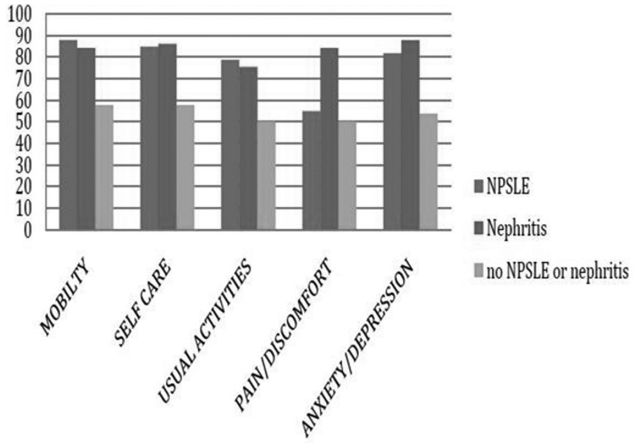

Abstract 227 Figure 1 Percentage of patients reporting problem in each

Abstract 227 Table 2 Prevelance of Neuropsychiatric manifestations

		No. of patients	Percentage of total SLE patients
Central Nervous system	Headache	10	9.9
	Seizure	4	3.9
	Acute confusional state	2	2.0
	Anxiety disorder	5	4.9
	Cognitive dysfunction	4	3.9
	Movement disorder	1	1
	Psychosis	0	0
	Depression	4	3.9
Peripheral Nervous System	Autonomic disorder	2	1.9
	Cranial neuropathy	0	0
	Mononeuritis multiplex	1	1
	Polyneuropathy	9	8.9

abnormal). Screening for neuropathy was done in only ¼ patients by NCS. Quality of life was assessed by EURO QOL 5D questionnaire

Results This study included 101 patients of SLE. Among these, 33 patients had neuropsychiatric manifestations with a total of 42 events. The most common manifestation was headache (10) followed by anxiety disorder (5) and peripheral neuropathy (9). Other NPSLE syndromes observed in the study are seizure (4), cognitive dysfunction (4), depression (4), acute confusional state (2), autonomic disorder (2), movement disorder (1) and multiple mononeuropathy (1). Mann-whitney U test showed that there was statistically significant differences in self-care score (p=0.002), limitation of mobility score (p=0.001), pain score(p=0.005) between NPSLE vs no NPSLE.

Conclusions NP manifestations are common and lead to significant reduction in qol in North Indian SLE patients.

228 MASSIVE PAINLESS ASCITES A RARE FORM OF ONSET OF SYSTEMIC LUPUS ERYTHEMATOSUS : A CASE REPORT

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Background and aims Systemic lupus erythematosus (SLE) is an autoimmune disease characterised by involment of various organs. Serositis is commonly seen in SLE, approximately 16% of patients with SLE have pleural or pericardial involvement. However, peritoneal involment is extremely rare, and SLE with ascites as the first manifestation is an even rarer condition.

Methods A 36 – year old woman, a housewife was admitted with progressive painless abdominal distention for a month followd by early satiety and post prandial abdominal discomfort. There was no history of medication use, abdominal surgery, trauma or infection. The physical examination finding massive ascites without evidence of organomegaly or clinical stigmata of liver disease. Laboratory data were as follows : Haemoglobin 6,8 g/dl, BUN was normal and serum albumin 2,5 g/dl. Urinalysis evidenced erythrocytes 25/ul and proteinuria ++. Puncture of ascitic fluid showed SAAG 1,1, total leukocyte count of 370 (PMN 10%,MN 90%), There is no bacterial growth and negative smear for malignancy. CT Abdomen revealed massive pelviabdominal free ascites

Results Patient diagnosed as lupus peritonitis treated with methylprednisolone and cyclosporin with substantial improvement of her condition.

Conclusions Lupus peritonitis as the initial SLE manifestation is rare, we described a case of SLE who presented with persistent massive unexplained ascites with good response to immunosuppressive therapy.

229 MYCOPHENOLATE MOFETIL FOR INDUCTION OF REMISSION IN LUPUS ENTERITIS

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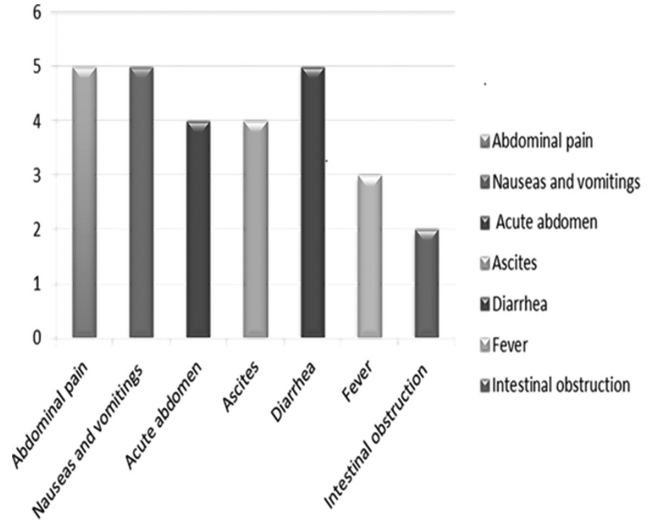
10.1136/lupus-2017-000215.229

Background and aims Lupus enteritis (LE) is a distinct gastrointestinal manifestation of systemic lupus erythematosus, and is a major cause of acute abdominal pain in these patients. Once recognised, management of this condition consists of immunosuppressive therapy with corticosteroids and other medications which includes cyclophosphamide, azathioprine and mycophenolate mofetil. Mycophenolate mofetil (MMF) is an immunosuppressive agent that inhibits both B and T lymphocyte proliferation. MMF reduces antibody production, and can affect glycosylation of adhesion molecules, and their *in vitro* expression.The aim of study was to determine the efficacy of Mycophenolate mofetil in the induction of remission in patients with lupus enteritis.

