Background and aims Systemic lupus erythematosus (SLE) is an autoimmune and inflammatory disease with multiple clinical manifestations including arthropathy. The severity of the articular involvement or deformity to an erosive deforming arthropathy with severe functional disability. In rare cases a severe, erosive and deforming arthropathy, clinically indistinguishable from rheumatoid arthritis (RA) can be observed; this clinical entity is traditionally known as “Rhupus”. It remains controversial whether Rhupus is a distinct entity, an overlap between SLE and RA or a serious articular involvement of SLE.

Methods Observational.

Results A 23 years old female presented with polyarthritis, vasculitis, and anaemia. She was having symmetrical inflammatory polyarthritus of both upper and lower limb for last 2 years and was having skin rash for last 1 year. She also gave history of recurrent oral ulcers, photosensitivity and alopecia. On Investigation, revealed anaemia, alopecia, oral ulcer, vasculitis and active synovitis of both elbows, wrists, hands, knees and ankle joints. Her report showed raised of inflammatory parameter, normochromic normocytic anaemia. Further work up showed positive result in RF and anti-igG. Also showed positive results on some antigens ANA profile. She was started on prednisolone, Metotrexate, folic acid, hydroxychloroquine, calcium, vitamin D and Natrium Diclofenac.

Conclusions Rhupus Syndrome is a rare syndrome. Currently, Rhupus remains an entity not perfectly known, but the pathogenesis, the autoantibody positivity, the radiological manifestations and therapy all support the idea that it is really an overlap syndrome between SLE and RA, although its pathogenesis still remains to be fully understood.

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ACTIVE ARTHRITIS IS ASSOCIATED WITH 14-3-BETA TITRE IN PATIENTS WITH SYSTEMIC LUPUS ERYTHEMATOSUS

C. Hitchon*, D. Robinson, H El-Gabalawy, A Tisseverasinghe, A Man, C Peschken. University of Manitoba, Internal Medicine, Winnipeg, Canada

10.1136/lupus-2017-000215.215

Background and aims Non-erosive arthritis is common in systemic lupus erythematosus (SLE). 14-3-eta, a chaperone protein that activates pro-inflammatory pathways is emerging as a novel biomarker for erosive Rheumatoid Arthritis. We investigated clinical associations of serum 14-3-eta in SLE focusing on arthritis.

Methods Sociodemographics, ACR criteria, and SLEDAI were recorded. Arthritis, assessed by the SLEDAI, was categorised as active (n=78), inactive (n=138) and never present (n=49). Serum 14-3-eta was measured by ELISA; titres above 0.19 ng/ml were considered positive. We report descriptive statistics and logistic regression models testing the association of 14-3-eta with arthritis state.

Results SLE patients (n=265) were mainly female (92%), Caucasian (67%) with a mean (SD) age of 51.7 (14) years, and median (25%,75%) disease duration of 8 (4,10) years, number ACR criteria of 6 (5,7), and SLEDAI of 4 (2,7). 241 (81%) had active or inactive arthritis. 14-3-eta positivity was similar across the three arthritis groups (active 22/78 (28%), inactive 27/138 (20%), never present 10/49 (20%) with a median (25%,75%) titre of 0.6 ng/ml (0.34, 1.82). The highest quartile of 14-3-eta associated with active arthritis (OR 3.6 (95% CI 1.33, 9.98) p=0.012) after adjusting for ethnicity and SLEDAI. There were no differences in 14-3-eta positivity for other lupus criteria nor correlation of 14-3-eta titer with number of ACR criteria or SLEDAI.

Conclusions 14-3-eta titers are highest in lupus patients with active arthritis suggesting a higher risk for more severe arthritis. Further work will explore the associations of 14-3-eta in lupus with erosive arthritis.
mononuclear cells were analysed by flow cytometry. Patients completed a scored questionnaire addressing sun exposure history prior to disease onset. The questionnaire, flow cytometry and ELISA results were analysed using Mann-Whitney test.

**Results** Questionnaire responses indicate increased sun exposure prior to disease onset in SLE patients with skin disease compared to SLE patients without skin disease (median score=60 versus 32, respectively; p<0.05). Anti-desmoglein-3 auto-antibody levels were higher in the serum of SLE patients with skin disease than in patients without skin disease (median=0.571 versus 0.123 IU, respectively; p<0.05). T-follicular helper (TFH) cells stimulate B-cells to produce auto-antibodies via IL-21. There was a trend to enhanced IL-21 production in SLE with skin lesions compared to SLE without skin (median=34 versus 19%, respectively).

**Conclusions** SLE patients with skin disease have a history of higher antecedent sun exposure consistent with the hypothesis that sun exposure is an environmental trigger. The resulting immune activation of the skin may be reflected in aberrant skin-specific antibody production and heightened IL-21 secretion by TFH cells.

