17.3) years (see Figure 1). Lupus nephritis was diagnosed in 36 of 126 (28.6%) at onset of SLE. The prevalence of SLE on December 31st 2021 was 64.5 per 100 000 inhabitants (87% females); higher in females (110.7 per 100 000) compared to males (17.4 per 100 000). The mean age was 55.9 (SD 16.7) years. Age at diagnosis and disease activity measures (SLEDAI-2K and the Physician's Global Assessment) increased ($p<0.05$) over the time period, but none of the laboratory items changed significantly. Lupus nephritis, as well as involvement of other organ systems (e.g., fulfilled classification criteria), at disease onset did not vary significantly.

Conclusions In Östergötland County, SLE incidence and prevalence estimates were constant during the 14 years of follow-up. Whereas the prevalence of SLE was almost identical to what has previously been reported from Southern Sweden (Ståhl-Hallengren C, et al. J Rheumatol 2000;27:685–91; Ingvarsson RF, et al. Lupus 2016;25:772–80), we obtained slightly lower incidence figures. In addition, our data indicate that SLE is diagnosed also among older individuals with a more even female-to-male ratio. Disease phenotypes observed in patients at onset of SLE were similar over the time period.

PO.7.163 EPIDEMIOLOGY OF SYSTEMIC LUPUS ERYTHEMATOSUS AMONG BLACK AFRICANS LIVING IN AFRICA: A POOLED ANALYSIS OF DATA FROM 896 SUBJECTS

[1]M Essouma*, [2]JR Nkeck, [3]FT Endomba, [4]JJ Bigna, [2]M Singwe-Ngandeu, [5]E Hachulla. *[1]London ~ UK; [2]Yaoundé ~ Cameroon; [3]Dijon ~ France; [4]Paris ~ France; [5]Lille ~ France*

10.1136/lupus-2022-elm2022.183

Background This was the first systematic review and meta-analysis on the epidemiology of systemic lupus erythematosus (SLE) among Black Africans living in Africa.

Methods We queried PubMed, EMBASE, Web of Science, African Journals Online, and Global Index Medicus to select studies published in the period 01/01/2008–7/10/2018, and addressing SLE among Black Africans living in Africa. Results were pooled through narrative review and random-effects model, and the review protocol was registered with PROSPERO (CRD42019139226).

Results Of 1502 records, we included 15 hospital-based studies. There was no incidence data. The pooled prevalence of SLE in Rheumatology and Internal Medicine departments was 1700 per 100,000 persons (800–2900). The mean age at diagnosis ranged from 28.8 to 39.2 years, and the female proportion from 88% to 100%. The commonest SLE features were rheumatological (5.1%-99.9%), mucocutaneous (4.3%-100%) and hematological (1.4–86.9%). Patients had a high seroprevalence for anti-ribonucleoprotein 57.9% (36.4–77.9), anti-Smith 53.5% (40.4–66.2), anti-Sjogren syndrome antigen A 45.6% (19.2–73.4) and anti-Sjogren syndrome antigen B 33.7% (13.6–57.6) autoantibodies. Mean SLEDAI score (from one study) was 9.8±8.6. There was no measure of damage accrual. The pooled mortality rate was 10.3% (3.3–20.6), and main death causes were infections, kidney and central nervous system involvement.

Conclusions Over the last three decades, the epidemiology of SLE among Black Africans living in Africa shared many similarities with data from Black Africans living in the diaspora.

Acknowledgements None.

Friday 07 October 2022 from 13:00 to 14:10

PO.8 E- poster session 8: skin manifestations, SLE and infections, fertility and pregnancy, imaging

PO.8.164 MELANODERMA INDUCED BY LONG-TERM USE OF HYDOXYCHLOROQUINE IN SLE

A Kella, F Derbal, N Bouziani, A Belabbas, M Derder, D Hakem*. *Internal Medecine, Universitary Hospital Center ~ Mostaganem ~ Algeria*

10.1136/lupus-2022-elm2022.184

Introduction Hydroxychloroquine (HC) remains a standard treatment in many systemic diseases, including systemic lupus erythematosus (SLE), rheumatoid arthritis and many others, but these multiple side effects are often overlooked. The best known of its adverse effects are retinitis pigmentosa, digestive disorders and disturbances in liver function tests, unlike the mucocutaneous effects.

Objective To draw attention to melanoderma as a mucocutaneous side effect of long -term use of HC.

Observation We report the case 55 years old woman witch was diagnosed and monitored for SLE 15 yeras ago. She is currently being treated with HC 400mg/d with prednisone at 10mg/d. This patiente was in prolonged remission from her disease and declares that she is satisfied with her treatment until diffuse melanodermal lesions appear on her body, bothersome and above all worrying the patient. These melanodermal spots are located on the upper and lower extremities, abdomen and oral cavity.

Discussion After ruling out all of the other causes of melanoderma, in particular slow adrenal insufficiency and paraneoplastic syndrome, and considering the long-term intake of HC likely to cause such a side effect, we confirmed the iatrogenic causality link. The patiente was informed and the causal drug was stopped with narrow monitoring of the lupus disease. The prolonged duration of drug exposure could ensure a sufficient cumulative dose allowing for a therapeutic window. The reintroduction of HC was estimated possible after total disappearance of the melanoderma. However, this must be gradual and as late as possible.

Conclusion In addition to the known side effects of HC, melanoderma is not uncommon and must be taken into consideration without disturbing the management of the disease treated by this molecule recognized by antiinflammatory, immunomodulatory and antithrombogenic actions.

PO.8.165 WHOLE-BLOOD DNA METHYLATION ANALYSIS REVEALS RESPIRATORY ENVIRONMENTAL TRAITS INVOLVED IN COVID-19 SEVERITY FOLLOWING SARS-COV-2 INFECTION

[1]G Barturen*, [1]E Carnero-Montoro, [1]M Martínez-Bueno, [2]S Rojo-Rello, [3]B Sobrino, [4]C Alcántara-Domínguez, [5]D Bernardo, [1]ME Alarcón-Riquelme. *[1]GENYO. Center for Genomics and Oncological Research Pfizer/University of Granada/Andalusian Regional Government ~ Granada ~ Spain; [2]Servicio de Microbiología e Inmunología. Hospital Clínico Universitario de Valladolid ~ Spain; [3]Servicio de Enfermedades Infecciosas. Hospital Regional de Málaga ~ Spain; [4]Lorgen G.P., S.L., Business Innovation Center – BIC/CEEL, Technological Area of Health Science ~ Granada ~ Spain; [5]Mucosal Immunology Lab. Unidad de Excelencia Instituto de Biomedicina y Genética Molecular de Valladolid (IBGM, Universidad de Valladolid-CSIC) ~ Valladolid ~ Spain*

10.1136/lupus-2022-elm2022.185