syndrome and generally require a more aggressive treatment than for adult population.

We present a series of two cases of pediatric systemic lupus erythematosus.

First case is of a girl 17 years old who presented with malar rash and discoid lesions on photo-exposed aria with histopathological picture relevant for chronic discoid lupus erythematosus. The immunological screening revealed positive antinuclear antibodies, positive anti DNAdc antibodies and decreased complement (C3 and C4). The investigations also showed lymphocytopenia but no other organ involvement (no proteinuria and no echographic cardiac changes). She also complained about different skin rashes, non-specific for lupus, which were resolved only by oral corticosteroids administration. Currently she is on hydroxychloroquine with a favorable course but we close monitoring her by rheumderma team.

The second case is also a girl 13 years old who is known with a single discoid lesion on the right cheek for about 3 years treated with dermato-corticosteroids and lasers with no improvement. Furthermore, she developed also atrophic aria on the same spot and another two round lesions on the malar area and on the scalp. She also had photosensitivity together with positive antinuclear antibodies and anti DNAdc antibodies. We performed a biopsy relevant for discoid lupus and begun hydroxychloroquine treatment(200mg/day). Despite the treatment the lesions did not show significative improvement. We added mycophenolate mofetil and local calcineurin inhibitor with a good cutaneous and immunological response.

Conclusions The two cases presented prove that childhood-onset systemic lupus erythematosus need an intense multidisciplinary approach because of its aggressive course and disease flares associated with higher morbidity.

LP-033 A STUDY OF TREATMENT SATISFACTION IN THE PATIENTS WITH RHEUMATOID ARTHRITIS AND SYSTEMIC LUPUS ERYTHEMATOUS

Hyo-Jin Choi*, Mi Ryoung Seo, Han Joo Baek. *Department of Internal Medicine, Division of Rheumatology, Gachon Univeristy Gil Medical Center, Republic of Korea*

10.1136/lupus-2023-KCR.156

Background To evaluate treatment satisfaction in the patients with chronic rheumatic diseases.

Methods This cross-sectional study was performed from September 2021 through December 2021 using treatment satisfaction questionnaire for medication (TSQM).

Results Two hundred fifteen patients (RA patients n=114, SLE patients n=101) were enrolled in this study. 82.3% were female (73.7% of RA, 92.1% of SLE, p < 0.001). The mean of age was 52.8 years (57.8 years vs. 47.2 years, p < 0.001), of disease duration was 9.1 years (6.8 years vs. 11.8 years, p < 0.001), of duration of education was 11.5 years (11.0 years vs. 12.0, p=0.010). Mean of DAS28-ESR was 2.0, of DAS28-CRP was 1.8, of SLEDAI was 1.8, and of EQ5D- VAS was 68.6. Mean of TSQM summary scores; 1) treatment effectiveness 64.5 (66.5 vs. 62.3, p=0.028), side effects 97.6 (97.9 vs. 97.3, p=0.726), convenience of administration 67.7 (66.9 vs. 68.7, p=0.268), and global satisfaction 65.2 (66.2 vs. 63.9, p=0.307). There were good correlations between TSQM and demographic data in age at symptom onset, duration of education, global assessment of patient or physician, ESR, CRP, DAS28-ESR/CRP, and SLEDAI. The score 80 or more of global satisfaction was defined as 'satisfied'. 80 or more group (n=36, 16.7%) showed longer duration of education, higher income, lower global assessment of patients or physician, and higher EQ5D-VAS (all, p< 0.05) compared to 80 or less group. However, SLE patients with 80 or more score showed just a trend in the household income per month (p=0.054). Among EQ-5D questionnaires, the level of pain/discomfort and anxiety/depression were significantly difference between 80 or more and less group.

Conclusions Factors associated with global satisfaction 'satisfied' were duration of education, household income per month, pain/discomfort, or anxiety/depression in this study. Although most of them were stable disease status, patients with SLE showed lower treatment satisfaction than RA patients.

LP-038 INFECTION IN SYSTEMIC LUPUS ERYTHEMATOSUS-ASSOCIATED DIFFUSE ALVEOLAR HEMORRHAGE: A POTENTIAL KEY TO IMPROVE OUTCOMES

[1]Mucong Li*, [1]Wei Bai, [2]Yanhong Wang, [3]Lan Song, [1]Shangzhu Zhang, [1]Jiuliang Zhao, [1]Chanyuan Wu, [1]Mengtao Li, [1]Xinping Tian, [1]Xiaofeng Zeng. *[1]Department of Rheumatology, Peking Union Medical College Hospital, China; [2]Department of Epidemiology and Biostatistics, Peking Union Medical College, China; [3]Department of Radiology, Peking Union Medical College Hospital, China*

10.1136/lupus-2023-KCR.157

Background This study aimed to investigate the clinical characteristics, outcomes, and risk factors of patients with a rare but fatal manifestation of systemic lupus erythematosus (SLE), diffusive alveolar hemorrhage (DAH), stratified by infection status in a national representative cohort.

Methods This single-center retrospective study included 124 consecutive patients with SLE-DAH in a tertiary care center between 2006 to 2021. The diagnosis of DAH was made based on a comprehensive evaluation of clinical manifestations, laboratory and radiologic findings, and bronchoalveolar lavage. Demographics, clinical features, and survival curves were compared between patients with bacterial, non-bacterial, and non-infection groups. Univariate and multivariate logistic regression analysis were performed to determine the factors independently associated with bacterial infection in SLE-DAH.

Results Fifty-eight patients with SLE-DAH developed bacterial infection after DAH occurrence, thirty-two patients developed fungal and/or viral infection, and thirty-four patients were categorized as non-infection. The bacterial infection group have a worse prognosis (OR 3.059, 95%CI 1.469–6.369, p=0.002) compared with the other two groups, with a mortality rate of 60.3% within 180 days after DAH occurrence. Factors independently associated with bacterial infections in SLE-DAH included hematuria (OR 4.523, 95%CI 1.068–19.155, p=0.040), hemoglobin drop in the first 24 hours after DAH occurred (OR 1.056, 95%CI 1.001–1.115, p=0.049), and anti-Smith antibody (OR 0.167, 95%CI 0.052–0.535, p=0.003). Glucocorticoid pulse therapy and cyclophosphamide were administered in more than 50% of patients regardless of their infectious status. According to clinical experience at our hospital and in previous studies, we recommended a comprehensive management algorithm for SLE-DAH based on infection stratification.