systemic lupus erythematosus (SLE). There are only 0.2% SLE patients who initially present as digital gangrene.

We report a case of a 35-year-old woman presented with pain and necrosis of finger tips. She has been diagnosed with SLE for 2 years and was taking immunosuppressant regularly but quit the medication 6 month prior to admission and experience recurring Raynaud phenomenon. There is no history of infections, drug addiction, trauma, diabetes, miscarriage, or vascular disease. A diagnosis of SLE with digital gangrene has been established based on clinical appearance (figure 1). The patient has a High Disease activity with MEX SLEDAI score 14. Laboratory findings showed RNP/Sm +, RIB +, thrombocytopenic, anemia hemolytic, with high ESR 50/81 and no coagulopathy. On radiological examination, no signs of vascular disease nor thrombus were found. The patient was treated with steroid, methotrexate and sildenafil and showed clinical and laboratory improvement.

Abstract LP-154 Figure 1 Peripheral gangrene on both hands of a 35-years-old female with systemic lupus erythematosus

Conclusions We reported a case of A 35-year-old woman with a rare peripheral gangrene in Systematic Lupus Erythematosus. The patient shown clinical improvement after using corticosteroid, methotrexate, and sildenafil.

LP-155 PSYCHOSIS AS AN EARLY MANIFESTATION OF NEUROPSYCHIATRIC SYSTEMIC LUPUS ERYTHEMATOSUS – A CASE REPORT

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Description Nowadays, clinicians have realized that a great portion of lupus patients had suffered from psychiatric symptoms. Regardless of attribution, neuropsychiatric symptoms are reported to reduce quality of life and increase organ damage. The prevalence of NPSLE was 18,8 – 21,7 per 100.000 SLE patients, and psychosis is one of the rarest manifestations where the prevalence is only 2 – 11%.

We report a case of a 19 year old female with psychosis symptoms in the form of visual and auditory hallucinations since 2 months ago, history of seizure and complaint of fever which she has experienced since the last 2 months. On physical examination found febris, pale conjunctiva, malar rash, hair loss, mouth ulcers, and arthritis. Based on laboratorium examination, there was anemia, lymphopenia, increased CRP, and positive immunoserological results (RNP/Sm, SS-A native, Ro-52 recombinant, dsDNA, and nucleosome), and decreased C3 C4 complement. Urinalysis examination showed proteinuria and haematuria. Also on chest examination found cardiomegaly and bilateral pleural effusion. For Brain MSCT found normal, so after being identified according to the SLICC criteria, multiple target organs were found, the diagnosis leading to systemic lupus erythematosus with neuropsychiatric manifestations (NPSLE). During treatment the patient experienced maximal improvement after being given combination therapy with high-dose corticosteroid therapy, immunosuppressants, and antidepressants as adjuvant therapy.

Conclusions Case report of a 19-year-old woman with a history of psychosis and history of seizure as first manifestations of NPSLE. Based on anamnesis, physical examination, and supporting examinations, she was diagnosed with SLE with clinical manifestations of neuropsychiatry, improved with combination of high doses of corticosteroids, immunosuppressants and antidepressants as an adjuvant therapy. There is no difference in the standard therapy for NPSLE, each patient is treated based on the symptoms and manifestations they experience, the same as the management of SLE in general.

LP-157 PROGRESSIVE DISCOID LUPUS RELATED SEVERE VASCULITIS – A RARE CASE REPORT

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Description Discoid Lupus Erythematosus (DLE) was the most common Cutaneous lupus erythematosus (CLE) subtype diagnosed. Cutaneous manifestation occur in Systemic Lupus