Results The cohort consisted of 126 (79%) women and 34 (21%) men. Mean (SD) age at diagnosis was 39 (14) years. The diagnostic causes were thrombosis (56.3%), obstetric morbidity (26.9%) and both (16.9%). 65% were primary APS, 22.5% associated with systemic lupus erythematosus (SLE), 8.8% associated with lupus-like syndrome and 3.7% associated with other diseases. Fifty-five patients were lost to follow-up (3.4% every year). In evolution, 10 primary APS patients were reclassified as SLE-associated APS and 2 patients developed catastrophic APS. Table 1 shows the frequencies of the main APS clinical manifestations at baseline and during the 10-year-follow-up. At diagnosis, 95% received antithrombotic treatment: low dose antiaggregants (39.5%), oral anticoagulants (67.1%), heparin (2.6%). During the study, 72.7% of recurrences were without antithrombotic treatment and 27.3% were despite it. Eleven major bleeding episodes occurred and 2 were fatal. The global mortality rate was 6.9% and 50% in catastrophic APS. Table 2 shows the main causes of death and Figure 1 is a Kaplan–Meier survival curve.

Conclusions This study shows long-term morbidity and mortality of a large APS patient cohort and exposed the real-life experience of a referral unit.

66 ANTIPHOSPHOLIPID SYNDROME – CLINICAL AND IMMUNOLOGICAL CORRELATIONS AND ATHEROSCLEROSIS

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Background and aims In recent years, it is found that role in atherogenesis plays inflammatory component of immune response. In recent years found unarguably data for accelerated development of atherosclerotic plaques in patients with APS. Our aim is to investigate the frequency of cardiovascular events and atherosclerosis in patients with primary and secondary antiphospholipid syndrome compared to healthy individuals and patients with systemic lupus erythematosus without antiphospholipid antibodies.

Methods We studied 99 patients with APS, 13 SLE and 32 healthy controls. They were tested for aPL antibodies (aCL, anti-b2gp1, anti-prothrombin), ANA-screen, ANA - profile and standart laboratory.

We examine Intima-Media thickness of carotit arteries and Calcium score of: a. coronaria sinister, a. anterior descendens sinister, a. circumflexa sinister, a. coronaria dexter, Aorta, Valvar aorte to validate the atheroslerosis.

Results We found strong, statistically significant correlation between aCL antibodies and the presence of plaques in the left common carotid artery (p=0.041) and absent a correlation between aPL titers and presence of carotid plaques. In the group with APS, 33.3% (14) establishes a positive calcium score of coronary arteries, 11.9% (5) positive for aorta, Aortic valve Absent deposits, In the control group positive calcium score is one person (5.88%).