**Abstracts**

**218 RISK FACTORS ASSOCIATED WITH THE OCCURRENCE OF AUTOIMMUNE HEMOLYTIC ANAEMIAANEMIA IN SYSTEMIC LUPUS ERYTHEMATOSUS**

1A Kurniawan*, 1NPH Lugito, 1Sumanti, 2AS Soetjipto, 2V Kusnadi, 2D Hadi, 2LM Rouly, 1University of Pelita Harapan, Internal medicine, Tangerang, Indonesia; 2University of Pelita Harapan, School of Medicine, Tangerang, Indonesia

10.1136/lupus-2017-000215.218

**Background and aims** Almost all systemic lupus erythematosus (SLE) patients develop haematological abnormalities during their disease course. Autoimmune hemolytic anaemia (AIHA) was reported in 5%–14% of SLE patients which is usually mediated by warm-type IgG anti-erythrocyte antibodies. There is still paucity data about risk factors associated with the occurrence of AIHA in SLE patients. The aim of this study is to know risk factors associated with the occurrence of AIHA in SLE patients.

**Methods** This study was a retrospective cohort single centre study from 2013–2015 from our general hospital, Karawaci, Tangerang, Banten, Indonesia. The criteria of SLE patients were using American College of Rheumatology (ACR) criteria. The data were from our medical records database. The criteria of AIHA were based on American Society Haematology (ASH) criteria. Clinical data and risk factors of AIHA patients were reviewed and analysed. Anti-nuclear antibody (ANA) and anti-dsDNA were detected using indirect immunofluorescence test (IFA-Bio-Rad, USA).

**Results** Fifty-seven patients were included, of whom 93% were female with a median age of 36 (12-72) year old. AIHA patient found in 57.9% of the patients with positive IgG antibody to erythrocyte. ANA was positive in 84.2% and anti-dsDNA was positive 75.4%. Positive ANA, OR 1.91 (0.45–8.02); positive anti-dsDNA 2.25 (0.66–7.76); decreased complement3 (C3) 0.77 (0.23–2.51); decreased C4 0.67 (0.21–2.16); decreased albumin level 0.82 (0.23–2.92); thrombocytopenia 3.19 (1.01–10.05), leucopenia 0.95 (0.30–3.0) did not significantly related to AIHA.

**Conclusions** The proportion of AIHA in SLE patients 57.9%. Positive ANA, anti-dsDNA, decreased C3, C4, hypoalbuminemia, thrombocytopenia, and leucopenia were not statistically significant.

**219 EFFECT OF COMPLETE OR PARTIAL PROTEINURIA RECOVERY COMPARED TO NO RECOVERY AT 2 YEARS AFTER THE DIAGNOSIS OF LUPUS NEPHRITIS ON LONG TERM OUTCOMES**

1J Medina-Rosas, 1D Gladman*, 2S Urowitz, 1University of Toronto, Medicine- Rheumatology, Toronto, Canada; 1University Health Network, Rheumatology, Toronto, Canada

10.1136/lupus-2017-000215.219

**Background and aims** To evaluate the effect of Complete Recovery (CR), Partial Recovery (PR), and No Recovery (NR) at 2 years from diagnosis of LN on long term outcomes.

**Methods** Patients with LN (proteinuria in 24 hour urine [24H-P]>0.5 g/day) were studied. At 2 years from LN, patients were divided into CR, PR and NR. Long-term outcomes were studied up to 15 years. CR was defined as normal 24H-P, PR as a reduction ≥50% in 24H-P without achieving CR and NR as a reduction <50% 24 hour-P compared to baseline. Long term outcomes: Renal outcomes: low eGFR <15 mL/min, end-stage renal disease requiring dialysis or transplantation [ESRD], and a Composite Renal Outcome [low eGFR or ESRD]); Cardio-Vascular (CV) outcomes (angina or myocardial infarction); Damage (SDI≥1); and Death. Time-independent and time-dependent Cox proportional hazards models were applied to describe the effect of CR, PR or NR on long-term outcomes.

**Results** Of 277 patients, 63.9% achieved CR, 18.41% PR, and 9.75% NR at 2 years. CR protected from all long-term outcomes compared to PR and NR on Kaplan-Meier analysis and Cox model (Figure 1). CR protected against CV outcomes only in the Cox model. Compared to NR, PR only protected against low eGFR. Neither CR nor PR protected against damage. On time-dependent analysis, when comparing CR to NR and PR to NR, only NR was a risk factor for ESRD when compared to CR (HR=3.93).

**Conclusions** CR protects against CV and renal outcomes, and mortality. PR protects against low eGFR.

**220 RELATIONSHIP BETWEEN INCREASED LEVELS OF ANTI-DSDNA WITH CLINICAL SYMPTOMS IN PATIENTS WITH SLE**

1B Marpaung, 1Faculty of Medicine- University of Sumatera Utara- Adam Malik General Hospital, Department of Internal Medicine, Medan, Indonesia

10.1136/lupus-2017-000215.220

**Background** Systemic Lupus Erythematosus (SLE) is an autoimmune rheumatic disease characterised by widespread inflammation and affects any organ or system in the body. Many autoimmune diseases result in autoantibody production, but anti-dsDNA antibodies are highly specific to SLE. Previous study found that Anti-dsDNA antibodies are associated with severe clinical manifestations of lupus.

**Objective** To examine the association between anti-dsDNA level with clinical features and laboratory findings in patients with SLE.

**Methods** This cross-sectional study was conducted in the Haji Adam Malik General Hospital Medan in August-October 2016...