accepted the proposal of coupling the medical therapy with a 7-day rehabilitation program in a thermal baths centre; the remaining 30 subjects continued to take the biologic agent alone. The comparisons between the 2 groups were made after 3 and 6 months. The primary outcome was an improvement in BASFI. The secondary outcome was an improvement in the visual analog scale of EuroQol (EQ-5Dvas). After 6 months a statistically significant improvement in BASFI (p < 0.05) and EQ-5DVAS (p < 0.05) scores was observed in both groups. The mean change in EQ-5DVAS value showed a statistically significant difference in favour of the combination therapy group versus the monotherapy group (22 vs 32, p < 0.05). A therapeutic regimen combining etanercept with an intensive rehabilitation program contributes to disability reduction and ameliorates quality of life for AS patients. *Int J Immunopathol Pharmacol* 2009;22: 1125-1129.

31. Long-term tolerability of Etoricoxib in patients with previous reactions to non-steroidal anti-inflammatory drugs
1131-1134
E. Di Leo1, A.M. Aloia1, E. Nettis1, F. Cardinale2, C. Foti3, M. Distaso1, A. Ferrannini1 and A. Vacca1,4

1 Section of Allergology and Clinical Immunology, Department of Internal Medicine and Infectious Diseases, University of Bari Medical School, Bari, Italy
2 Department of Pediatrics S. Maggiore, University of Bari Medical School, Bari, Italy
3 Dermatology Clinic- Department of Internal, Medicine and Infectious Diseases, University of Bari Medical School, Bari, Italy
4 Department of Internal Medicine and Clinical Oncology, University of Bari Medical School, Bari, Italy

Non-steroidal anti-inflammatory drugs frequently cause adverse reactions. This retrospective study was based on analysis of the data obtained from interviews conducted with 173 patients, who underwent and tolerated a challenge test with etoricoxib (a selective cyclooxygenase 2 enzyme inhibitor). Only one of 82 patients who were treated with etoricoxib reported reactions. We can conclude that etoricoxib shows a high long-term tolerability in patients with non-steroidal anti-inflammatory drug hypersensitivity. *Int J Immunopathol Pharmacol* 2009,22: 1131-1134.

32. Life expectancy of women with lupus nephritis now approaches that of the general population
1135-1141
P. Stratta1, P. Mesiano2, A. Campo3, A. Grill4, S. Ferrero4, S. Santi5, L. Besso6, G. Mazzucco7, S. Rosso8, A. Spitale8, F. Fop6 and G. Ciccone8

Departments of Clinical and Experimental Medicine, Amedeo Avogadro University, Maggiore Hospital, Novara, Italy
1Nephrology and Transplantation and International Research Center Autoimmune Diseases (IRCAD) of the Amedeo Avogadro University, Maggiore Hospital, Novara
2Renal Care Units of Ciriè Hospital,
3Alba Hospital,
4Rivoli Hospital
Immunosuppressive treatment has changed the prognosis of Lupus nephritis over time, but improvement in prognosis is difficult to analyze in different historical periods, and should be better demonstrated in comparison with life expectancy of sex-and age-matched people. Long-term patient and renal survival of 90 patients diagnosed with Lupus nephritis at our center from 1968 to 2001 with a follow-up time of 14±8 years was retrospectively evaluated. Patient and kidney survival significantly increased over time. Multivariate analyses show that risks of patient and renal death decreased by 8% at each year of follow-up, and increased by more than 5 time in patients aged > 30 years at diagnosis. As only 14 patients were men, relative survival as compared to that of the sex- and age-matched general population of the Piedmont Region was calculated for the 76 women. Improvement in the survival of the cohort of women was seen at any time of follow-up: in particular, it was sharply lower in the first period (relative survival at 5, 10 and 15 years = 0.784, 0.665, and 0.620, respectively) and increased in the second (relative survival at 5, 10 and 15 years = 0.939, 0.921, and 0.850, respectively) nearly approaching that expected for the general population, i.e. 0.993, 0.983 and 0.967, respectively. Taken together, our data allow us to draw the conclusion that life expectancy in women with Lupus nephritis has improved over time, paralleling an improved awareness of the disease and a significant increase in steroid pulse therapy as induction/remission phase. Improvement in survival is for the first time demonstrated to cover the gap with life expectancy of the general population for women with Lupus nephritis.


33. Mixed panniculitis responding to Cyclosporin-A with a 12-month follow-up: a case report
1143-1146
A. Migliore1,3, E. Bizzì1, C.M. Santacroce2, E. Tarquini2, U. Massafra1, F. Vacca1 and L.S. Martin Martin4

1OU of Rheumatology, S. Pietro FBF Hospital, Rome
2Histopathology Service, Fatebenefratelli Hospital, Rome
3Department of Medical Sciences, 2nd Faculty of Medicine and Surgery, Sapienza University, S. Andrea Hospital, Rome, Italy
4Department of Internal Medicine, Regina Apostolorum Hospital, Albano Laziale, Rome

Panniculitides represent a heterogeneous group of inflammatory diseases involving subcutaneous fat. Subcutaneous fat is normally organized into adipose cells, adipocytes, and septa of connective tissue. The inflammation involving such tissues can be more represented in septa (septal panniculitis) or in lobules (lobular panniculitis) or be equally distributed in both (mixed panniculitis). A bioptical study is necessary in order to discern between different forms. Vascular involvement is also different in such diseases, as it can interest arteries, or veins, or both. Different grades of fat necrosis can also be observed, such as adipocytes without nuclei, lipophagic necrosis, liquefactive fat necrosis, microcystic fat necrosis, ischaemic fat necrosis. Panniculitis can be idiopathic or secondary to other diseases such as systemic sclerosis, rheumatoid arthritis, systemic erithematous lupus and many others. Therapies usually vary on the single patient but the general orientation leads to the use of immunosuppressive drugs such as thalidomide, corticosteroids, cyclosporin-A, hydroxychloroquine and cyclophosphamide. We report a case of a 19-year-old female affected by primary mixed panniculitis, associated with fever and deep