

Abstract 181 Table 2 Multivariate analysis.

Variable	OR	95% CI	p value
Age (= 35 years)	1.016	1.001 - 1.032	0.037
Exposure to steroid in the previous year	0.364	0.175 - 0.759	0.007
Persistent lymphopenia	2.42	1.102 - 5.344	0.028

points). The mean age of patients with ED was 35.3 ± 1 , while in patients without ED it was 32.9 ± 1.3 ($p=0.17$). The only significant differences were regarding corticosteroid usage in the past year; the rest of the demographic and clinical variables were similar between both groups. (Table 1). After multivariate analysis, independent risk factors for ED were: persistent lymphopenia, age and corticosteroid use in the past year (Table 2).

Conclusions Regardless of comorbidities, medication (excluding corticosteroids) and disease duration, SLE patients, who are mostly young and sexually active, have a high ED prevalence.

182 ACUTE MYOSITIS AS A FLARE MANIFESTATION OF SYSTEMIC LUPUS ERYTHEMATOSUS

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10.1136/lupus-2017-000215.182

Background and aims Myositis, especially acute myositis, is a rare manifestation of systemic lupus erythematosus (SLE). Here we report a case of acute myositis concomitant with lupus pleuritis.

Methods a case report and review of literature.

Results A 29-year-old woman with an 8 year history of SLE was admitted to our hospital because of pleuritic chest pain. Her initial diagnosis as SLE was made by malar rash, photosensitivity, oral ulcer, oligoarthritis, leukopenia and the positivity for antinuclear antibodies as well as anti-Sm. She has shown recurrent pleuritis afterwards. The Chest CT revealed bilateral pleural and pericardial effusion. Bacterial cultures and viral antibody tests were negative, and the daily dose of prednisolone was increased from 5 mg to 20 mg. Despite the improvement in the pleuritic chest pain, she developed acute myalgia with the elevated value of serum muscle enzymes, positive signals in the muscle/fascia by the ultrasound and MRI, and myopathic changes in the electromyogram examination. After the administration of intravenous steroid pulse therapy for 3 days followed by prednisolone 40 mg/day, all the myositic signs and symptoms subsided, which was also confirmed by the ultrasound.

Conclusions The present case suggests that acute myositis may develop as a manifestation of SLE exacerbation and the ultrasound evaluation may be useful in the diagnosis and the follow-up of myositis.

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EFFECT OF THE METABOLIC SYNDROME ON ORGAN DAMAGE AND MORTALITY IN CHINESE PATIENTS WITH SYSTEMIC LUPUS ERYTHEMATOSUS: A LONGITUDINAL ANALYSIS

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10.1136/lupus-2017-000215.183

Background and aims To study the effect of the metabolic syndrome (MetS) on organ damage and mortality in patients with SLE.

Methods Consecutive patients who fulfilled ≥ 4 ACR criteria for SLE were assessed for the presence of the MetS in 2010. The MetS was defined by the updated joint consensus criteria, using the Asian criteria for central obesity. Longitudinal data on organ damage, vascular events and mortality were retrieved from our database. The association of the MetS with new organ damage and mortality was studied by logistic regression.

Results 577 SLE patients were studied (93% women; age 41.2 ± 13.4 years; SLE duration 9.3 ± 7.2 years). The mean follow-up time of the patients was 66.3 ± 1.8 months. 85 (14.7%) patients qualified the MetS. New organ damage and vascular events developed in 128 (22%) and 23 (4.0%) patients, respectively. Thirty-nine (6.8%) patients died. Patients with MetS, compared to those without, had significantly higher SDI accrual at their last visits (0.70 ± 1.0 vs 0.26 ± 0.6 ; $p < 0.001$). New vascular events (11% vs 2.8%; $p = 0.001$), all-cause mortality (14% vs 5.5%; $p = 0.003$), death due to vascular complications (7.1% vs 0.2%; $p < 0.001$) were significantly more common in patients with MetS than those without. Logistic regression revealed that the MetS was significantly associated with new damage in the ocular, renal, cardiovascular and endocrine system, adjusted for age, sex, SLE duration and the antiphospholipid antibodies. The presence of the MetS showed a significant increase in vascular mortality after adjustment for the same covariates (OR 30.3 [3.42–268]; $p = 0.002$). **Conclusions** The MetS is significantly associated with new organ damage, vascular events and mortality in patients with SLE.

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CHARACTERISTICS AND RISK FACTORS FOR TUBERCULOSIS INFECTION AMONG FILIPINO PATIENTS WITH SYSTEMIC LUPUS ERYTHEMATOSUS

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10.1136/lupus-2017-000215.184

Background and aims To describe characteristics and risk factors for tuberculosis (TB) among Filipino systemic lupus erythematosus (SLE) patients.

Methods We analysed SLE patients diagnosed with TB at Lupus Clinics of University of Santo Tomas Hospital, Manila, Philippines. TB categories included pulmonary (PTB) only, extra-pulmonary (EPTB) single site, disseminated (DTB) defined as >1 organ involvement. Disease characteristics, cumulative steroid, average daily prednisone dose and immunosuppressive use over 3 months preceding TB diagnosis, and outcomes were compared among the 3 TB categories by one-way analysis of variance (ANOVA) and multivariate discriminant analysis.