To investigate different parameters in SF of patients with systemic lupus erythematosus (SLE), rheumatoid arthritis (RA) and osteoarthritis (OA).

Methods We describe the evaluation of SF in 28 SLE, 41 RA, and 36 OA patients. SF is collected via arthrocentesis in heparinized or EDTA tubes. The diagnosis was established in all subjects prior to SF examination based on typical clinical and laboratory features. The clinical activity of the diseases at the time of joint aspiration varied.

Results The white blood cell (WBC) count in 28 SLE patients, ranging from 500 to 12,250 with an average count of 3473 cells/μl with 55% polymorphic nuclear cells (PMNs), was significantly lower than in RA - 11 048 cells/μl with 75% PMNs. The WBC count in OA patients was significantly lower - 3718±2373 cells/μl. The highest protein levels were found in RA patients, followed by SLE and OA patients: total protein respectively 50.3±6.9 vs 45±7.3 vs 48.6±10.9 g/L and IgG concentration - 21.22±3.53 vs 9.53±4.27 vs 18±2.48 g/L. Circulating Immune Complexes were significantly higher in the RA group compared to SLE group and OA: 0.247 ±0.07 vs 0.193±0.05 vs 0.108±0.40 mg/ml.

Conclusions The analysis of the SF of lupus patients has shown elevated levels of WBCs, total protein and circulating immune complexes as a markers for the high SLE activity. Synovial fluid is a possibility to define the type of arthritis in different rheumatic diseases.

383 PLASMA ADAMTS-13 ACTIVITY IN PROLIFERATIVE LUPUS NEPHRITIS: A LARGE COHORT STUDY FROM CHINA

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Background and aims The aim of this study was to investigate plasma ADAMTS-13 activity in proliferative lupus nephritis patients, and evaluate their correlations with clinical, laboratory and pathological features, especially the vascular lesions in lupus nephritis.

Methods Plasma samples from 163 biopsy-proven class III and IV lupus nephritis patients and 98 normal controls were collected. ADAMTS-13 activity was evaluated by residual collagen binding assay. IgG autoantibodies against ADAMTS-13 were detected by ELISA. Levels of vWF were evaluated by ELISA. Their associations with clinical, laboratory and pathological features were further assessed.

Results Plasma ADAMTS-13 activity in lupus nephritis patients was significantly lower than that in normal controls (84% ±21.0% vs. 90.4%±13.0%, p<0.005). The plasma levels of vWF was significantly higher in lupus nephritis group than that in normal controls (1.00±0.79 vs. 0.70±0.30, p=0.025). Plasma ADAMTS-13 activity was negatively correlated with the level of serum creatinine and proteinuria (r=-0.354, p<0.001; r=-0.200, p=0.011, respectively). Patients with higher ADAMTS-13 activity had significantly higher levels of factor H (401.51±183.01 μg/ml vs. 239.02±155.45 μg/ml, p=0.005). Plasma ADAMTS-13 activity was negatively associated with the total pathological AI scores, acute glomerular vascular lesions, acute renal vascular lesions (all p<0.001) and tubular atrophy ( p=0.011). Low activity of ADAMTS-13 was a risk factor for renal outcomes (p=0.039, HR=0.047, 95% CI: 0.120–1.005).

Conclusions Decreased ADAMTS-13 activity was found in proliferative lupus nephritis patients and plasma ADAMTS-13 activity was closely associated with renal injury indices, especially pathological vascular scores. The role of ADAMTS-13 in the disease need to be further investigated.

384 MULTI-SPECIALISTS’ PERSPECTIVES ON CLINICAL DECISION MAKING IN SYSTEMIC LUPUS ERYTHEMATOSUS: AN INTERVIEW STUDY

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Background and aims Clinicians from different medical specialists are involved in the management of patients with systemic lupus erythematosus (SLE), however, unwarranted variation in practice remains largely unexplained. This study aims to describe specialists’ attitudes and perspectives on the management of patients with SLE.