RESULTS

87 patients (82 females) had mean age 29.23 ±13.13 SD (6 – 62) at TB infection, mean SLE disease duration 3.40±4.44SD (<=1–23) years. There were 59 (67%) PTB, 5 (6%) EPTB, 23 (27%) DTB. Extra-pulmonary sites included 8 meningitis or brain abscess, 7 soft tissue abscess, 7 pleural effusion, 3 genitourinary, 3 arthritis, 1 hepatobiliary, 1 ileocecal, 1 cutaneous. Average SLEDAI score was 4.74±3.19SD (0 – 14), nephritis in 31 (35.63%). Average cumulative prednisone was 15.29±19.38SD (0.5–86.4) grams; mean daily prednisone was 13.87+10.5SD mg (0 – 50) with 22 patients (25.29%) taking immunosuppressives 3 months preceding TB. Significant risks for DTB were nephritis (p=0.017) and prednisone >11 mg/d (p<0.05). Sixty three (72.41%) successfully completed anti-TB treatment. Among 24 deaths, 9 were attributed to TB (6 disseminated, 3 PTB respiratory failure), 15 due to active lupus.

CONCLUSIONS

In this cohort, nephritis and recent prednisone dose >11 mg/day were significant risk factors for disseminated TB which is associated with poor prognosis.

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SERUM TUMOUR TUMOR NECROSIS (TNF)-LIKE WEAK INDUCER OF APOPTOSIS (TWEAK) AND LEPTIN AS BIOMARKERS OF ACCELERATED ATHEROSCLEROSIS IN PATIENTS WITH SYSTEMIC LUPUS ERYTHEMATOSUS AND ANTI PHOSPHOLIPID SYNDROME

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Background and aims Patients with systemic lupus erythematosus (SLE) and antiphospholipid syndrome (APS) are at increased risk of atherosclerosis, and occurs much earlier compared to the general population even after accounting for traditional risk factors. Aim of the work: To examine the association between serum TWEAK, leptin and subclinical atherosclerosis in SLE and APS.

Patients and methods Serum tumour necrosis factor (TNF)-like weak inducer of apoptosis (TWEAK) and leptin were measured in 30 SLE patients, 26 SLE patients with secondary APS (SLE-APS), 14 with primary APS (pAPS) and 20 age and sex matched control. The SLE diseaseactivity index (SLEDAI) was assessed in SLE patients. The intima media thickness (IMT) was measured by carotid ultrasound.

Results Serum TWEAK was significantly higher in patients with pAPS (945.1±16.2 pg/ml) than in SLE-APS (755.3±59.9 pg/ml), SLE patients (499.2±47.1 pg/ml) and control (129.6±18.6 pg/ml) (p<0.001). Also, serum leptin was significantly higher in pAPS patients (14.0±2.8 mg/dl) compared to that in SLE-APS (6.5±0.9 mg/dl), SLE patients (3.8±1.2 mg/ml) and control (1.6±0.6 mg/ml) (p<0.001). The IMT was significantly increased in the pAPS patients compared to SLE-APS group (p<0.001), SLE patients (p=0.006) and to the control (p<0.001). A significant correlation was found between TWEAK with the body mass index and high density lipoprotein in SLE-APS and inversely with the random blood sugar and thediastolic blood pressure in SLE patients. Serum leptin only significantly correlated with the total leucocytic count in SLE patients.

Conclusions Patients with pAPS are more liable to develop premature atherosclerosis even in theabsence of the traditional risk factors.