NLR of 1.17 6-months post-therapy. Refractory RA patients showed no NLR reduction post-treatment. When the effective therapies were evaluated separately, we observed that only Adalimumab treated patients showed a significant reduction in the NLR at both time points, whereas Abatacept and Etanercept showed no significant difference. When all the data, including different time points, were analyzed accordingly to the DAS28-VSH score, the NLR was 2.82 ± 2.95 in patients with high activity, 2.17 ± 1.86in patients with moderate activity, 1.68 ± 0.62in patients with low activity and 1.65 ± 0.71 inpatient in remission, showing a positive correlation between NLR and DAS28 (r=0.3408, p<0.0001).

Conclusion: In summary, our data revealed that the NLR was higher in RA patients with high disease activity compared to moderate and low activity, and this parameter correlated positively with DAS28.

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PREGNANCY OUTCOMES IN WOMEN WITH RHEUMATIC DISEASES IN A SINGLE CENTER FROM GUATEMALA

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Background and Objective: Rheumatic diseases occur more frequently in women in the reproductive stage, so pregnancy is potentially frequent. Pregnancy requires endocrine and immune interactions, which can affect the clinical course of autoimmune disease and in turn influence the maternal and fetal outcomes, so they are considered high-risk pregnancies. The objective of this study was to determine the epidemiological behavior of patients with rheumatic diseases in the gestational stage and outcome.

Methods: Observational study in 20 patients with rheumatic disease and pregnancy, seen in the Rheumatology unit of the Guatemalan Social Security Institute (IGSS), from June 2018 to December 2019. Demographic variables were recorded, disease duration, clinical and laboratory manifestations, pregnancy, abortions, caesarean sections, living children, fetal deaths and maternal complications, type of delivery, birth weight, immunosuppressive treatment, steroid dose at the time of conception. Relative frequencies and percentages were used for the statistical analysis.

Results: 20 patients were included; three of the pregnancies are still in progress; in the other 17 88.2% were born alive and healthy, 3 patients presented maternal complications (17.6%): preeclampsia (2) and gestational hypertension (1). Just a fetal loss with an abortion. Preterm deliveries occurred in 6 (37.5%) and low birth weight in 5 (31.2%). No maternal deaths were recorded.

Conclusion: More than 88% of women with rheumatic diseases completed their pregnancies and had healthy births. The predominant maternal-fetal complications were preterm births and low birth weight. The present study shows the percentage similar to other studies, however, it is necessary to implement preconception counseling measures in Rheumatology units, to ensure a good result and avoid preventable complications over time.

Characteristics	SLE	RA	DM	SpA	SSc
N=17	n =6	n =6	n =3	n =1	n =1
Age ( )	33.2	31.5	36	34	36
Duration of the disease (month)	57.5	51.2	44.6	50	13
Pregnancies (N=26) ( )	1.83	1.16	1.66	1	2
Miscarriages (n/%)	1 (16.7)	-	-	-	-
Live births (N=16) (n/%)	5 (83.3)	6 (100)	3 (100)	1 (100)	1 (100)
Simple eutocic delivery N=3 (n/%)	1 (20)	2 (33.3)	-	-	-
Caesarean section N=13 (n/%)	4 (80)	4 (66.7)	3 (100)	1 (100)	1 (100)
Term birth (n/ weeks)	4 (37.2)	3 (37.3)	2 (37.2)	1 (37)	-
Preterm birth (n/ weeks)	1 (36)	3 (34.1)	1 (34.4)	-	1 (32.6)
Low birth weight (n/ grams)	-	2 (2154)	-	-	1 (2087)
Very low birth weight (n/ grams)	-	1 (1406)	1 (1410)	-	-

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URIC ACID DOES NOT INDEPENDENTLY PREDICT MORALITY IN TAIWANESE PATIENTS WITH TYPE 2 DIABETES MELLITUS

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Objectives: To investigate whether uric acid levels could be predictive for all-cause mortality, cancer mortality and non-cancer mortality in Taiwanese patients with type 2 diabetes mellitus.

Material and Methods: This is a longitudinal follow-up study that enrolled a cohort of 1395 Taiwanese patients with type 2 diabetes mellitus who lived in the northern region of Taiwan. Baseline uric acid level was measured and potential confounders included the following variables at baseline were obtained: age, sex, diabetes duration, body mass index, fasting glucose, hemoglobin A1c, albumin-to-creatinine ratio (natural log transformed), total cholesterol, triglyceride (natural log transformed), systolic blood pressure, diastolic blood pressure, smoking, insulin use, cardiovascular disease, hypertension and dyslipidemia. Mortality was verified by matching the national death registration database until the end of 2014. Cox regression was used to estimate the unadjusted and multivariate-adjusted hazard ratios.

Results: At the beginning of follow-up, there were 670 male and 725 female patients. The mean age was 63.1 (standard deviation: 11.3) years and the mean diabetes duration was 11.0 (standard deviation: 7.9) years. After a median follow-up of 13.9 years, 267 patients died; among them, 63 were ascribed to cancer deaths and in 204 were ascribed to non-cancer deaths. In the unadjusted models, uric acid was predictive of all-cause mortality (hazard ratio: 1.079, 95% confidence interval: 1.021-1.140) and non-cancer mortality (hazard ratio: 1.109, 95% confidence interval: 1.043-1.178) but not of cancer mortality. In the multivariate-adjusted model, uric acid had a neutral effect on all-cause mortality, cancer mortality or non-cancer mortality in either the unadjusted models or the multivariate-adjusted models.

Conclusions: Although uric acid is predictive of all-cause mortality and non-cancer mortality in the unadjusted models, it is not an independent predictor for either all-cause mortality, cancer mortality or non-cancer mortality after adjusting of potential confounders in Taiwanese patients with type 2 diabetes mellitus.

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VENOUS THROMBOEMBOLIC DISEASE IN ANCA ASSOCIATED VASCULITIS PATIENTS

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Objective: To evaluate the frequency of venous thromboembolic disease (VTD) and associated factors in AVV patients.

Material and Methods: Medical records review, observational and analytical study. Patients with AVV (ACR 1990 Classification/ Chapel Hill Consensus Conference 2012) were included.

Patients with Deep Vein Thrombosis (DVT) and/or Pulmonary Thromboembolism (PTE) confirmed by imaging were included.

Demographic data, traditional cardiovascular risk factors and other prothrombotic factors were examined.

Patients with and without thrombotic events were compared with Student's t Mann Whitney tests for continuous data and with Chi square or Exact Fisher tests for categoric variables. The bivariate analysis was performed to evaluate variables and their effect on patients with and without DVT/ PTE. For each parameter significantly associated in the bivariate analysis, the binary logistic regression model was applied.

TABLE 1. Patients Characteristics.

Charasteristic	Patients n: 87
Female Sex, n (%)	48 (55.1)
Age, median (IQR)	55 (42-62)
Thrombocytosis, n (%)	17 (19.5)
Active Urinary Sediment, n (%)	40 (45.9)
Erythrocyte Sedimentation Rate (ESR), median (IQR)	62 (42-92)
C- Reactive Protein (CRP), median (IQR)	30.4 (11-90)
Hypocomplementemia, n (%)	7 (8)
C-ANCA, n (%)	41 (47.1)
P-ANCA, n (%)	36 (41.3)
Proteinuria, n (%)	37 (42.5)
Nephrotic Syndrome, n (%)	5 (5.7)
BVAS, median (IQR)	18 (14-23)
Diabetes, n (%)	8 (9.2)
Smoking, n (%)	15 (17.2)
BMI > 25, n (%)	15 (17.2)
Immobilization, n (%)	18 (20.6)