Results She showed complete recovery after rituximab.

Conclusions Rituximab can be considered as an effective treatment modality in APLA related chorea where conventional measures have failed.

Methods The cohort included 160 consecutive APS patients followed by the Autoimmune Diseases Unit of Hospital Clinic Barcelona from 2003 to 2013. Epidemiological, clinical, immunological and treatment features were analysed prospectively.

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 antithrombocytes (39.5%), 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.

Methods We studied 99 patients with APS, 13 SLE and 32 healthy controls. They were tested for aPL antibodies (aCL, anti-β2gp1, 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 sinist, a. circumflexa sinister, a. coronaria dexter, Aorta, Valvulae aortae.

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%).
Conclusions It was established the relationship of antiphospholipid syndrome with the process of atherosclerosis.

The presence of atherosclerotic plaques is not associated with traditional risk factors.

Not establish a connexion between antiphospholipid antibodies and IMT.

Proven connexion between aCL and carotid plaques.

Not establish correlation between aPL and Ca score.

Persons with APS have a higher incidence of Calcium score versus healthy controls.

Background and aims In antiphospholipid syndrome (APS), antibodies reactive to CL-beta2-GPI are known to be the important pathogenic factor, but the mechanism of the interaction between the antibodies and cells, and the reason why APS is highly associated with SLE are not fully elucidated.

Methods Since we obtained a monoclonal antibody WB-6 which shows reactivity to CL-beta2-GPI and induces a pro-thrombotic state in normal mice by tissue factor expression upon circulating monocytes, we tried to clarify how this antibody interacts with live cells.

Results In the current study, we found unexpectedly that WB-6 reacted with DNA by direct-binding ELISA which was confirmed by inhibition ELISA. The result of epitope mapping on the domain 1 of beta2-GPI suggested that WB-6 binds to the arginine- and lysine-rich peptides close to the N-terminal of beta2-GPI, not directly but indirectly via DNA. Incubation of endothelial cell lines or monocytic THP-1 cells with WB-6 revealed that WB-6 enter into the live cells. Because pre-treatment of the cells with DNase 1 significantly reduced the internalisation, and addition of extracellular DNA into the culture significantly increased the internalisation, this phenomenon is likely to be resulted from interaction of WB-6 and cell surface DNA.

Conclusions These results suggest that some anti-DNA antibodies show dual reactivity with CL-beta2-GPI via DNA, and this may contribute to the high percentage of association with SLE in APS. Such an antibody can enter live cells with DNA, and activate intracellular DNA sensors to induce tissue factor expression, without participation of the cell surface bata2-GPI.

Background and aims The evaluation of thrombotic and pregnancy risks associated with antiphospholipid antibodies (aPLs) in individual patients is challenging. Our objective was to identify potential clinical and epidemiological predictors of thrombosis and pregnancy morbidities in a large Chinese antiphospholipid syndrome (APS) cohort.

Methods This cohort included 177 consecutive APS patients and 146 asymptomatic aPLs control patients who attended the rheumatology clinic at People’s Hospital of Beijing University Health Science Centre. All APS patients fulfilled the 2006 revised criteria APS. All control patients had at least one persistent positive aPLs without any other criteria APS manifestations. When assessing risk factors associated with pregnancy morbidities, only reproductive age (age <45) female controls were used. Chi-squared or Fisher’s exact test univariate analysis and multivariable logistic regression analyses were used to assess association between different clinical and epidemiological risk factors and clinical manifestations.

Results Of the 177 APS patients, 134 (75.7%) were women with a mean age of 43.5 (S.D. 16). When comparing to controls, risk factors associated with thromboembolic events included: Raynaud’s phenomenon (odds ratio (OR)=2.371, 95% Confidence interval (CI) 1.039–5.637, p=0.0462), hypertension (OR=1.829, 95% CI 1.114–3.05, p=0.022), and smoking (OR=3.941, 95% CI 1.816–8.799, p=0.0004). Age, hyperlipidemia, diabetes, hypocomplementemia, and thrombocytopenia did not demonstrate significant association with thrombosis. None of the analysed clinical characteristics showed significant association with pregnancy morbidities. A high frequency of thrombocytopenia and hypocomplementemia were observed in both APS patients and control patients with persistent +aPLs.

Conclusions Smoking, Raynaud’s phenomenon, and hypertension are potential predictors of thromboembolic events in +aPLs Chinese patients.

Background and aims The aims of the present study were to assess and identify the prognostic factors of the long-term outcomes and mortality of antiphospholipid syndrome (APS) in Chinese patients.

Methods Records of 160 patients with APS admitted to Peking Union Medical College Hospital in Beijing between 2005 and 2015 were investigated. Demographic characteristics, cumulative clinical and laboratory features, autoantibody profiles were retrieved from the database. Survival rates were studied by Kaplan-Meier method, and COX proportional hazard model was adopted to perform the analysis of predicting factors for mortality.

Results The entire cohort consisted of 110 (68.8%) female and 50 (31.3%) male patients. Mean (SD) age was 36.5 ± 14.9 years. In total, 50.6% of the patients had primary APS, 45.9% had APS associated with SLE. The most prevalent immunological features at baseline were LA (71.3%), aCL (55.0%), and β2GPI (49.4%). No significant statistical