Abstract 222 Table 1

	Correlation coefficient	p	RR	95% CI
ESR	0,34	<0,05	1,56	0,36–0,87
ANA	0,22	>0,05	1,12	0,43–1,50
AntiDNA Ab	0,13	>0,05	0,98	0,67–2,13
Low Hb level	0,48	<0,05	1,99	0,45–0,80
Low leucocytes	0,23	>0,05	1,01	0,56–1,33
Low lymphocytes	0,56	<0,05	2,05	0,33–0,67
Antiphospholipid syndrome	-	-	2,30	0,61–0,88
Pulmonary Involvement (SLAM)	-	-	1,88	0,23–0,82

223 SERUM 25-HYDROXYVITAMIN D3 LEVELS AND CLINICAL COURSE OF SYSTEMIC LUPUS ERYTHEMATOSUS : A CROSS SECTIONAL RETROSPECTIVE COHORT STUDY IN A REFERRAL CENTRE

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Background and aims To study the association between serum 25-Hydroxyvitamin D3 levels and clinical manifestation, disease activity, and disease damage of systemic lupus erythematosus (SLE).

Methods This was a retrospective cross sectional study of SLE patients seen between 1996 until 2015. Patients were grouped according to the Vitamin D3 levels : group 1 (<25 nmol/L : deficiency), group 2 (25–75 nmol/L : insufficiency) and group 3 (>75 nmol/L : adequate). Assessment of disease activity was done using Systemic Lupus Erythematosus Disease Activity Index Selena Modification (SLEDAI) while Systemic Lupus International Collaborating Clinics (SLICC) was use for disease damage.

Results A total of 42 patients had their serum 25-Hydroxyvitamin D3 levels taken at one point of their visit. Majority were females (n=41). Mean age was 37.2 years (SD ±13.13) and mean duration of illness 9.5 years (SD ±5.7). The proportion of patients with 25-Hydroxyvitamin D3 level group 1 was 31%, group 2 was 61.9% and group 3 was 7.1% respectively. Main clinical manifestations were haematological 71.1%, arthritis 68.9%, malar rash 53.3%. SLEDAI mild activity (0-3) 90.5%, moderate activity (4-8) was 4.8% and severe activity (>8) was 4.8%. SLICC showed 78.6% had no damage and 21.4% with damage. Test of association using ANOVA, did not show any significance between Vitamin D3 level and SLEDAI, SLICC and clinical manifestations were observed among the group.

Conclusions Vitamin D insufficiency and deficiency was common in our SLE cohort.However, we did not find significant association between vitamin D deficiency and disease activity, damage or clinical manifestations. The study limitation includes small number of patients and retrospective design.

224 PROTEIN-LOSING ENTEROPATHY AND FULMINANT INTESTINAL VASCULITIS IN A FILIPINO LUPUS PATIENT: A CASE REPORT

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Background and aims We describe a rare case of GI vasculitis flare in SLE presenting as diarrhoea, hematochezia and profound hypoalbuminemia.

Methods Case report

Results A 49 year old patient has had stable SLE in the past 22 years until she developed episodes of diffuse abdominal pains accompanied by alternating diarrhoea with constipation for 12 months; colonoscopy showed rectal ulcers and abdominal CT scan showed colonic diverticulosis. She received supportive therapy with only minimal relief. She was first admitted due to severe abdominal pain and worsening diarrhoea; laboratory tests disclosed thrombocytopenia, hypocomplementemia and high titer anti-dsDNA; there was dramatic resolution of symptoms with high dose corticosteroid and she was discharged significantly improved. A few weeks later while on tapering prednisone, she was re-admitted because of recurrence of profuse diarrhoea with severe electrolyte imbalance. Hospital course was marked by diarrhoea, severe hypoalbuminemia with progressive anasarca requiring intravenous albumin infusions, and episodes of massive hematochezia requiring multiple blood transfusions. Colonoscopy showed ischaemic colitis with edematous friable recto-sigmoid mucosa. Intravenous corticosteroid was increased. She underwent abdominoperineal resection with ileal resection of necrotic intestinal segments; histopath confirmed haemorrhagic gangrenous necrosis of the small intestine and colon, with small and medium vessel vasculitis and thrombosis. Although immediate post-operative course was uneventful, she succumbed a few days later to fulminant bacterial peritonitis due to anastomotic failure with extension of the bowel ischemia.

Conclusions This case illustrates the diagnostic dilemma and management challenges of lupus mesenteric vasculitis, requiring intensive monitoring for complications with aggressive supportive and disease-specific measures.

225 GASTROINTESTINAL FLARES AMONG FILIPINO PATIENTS WITH SLE: A CASE SERIES

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Background and aims Gastrointestinal (GI) involvement in SLE ranges from 2.2%–9.7%, and nonspecific manifestations pose a diagnostic challenge. This series describes characteristics, treatment and outcomes of patients with GI involvement as the primary manifestation of SLE activity.

Methods Case series of 10 Filipino SLE patients with proven GI flares, seen at the Lupus Clinics of University of Santo Tomas (UST) Hospital, Manila, Philippines.

Results All 10 patients were females with mean age 31.7+9.35 SD (19 - 49) and disease duration 6.08±7.34 SD (0 - 22) years. Most commonGI manifestations were abdominal pain (100%), ileus (60%), vomiting (50%) and diarrhoea(40%). Extra-intestinal manifestations included malar rash (70%), arthritis (60%),