Erytematosus (SLE) patients. The incidence of CLE was 4,3/100.000. We reported a 33-year-old woman admitted to the hospital with injuries to her face, head, hands and feet since 6 months ago starting with black spots on her legs, redness on both cheeks accompanied by sores in her mouth, then getting worse in the last 1 month. The patient has a history of SLE since 6 months ago. On physical examination of the facial region showed erythematous macules, hyperpigmentation, multiple well-defined plaques with fine scales. Plaque erythema (butterfly rash). Crust in the right supraorbital region. The extensor anterbracium region shows discoid lesions, hyperpigmented plaques with crusts. Pedis and plantar pedis appear vascultilis. Laboratory finding showed RNP/Sm + ++. Sm ++. RIB +++. Anti dsDNA < 10, C3 complement 107,8, and C4 complement 16,1. The patient treated with steroid, methotrexate, folic acid, calcium hydrogen phosphate, and cholecalciferol, and showed clinical improvement in 4 months.

Conclusions We report a case of 33-year-old woman with Progressive Discoid Lupus Related Severe Vasculitis as a rare case report and improved after treated with corticosteroid and methotrexate.

LP-159 STUDYING THE DISEASE ACTIVITY AND THE DEGREE OF INTERNAL ORGAN DAMAGE IN SYSTEMIC LUPUS ERYTHEMATOSUS PATIENTS IN THE KAZAKH POPULATION

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Background To study the condition of patients, the assessment of disease activity and cumulative damage to internal organs, the degree of their influence on the prognosis of the course of patients with SLE in the Kazakh population.

Methods The study included 30 women with systemic lupus erythematosus. The average age of the studied patients was 36.33±7.928. The average duration of the disease varied from 1.5 to 8 years, and averaged 5 years.

We used Spearman's correlation coefficient. The Spearman correlation coefficient equal to 0 indicated the absence of a connection between the signs, up to <0.5 – a weak connection, from 0.5 to <0.7 – a medium one, and from 0.7 to 1.0 – a strong connection

Results According to the SELENA-SLEDAI, low activity was detected in 3 (10%) patients, moderate and high in 15 (50%) and 12 (40%). Signs of arthritis were observed in 14 (46.7%) patients, myositis in 17 (56.7%), skin rashes in 15 (50%), mucosal ulcers in 10 (33.3%) and alopecia in 9 (30%) patients.

By SLICC/ACR, there were low damage in 2 (6.7%), medium in 18 (60%), high in 9 (30%) patients. The average score for the SELENA-SLEDAI was 10 points (from 2 to 19 points), for the SLICC/ACR-3.6 points (from 0 to 9 points). Among the most frequent injuries were changes in the organs of vision and cognitive impairment, noted in 11 (36.7%), peripheral neuropathy in 9 (30.0%) patients.

A strong correlation was found between SELENA-SLEDAI and SLICC/ACR ($r\rho$=0.701, p<0.0001). A moderate correlation between the duration of SLE disease and SELENA-SLEDAI ($r\rho$=0.619, p<0.0001) and SLICC/ACR ($r\rho$=0.592, p=0.001).m

Conclusions revealed the relationship between the activity of SLE and the degree of damage to internal organs. It depend on the duration of SLE disease. SELENA-SLEDAI and SLICC/ACR reliably reflect indicators of cumulative disease activity.

LP-161 TJALMA SYNDROME (PSEUDO-PSEUDO MEIGS SYNDROME): POLYSEROSITIS WITH INCREASED CA-125 IN PATIENTS WITH SYSTEMIC LUPUS ERYTHEMATOSUS

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Description Tjalma Syndrome (Pseudo-Pseudo Meigs Syndrome) is a rare clinical condition that can occur in patients with systemic lupus erythematosus (SLE). This syndrome is characterized by massive ascites, pleural effusions and increased CA-125 levels without related to benign or malignant tumors. Tjalma Syndrome is a rare condition reported in the literature and currently there are only 14 reports of this condition.

A 31-year-old woman had a major complaint of massive ascites for 3 months. She had fatigue, hair loss, joints pain, shortness of breath and lower legs edema. Her laboratory revealed positive ANA 1: 10.000, speckled patterns, lymphopenia, proteinuria with urine protein creatinine ratio of 1.773 mg/gr, and she fulfilled the SLE classification criteria based on ACR/EULAR 2019 with mucocutaneous, musculoskeletal, renal involvement and serositis. Analysis of the ascites fluid and pleural effusion showed the exudate and negative results for tuberculosis nor malignant cells. Her CA-125 was markly increased, with no benign or malignant tumors found on either imaging or anatomic pathology examination. Based on these findings, the patient was diagnosed as SLE and Tjalma Syndrome. She was given methylprednisolone pulse dose 500 mg for 3 consecutive days, followed by oral methylprednisolone 0.8 mg/kg daily, mycophenolic acid 720 mg twice daily, hydroxychloroquine 200 mg/d, ramipril 5 mg/d, furosemide 40 mg/d, calcium carbonate 500 mg twice/d and therapeutic ascites punctuation. Patient was discharge in better condition.

Conclusions Tjalma Syndrome is a rare clinical condition, but can be revealed as main presentation of SLE. This case report shows that Tjalma Syndrome could be one of the differential diagnosis of patients with ascites, pleural effusions, and increased CA-125 levels in SLE patients. Possible malignancy should be ruled out, and Tjalma syndrome should be considered so that the patient with this condition can get the proper management and avoid unnecessary surgical examination.