

**LP-050 RECURRENT SEIZURES AS A WAKE-UP CALL FOR SLE DIAGNOSIS IN A LIMITED RESOURCE SETTING**

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**Description** A 32-year old Indonesian female patient of lower socioeconomic status with an urban background was admitted to our hospital with seizures three hours before hospital admission. She was just diagnosed with SLE three months ago after having recurrent seizures days prior to diagnosis, and at the time of our hospital admission she was under 48 mg/day of methylprednisolone (tablet) in divided doses. At the time of SLE diagnosis, she was brought by her family to our satellite hospital with seizures as a chief complaint, and the in-charge doctor recognized discoid rash on her face. At that time, the patient was unconscious, but her family told the doctor that she had reddish rash on her face for many years before, and also had occasional arthralgia on her hands, both considered not a big problem by the patient and her family. At the time of admission to our hospital, the patient was conscious but had slurred speech and occasional anger outbursts. Physical examination showed non-scarring alopecia, and decreased muscle strength and hypotonia in all four extremities. The patient also complained of having an increased sense of pain in the whole body, especially in the cervical region and trunks. The laboratory examination showed elevated levels of anti-dsDNA, C-reactive protein, and lactate dehydrogenase, and low levels of complement components 3 and 4. MRI showed multiple small hyperintense lesions in bilateral white matter frontal lobes. Following the exclusion of other possible diseases, neuropsychiatric lupus was diagnosed.

**Conclusions** This case showed a common condition of delay in autoimmune diagnosis in Indonesia, even in urban areas, which is not surprising to happen in rural areas. Therefore, community education is needed so that more people are aware of autoimmune diseases' signs and symptoms.

**LP-053 DIETARY AND LIFE-STYLE HABITS OF PATIENTS WITH GASTROINTESTINAL INVOLVEMENT OF SYSTEMIC LUPUS ERYTHEMATOSUS**

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**Background** To investigate the dietary patterns and life-styles of patients with lupus gastrointestinal (GI) involvement and the possible role of diet in the organ-specific involvement of systemic lupus erythematosus (SLE).

**Methods** Patients with SLE complicated with gastrointestinal involvement (SLE-GI) admitted to the Peking Union Medical College Hospital (PUMCH), as well as the corresponding healthy people with age- and sex-matched as control from January 2010 to September 2021 were enrolled and matched at a ratio of 1:2. A questionnaire survey was distributed to the patients and healthy controls (HC) to collect dietary and lifestyle information.

**Results** The questionnaire survey results showed the SLE-GI group had a higher proportion of vegetarians ( $p=0.014$ ), traditional Chinese medicine (TCM) ( $p=0.018$ ) taken, and less in fried/pickled food ( $p=0.042$ ), dietary supplements ( $p=0.024$ )

than in the HC group. Ten patients (10/24, 41.7%) in the SLE-GI group and 7 (7/48, 14.6%) in the HC group had reported undergone surgery ( $p=0.014$ ).

**Conclusions** The dietary patterns, life-styles, medication history of SLE-GI patients differed greatly from those of healthy control people. These factors may integrate and contribute to the susceptibility of autoimmunity and the predilection of gastrointestinal involvement in SLE.

**LP-054 SERIOUS INFECTIONS AMONG THAI PATIENTS WITH SYSTEMIC LUPUS ERYTHEMATOSUS: DATA FROM THE LUCRA COHORT**

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**Background** Despite the advances in the management of systemic lupus erythematosus (SLE), mortality rate among patients with SLE significantly remained higher compared to non-SLE over time. Serious infections (SIs) were likely one of the leading causes of death in SLE patients over the last few years. The aim of this study was to evaluate the incidence and identify predictive factors of SIs over time in Thai patients with SLE.

**Methods** We evaluated SLE patients followed up at Lupus Clinic of Royal Thai Army (LUCRA) between March 2018 and September 2022. SIs were defined as ones that received intravenous antibiotic, required hospitalization, or led to death. Multivariable regression analyses were performed to identify factor predicting of SIs.

**Results** Of the 237 patients included, 22 (9.28%) had SIs at least once during the follow-up time. The median (interquartile range) onset of SIs after enrollment was 29.75 (4.25–34) months. The incidence rate of SIs was 2.4 events per 100 person-years. Pneumonia caused by gram-negative pathogens was the most common cause of SIs. Multivariable analysis revealed that predictive factors of SIs were prednisolone intake (hazard ratio (HR): 1.06; 95% confidence interval (CI): 1.01–1.11;  $p=0.15$ ), doses of prednisone  $>7.5$  mg/day (HR: 3.08; 95% CI: 1.34–10.77;  $p=0.012$ ), and  $> 10$  mg/day (HR: 3.61; 95% CI: 1.21–10.80;  $p=0.021$ ). In addition, use of mycophenolic acid was independent factor associated with increased risk of SIs when adjusting prednisolone  $> 5$  mg/day (HR: 2.95; 95% CI: 1.01–8.58;  $p=0.047$ ). The other factors predicted SIs included hypertension (HR: 3.45; 95% CI: 1.28–9.34;  $p=0.015$ ), and damage accrual (HR: 3.34; 95% CI: 1.92–5.83;  $p< 0.012$ ).

**Conclusions** Prednisone had a dose-dependent effect on increasing risk of SIs. Moreover, use of mycophenolic acid, underlying hypertension, and damage accrual influenced SIs in SLE patients over time.

**LP-055 THE EFFECT OF DIFFERENT REMISSION DEFINITIONS IN PATIENTS WITH SYSTEMIC LUPUS ERYTHEMATOSUS ON DAMAGE ACCRUAL: DATA FROM THE LUCRA COHORT**

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