Raynaud’s phenomenon, peripheral neuropathy, renal involvement and thrombocytopenia, was found to be important overall for discriminating SLE patients with or without SS. SLEwSS patients constitute a subgroup of patients with SLE characterized by milder lupus: older age at death, similar rates of mortality and SLICC-ACR damage index, less renal and immunological manifestations.

Funding Source(s): None

**122 PERSISTENCE OF ANTI-SMITH ANTIBODY IS ASSOCIATED WITH DISEASE ACTIVITY IN PATIENTS WITH NEW-ONSET SYSTEMIC LUPUS ERYTHEMATOSUS**

Sung Soo Ahn*, Seung Min Jung, Yong-Beom Park. Yonsei University College of Medicine

10.1136/lupus-2019-lsm.122

**Background** Anti-Smith (Sm) antibody is highly specific antibody for systemic lupus erythematosus (SLE). We evaluated the association between anti-Sm antibody and disease activity in patients with new-onset SLE.

**Methods** Patients who were repeatedly tested for anti-Sm antibody at SLE diagnosis and within 12 months were included in this study. The clinical and laboratory profiles, and systemic lupus erythematosus disease activity index (SLEDAI) were collected at the time of anti-Sm antibody test. SLEDAI and laboratory variables associated with disease activity were compared between patients with and without anti-Sm antibody.

**Results** Of 92 patients who were tested for anti-Sm antibody at SLE diagnosis, 67 patients were followed up for presence of anti-Sm antibody at 6 months, and 67 patients were followed up at 12 months. Although the baseline SLEDAI was comparable in SLE patients with or without anti-Sm antibody, immunologic and hematologic disorder was more common in anti-Sm positive patients. Patients who showed positive result of anti-Sm antibody at 6 and 12 months had higher SLEDAI compared to patients with negative result (p=0.004 and 0.002 at 6 and 12 months, respectively). The changes in anti-Sm antibody at 12 months was significantly correlated with the changes of SLEDAI (p=0.029).

**Conclusions** Persistence of anti-Sm antibody for 12 months was associated with higher disease activity at the corresponding time. Follow-up of anti-Sm antibody can be useful to evaluate the remained disease activity in patients with new-onset SLE.

Funding Source(s): None

**123 CLINICAL CHARACTERISTICS OF PATIENTS WITH SYSTEMIC LUPUS ERYTHEMATOSUS SHOWING THE FALSE POSITIVE RESULT OF SYPHILIS TEST**

Sung Soo Ahn*, Seung Min Jung, Yong-Beom Park. Yonsei University College of Medicine

10.1136/lupus-2019-lsm.123

**Background** False positive result of syphilis test is a characteristic finding in patients with systemic lupus erythematosus (SLE), especially combined with antiphospholipid syndrome (APS). We evaluated the clinical characteristics in SLE patients who showed the false positive result of syphilis test.

**Methods** Patients who were tested for syphilis screening test at SLE diagnosis in Severance Hospital between January 2006 and December 2016 were included in this study. The baseline characteristics and clinical outcomes were compared between patients with false positive result of syphilis test and negative result of syphilis.

**Results** Of 145 patients included in this study, 20 (13.8%) patients showed the false positive result of syphilis test. At SLE diagnosis, patients with negative syphilis result had higher SLE disease activity index (5.0 vs 8.0, p<0.001), and were more commonly complicated with nephritis (15.0% vs 41.6%, p=0.026). Low disease activity, high protein level, and presence of APS antibodies were independently associated with the false positive result of syphilis test (p=0.030, 0.014 and 0.002, respectively). Although the thrombotic risk was significantly higher in patients with false positive syphilis result (p=0.041), the overall mortality showed no difference between patients with false positive result and negative result of syphilis test.

**Conclusions** Clinical characteristics of SLE patients with false positive result of syphilis test showed lower disease activity at SLE diagnosis, but comparable overall survival and higher thrombotic risk.

Funding Source(s): None
Conclusions NSPA expression in the cell surface of kidney and liver cells and not the P0 provides a potential target for anti-P pathogenic effects, which might contribute to lupus hepatitis and nephritis.

**Funding Source(s):** Programa de Financiamiento Basal (AFB 17/0005) and FONDECYT No 1160513.

**Abstracts**

### Abstract 126 Table 1

<table>
<thead>
<tr>
<th>Lupus Nephritis Type</th>
<th>Anti-dsDNA present and no anti-P</th>
<th>Anti-dsDNA and anti-P present</th>
<th>Anti-dsDNA and anti-P absent</th>
</tr>
</thead>
<tbody>
<tr>
<td>ISN/RPS</td>
<td>n=26</td>
<td>n=20</td>
<td>n=4</td>
</tr>
<tr>
<td>Proliferative Class</td>
<td>17</td>
<td>14</td>
<td>3</td>
</tr>
<tr>
<td>III or IV and Membranous Class V</td>
<td>7</td>
<td>5</td>
<td>1</td>
</tr>
<tr>
<td>Membranous Class V</td>
<td>2</td>
<td>1</td>
<td>0</td>
</tr>
</tbody>
</table>

**Abstract 126** Anti-ribosomal P autoantibodies are not a marker for lupus nephritis

1 Milena Mimica, 2 Loreto Massardo, 1 Marcela Bravo-Zehnder, 1 Patricia Gajardo, 2 Paula Burgos, 1 Alfonso González.

1 Centro de Biología Celular y Biomedicina (CEBICEM). Faculty of Science and Medicine, Universidad San Sebastián. Santiago, Chile; 2 Faculty of Medicine, Pontificia Universidad Católica de Chile. Santiago, Chile. Centro de Biología Celular y Biomedicina. Faculty of Science and Medicine, Universidad San Sebastián, Santiago, Chile.

Patients with lupus nephritis showed a favorable clinical outcome after MMF treatment. However, additional therapy would be required in patients with nephrotic-range proteinuria and without anti-dsDNA antibody.

**Funding Source(s):** None

**Abstract 127** Hepatic involvement as a presentation in pediatric lupus: A retrospective study of 3 cases

1 Ankita Singh*, 2 Guvamadi Anjani, 2 Rakesh Pilaria, 1 Ankur Jindal, 1 Pandiarajan Vignesh, 1 Deepit Suri, 1 Surjit Singh.

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**Background** Though abnormal liver tests can be seen during the course of disease in lupus, liver involvement as a