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

Gede Perdana Putera*, Deddy Nur Wachid Achadiono, Nyoman Kertiya, Ayu Paramaiswari. *Rheumatology, RSUP Dr. Sardjito, Indonesia*

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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: 2.3x103/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

[1]Elena Gerasimova, [1]Tatiana Popkova*, [1]Tatiana Panafidina, [1]Liubov Kondrateva, [2]Daria Gerasimova. *[1]Department of Systemic Rheumatic Diseases, V.A. Nasonova Research Institute of Rheumatology, Russian Federation; [2]Department of Organization and Economics of Pharmacy of the Institute of Pharmacy named by A.P. Nely, I.M. Sechenov First Moscow State Medical University (Sechenov University, Russian Federation)*

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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	1st group (n=37)	2nd 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.

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of group 1 (21[12;39]) compared to patients of group 2 (2 [0;8], p<0,05). The control group was composed of 30 women (48[45;57]years) without autoimmune and cardiovascular diseases.

Results Dyslipidemia occurred in 38% of the 1st group and 34% in the 2nd group. Average lipids levels of the SLE and control groups are presented in the **(table 1)**. As can be seen from the table both treatment groups had elevated levels of triglycerides (TG), and the 1st group showed a reduction in a LDL-C level. Patients with new-onset SLE expressed more significant disorders in the lipid profile (increase of TG levels and low LDL-C concentration). SLE patients' serum samples of the 2nd group were characterized by elevated levels of C-CICs in contrast to the control group levels, while the difference between the two treatment groups appears to be insignificant (p=0,41).

Conclusions C percentage increase in CICs, immune mediator circulating in SLE patients' blood and presumably affecting atherosclerosis progression in SLE, appear to be the characteristic of blood serum lipid spectrum of the 2nd group patients and a distinguishing feature of the 2nd group patient' serum samples in contrast to the 1st group.

LP-026 OBESITY, HYPERLEPTINEMIA AND INSULIN RESISTANCE IN WOMEN WITH SYSTEMIC LUPUS ERYTHEMATOSUS AND RHEUMATOID ARTHRITIS

Liubov Kondrateva, Tatiana Popkova*, Tatiana Panafidina, Yulia Gorbunova, Elena Gerasimova. *Systemic Rheumatic Disorders Department, V.A.Nasonova Research Institute of Rheumatology, Russian Federation*

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Background Objective: To compare the incidences of overweight, abdominal obesity, hyperleptinemia and insulin resistance (IR) in women with systemic lupus erythematosus (SLE) and rheumatoid arthritis (RA).

Methods The study included 96 patients (age 18–65 years): 46 women with SLE and 50 – with RA, matched by age and diseases duration. Exclusion criteria: pregnancy and lactation, a history of diabetes, fasting hyperglycemia (≥ 6.1 mmol/L) and/or hypoglycemic drugs taking. The concentration of leptin (ELISA) and insulin (electrochemiluminescent analysis) was determined in all patients, and the HOMA-IR index was calculated. Hyperleptinemia was diagnosed at leptin concentrations >11.1 ng/ml, IR – at HOMA-IR values ≥2.77, abdominal obesity (AO) – at waist circumference (WC) ≥80cm.

Results Leptin concentrations, insulin levels, HOMA-IR were higher, and CRP was lower in SLE than in RA (p≤0,001 for all). Hyperleptinemia was found in 34 (74%) SLE and 23 (46%) RA patients (p=0.005), IR – in 10 (22%) and 5 (10%) women, respectively (p=0.2). WC, body mass index (BMI), the frequency of AO (35% vs 40%) and BMI≥25 kg/m2 (43% vs 38%) in the groups did not differ (p>0,05 for all). Glucocorticoids (GC) were received by 38 (85%) patients with SLE and 18 (36%) – with RA (p<0.0001), daily doses were 10 [7.5;10] mg and 5[5;10] mg, respectively (p=0.001).

Conclusions In women with similar anthropometric parameters, hyperleptinemia, but not IR incidences, was more common in SLE than in RA, which may be due to both less expression of inflammation and differences in GC regimens.

LP-027 OVERWEIGHT AND OBESITY PHENOTYPES BASED ON BODY MASS INDEX AND INSULIN RESISTANCE IN WOMEN WITH SYSTEMIC LUPUS ERYTHEMATOSUS

Liubov Kondrateva, Tatiana Popkova*, Yulia Gorbunova, Tatiana Panafidina, Elena Gerasimova. *Systemic Rheumatic Disorders Department, V.A.Nasonova Research Institute of Rheumatology, Russian Federation*

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Background Objective: To find out the rate of various overweight phenotypes based on body mass index and insulin resistance (IR) in women with systemic lupus erythematosus (SLE).

Methods A total of 46 women with SLE (40[31;48] years old) without diabetes mellitus or hyperglycemia were enrolled in the study. The median SLE duration was 3,0[0,9;9,0] years, SLEDAI-2K was 5[2;8]. SLE pts were treated with glucocorticoids (GC) (83%), hydroxychloroquine (76%), immunosuppressive drugs (22%) and biological agents (11%). IR was defined as Homeostasis Model Assessment of Insulin Resistance index (HOMA-IR) ≥2,77. There were three main phenotypes of obesity/overweight: 1.'classic or metabolic unhealthy obesity/overweight' – body mass index (BMI) ≥25kg/m2 + IR, 2.'metabolically healthy obesity/overweight ' – BMI ≥25kg/m2 without IR, 3.'latent or metabolic unhealthy non-obesity' – BMI <25kg/m2 + IR.

Results The classic phenotype was found in 15%, metabolically healthy phenotype – in 28%, latent phenotype – in 7%, normal weight without metabolic disturbances – in 50% women. HOMA-IR negatively correlated with SLEDAI-2K (r= -0.35, p=0.02), and positively – with waist circumference (r=0.57, p<0.0001). Patients with normal weight without metabolic disorders were younger (p=0.02), had a lower concentration of uric acid (p=0.03) than women with the classical phenotype, received lower daily dose of GC for the entire period of SLE than these with latent phenotype (p=0.05). The healthy overweight phenotype had a higher diastolic blood pressure than patients with normal weight without IR (p=0.02), and a tendency to a greater age (p=0.06).

Conclusions A combination of BMI ≥25 kg/m2 and IR was used to separate the phenotypes of obesity/overweight, since its existence did not coincide in 35% of patients with SLE. The metabolically healthy phenotype was the most frequent, the latent phenotype was the rarest. The formation of a specific phenotype seems to be influenced by age, disease activity and the intake of GC.

4. SLE diagnosis and manifestations

LP-029 PEDIATRIC LUPUS ERYTHEMATOSUS-AN INTERDISCIPLINARY CHALLENGE

Rodica Olteanu*, Ana Maria Cuciumita. *Dermatology, Colentina Clinical Hospital, Romania*

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Description Childhood-onset systemic lupus erythematosus is considered a multisystemic, inflammatory autoimmune disease with a wide spectrum of organs involvement. The clinical presentation can vary from cutaneous involvement to nephritis, hematological, neuropsychiatric or macrophage activation

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