with HPV. Three Socioeconomic status (SES) groups were established (Graffar).

Editor Results 73 SLE patients and 104 healthy control were included. Table 1: Demographics characteristics.

SLE patients 25/73 (34.3%) had HPV versus 6/104 (5.8%) in the control group (p=0.00).

In the SLE-HPV were found statistically significant differences in: low SES, sexual partners>5, antiDNA+ and low complement and a trend to low educational level (p=0.07).

At check data the average dose of steroids was 10.8 Mg/d (SLE-HPV) vs 2.9 Mg/d in without HPV (p=0.00) while 61% (HPV group) vs 29% (without HPV) were receiving immuno-suppressors (IS) (Table 2)

Non-differences were found related to duration of SLE, smoking, beginning of sexual intercourse, condom use and anal or oral intercourse.

Conclusions The frequency of HPV was high in women with SLE. We remark oligo/asymptomatic HPV and its association with low SES, serological activity and treatment.

As we detected a high frequency of sole anal lesions we highlight the anoscopy regardless of symptoms.

ASSOCIATION OF SMOKING WITH VASCULAR DAMAGES IN SYSTEMIC LUPUS ERYTHEMATOSUS FROM KOREAN LUPUS NETWORK (KORNET) REGISTRY

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Background and aims To investigate association between smoking and vascular damages in patients with systemic lupus erythematos (SLE).

Methods A total of 500 SLE patients were enrolled in KOREan lupus Network (KORNET) registry from January 2014 to January 2016. Disease activity and organ damage were measured by Systemic Lupus Erythematosus Disease Activity Index (SLEDAI) score and Systemic Lupus Interna
collaborating Clinics (SLICC) damage index. Association analyses using multivariate logistic regression analysis of cova-
riance models with smoking status (three groups: current smoker, ex-smoker, never smoker) as outcome variable were con-
ducted. We were divided into two groups depending on SLICC items (vascular vs. nonvascular involved items) accord-
ing to the presence or absence of vascular damage including cardiovascular and peripheral vascular systems. Laboratory data was obtained including autoantibodies (antiphospholipid antibodies, anti-double-stranded DNA, etc.), complements, C-reactive protein.

Results There are significant differences in vascular component score of SLICC score among current, ex-, and never smokers (0.17±0.38, 0.03±0.17, and 0.03±0.20, p=0.003), whereas overall SLICC scores were similar among three groups (p=0.284). Current smoker showed higher vascular component score of SLICC score than never smoker (p=0.014) and than ex-smokers (p=0.039). Patients who has history of smoking exposure (current and ex-smoker) showed significantly higher positivity of antiphospholipid antibody (OR 2.58, 95% CI 1.31–5.08, p=0.006).

Conclusions This study revealed that smoking was associated with vascular component scores in SLICC damage index. It suggests that that smoking status may implicate the development of vascular events in SLE.