

**Conclusions** Infection, especially bacterial infection, is a severe complication and prognostic factor of SLE-DAH. Comprehensive management strategies, including diagnosis, evaluation, treatment, and monitoring, based on infection stratification may fundamentally improve outcomes of patients with SLE-DAH.

Comprehensive management algorithm for SLE-DAH. SLE, systemic lupus erythematosus; DAH, diffuse alveolar hemorrhage; HgB, hemoglobin; BALF, bronchoalveolar lavage fluid; Anti-Sm: anti-Smith antibodies; CTX, cyclophosphamide.

**LP-039 LONG-TERM OUTCOME RELATED WITH INITIAL CLINICAL PARAMETERS IN JUVENILE SYSTEMIC LUPUS ERYTHEMATOSUS: RETROSPECTIVE STUDY**

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**Background** Juvenile systemic lupus erythematosus (jSLE) has more severe and aggressive clinical features than adult onset SLE. We investigated the risk factors related with long-term outcome among initial parameters at diagnosis.

**Methods** The study was designed for patients initially diagnosed with jSLE below 18 years old between January 2009 and December 2021. We excluded patients with previous diagnosis, transferred from another hospitals, clinical findings related with infection or post-transplantation, and underlying diseases. We reviewed retrospectively electronic medical records for initial laboratory data, and clinical manifestations including SLE disease activity index-2K (SLDAI-2k). We analyzed parameters associated with survival and events including flare, complications, and new organ involvement.

**Results** Total 109 patients were enrolled in this study. The mean age was  $14.4 \pm 2.3$  years old, and the female to male ratio 7.4:1. Twenty-eight patients (25.7%) were diagnosed at pre-pubertal period. The overall survival rate was 92.9% (median: 5 years, range: 0 ~ 13 years). The causes of death were intractable macrophage activation syndrome, disease related state, and sepsis. The related factors for survival were initial C-reactive protein (CRP,  $P = 0.017$ , HR: 2.396, 95% CI: 1.165 ~ 4.926) in multi-variate analysis, although there were associated with CRP, SLEDAI, and false positivity for syphilis ( $P < 0.05$ ) in univariate analysis. The event free survival was 10.4% and related with SLEDAI, anti-smith antibody, false positivity for syphilis, and ANCA ( $P < 0.05$ ) in univariate analysis. In multivariate analysis, factors associated with event were SLEDAI-2K ( $P = 0.035$ , HR: 2.82, 95% CI: 1.078 ~ 7.375), anti-Smith antibody ( $P = 0.019$ , HR: 3.262, 95% CI: 1.218 ~ 8.741).

**Conclusions** These results suggested that initial SLEDAI and markers for immune response were related with survival and events during follow-up. We have to concern disease activity and laboratory parameters for long-term outcome in jSLE.

**LP-044 A COMPARATIVE STUDY ON THE EFFECT OF HIGH-DOSE DEXAMETHASONE PULSE THERAPY VERSUS METHYLPREDNISOLONE PULSE THERAPY IN SYSTEMIC LUPUS ERYTHEMATOSUS PATIENTS ADMITTED AT BICOL MEDICAL CENTER**

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**Background** The efficacy of methylprednisolone pulse therapy is well-established however, the gold standard of treatment is quite expensive and associated with significant infectious complications. Currently, there are no published study comparing the effect of methylprednisolone pulse therapy versus dexamethasone pulse therapy. Hence, this research aims to compare the current standard of care (methylprednisolone) versus the alternative regimen (dexamethasone pulse therapy).

**Methods** The study employed descriptive cross-sectional study. The participants included are patients with Systemic Lupus Erythematosus (SLE) treated with either high-dose dexamethasone or methylprednisolone therapy. Data were collected via retrospective review of medical charts.

**Results** A total of 45 patients were included in the study, 98% of which are female and 62% were treated with dexamethasone. The most common presenting features of SLE were hematologic (87%) and nephritis (44%). There is no significant difference in any of the characteristics, presenting features and outcomes between dexamethasone and methylprednisolone-treated patients (all  $p > 0.05$ ) except for neurologic manifestations. The most common indication for methylprednisolone pulse and dexamethasone pulse therapy for all patients in the study is nephritis (38%). In our study, neuropsychiatric lupus is the most common indication for methylprednisolone pulsing-treated patients (53%) whereas, nephritis and anemia are the common indications for dexamethasone pulse therapy.

**Conclusions** The characteristics of patients treated with dexamethasone and methylprednisolone were similar except for neurologic manifestations. In addition, the clinical outcomes of dexamethasone patients were comparable to methylprednisolone. Dexamethasone is less expensive than methylprednisolone which is a good alternative option for patients that belongs to low-income group; however, Randomized Controlled Trials should be performed to provide higher level of evidence in terms of efficacy and safety.

**LP-047 BILATERAL PALLIDAL LESIONS IN A PATIENT WITH NEUROPSYCHIATRIC LUPUS PATIENT: A CASE REPORT**

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**Description** Manifestations of neuropsychiatric lupus are highly variable. Neuroimage such as magnetic resonance imaging (MRI) has been used extensively for evaluating neuropsychiatric lupus. Here we reported a patient with neuropsychiatric