34. LYMPHOCYTIC PROFILE IN PATIENTS WITH SLE: A CROSS-SECTIONAL STUDY

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Introduction. Systemic lupus erythematosus (SLE) is an autoimmune disease driven by the activation of autoreactive T and B cells. Recent studies have found abnormalities in lymphocytic profile, but the data concerning the association of lymphocytic pattern with lupus disease activity is contradictory.

Aim of study. To evaluate the lymphocytic profile in patients with systemic lupus erythematosus and to determine the correlation between the lymphocytic profile and the inflammatory markers.

Methods and materials. We have conducted a descriptive study of SLE patients above 18 years old who fulfilled at least 4 criteria from the SLICC, 2012 classification criteria. We excluded from the study patients with severe concomitant diseases and in case of patient refusal. Damage index was calculated by SLICC/ACR, and disease activity was evaluated by SLEDAI. Immunophenotyping was assessed by flow-cytometry which was analyzed in mean values. The correlation between the variables was calculated by Pearson's correlation coefficient.

Results. The study included 23 SLE patients, predominantly female patients (95%) with a mean age of 42,4±13.6. According to SLICC clinical criteria, the most frequent manifestation of SLE in our study included the acute cutaneous lupus while during investigation of the immunological criteria it was determined that anti-dsDNA appeared in 95.6% of the patients. Disease activity by SLEDAI has shown a mean value of 8.08±5.9 points, range 0-10 points. While assessing the lymphocytic profile in SLE patients, we have found that CD3 was the most elevated in case of lupus with the mean value of 950 cells/microliter. It was also determined that there was a high correlation between CD4 cells and CD8 cells and ESR (r=0.67) as well as the correlation between CD19 and ESR (r=0.61). These data suggest that both T and B lymphocytic lines are implicated in the pathogenesis of SLE, being directly associated with the inflammatory markers in these patients.

Conclusion. The results of our study suggest that both CD4/CD8 and CD19 lymphocytes lines are implicated in the pathogenesis of SLE, being directly associated with the inflammatory markers in these patients.