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IGA ANTI-PHOSPHOLIPID ANTIBODIES IN SWEDISH CASES WITH SYSTEMIC LUPUS ERYTHEMATOSUS: ASSOCIATIONS WITH DISEASE PHENOTYPES, VASCULAR EVENTS AND DAMAGE ACCRUAL

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Objectives IgG- and IgM-class anti-cardiolipin antibodies (aCL) and lupus anticoagulant (LA) are included in the 1997 update of the American College of Rheumatology (ACR-97) systemic lupus erythematosus (SLE) classification criteria. Despite limited evidence, IgA-aCL and IgA anti- β 2-glycoprotein-I (anti- β 2GPI) were included among the 2012 Systemic Lupus International Collaborating Clinics classification criteria. The present study was undertaken to evaluate IgG-/IgA-/IgM-aCL and anti- β 2GPI occurrence in relation to disease phenotype, smoking habits, pharmacotherapy, APS-related events, and organ damage among Swedish SLE patients.

Methods 526 SLE patients meeting ACR-97 were included. Blood donors and patients with rheumatoid arthritis or primary Sjögren's syndrome served as controls. Serum anti-phospholipid antibodies (aPL) were analysed by enzyme-immunoassays.

Results 76 (14%) SLE cases fulfilled the Sydney APS-criteria, and at least 1 aCL/anti- β 2GPI isotype (IgG/IgA/IgM) occurred in 138 SLE patients (26%). 44 (8%) of the SLE cases had

IgA-aCL, of whom 20 (4%) lacked IgG-/IgM-aCL. 74 (14%) tested positive for IgA anti- β 2GPI, 34 (6%) being seronegative regarding IgG/IgM anti- β 2GPI. 6 (1%) had manifestations compatible with APS and were seropositive regarding IgA-aCL and/or IgA anti- β 2GPI in absence of IgG/IgM-aPL and LA. Positive LA- and IgG-aPL tests associated with most APS-related events and organ damage. Exclusive IgA anti- β 2GPI occurrence associated inversely with Caucasian ethnicity and photosensitivity. Nephritis, smoking, LA-positivity and statin/corticosteroid-medication associated strongly with organ damage, whereas ongoing hydroxychloroquinemedication was protective.

Conclusions IgA-aPL is not uncommon in SLE (16%). Exclusive IgA anti- β 2GPI±IgA aCL associated with non-Caucasian ethnicity. IgA-aPL analysis may be of additional value among clinically suspected APS-patients testing negative for other isotypes of aPL and LA.

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ANTIPHOSPHOLIPID ANTIBODIES AND AUTOIMMUNE HEMOLYTIC ANAEMIA IN SYSTEMIC LUPUS ERYTHEMATOSUS: A CASE-CONTROL STUDY

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Purpose Hemolytic anaemia with reticulocytosis is included in ACR and SLICC classification criteria of Systemic Lupus Erythematosus (SLE). Some studies have assessed the relationship between antiphospholipid antibodies (aPL) and autoimmune hemolytic anaemia (AIHA) in SLE patients. Some of them had describe a correlation with the presence of Lupus

Abstract PS4:71 Figure 1 A: distribution of IgA aCL and IgA anti- β 2GPI positive cases in the full SLE cohort. 82 (16%) of the SLE cases had IgA positivity, 44 (8%) of aCL and 74 (14%) of anti- β 2GPI type. B: Distribution of IgG/A/M isotypes of aCL in the SLE cohort. 89 (17%) SLE cases were positive for at least one aCL isotype. C: Distribution of IgG/A/M isotypes of anti- β 2GPI in the SLE cohort. 121 (23%) SLE cases were positive for at least one anti- β 2GPI isotype. D: Distribution of exclusively IgA aCL and IgA anti- β 2GPI positive cases in the SLE cohort. 20 (4%) of the SLE cases had IgA positivity, 8 (2%) of aCL and 16 (3%) of anti- β 2GPI type