Methods: Patients with a diagnosis of pSS followed in the rheumatology outpatient clinic and healthy volunteers demographically homogeneous with the patient group were included in the study. The CSP responses were recorded over the abductor pollicis brevis muscle in the upper extremity of all participants. The latency and duration values of the responses were obtained. In patient group, EULAR Sjögren's Syndrome Patient Reported Index (ESSPRI), Hospital Anxiety and Depression Scale (HADS), Short Form-36 (SF-36) questionnaire, Leeds Assessment of Neuropathic Symptoms and Signs (LANSS) and Central Sensitization Inventory (CSI) were applied for the evaluation of symptom severity, mood, quality of life, presence of neuropathic pain and central sensitization, respectively. Comparison of CSP parameters between patients with pSS and healthy volunteers was determined as the primary outcome measure. The secondary outcome measure was the relationship between CSP parameters and ESSPRI, HADS, SF-36, LANSS and CSI scores.
Results: A total of 36 patients and 36 healthy controls were included in the final analyses. There was no significant difference between the two groups in terms of demographic data. The mean CSP latency was significantly longer in patients with a mean of 78.18 (±7.51) when compared to controls with a mean of 67.91 (±6.41) (95% CI: 6.98- 13.55, p<0.001). Mean CSP duration was also significantly shorter in patients with a mean of 33.40 (±6.93) (95% CI: 9.57 -15.31, p<0.001). There were no significant differences in CSP parameters (latency and duration, respectively) according to patients' neuropathic pain or central sensitization profile (p>0.05 for all analyses). There were significant correlations of CSP parameters with ESSPRI dryness (r=0.469, p=0.004; r=-0.553, p<0.001), fatigue (r=0.42, p=0.011; r=-0.505, p=0.002), pain (r=0.428, p=0.009; r=-0.57, p<0.001) subscores and mean ESSPRI score (r=0.631, p<0.001; r=-0.749, p<0.001). Significant correlations were not found between CSP parameters and SF-36 scores, other than CSP duration and "pain" subscore (r=-0.395, p=0.017). When the other correlations were investigated there were no significant correlations other than CSP duration and the HADS anxiety score (r=-0.201, p=0.02).
Conclusion: As an indicator of CSP measurement, SFN is more common in patients with pSS than in the healthy population. The association with important clinical symptoms of the disease course such as dryness, fatigue, pain and anxiety highlights the importance of detecting small fiber neuropathy.
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AB0495 SERUM AND URINE GALECTIN-9, IP-10 AND SIGLEC-1 AS BIOMARKERS OF DISEASE ACTIVITY IN PATIENTS WITH SYSTEMIC LUPUS ERYTHEMATOSUS

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Background: Galectin-9, interferon-inducible protein-10 (IP-10) and sialoadhesin (SIGLEC-1) are proteins associated with interferon signature, and considered as potential biomarkers reflecting disease activity in patients with systemic lupus erythematosus (SLE).
Objectives: In this study, we aimed to investigate the association of serum and urine levels of galectin-9, IP-10 and SIGLEC-1 with disease activity in patients with SLE.
Methods: Sixty-three patients with active SLE (31 renal and 32 extrarenal) were included in the study. Thirty inactive patients with SLE (15 renal and 15 extrarenal) and 32 healthy volunteers were selected as control groups. Serum (s) and urine (u) levels of galectin-9, IP-10 and SIGLEC-1 were tested using ELISA. Urine levels of biomarkers were normalized by urine creatinine.
Results: Groups were comparable with regard to sex and age distribution. Of 125 participants, 102 (81.6%) were female and median age was 33 (28-44.5) years. Proliferative lupus nephritis (LN) (class III/III+V and IV/IV+V) were found in 22 patients with active renal SLE (70.9%), while 6 patients (19.3%) had pure class V and 3 (9.7%) had class II LN. Levels of sIP-10, uIP-10, sGalectin-9 and uSIGLEC-1 were significantly higher in the active SLE group compared to the inactive SLE group (sIP-10 p=0.046, uIP-10 p<0.001, sGalectin-9 p=0.031 and uSIGLEC-1 p=0.006); however, no differences were detected in the comparison of uGalectin-9 and sSIGLEC-1 between the groups (uGalectin-9 p=0.180 and sSIGLEC-1 p=0.699) (Table 1). Serum and urine levels of galectin-9, IP-10 and SIGLEC-1 did not differ between patients with active renal and extrarenal SLE. Levels of sIP-10, uIP-10 and uSIGLEC-1 were correlated with SLE Disease Activity Index (SLEDAI). Serum and urine levels of all biomarkers were re-tested in 41 of 63 patients (65%) with active SLE after a median treatment of 8 (5-22.5) months. At the time of the second tests, there was a significant decrease in disease activity as measured by SLEDAI [2 (0-4)] compared to the time of the first tests [10 (6-15.5)]. Comparison of sGalectin-9 levels between the serum at the time of active disease and remission showed a very significant decline (p<0.001) as shown in Figure 1. uGalectin-9, sIP-10 and uSIGLEC-1 also decreased after treatment; however, the difference was not statistically significant.

