with MMF (1–2 g/day) and reducing corticosteroid dose. We report 24 week data.

Results In this study, 7/10 (70%) subjects achieved CR at 24 weeks. Of the 10 subjects that achieved a≥25% reduction in UPCR at 8 weeks, 80% were responders (61% reduction in UPCR over baseline) at 24 weeks. In addition, inflammatory markers such as C3, C4 and anti-dsDNA all continued to normalise to 24 weeks. Renal function remained stable. VCS was well-tolerated with no unexpected safety signals observed.

Conclusions The results suggest that early response to therapy of VCS in combination with MMF may predict 24 week CR in the presence of low steroids in active LN. 48 week CR data will be presented at the meeting.

Parallel Session 7: Manifestations, comorbidities and complications

21 INFECTIONS IN THE ASIA PACIFIC REGION

W Louthrenoo*. *Faculty of Medicine- Chiang Mai University, Division of Rheumatology-Department of Internal Medicine, Chiang Mai, Thailand*

10.1136/lupus-2017-000215.21

Infections in the Asia Pacific Region Infections in patients with systemic lupus erythematosus (SLE) are not uncommon, and are major causes of morbidity and mortality. The prevalence of infections is high among developing countries, and those with low socioeconomic status, particularly in Asia. Dysregulation of the immune system by the disease itself and the use of corticosteroids and immunosuppressive drugs increase susceptibility to infection, which can cause by both usual and opportunistic pathogens. Infections caused by viruses, bacteria, mycobacterium, fungi, and parasites have been described. Varicella zoster, Salmonella spp., both Mycobacterium tuberculosis and non-tuberculosis, Nocardia spp., Aspergillus spp., Pneumocystis jiroveci, etc. are common opportunistic pathogens.

Diagnosing infections in SLE is sometimes difficult. Acute infections can cause protean manifestations that sometimes simulate disease flare. Atypical presentations are not uncommon. Fever and leukocytosis might not be present due to the use of corticosteroids and immunosuppressive drugs. Occult infections can be overlooked if not searched for carefully. Furthermore, infections themselves can trigger disease flare. A high level of hsCRP correlates well with infection. Procalcitonin can be used as a marker for bacterial infection.

Treatment of infections in SLE also is problematic. Use of high dose corticosteroids and immunosuppressive drugs to control SLE activity can reactivate latent infections, or exacerbate current infections, making them more difficulty to control. Infections should be suspicious in SLE patients with fever or clinical presentations that do not respond to appropriate SLE treatment. Appropriate evaluation is needed and treatment should be started immediately to cover pathogens most likely possible, and prevent morbidity and mortality.

22 MYOCARDIAL DIFFUSION WEIGHTED IMAGING REVEALS SUBCLINICAL MYOCARDIAL INFLAMMATION IN PATIENTS WITH SYSTEMIC LUPUS ERYTHEMATOSUS

[1]Q Yan*, [2]L Wu, [1]Q Guo. *[1]RenJi Hospital- School of Medicine- Shanghai JiaoTong University, Department of Rheumatology, Shanghai, China; [2]RenJi Hospital- School of Medicine- Shanghai JiaoTong University, Department of Radiology, Shanghai, China*

10.1136/lupus-2017-000215.22

Background and Aims To evaluate whether diffusion weighted imaging can assess myocardial oedema in patients with systemic lupus erythematosus (SLE).

Methods 32 patients (mean age 36±8 years) with SLE and 20 controls (mean age 47±6 years) underwent cardiac MRI at 3.0 T. Standard cine images were obtained. DWI and T2 mapping were acquired in a mid-cavity short-axis plane. Late gadolinium enhancement (LGE) images were obtained 15 min after 0.2 mmol/kg of contrast. all patient were subdivided in to late gadolinium enhancement-positive (LGE+) and LGE-negative (LGE-) group according to the presence and absence of enhancement on LGE image.

Results SLE patients had low disease activity (mean SLE disease activity index score 0.74±0.5). There were no differences in LV size or function between SLE patients and controls. Only 11 subjects had LGE. SLE LGE+ subjects had highest ADC value among the three groups. SLE LGE+ subjects had higher ADC (apparent diffusion coefficient) than LGE- subjects. SLE LGE- subjects had higher ADC than control ($p<0.05$). T2 value of SLE LGE+ was no significant difference with SLE LGE- subjects. Repeated measures were highly correlated by linear regression for both inter- and intraobserver analysis (both $R=0.75$, $p<0.001$). ADC mapping identifies increased in SLE patients, likely due to subclinical myocardial oedema.

Conclusions These findings suggest that even in SLE patients with inactive disease and normal cardiac function, ADC mapping as a novel quantitative and highly reproducible technique can detected low grade myocardial inflammation.

Parallel Session 8: Innate immunity and interferon

23 CYCLIN DEPENDENT KINASE 1 : A NOVEL REGULATOR CONTROLLING TYPE I INTERFERON SIGNALING AND POTENTIAL TARGET FOR THERAPEUTIC INTERVENTION IN SLE

[1]L Wu*, [1]B Qu, [1]Y Qin, [1,2]N Shen. *[1]Renji Hospital- School of Medicine- Shanghai Jiao Tong University, Shanghai Institute of Rheumatology, Shanghai, China; [2]Medical Centre, The Centre for Autoimmune Genomics and Aetiology CAGE, Cincinnati- Ohio, USACincinnati Children's Hospital*

10.1136/lupus-2017-000215.23

Background and Aims Abnormal epigenetic changes are involved in over-activated pathogenic IFN signalling in SLE. However, the mechanisms are still not clear. We tried to identify novel epigenetic regulators of IFN signalling pathways in SLE.