Methods The frequencies of Th22, Th17, Th1 cells were determined by flow cytometry of peripheral blood by the chemokine receptors or/and the intracellular cytokine from a total of 25 patients with freshly diagnosed SLE and 13 age-/gender-matched healthy controls, and the values were compared with disease activity as determined by the Systemic Lupus Erythematosus Disease Activity (SLEDAI), serum complement factors (C3, C4), C-reactive protein (CRP), Erythrocyte sedimentation rate (ESR), Immunoglobulin (Ig), anti-double stranded (ds) DNA and anti-Smith (Sm) antibodies were measured.

Results We found increased Th22, Th17 cells in SLE patients compared with those in healthy controls. The elevated Th22 positive correlated with SLEDAI, ESR, IgG and IgA. Higher frequencies of Th22 and positive correlations between the percentage of Th22 cells and Revised Cutaneous Lupus Erythematosus Disease Area and Severity Index (RCLASI) were observed in patients with lupus skin disease.

Conclusions Our data suggests that both Th22 and Th17 may participate in the pathogenesis of SLE and Th22 may migrate to skin and promote inflammation in the lupus skin impairment.

Conclusions Activated Th17 is more abundant in BAL than in blood and switches from IgG correlation to IgA correlation, suggesting its role in the pathogenesis of SLE-ILD.

Antiphospholipid syndrome

Background and aims The antiphospholipid syndrome (SAPL) is an autoimmune and thrombogenic pathology that the diagnosis is based on clinical and biological criteria. It can be isolated (primary SAPL) or associated with another auto-immune disease (secondary SAPL). The purpose of this work is to finalise the epidemiological, clinical, biological, characteristic.

Methods We led a retrospective and descriptive study of the patients followed in the service of internal medicine for SAPL between January 1990 and April 2014.

Results We brought together 62 cases (61 women and 1 man). The average age was 41 years. The peripheral thromboses were observed in 51.6%. The obstetric accidents were found at 26 patients dominated by repeated abortion (35.5%) and fetal death in uterus (16.1%). The cardiac infringement was dominated by valvular disease in 9.6%. The lung manifestations were represented by a pulmonary embolism in 32.25% and a lung arterial high blood pressure in 19.3%. The neurological infringement was present in 29%. The SAPL was primary in 32% and secondary in 86%. The CAPS was found in 2 cases. The SAPL was present in 59.7%. The immunological balance sheet revealed aCL in 77.4%, anti-β 2 GPI in 24.2% and anti-PT in 17.7%. A statistically significant correlation between the obstetric and vascular sign with the presence of aCL.

Conclusions The SAPL is an entity among which the knowledge and the understanding are in permanent evolution. It is necessary to think of it in front of any vascular recurrent thrombosis to a young subject.

Subclinical myocardial dysfunction by tissue Doppler echocardiography in primary antiphospholipid syndrome: preliminary results

Background and aims To evaluate cardiac function in primary antiphospholipid syndrome (PAPS) patients using the echocardiogram with conventional and tissue Doppler evaluations.

Methods Nine PAPS patients (Sapporo criteria) were enrolled. Demographic and clinical data, co-morbidities, medication use and antiphospholipid antibodies were evaluated. All were asymptomatic regarding cardiovascular system. Exclusion criteria were history of heart failure, coronary artery disease, arrhythmia, valve abnormalities, age >70 years old, renal failure and severe hypertension. Seven age-, sex- and race-matched healthy subjects were included as control group.