between proteinuria and LDL levels (r=0.67, p=0.017 and r=0.74, p=0.009 respectively).

Conclusion Our study shows that Juvenile SLE patients with LN tend to have more abnormalities of lipid profile than patients without LN, namely with higher TC, LDL and Tg, and lower HDL.

A significant positive correlation was found at time 2 between proteinuria and TC and LDL levels, reflecting that the severity of proteinuria correlates with abnormalities in lipid profile.

These results reinforce that juvenile SLE population, namely with LN, should have their CV risk factors, such as lipid profile, carefully monitored.

### PS3:58 IS THERE A DIFFERENCE BETWEEN LIPID PROFILE BEFORE AND AFTER LUPUS NEPHRITIS TREATMENT IN PATIENTS WITH JUVENILE SYSTEMIC LUPUS ERYTHEMATOSUS?

<table>
<thead>
<tr>
<th></th>
<th>TC</th>
<th>HDL</th>
<th>LDL</th>
<th>Tg</th>
<th></th>
<th>TC</th>
<th>HDL</th>
<th>LDL</th>
<th>Tg</th>
</tr>
</thead>
<tbody>
<tr>
<td>Group 1</td>
<td>164</td>
<td>49.3</td>
<td>92.9</td>
<td>112.4</td>
<td></td>
<td>171.5</td>
<td>53.2</td>
<td>102.9</td>
<td>90.9</td>
</tr>
<tr>
<td>Group 2</td>
<td>192.8</td>
<td>44.2</td>
<td>120.8</td>
<td>173.1</td>
<td></td>
<td>186.3</td>
<td>52.3</td>
<td>115.9</td>
<td>121.5</td>
</tr>
</tbody>
</table>

**Conclusions** Our study showed that the lipid profile of LN patients tends to improve with LN treatment, as showed by the lower levels of TC, TG and LDL and higher levels of HDL observed at time 2.

### PS3:60 INCIDENCE OF VASCULITIS IN HOSPITALISED LUPUS PATIENTS

**Introduction** Systemic Lupus Erythematosus (SLE) is an autoimmune disease which is associated with multiple target organ damage. Multiple hospitalizations can occur during their lifelong. Systemic vasculitis manifestation is one of the most important reasons leading to refer to rheumatology clinics. The aim of this study is to evaluate different picture of systemic vasculitis in lupus patients.

**Materials and methods** Eighty-one known SLE patients based on 2012 Revised Criteria who were visited in Rheumatology Department of Imam Reza Hospital from January 2012 to December 2014 having undergone a thorough physical examination by rheumatologist, classified based on demographic and SLE-related vasculitis manifestations. We focused on vasculitis manifestation in this group of patient.

**Results** In total 17.3% of our lupus patients were diagnosed as vasculitis. In the vasculitis group cutaneous vasculitis (50%), thromboembolic events (7/1%), cerebral vasculitis (7/1%), retinal vasculitis (7/1%) and aortic involvement were detected. Systemic vasculitis is the second most common causes for referring to the hospital. Mean SLEDAI and SLICC scores were 22.79 (±13.29) and 1.95 (±1.46), in vasculitis group respectively.

Considering SLICC SLE Criteria, prevalence of vasculitis lesion were found more often in ocular, renal, gastrointestinal and CNS system (p=0.03, 0.01,<0.001,<0.03 respectively).

**Conclusion** Vasculitis manifestation in lupus probably is one of the most important and life threatening complication which may have brought these patients to rheumatology centre. In this study, we found that vasculitis may be the first presentation of SLE patients with severe organ damage with no previous history of this disease.