LP-143 A CASE OF SYSTEMIC LUPUS ERYTHEMATOSUS IN A MALE PATIENT PRESENTING WITH MOUTH BLEEDING AND CUTANEOUS MANIFESTATION

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Description Due to oral bleeding, a 34-year-old male patient was admitted to the hospital. Additionally, he developed hematochezia as a result of an anal fissure brought on by a hard stool. In the months prior, he had experienced persistent diarrhoea and a biopsy during a colonoscopy revealed non-specific colitis treated afterwards with mesalazine. He also had a history of acute coronary syndrome. Hyperpigmented malar rash, and plaques in both ears, hands, and feet were notable physical findings. The findings of the laboratory tests showed proteinuria, microscopic hematuria, anaemia, thrombocytopenia, normal creatinine levels, and low albumin level. The participation of multiple systems casts doubt on SLE. Results from the ANA IF and ANA profile further support the diagnosis of SLE. The patient showed a good response to methylprednisolone given in the pulse dose. Despite the tapering of steroids, the patient has continued to improve after being given azathioprine and hydroxychloroquine.

Conclusions

1. The diagnosis of SLE should be entertained despite male gender in those presented with multi-systems involvement;
2. Unlike the majority of men with SLE, this male patient has responded favourably to treatment

LP-144 CYTOSOLIC LOCALIZATION OF ANTIBODIES IN MONOCYTES IS POSITIVELY ASSOCIATED WITH DISEASE ACTIVITY OF THE PATIENTS WITH SYSTEMIC LUPUS ERYTHEMATOSUS

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Background Systemic lupus erythematosus (SLE) is a multisystemic autoimmune disease characterized by production of autoantibodies. The anti-double stranded DNA (anti-dsDNA) autoantibodies are diagnostic biomarkers of SLE. A subset of anti-dsDNA antibodies can enter living cells and induce cytokine secretion. Our previous studies have reported that internalizable anti-DNA IgG localize to the cytosol and trigger secretion of IL-8 and TNF-a in primary human CD14+ monocytes. In this study, we detected the presence of antibodies that localized to the cytosol in monocytes obtained from the patients with SLE.

Methods Cytosolic localization of IgG in CD14+ monocyte gated from PBMC of healthy controls (n=65) and SLE patients (n=160) was analyzed using a FACSCanto II flow cytometer. The Alexa Fluor 488 fluorescence intensity resulting from Igs existence (κ and λ chain of Ig) within the CD14 + monocyte population was then quantified as the mean fluorescence intensity (MFI). The presence of cytosolic IgG was determined by the ratio of permeabilization (P) to non-permeabilization (NP). [formula: Ratio of P:NP = (P – Control P)/(NP – Control NP)]

Results We show a statistically significant association between cytosolic localization of antibodies (ratio of P:NP) and disease activity in the patients with SLE. Compared with healthy controls (MFI=1.082), SLE patients had higher levels in active (MFI=1.245) and inactive (MFI=1.328) disease.

Conclusions Antibodies in the patients with SLE highly localize to the cytosol of monocytes, depending on the disease activity defined by SLE disease activity index (SLEDAI).

LP-145 CASE REPORT: A 43-YEAR-OLD FILIPINO WITH LUPUS MYOCARDITIS AS INITIAL PRESENTATION OF SYSTEMIC LUPUS ERYTHEMATOSUS

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Description Myocarditis is a rare presentation of systemic lupus erythematosus (SLE) and its diagnosis can be challenging as its non-specific clinical presentation varies greatly from being asymptomatic to life-threatening. Nonetheless, prompt and early identification of lupus myocarditis can reduce morbidity and mortality. Timely administration of high dose corticosteroids may pose favorable outcome for the patient. This paper aims to present a case of 43-year-old female who presented with polyarthritis, shortness of breath, intermittent fever and orthopnea. Diagnostics revealed pancytopenia, positive direct Coombs test, elevated LDH, proteinuria and hematuria. Chest radiographs and computed tomography showed alveolar edema. The initial 2D echocardiography showed low ejection fraction (EF) of 35% by Simpson with depressed systolic function, global hypokinesia with normal left ventricular dimensions, left atrial size, and volume index. Her ANA is positive with homogenous pattern hence was diagnosed with acute lupus myocarditis. She was admitted at the intensive care unit and was intubated. She received methylprednisolone pulse therapy with guidelines directed medical therapy for heart failure. Repeat 2D echocardiography a day after pulse therapy showed marked improvement of systolic function with EF of 66% by Simpson, adequate wall motion, contractility, systolic, and diastolic function. She had full recovery and returned to her normal function after one month.

Conclusions Timely diagnosis and prompt initiation of treatment for Lupus Myocarditis by giving high dose steroids together with guidelines directed medical therapy for heart failure led to favorable clinical outcomes.