

successfully controlled for both cutaneous lupus erythematosus and chronic pruritic eczema.

Conclusions If patients with SLE suffer from severe itching that is incompatible with the activity of SLE, it can be helpful to measure IgE levels. Elevated IgE levels may indicate their underlying allergic disorders, especially AD. It is important to screen for other diagnostic criteria for AD in addition to measuring IgE levels. Understanding the coexistence of both conditions allows the physician to provide optimal treatment for the patient. Herein, we report a case series of SLE patients with concurrent AD who show elevated IgE level.

LP-024 COLORECTAL DUPLICATION CYST WITH RECTO-VESICA FISTULE IN SYSTEMIC LUPUS ERYTHEMATOSUS PATIENT

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Description A 22 year old-female SLE patient with hematological, nephritis, mucocutaneous and arthritis manifestations presented with complaint of painful and enlarged of abdomen area since 2 weeks before admission. On the previous hospital, an ascites was suspected as the cause and a total of 1100cc reddish liquid was evacuated. No analysis or cytological examination of the fluid was carried out. Patient was then referred to Sardjito Hospital. Patient also had pancytopenia problems related to her SLE. Moderate normocytic anemia (Hemoglobin: 8.3 g/dL), leukopenia (AL: $2.3 \times 10^3/uL$), and severe thrombocytopenia (AT: $12,000/uL$) were revealed. An abdominal ultrasound was performed and found a complex cyst in the right parametrium with thick septations and a solid component with mural nodules leading to a picture of malignancy. Examination of Ca-125 showed an increased result = 42 U/mL, CEA examination showed normal results = 3.58 ng/mL. A multisliced abdominal CT-scan was conducted and revealed a colorectal duplication cyst accompanied by a duplication cyst fistula at the level of the rectum with the urinary

bladder. Grade 2 right hydronephrosis and hydroureter, hepatomegaly, and bilateral pleural effusion were also revealed. During treatment, there began to be a change in the patient's urine where feces material started to appear. A multidiscipline surgery procedure for the duplication cyst and fistule complication was planned. Despite adequate treatments of intravenous crystalloid, norepinephrine, Meropenem, PRC and platelet transfusions, patient died due to urosepsis shock before surgery could be carried out.

Conclusions Gastrointestinal tract duplication is a rare congenital anomaly that can form anywhere along the gastrointestinal tract. Its occurrence in SLE patients makes its cases increasingly rare. This case was reported because of problems in making a diagnosis due to the rare incidence causing a lack of suspicion towards the diagnosis, as well as symptoms and investigations that resemble other diseases.

LP-025 LIPID SPECTRUM AND CHOLESTEROL CONTENT IN CIRCULATING IMMUNE COMPLEXES IN THE BLOOD OF SLE PATIENTS

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Background Systemic lupus erythematosus (SLE) is associated with lipid metabolism disorders.

OBJECTIVE To determine lipid spectrum and cholesterol (C) content in circulating immune complexes (CICs) in the blood of SLE patients and control group

Methods SLE patients were divided into two groups: the 1st group – 37 patients with new-onset SLE (median age 29 [22;39] years), the 2nd group – 35 patients receiving low-dose glucocorticoid therapy (<7,5mg/day) for a long time (at least 5 years) (median age 34[21;44] years, median disease duration 14[5;28] years. SLADAI 2K was higher in patients

Abstract LP-025 Table 1

Feature	1 st group (n=37)	2 nd group (n=35)	Control group
C-CICs, µg/dL	9,3±6,8	14,1±6,3*	8,1±7,0*
C, µg/dL	176,7±58,5	195,6±44,3	173,8±32,6
LDL-C, µg/dL	104,7±45,2	110,7±39,3	99,2±31,3
TG, µg/dL	162,1±91,2* [^]	121,0±58,3 [^]	61,4±13,8*
HDL-C, µg/dL	39,7±14,8* [^]	60,6±13,8 [^]	62,5±13,3*

Note: *p<0,05 - difference between SLE group and control group;

[^] p<0,01 - difference between SLE groups.

Abbreviations: C - cholesterol; C-CICs - cholesterol content in circulating immune complexes; LDL - low-density lipoprotein TG – triglycerides; HDL - high density lipoprotein.