

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

<sup>1</sup>MP Petersen\*, <sup>1</sup>A Bygum, <sup>2</sup>A Voss. <sup>1</sup>Odense University Hospital, Dermatology and Allergy Centre, Odense, Denmark; <sup>2</sup>Odense University Hospital, Rheumatology, Odense, Denmark

10.1136/lupus-2017-000215.394

**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

CA Dela Cruz-Tan\*. University of Santo Tomas Hospital, Rheumatology, Manila, Philippines

10.1136/lupus-2017-000215.395

**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 LUPUS NEPHRITIS: THE CASE OF THE COLOMBIAN CARIBBEAN REGION

G Aroca Martínez\*, HJ Gonzalez-Torres, A Martinez. Universidad Simon Bolívar, Atlántico, Barranquilla, Colombia

10.1136/lupus-2017-000215.396

**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

<sup>1,2</sup>G Aroca Martínez, <sup>1,2</sup>A Cadena Bonfanti, <sup>1</sup>A Domínguez Vargas, <sup>1</sup>D Silva Díaz, <sup>1</sup>A Acuña Feyte, <sup>1</sup>H González Torres\*, <sup>3</sup>A Iglesias Gamara, <sup>4</sup>E Egea Bermejo. <sup>1</sup>Universidad Simon Bolívar, Medicine, Barranquilla, Colombia; <sup>2</sup>Clinica de la Costa, Nephrology, Barranquilla, Colombia; <sup>3</sup>Universidad Nacional de Colombia, Medicine, Bogotá DC, Colombia; <sup>4</sup>Universidad del Norte, Medicine, Barranquilla, Colombia

10.1136/lupus-2017-000215.397

**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.