Abstract LP-125 Figure 1

Here is a case report of lupus nephritis (class V) and infectious complication in a SLE patient treated with low-dose combination of CSA and MMF.

A 40-year-old woman (caucasoid), the disease debut at the age of 25, duration 16 years (since 2006), the diagnosis of SLE was established in 10.2011 (full picture after childbirth). History: LN (class IV, with nephrotic syndrome, azotemia – 2011), nervous system (migraine with aura, sensorimotor polyneuropathy of the lower extremities, dysuria – 2011), arthritis and Raynaud’s phenomenon (2006, 2010), thrombocytopenia (2011), positive anti-ds-DNA, anti-Sm, ANA, hypocomplementemia (2011). In 2011, therapy was carried out with high doses of prednisolone (max 40mg/day), cyclophosphamide (total 5000mg, 2011–2012 years), rituximab (1000 mg No. 2, 2012–2013 years), MMF 2.5–1 g/day (2012–2017 years), hydroxychloroquine (HCQ). Low disease activity was achieved in 2016–12.2020 years: therapy with prednisolone 5mg/day and HCQ 200mg/day.

In 12.2020 there was a disease relapse – isolated persistent proteinuria 1.3g/day. Repeated nephroscopy was performed: membranous glomerulonephritis (class V) was revealed. The dose of prednisolone was increased from 5 to 30mg/day, MMF 2 g/day was added, HCQ. After 5 months of this therapy, proteinuria did not decrease – 1.2g/day. A decision was made to switch to multitarget therapy: a combination of MMF 1g/day and CSA 150mg/day (2mg/kg/day) from 06/14/2021, but on 07/16/2021 panaritium of the 2nd toe of the foot developed. Resumption of multitarget therapy 08/12/2021. By September 2021 proteinuria decreased to 0.6g/day, but on 09/28/2021, purulent bursitis of the right elbow joint developed. The patient was transferred to monotherapy of MMF 1–2 g/day, prednisone 10–7.5mg/day, HCQ 200mg/day, proteinuria 0.18 g/day from 03.2022.

Conclusions Multitarget therapy with CSA and MMF is effective in treating LN (class V), but can lead to purulent infectious complications.

Abstract LP-126 Figure 1

**THE INFECTIOUS COMPLICATION IN MULTITARGET THERAPY OF CLASS V LUPUS NEPHRITIS: A CASE REPORT**

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**Description** Agents such as cyclosporine A (CSA) and tacrolimus (TAC) have long been used in SLE patients. A new therapeutic approach of lupus nephritis (LN) is a multitarget therapy: calcineurin inhibitors with mycophenolate mofetil (MMF).

In 12.2020 there was a disease relapse – isolated persistent proteinuria 1.3g/day. Repeated nephroscopy was performed: membranous glomerulonephritis (class V) was revealed. The dose of prednisolone was increased from 5 to 30mg/day, MMF 2 g/day was added, HCQ. After 5 months of this therapy, proteinuria did not decrease – 1.2g/day. A decision was made to switch to multitarget therapy: a combination of MMF 1g/day and CSA 150mg/day (2mg/kg/day) from 06/14/2021, but on 07/16/2021 panaritium of the 2nd toe of the foot developed. Resumption of multitarget therapy 08/12/2021. By September 2021 proteinuria decreased to 0.6g/day, but on 09/28/2021, purulent bursitis of the right elbow joint developed. The patient was transferred to monotherapy of MMF 1–2 g/day, prednisone 10–7.5mg/day, HCQ 200mg/day, proteinuria 0.18 g/day from 03.2022.

Conclusions Multitarget therapy with CSA and MMF is effective in treating LN (class V), but can lead to purulent infectious complications.