

Results Evaluation of outcomes of gestation showed that in 9 cases, there has been a termination of pregnancy in the 1st trimester due to the high activity of SLE. They were mostly women with active lupus nephritis (7), one case with massive exudative pericarditis and one patient with lupus hepatitis. Pregnancy in 6 women on the background of a moderate (2) and minimal disease activity (4), with a primary skin (4) and articular syndrome (1), with the trace proteinuria (1) completed delivery of healthy children in the gestation of 36 to 38 weeks. In 3 of them - by Caesarean section, in 3 others - it was delivery was vaginally at 39 weeks gestation. 27 did not have children because of the risk of adverse effects of pregnancy on the course of the disease; the other 27 women had children prior to the development of SLE.

Conclusions Half of the women (52%) was not able to have children due to the high risk of adverse effects of pregnancy on the course of the disease, with active SLE caused the interruption of pregnancy in 13% of patients.

391 PREGNANCY OUTCOME OF SYSTEMIC LUPUS ERYTHEMATOSUS PATIENTS IN CIPTO MANGUNKUSUMO NATIONAL REFERRAL HOSPITAL, JAKARTA, INDONESIA

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Background and aims Systemic Lupus Erythematosus (SLE) is a multisystem autoimmune disease which commonly affects women of childbearing age. There were reports of the adverse pregnancy outcome in SLE patients but data from Indonesia was still lacking. The objectives of this study were to analyse the outcome of pregnancy in SLE patients and to identify the factors associated with pregnancy outcome.

Methods This was a retrospective study of pregnant SLE patients in Indonesian national referral hospital from 2012–2015. Medical records of all pregnant SLE patients who gave birth in our centre during that period were reviewed. Independent variables were previous and current nephritis, history of adverse pregnancy outcome, pre-pregnancy hypertension, and disease control during pregnancy. Dependent variables were maternal complications (ICU admission, SLE flare, hypertension/eclampsia/preeclampsia, and death) and fetal/neonatal complications (low birth weight, oligohydramnios, and abortion/fetal death/neonatal death).

Results There were 32 pregnancies of which 13 were first pregnancies. Preterm deliveries were observed in 37.5% patients and 66.7% patients were delivered by C-section. Eight patients (25%) experienced maternal complications with 1 patient died due to heart failure. There were 71.9% pregnancies with fetal/neonatal complications and among those, low birth weight was the main complication (39.1%). There were significant association between disease control during pregnancy and maternal complications ($p=0.029$) and between history of adverse pregnancy outcome and fetal/neonatal complications ($p=0.005$).

Conclusions The rate of maternal and fetal/neonatal complications was high. Pregnant SLE patients need to be monitored closely especially those with uncontrolled disease during pregnancy and history of adverse pregnancy outcome.

392 SAFETY AND EFFICACY OF MODIFIED-RELEASE PREDNISONE IN SYSTEMIC LUPUS ERYTHEMATOUS PREGNANCIES: AN IMPLEMENTED COHORT

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Background and aims SLE often affects women of childbearing age. Prednisone is safely used during pregnancy. Modified-release prednisone (MRP) is a treatment option, but no data exist regarding gestation: we aimed to compare its safety and effectiveness to the immediate release formulation (IRP) in SLE pregnancies.

Methods During a 5 year period, we enrolled 18 SLE female patients experiencing a pregnancy. Nine (cases), taking low-dose MRP (5 to 7.5 mg/daily) as a baseline treatment, were matched to 9 controls (same age and disease duration), taking the same prednisone dose in the IR formulation. Pregnancy outcome; SLEDAI/SLEPDAI; patient's VAS and need of treatment changes were assessed at baseline, during pregnancy and at postpartum.

Results SLEDAI at baseline was 2 ± 0.1 among MRP and 2 ± 0.3 among IR women; SLEPDAI, 3 ± 0.9 and 3 ± 0.2 (both, $p=ns$). No major perinatal complications were detected. Pre-term births, caesarean section rates, newborns weight and APGAR scores did not differ between the two subpopulations (all, $p=ns$). SLEDAI at postpartum was 3.8 ± 0.6 in MRP subjects and 5.4 ± 0.4 in IR ($p<0.05$). Patients VAS evaluation (MRP vs IR) was, respectively, 30 ± 4 and 20 ± 9 at baseline ($p=ns$); 30 ± 6 and 48 ± 7 during pregnancy ($p<0.05$) and 31 ± 3 and 52 ± 9 at postpartum ($p<0.05$). Prednisone regimen changes (add-on strategy), the observed rates involved 1/9 (MRP) and 5/9 (IR) women ($p<0.05$).

Conclusions Among IR patients, activity was significantly higher during postpartum and treatment had to be increased. VAS was significantly different (higher among IR), both during pregnancy and postpartum. MRP seems to be as safe, but more effective, in comparison the IR, during pregnancy of SLE women.

393 PREGNANCY ASSOCIATED WITH SYSTEMIC LUPUS ERYTHEMATOSUS IN OUR HOSPITAL

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Background and aims To evaluate the course of pregnancy associated with systemic lupus erythematosus (SLE).

Methods We picked up retrospectively the patients with SLE who was in pregnant. We studied the courses of pregnancy, the results of delivery, and the states of babies.

