ALTERED PROPORTION OF TFH17 SUBSETS IN BRONCHOLAVEOlar LAVAGE FLUID OF PATIENTS WITH INTERSTITIAL LUNG DISEASE CAUSED BY SYSTEMIC LUPUS ERYTHEMATOSUS

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Background and aims Interstitial lung disease (ILD) is common in systemic lupus erythematosus (SLE) patients. These patients tend to have large amounts of autoantibodies. Blood memory Th17 cells represent efficient B cell helper cells with distinct capacities to induce IgG and IgA secretion and to regulate immunoglobulin isotope switching. Recent study found overall Th17 cells are highly presented in peripheral blood of SLE patients. However, it is not clear how different subsets of Th17 cells are distributed in broncholavational lavage fluid (BAL) and peripheral blood of SLE-ILD patients. The study is to determine the proportion of different Th17 cell subsets (activated Th17: CXCR3-CCR6+ICOS+PD-1++CCR7lo, quiescent: CXCR3-CCR6+ICOS-PD-1++CCR7int and CXCR3-CCR6+ICOS-PD-1-CRCR7hi) among CD4+ T cells and levels of immunoglobulins in BAL and peripheral blood of SLE-ILD patients.

Methods 30 SLE-ILD patients were included. The lung disease were proved by high resolution CT scan. Patients underwent bronchoscopy and BAL were collected. Th17 cell profiles were determined using flow cytometry. Levels of immunoglobulins were detected by ELISA. Statistics were analysed by SPSS 22.0.

Results IgA and IgG levels were significantly higher in BAL than in blood. Activated Th17 in BAL was increased significantly (p=0.01) and both subsets of quiescent Th17 cells were decreased (p=0.05) compared to those in the blood. The activated Th17 was positively correlated with IgA level (r=0.871, p=0.039) in BAL and with IgG level (r=0.714, p=0.047) in blood.

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.

SUBCLINICAL MYOCARDIAL DYSFUNCTION BY TISSUE DOPPLER ECHOCARDIOGRAPHY IN PRIMARY ANTIPHOSPHOLIPID SYNDROME: PRELIMINARY RESULTS

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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, valvular heart disease, age >70 years old, renal failure and severe hypertension. Seven age-, sex- and race-matched healthy subjects were included as control group.
Myocardial function was determined by echocardiogram (2-D, M-mode, tissue and conventional Doppler techniques).

**Results** Traditional cardiovascular risk factors were similar in PAPS and controls. PAPS patients had 55.6% of venous events, 55.6% arterial and 22.2% obstetric features, stroke was observed in 33.3%, deep venous thrombosis in 44.4%, livedo reticularis in 66.7%. 88.9% were positive for IgG and/or IgM anticardiolipina antibodies and 66.7% were positive for lupus anticoagulant. Conventional echocardiographic data was not altered in all parameters evaluated, comparing patients and controls. Regarding tissue Doppler echocardiogram data, a lower S’ of lateral wall of left ventricle was observed in PAPS in comparison to controls \[0.085 (0.007–0.12) \text{ vs. } 0.12 (0.09–0.13), p=0.004\] as well as A’ wave of the septum \[0.07 (0.06–0.08) \text{ vs. } 0.09 (0.07–0.11), p=0.02\].

**Conclusions** Our data support the notion that PAPS patients have asymptomatic myocardial dysfunction evidenced by tissue Doppler echocardiography.

**Background and aims** Spontaneous hepatic rupture (SHR) is a rare peripartum complication and usually occurs among patients with pre-eclampsia, eclampsia or HELLP syndrome. We report a case of a 29 year old primigravid woman with fetal death in utero and spontaneous hepatic rupture secondary to undiagnosed Antiphospholipid Antibody Syndrome (APAS). Despite its uncommonness, a high index of suspicion for an autoimmune disease such as APAS to prevent maternal and fetal complications is recommended.

Presenting a 29 year old, primigravid of 32 weeks age of gestation was admitted due to epigastric pain, hypotension and decreased fetal movement. She delivered to a dead male neonate via Emergency Low Segment Transverse Caesarean Section. Hemoperitonium and active bleeding from the liver were noted intraoperatively.

**Methods** Patient was managed as spontaneous hepatic rupture. APAS was considered and diagnosed via the Revised SAPPORO Criteria. HELLP syndrome and pre-eclampsia were ruled out by clinical and laboratory parameters.