. University of Santo Tomas, Internal Medicine- Section of Rheumatology, Metro Manila, Philippines

Background and aims
Gastrointestinal (GI) involvement in SLE ranges from 2.2%–9.7%, and nonspecific manifestations pose a diagnostic challenge. This series describes characteristics, treatment and outcomes of patients with GI involvement as the primary manifestation of SLE activity.

Methods
Case series of 10 Filipino SLE patients with proven GI flares, seen at the Lupus Clinics of University of Santo Tomas (UST) Hospital, Manila, Philippines.

Results
All 10 patients were females with mean age 31.7±9.35 SD (19 - 49) and disease duration 6.08±7.34 SD (0 - 22) years. Most common GI manifestations were abdominal pain (100%), ileus (60%), vomiting (50%) and diarrhoea(40%). Extra-intestinal manifestations included malar rash (70%), arthritis (60%),