Table 1. Serum and urine levels of biomarkers across study groups.

Biomarker	Active SLE (n=63)	Inactive SLE (n=30)	Healthy Control (n=32)
sGalectin-9 (ng/ml)	11.73 (7.52-14.15)	8.66 (7.51-10.02)	5.61 (4.56-6.6)
sIP-10 (pg/ml)	279.4 (147.5-430.3)	173.4 (142.2-247.9)	74.3 (58.8-103)
sSIGLEC-1 (pg/ml)	181.2 (157.8-213.9)	182.5 (169.9-203.1)	258.3 (179-602)
uGalectin-9 (ng/ml)	8.83 (4.07-18.11)	11.54 (7.03-15.07)	10.63 (5.55-17.4)
uIP-10 (pg/ml)	34.4 (15.9-73,9)	20.8 (9.9-53.3)	12.2 (1.8-25.7)
uSIGLEC-1 (pg/ml)	321 (236.3-370.9)	297.6 (247.7-371)	290 (205.1-323.5)
uGalectin-9 (ng/mgCre)	15.50 (9.60-32.05)	11.41 (8.78-19.54)	13.57 (11.27-22.08)
uIP-10 (pg/mgCre)	73.4 (40.9-136.9)	26.1 (18.1-55.1)	16.4 (5-32.5)
uSIGLEC-1 (pg/mgCre)	619.6 (389.4-1056.5)	393.2 (248.6-715.8)	425.6 (264.7-925.9)

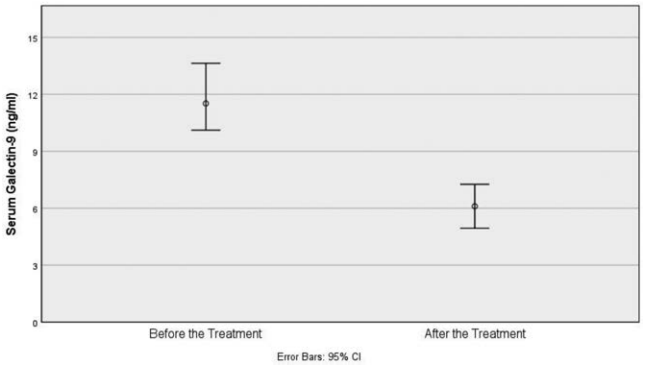


Figure 1. Serum levels of galectin-9 before and after the treatment in 41 patients with active SLE.

Conclusion: sIP-10, uIP-10, sGalectin-9 and uSIGLEC-1 are associated with disease activity in SLE. None is able to discriminate active renal from active extrarenal disease. sGalectin-9 may be a valuable biomarker to monitor response after treatment for active disease (Funded by Scientific Research Projects Coordination Unit of Istanbul University. Project number: TSA-2019-34218).
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AB0496 SHOULD ANTIBODIES TO DOMAIN I B2-GLYCOPROTEIN 1 BE INVESTIGATED IN PATIENTS WITH ANTIPHOSPHOLIPID SYNDROME (APS) AND SYSTEMIC LUPUS ERYTHEMATOSUS (SLE)?

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Background: The role of antiphospholipid antibodies (aPL) not included in the International Classification Criteria for the verification of APS continues to be discussed.
Objectives: To determine the clinical significance of IgG antibody for domain 1 β_2-glycoprotein 1 (IgG-aβ_2-GP1-D1) in patients with APS and SLE.
Methods: The study included 187 patients: 52 - with primary APS (PAPS), 12 - with probable APS (proAPS), 59 - with SLE+APS, and 64 - with SLE without APS. The comparison group included 49 patients with various rheumatic diseases (thrombosis without aPL (n=7), rheumatoid arthritis (RA) (n=10), Behcet's disease (BD) (n=15), systemic sclerosis (SSD) (n=12), pregnant women (n=2),

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