Methods We describe a case series of five patients with lupus enteritis. Laboratory features included low complement levels , anaemia, leukocytopenia or leukocytosis and thrombocytopenia .Median CRP level was 2.0 mg/dL (range 0–8.2 mg/dL) Acute kidney injury was present in 60% of the cases. Ct abdomen revealed bowel wall oedema (95%), ascites (92%), the characteristic "target sign" (98%), mesenteric abnormalities (88%)



Abstract 229 Figure 1

and bowel dilatation (96%). All patients received induction with high dose pulse methylprednisone 1000 mg IV for three days followed by prednisone at a dose of 1 mg/kg/day. Subsequently, Mycophenolate mofetil 1000 mg twice a day was added in the regimen for remission. Only 1 patient developed ileocecal preforation but survived the condition after undergoing laparotomy and ileostomy. Relapses were uncommon (25%) and managed with optimisation of immunosuppressive regimen.

Results

Conclusions Mycophenolate mofetil (MMF) appears promising as an agent of remission induction and maintenance in patients with lupus enteritis.

230 META ANALYSIS OF LOW-DOSE ASPIRIN IN REDUCING RISK OF ATHEROSCLEROSIS CARDIOVASCULAR DISEASE IN SYSTEMIC LUPUS ERYTHEMATOSUS PATIENTS

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Background and aims Atherosclerosis Cardiovascular Disease (ASCVD) contributes to higher morbidity and mortality in SLE patients. Aspirin is known to be associated with a decrease in the incidence of thromboembolic events in general population, but its potential benefit in SLE patients has not yet been investigated. Thus, aim of this study is to discover whether aspirin has a significant protective effect on the risk of ASCVD in SLE patients.

Methods Twelve RCT studies identified from the Medline, Embase and Cochrane databases were selected with available individual patient-level data, reporting the use of low-dose aspirin in SLE patients. The primary outcome was the incidence of ASCVD in SLE patients treated with low-dose aspirin compared to those not treated with low-dose aspirin. The secondary outcome was frequency and duration of SLE exacerbation during a mean 7 years follow-up.

Results Pooled effect estimates were obtained using a random-effects model. Pooled Hazard Ratios (HRs) and 95% CIs were calculated using Bayesian hierarchical models. We pooled data from 2.135 subjects with 364 ASCVD events during a mean 7 years follow-up. Subgroup analysis showed a protective effect of low-dose aspirin against ASCVD, including CHD, TIA, stroke, and PAD (HR: 0.43 [95%CI: 0.20–0.93]) but not for SLE exacerbation (HR: 0.49 [95%CI: 0.22–1.11]).

Conclusions Meta-analysis shows significant decreased of ASCVD events by low dose aspirin among SLE patients. Low-dose Aspirin are considered safe and may be beneficial for thromboprophylaxis. Moreover, bigger studies are needed to provide a better recommendation for clinicians in using low-dose Aspirin in SLE patients.

231 SYSTEMIC LUPUS ERYTHEMATOSUS PRESENTING AS OCULOMOTOR DISTURBANCE

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Background and aims Central nervous system (CNS) involvement is one of the serious complication of systemic lupus erythematosus (SLE). We will show a representative case of SLE to suggest that the delay in the initial treatment will bring aftereffects.

Methods We described a 31-year-old Japanese female patient who was diagnosed with SLE at age 16 y/o. SLE has been treated with prednisone for 14 years. The patient with dysarthria, double vision and vertigo visited a nearby hospital. The first brain MRI scan revealed the absence of infarction. She received administration of intravenous immunoglobulin with a primary diagnosis of Fisher syndrome. One day later, she developed facial nerve palsy, truncal ataxia and lower-extremity weakness. The second brain MRI scan revealed the presence of pontine infarction and she was transferred to our hospital. Anti-Sm antibody and anti-ribosomal-P antibody in sera were positive. On the other hand, lupus anticoagulant and B2GPI cardiolipin antibody were negative. Anti-neuronal antibody in CSF was positive. For such occasions, the chief pathogenesis of this case is considered thrombosis of cerebral artery than CNS angiitis. Treatment was started with pulses of methylprednisolone and pulses of cyclophosphamide, followed by oral prednisone.

Results After intensive medical therapy, dysarthria and facial nerve palsy were improved. However, double vision and truncal ataxia has remained.

Conclusions If effective treatment has not been performed early like this case, it is likely to leave physical impairment. Although oculomotor disturbance is rare complication of SLE, SLE patients must be examined and treated considering that this complication will develop as a part of neuropsychiatric-SLE.