systemic lupus erythematosus (SLE) largely depends on migration of pulmonary artery smooth muscle cells (PASMCs). In this study, we tested whether IgG from SLE with PAH have stimulatory effects on PASMC migration.

Methods Sera from 6 SLE patients, including 1 with PAH, and 7 healthy subjects were collected, and IgG was purified using protein A or protein G. PASMC migration was examined by a Boyden chamber method. Lamellipodia formation and antibody binding sites in the cells were examined by immunocytochemistry. Identification of anti-enolase1 antibodies was performed by immunoprecipitation, western blotting, mass spectrometry, and ELISA.

Results IgG from SLE with PAH significantly increased migration of PASMCs than those without PAH in a concentration dependent manner ($p<0.001$). After incubation with IgG, the number of cells with lamellipodia, which represents rearrangement of the cytoskeleton necessary to migration, was 1.4-fold higher in SLE with PAH than those without PAH ($p<0.01$). In immunocytochemistry, IgG from SLE with PAH were colocalized with b-tubulin in the cytoplasm of PASMCs, and western blotting showed that the antibodies bound to a~50 kD protein in the lysates, which was subsequently identified as enolase1 reported to be involved in cell migration. Furthermore, the titer of IgG anti- enolase1 antibodies was 1.5-fold higher in SLE patients with PAH than those without PAH.

Conclusions IgG from a patient with SLE accompanied by PAH promoted a migration of PASMCs, which is possibly ascribed to autoantibodies to enolase1.

169 A CHALLENGE IN THE MANAGEMENT OF LUPUS NEPHRITIS WITH ACUTE KIDNEY INJURY, HEART FAILURE ON HEMODIALYSIS AND ORAL WARFARIN THERAPY: A CASE REPORT

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Background and aims Systemic lupus represents a major autoimmiune disorder that leads to different major injuries to different organs of the body. Lupus nephritis can present with different disorders like nephrotic syndrome, acute kidney injury and rapidly progressive glomerulonephritis. Wise and tailored management of these cases is a must for nephrologists in order to gain the complete remission with the least side effects. If lupus nephritis is associated with other organs problems like heart failure, prosthetic valves and oral warfarin therapy, it needs more wise management. We clarify the tailored management of lupus nephritis induced nephrotic syndrome and acute kidney injury meanwhile the patient on oral warfarin therapy for prosthetic valve replacement and subsequent heart failue.

Methods We report a case of heart failure with mitral and aortic valves replacement on oral warfarin therapy. She had nephrotic syndrome, AKI due to lupus nephritis. The patient recieved high dose of oral steroid and maintained on hemodialysis for 2 months with full recovery of the AKI and partial recovery of the nephrotic syndrome.

Results The patient recieved oral high dose steroid only. Partial remession of the nephrotic syndrome occured with full recovery of the acute kidney injury and she was maintained on once per week ultrafiltration session with improvement of the ejection fraction of the heart.

Conclusions Lupus nephritis can present with complex situations. Individualization and tailoring the management for every patient in order to gain complete remission represents a challenge for nephrologists.

170 THE CLINICAL AND LABORATORY FEATURES OF PATIENTS WITH SYSTEMIC LUPUS ERYTHEMATOSUS IN KYRGYZSTAN

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Background and aims There are no data regarding the real-life picture of SLE in Kyrgyzstan.

Methods In a prospective observation included 325 patients with SLE, who were treated in NCCIM (2012 - 2016). Majority of these patients (301) were young women (median - 27 [25;41]), primarily Kyrgyz (284), with disease duration of 3 (median-3,0 [0.7;8.0]) years. Assessed SLEDAI 2K and SDI.

Results They were mostly patients with acute variant of SLE-129 (39.7%), 127 (39.08%) were with high and 86 (26.46%) with very high activity. Most of the patients - 283 (87.1%) were registered with immunological activity. In most cases of the desease were: skin lesions (97.23%), serous membrane lesions (65.54%) and kidney lesions (59.38%). The neurological symptoms was noted in 120 patients (36.92%): 99 of 120 patients (82.5%) had a significant CNS lesions; 32 patients of 99 (32.3%) had neuropsychiatric disorders, 27 of these patients had visual and auditory hallucinatory syndrome. Respiratory disorders occurred in 60 (18.46%) patients. The vast majority of these patients were with pulmonary arterial hypertension (46.66%). Acute lupus pneumonitis was detected in 23 (38.33%) patients. At the onset of the study, SDI was identified in 65 patients (20%). These were mainly patients with irreversible changes in the kidney (30,8%), associated with taking GC (27.7%).

Conclusions Acute onset of the disease (39.7%) was noted in most Kyrgyz patients. 97.23% of those ones with primary skin lesions, 65.54% with serous membrane lesions and 59.38% with kidney lesions, 39.92% patients had various neurological symptoms, 32.3% of these patients had serious neuropsychiatric disorders.

171 COMORBIDITIES IN PATIENTS WITH SYSTEMIC LUPUS ERYTHEMATOSUS PRIOR TO AND FOLLOWING DIAGNOSIS: CASE-CONTROL STUDY

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Background and aims Systemic lupus erythematosus (SLE) and may associate with several categories of comorbidities. We conducted this population-based study to examine the risk of a comprehensive range of comorbidities in patients with SLE compared with matched controls.