Supplemental material

Methods for autoantibodies' detection

Antinuclear antibodies (ANA) were detected by indirect immunofluorescence on HEp-2 cell monolayers (cut-off =1:160 considered as clinically significant), anti-extractable nuclear antigen antibodies (anti-ENA) by commercial immunoblotting (Euroimmun, Lübeck, Germany), anti-double stranded DNA antibodies (anti-dsDNA) by Farr's radioimmunological method or indirect immunofluorescence on Crithidia Luciliae substrate, complement fractions C3 and C4 by nephelometry, anti-cardiolipin (aCL) IgG and IgM by immunoenzymatic assay (Harris EN. The Second International anti-cardiolipin standardization workshop. The Kingston anti-phospholipid antibody study (KAPS) group. Ann J Clin Pathol 1990; 94: 476-484), anti-β2 glycoprotein I (anti-β2GPI) IgG and IgM by immunoenzymatic assay (Balestrieri G, Tincani A, Spatola L, Allegri F, Prati E, Cattaneo R, et al. Anti-ß2 glycoprotein I: a marker of antiphospholipid syndrome? Lupus 1995; 4: 122-130.), lupus anticoagulant (LA) by coagulation assay.

Table. Clinical and immunological features at onset of 19 patients affected by Systemic Lupus Erythematosus

Variable	**N=19 (%)**
Cutaneous involvement	10/19 (52.6)
Oral ulcers	4/19 (21)
Renal involvement	7/19 (36.8)
Articular involvement	13/19 (68.4)
Neurological involvement	1/19 (5.3)
Pleuritis/pericarditis	5/19 (26.3)
Hematological features	13/19 (68.4)
Antiphospholipid Syndrome	1/19 (5.3)
ANA positivity	19/19 (100)

Anti-dsDNA positivity	10/19 (52.6)
Anti-ENA positivity	12/19 (63.1)
Anti-CL IgG	1/19 (5.3)
Anti-CL IgM	4/19 (21)
Anti-β2-GPI IgG positivity (n=18)	2/18 (11.1)
Anti-β2-GPI IgM positivity (n=18)	2/18 (11.1)
Lupus anticoagulant positivity (n=18)	5/18 (27.7)
C3 mg/dL, mean (SD)	8.2 (19)
C4 mg/dL, mean (SD)	13.6 (6.9)
SLEDAI, mean (SD)	4 (3)
SLICC Damage Index, mean (SD)	0.5 (0.9)