

outcomes, as the relative frequency of abnormal values for blood work and urine remained stable and the amount of escalations in medical therapy was correspondent between both periods, as shown in table 2.

Conclusions The fact that the amount of abnormal values and therapy escalations was similar before and during the COVID-19 pandemic, while diagnostic tests and face-to-face contacts decreased, suggests that physicians are quite capable of making choices when faced with relative scarcity.

PO.8.172 DISEASE ACTIVITY AT THE TIME OF BIOPSY IS NOT ASSOCIATED WITH HIGHER RISK OF SERIOUS INFECTIONS IN PATIENTS WITH LUPUS NEPHRITIS

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Purpose Systematic lupus erythematosus (SLE) and lupus nephritis (LN) are associated with a higher frequency of serious infections compared to the general population which are in turn associated with adverse outcomes, morbidity and mortality. Very few studies have explored risk factors for infections in these patients and, to the best of our knowledge, there are no studies examining the association with disease activity and serious infections.

Methods We have conducted a retrospective cohort study to evaluate the prognostic significance of disease activity for serious infections in LN. Disease activity was assessed using the Systemic Lupus Erythematosus Disease Activity Index 2000 (SLEDAI-2K). Serious infections were defined as those that: 1. require intravenous therapy OR 2. lead to hospitalization OR 3. have resulted in death in 30 days from diagnosis. SLE was diagnosed using the American College of Rheumatology criteria.

Results A total of 51 patients with biopsy-proven LN were followed up for 4.5±2.9 years (80% women, mean age at biopsy 38±14). Of these, 22 (43%) had at least one episode of serious infection with 4 patients having 2 episodes for an incidence of 5.7 infections per year of follow-up. Most common sites of infection were pneumonia (N=6), urinary tract infections (N=5), gastrointestinal infections (N=4) and skin infections (N=2). Five patients had sepsis with one progressing to septic shock and two patients died. Disease activity was higher at the time of biopsy compared to at the time of infection/up to one month prior to infection (15.4±6.3 vs. 11.3±5.5, p=0.001). There was no difference between either disease activity at the time of biopsy (18.0±1.0 vs. 15.5±6.5, p=0.36) or at the time of infection/preceding infection (12.0 vs. 11.25, p=0.90). SLEDAI-2K damage index at the time of biopsy was not an independent predictor of serious infection (OR 0.88 [0.72, 1.08]).

Conclusions Serious infections are common in LN with nearly half of the patients having at least one episode. While high

disease activity indices are important markers of immune-mediated damage, more serious disease and adverse outcomes, SLEDAI-2K at the time of biopsy was not an independent predictor of serious infections in our cohort of patients with LN.

PO.8.173 LUPUS NEPHRITIS AND COVID 19 : A CASE REPORT

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Background Covid-19 infection poses a serious challenge for immune-compromised patients with inflammatory autoimmune systemic diseases. This is likely due to a combination of immune dysfunction, immunosuppressive therapy and excess co-morbidities.

Patients with systemic lupus erythematosus (SLE) are at increased risk for severe cases of COVID 19 and short term outcomes, such as hospitalization, venous thromboembolism.

Purpose we report the severe outcomes of COVID 19 infection among a patient with an underlying lupus nephritis.

Methods we present the case of a young female with a past medical history of lupus nephritis who was admitted to the internal medicine unit during COVID 19 pandemic.

Results We report the case of a 35 year old female, with underlying lupus nephritis associated to CKD, secondary jogren's syndrome who complaints of fever, persistent cough, dyspnea and lower limb weakness. The patient medication included hydroxychloroquine, a high dose of oral steroid (80mg per day). The patient was obese (BMI :30 kg/m²), and had a minor respiratory distress (SaO₂ was 82% on room air, respiratory rate at 32 cy/mn). Examination identified weakness in lower limbs and areflexia, no deep venous thrombosis signs.

The result of laboratory tests showed pancytopenia, high C reactive protein, hepatic cytolysis without signs of liver failure. Computed tomography of the chest showed ground glass opacities of both lungs (50–75%). SARS-Cov-2 was detected in the nasal swab by RT-PCR test. Lumbar puncture revealed a high CSF protein with normal cell count and negative cultures.

Investigations were consistent with polyradiculonevritis and additional COVID-19 (SARS-CoV-2) infection. The patient received non invasive ventilation dual oxygen therapy, high dose of heparin, antibiotics and physiotherapy.

The patient recovered after 2 weeks and showed signs of motor improvement 2 months after admission.

Discussion Among patients with SLE, those who contracted COVID 19 had significant increased risks for mortality, mechanical ventilation, ICU admission and hospitalization respectively compared with those without COVID 19. The presence of lupus nephritis, compared with its absence, was associated with significant and increased risks for hospitalization, sepsis, and AKI. It was found that lupus nephritis was the only predictor of severe to critical COVID 19 in SLE.

Conclusion This case illustrates the severe prognosis among patients with SLE and specially those with a lupus nephritis. This is an important alert to those caring for patients with SLE, and a reminder of the importance of preventive measures, such as vaccines, during a pandemic for this population.