Results We found 35 courses of pregnancy associated with SLE. Twenty-six patients with SLE experienced pregnancy. Thirty-six babies were born through 35 courses of pregnancy (including a pair of twin). Early deliveries were found in 5 cases (including a pair of twin). Low weight born were found

in 11 babies (including a pair of twin). Caesarean operations were performed in 14 courses (including a pair of twin).

Conclusions In our hospital, we could well manage the course of pregnancy associated with SLE.

394 FIRST REPORT OF INTRAUTERINE PERICARDIOCENTESIS IN A FETUS WITH NEONATAL LUPUS ERYTHEMATOSUS

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Background and aims Neonatal lupus erythematosus (NLE) is a passively acquired autoimmune disease of infancy, caused by the transplacental passage of maternal autoantibodies, mostly anti-RO/SSA and anti-LA/SSB. NLE presents with a transient rash and/or congenital heart block (CHB). The risk of developing NLE in SSA-positive women is ~2%, however the risk increases to 25%, if the mother has had a previous child with NLE.

Objectives We present a case of NLE characterised by a third-degree CHB, ascites and life-threatening pericardial effusion, which was treated twice with intrauterine pericardiocentesis in week 22 and 29. After birth the child was treated with systemic corticosteroid on and off for 1 year, and she later received a pacemaker and was treated with ACE inhibitor and diuretics due to heart failure. Now, at the age of 6 years, she is still treated with ACE inhibitor. Her older sister also had NLE and her mother was found to have asymptomatic anti-SSA >100 U/ml.

Discussion This case is exceptional, as the fetus had severe exudative pericarditis and had life-saving pericardiocentesis performed in utero. We want to draw the clinicians' attention to the increased risk of NLE, when a mother earlier has given birth to a child with NLE. Regular fetal echocardiography is important from week 16. In case of first- and second-degree CHB, maternal corticosteroid can be tried to reverse the condition. Also, treatment with hydroxychloroquine or IVIG may decrease the risk of CHB.

395 MATERNAL AND FETAL OUTCOMES AMONG FILIPINO PATIENTS WITH SYSTEMIC LUPUS ERYTHEMATOSUS: A SINGLE CENTRE STUDY

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Background and aims Systemic lupus erythematosus (SLE) usually affects women of child-bearing age, with pregnancy thus posing a relevant management challenge. This paper describes materno-fetal outcomes among Filipino SLE patients in a single tertiary care centre.

Methods We retrospectively reviewed the medical files of patients in the Lupus Database of the University of Santo Tomas Hospital in Manila, Philippines, who had a recorded pregnancy after SLE diagnosis, describing the maternal and fetal outcomes of each pregnancy.

Results There were a total of 197 pregnancies among 99 patients. Average age at first pregnancy was 29 years old. Lupus Nephritis (LN) was present in 13.7%, hyperthyroidism 1.0%, and autoimmune thyroiditis 1.0%. Maternal complications intra- and post-partum included hypertension (5.6%), pulmonary tuberculosis (TB) (4.0%), pre-eclampsia (3.6%),

HELLP syndrome, gestational diabetes (GDM) (3.0%), urinary tract infections (UTI) (3.0%), herpes zoster (2.0%) and 0.5% cases each of TB meningitis, TB spondylitis, dilated cardiomyopathy, and postpartum depression. Term deliveries were recorded in 98 (79.0%) pregnancies while 26 (21.0%) were delivered preterm. There were 73 (37.0%) nonviable pregnancies including miscarriages (82.2%), intrauterine fetal demise (IUFD) (11.0%) and blighted ovum (6.8%). Normal birth weight was recorded in 83.9% of infants. Congenital abnormalities included congenital heart block (0.8%), meningocoele (0.8%), thyroid abnormality (0.8%), G6PD deficiency (0.8%), and autism (0.8%).

Conclusions Although successful pregnancy outcomes are possible for SLE patients, miscarriages, preterm deliveries, blighted ovum and IUFD remain a concern, requiring close monitoring and intensive multi-specialty team approach.

SLE Epidemiology and risk factors

396 QUALITY OF LIFE OF PATIENTS WITH LUPIC NEPHRITIS: THE CASE OF THE COLOMBIAN CARIBBEAN REGION

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Background and aims The objective of this study was to analyse the impact of lupus nephritis (NL) on the quality of life of 30 patients from the coast clinic in the city of Barranquilla, Colombia, diagnosed with this disease.

Methods To evaluate the patients' quality of life, the GEN-CAT scale was used as the instrument of study and three controls were performed on each patient since they were diagnosed with NL. It also counted with the collaboration of the medical and psychological body of the clinic.

Results The results of the study showed that the patients in the first controls obtained a low score with respect to the dimensions that make up the GENCAT scale, which revealed that the patients did not perceive a satisfactory quality of life. From the second and third controls, it was possible to observe improvements in the dimensions of the GENCAT scale, indicating that the patients began to perceive a favourable quality of life.

Conclusions When the patient has a good response to treatment, aspects of their quality of life improve markedly

397 CLINICAL-PATHOLOGICAL CHARACTERISATION OF COHORT OF 400 PATIENTS WITH LUPUS NEPHRITIS: NEFRORED REGISTRY

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Background and aims Lupus Nephritis is one of the most serious complications of SLE with a prevalence of 65%, it is diagnosed in the first five years of SLE and is uncommon after 10 years. Between 5% and 25% of cases have Chronic Renal Disease (CKD) after 5 years.