Background Systemic lupus erythematosus (SLE) is a disease characterised by auto-antibody production. A wide variety of antibodies to extractable nuclear antigens (ENA) and double-stranded DNA (dsDNA) are frequently observed. This study aimed to assess the clinical significance of these antibodies within a large lupus cohort across 40 years of follow-up, with particular importance placed upon progression and time to damage.

Methods A retrospective review of patient medical records from the University College London Hospital (UCLH) lupus clinic since inception in 1978 was performed. All patients were required to fulfil revised ACR criteria for a diagnosis of SLE. ENA (including anti-Ro, anti-La, anti-RNP, anti-Sm) and anti-dsDNA were recorded as positive if they had ever been found to be present. A variety of clinical manifestations were recorded. Furthermore, the time from diagnosis to the first onset of SLICC criteria damage was measured. Statistical analysis was performed using chi squared and Student's t test with a p-value<0.05 felt to be statistically significant.

Results A total of 170 patients were identified (mean age at diagnosis was 30 years old; 93% female; mean follow-up time was 22 years). 139 (82%) had sustained damage, and 54 (32%) had died. 59% (100/170) were anti-dsDNA positive, 13% (22/170) were anti-Sm positive, 28% (47/170) were anti-RNP positive, 38% (64/170) were anti-Ro positive, and 12% (20/170) were anti-La positive. There was a significant association between anti-dsDNA positivity and developing damage (see table 1). There was no difference in mean time to damage for all antibodies analysed. These antibodies did not show significant association with death. Anti-dsDNA positivity associated with renal damage ($p<0.0001$), and there was a statistically significant association between anti-Sm positivity and alopecia ($p=0.049$).

Conclusion Within this large lupus cohort followed up over 40 years, a significant association between anti-dsDNA and damage is observed. No association was found between antibody positivity and death, or time to damage.

PS2:35 CLINICAL, BIOLOGICAL AND IMMUNOLOGICAL FEATURES OF SYSTEMIC LUPUS ERYTHEMATOSUS IN A TUNISIAN COHORT

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Introduction Systemic lupus erythematosus (SLE) is an autoimmune disease with wild spectrum of manifestations. Disease severity and outcome are variable in different ethnic groups. The aim of this study was to describe clinical, biological and immunological features of SLE in a Tunisian cohort.

Objectives A retrospective study, including patients with SLE (Revised criteria of the American College of Rheumatology), followed in a department of Internal Medicine from 2004 to 2017. Demographic, clinical, biological and immunological characteristics of patients were recorded and analysed. Treatment and outcome were described.

Results medical records of 89 patients were analysed. Their mean age at the disease onset was 35.2 years±13 years (14 to 72 years). F/M sex ratio was 8/1. Familiar history of SLE or another auto immune disease was recorded in 5.6% and 10.1% of patients respectively. Clinical manifestations were as following: cutaneous involvement in 88.8%, pulmonary manifestations in 23.6%, cardiovascular involvement in 43.8%, renal involvement in 29.2%, articular manifestations in 69.7%

Abstract PS2:34 Table 1

	Damage	Death	Mean time to damage (months)
Anti-dsDNA positive (n=100)	87	31	139
Anti-dsDNA negative (n=70)	52	23	154
p	0.035	0.79	0.98
Anti-Ro positive (n=64)	55	16	145
Anti-Ro negative (n=106)	84	38	145
p	0.27	0.14	0.09
Anti-La positive (n=20)	18	6	184
Anti-La negative (n=150)	121	48	139
p	0.31	0.86	0.66
Anti-Sm positive (n=22)	17	5	134
Anti-Sm negative (n=122)	122	49	146
p	0.56	0.12	0.21
Anti-RNP positive (n=47)	42	14	127
Anti-RNP negative (n=123)	97	40	152
p	0.11	0.73	0.45

