Abstract PS4:85 Table 1

	SLE	CTD non-SLE	Chronic arthritis
Sterility	3 (12%)	0	2 (7.6%)
Miscarriages	8 (32%)	0	7 (26%)
Assisted reproduction	3 IVF (12%) 1 insemination (4%)	1 (11%)	4 IVF (15%) 2 insemination (7.6%)
Preterm delivery	2 (8%)	0	0
Flares during pregnancy	0	0	11 (42%)
Preeclampsia	2 (8%)	0	0

IVF: in vitro fecundation

chronic arthritis (CA) including rheumatoid arthritis (RA), spondyloarthritis (SPA) and psoriatic arthritis (PsA).

Results 60 women (25 SLE, 9 connective tissue diseases non-SLE, 26 CA) were evaluated for pregnancy planning. All of them were in remission and were taking safe pharmacological treatment for the pregnancy. Fifty percent presented advanced maternal age (>35 years old) at the time of evaluation (8 SLE, 2 CTD no SLE and 15 CA).

Until now, 48 patients have finished their pregnancy (18 SLE, 8 CTD non-SLE and 22 CA); in the others pregnancy is still on going.

Data collected is showed in table.

Sterility and fertility were similar in both, SLE and CA, and comparable with healthy women of the same age. Preeclampsia and an increased risk of preterm delivery were more frequent in the outcome of patients with SLE ($p>0.05$), however patients with CA showed basically joint inflammation ($p>0.05$). Antiphospholipid antibodies were not associated with higher rates of either fetal or maternal complications in this group of patient, probably because treatment with aspirin and LMWH was started at the beginning of conception. All neonates whose mothers were anti Ro positive (16 women) had positive anti Ro serum determination, however only four of them presented with atrioventricular block (AVB).

Conclusion in our group of patients, SLE showed comparable results of fertility with healthy women of the same age, probably because disease was in completed remission and they never use cyclophosphamide. Pregnancy planning help ensure better outcomes in these patients

PS4:86 OBSTETRIC AND NEONATAL OUTCOMES IN SYSTEMIC LUPUS ERYTHEMATOSUS: A POPULATION-BASED REGISTER STUDY

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Introduction In women with systemic lupus erythematosus (SLE) pregnancies may be negatively affected by disease activity and medical treatment. Increased frequencies of adverse outcome including preterm delivery and perinatal morbidity/mortality have been reported. However, different frequencies are reported from different studies.

Aim and hypothesis Utilising national health registers we want to investigate maternal and fetal outcomes in Danish pregnant SLE patients compared to outcomes in the background population.

Methods The outcome of pregnancies in Danish SLE patients in 1997–2016 is studied utilising healthcare-registries (the Danish National Patient Registry (NPR) and the Medical Birth Register (MBR)) and trends are described.

Study population and material: All females with a diagnosis of SLE in the study period are identified from the NPR (ICD-8 and ICD-10 diagnoses of SLE). The outcome of all pregnancies (routinely registered in NPR and MBR) is compared to the outcome in an age-matched cohort of pregnant women without SLE (each SLE patient is matched with 20 females from the background population). Data about infants are retrieved from the MBR

Statistics: Using logistic regression we will examine if risk of adverse maternal and fetal outcome is higher in women with SLE than in women without SLE, by calculating crude and adjusted odds ratios

Results Frequencies of adverse maternal outcomes including preeclampsia, preterm delivery and Caesarean section, and adverse infant outcome including asphyxia, growth retardation and low Apgar score will be presented. Crude and adjusted odds ratios will be calculated comparing pregnancies in SLE females with pregnancies of non-SLE females.

Data are at present being retrieved from the Danish authorities and subsequent data analysis is expected to be completed December 2017.

Approximately 800 women with SLE are expected to be included in the study.

Poster session 5: Innate and adaptive immunity

PS5:87 JUVENILE-ONSET SLE IMMUNOPATHOGENESIS COULD BE ASSOCIATED WITH ALTERED IMMUNE CELL PLASMA MEMBRANE LIPIDS AND LIPOPROTEIN METABOLISM

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