neurological and psychiatric manifestations in 20.2% and 6.7% respectively. Associated auto immune diseases were Sjogren syndrome in 14.6%, rheumatoid arthritis in 6.7% and thyroiditis in 7.8%. Biological findings showed leucopenia in 48.8%, thrombopenia in 26.2% and hemolytic auto immune anaemia in 3.6%. Immunological screening revealed positive anti nuclear antibodies in 92.1%, anti DNA antibodies in 84.3%, anti Sm, anti nucleosome and anti phospholipid antibodies in 40.8%, 31.6% and 36.6% respectively. SLE activity was assessed by SLEDAI score which mean value was 9.1. Relapses occurred in 39.3% of the patients and remission was recorded in 56%. Four patients died. Infection occurred in 18.8% of the cases, steroid induced diabetes in 12.9% and osteoporosis in 16.5%.

Conclusions In our series, SLE patients had a high prevalence of cutaneous and articular manifestations. Nephritis lupus prevalence was similar to other African, Afro-american and Hispanic groups and lower than Asians. Global outcome was good with more than a half remission.

PS2:36 PREVALENCE OF THYROID DISEASES IN SLE PATIENTS AMONG SAUDI POPULATION

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Background Systemic Lupus Erythematosus (SLE) is an autoimmune disease that can affect different systems. Thyroid dysfunction is common in SLE. Several studies reported a varied prevalence of thyroid diseases in SLE patients.

Objective To report the prevalence of thyroid dysfunction in Saudi patients with SLE.

Methods Retrospective review of medical charts of SLE patients who attended rheumatology clinic at King Fahad Medical City between 2014 and 2015 was conducted.The primary outcome was the prevalence of thyroid dysfunction; the secondary outcome was the association between SLE and thyroid diseases. Pearson's chi-squared test was used to compare the distribution of thyroid diseases, and a student t-test was used to assess the association of SLE activity and thyroid diseases. A p-value less than 0.05 was considered significant.

Result The overall prevalence of thyroid dysfunctions was 26 (17.2%) out of 151 SLE patients. The most common dysfunctions were subclinical hypothyroidism 11 (7.3%) and hypothyroidism 7 (4.6%). Hypothyroidism patients were found to have a positive and equally high frequency (57%) of anti-Tg and anti-TPO, and equal frequency of a positive anti-Tg and anti-TPO (64%) was found in subclinical hypothyroidism patients as well. No association was found between SLE activity and thyroid diseases.

Conclusion Our SLE patients had a high prevalence of subclinical hypothyroidism (7.3%). No significant association between SLE activity and thyroid diseases.

Absatrct PS2:36 Table 1 Distribution of thyroid diseases and tabulation with thyroid antibodies

Thyroid Status	ANTI-TPO n(n%)		p-value	ANTI-Tg n(n%)		p-value
	Positive	Negative		Positive	Negative	
Hyperthyroid	0	1 (100%)	0.37	0	1 (100%)	0.22
Hypothyroid	4 (57%)	3 (43%)		4 (57%)	3 (43%)	
Subclinical Hyperthyroid	3 (60%)	2 (40%)		3 (60%)	2 (40%)	
Subclinical Hypothyroid	7 (64%)	4 (36%)		7 (64%)	4 (36%)	
Sick Thyroid	0	2 (100%)		0	2 (100%)	
Normal	81 (65%)	44 (35%)		83 (66%)	42 (34%)	
Total	95 (63%)	56 (37%)		96 (64%)	55 (36%)	

Absatrct PS2:36 Table 2 Univariate analysis of the association of SLE activity and thyroid diseases

	Thyroid Status	n	Mean ± SD	p-value
Anti-dsDNA	Diseased	23	204.52 ± 491.90	0.775
	Normal	114	173.77 ± 306.69	
C3 (0.9-1.8)	Diseased	26	0.80 ± 0.39	0.729
	Normal	124	0.77 ± 0.59	
24hrs urine for protien	Diseased	21	1.96 ± 3.77	0.366
	Normal	118	1.18 ± 2.05	
Selena score	Diseased	26	15.62 ± 10.06	0.206
	Normal	125	12.89 ± 8.48	