Background Immune thrombocytopenia (ITP) is a common hematologic manifestation in systemic lupus erythematosus (SLE). Thrombocytopenia can persist for more than one year, which is defined as chronic thrombocytopenia. This study aimed to identify the clinical characteristics and risk factors for the chronic thrombocytopenia in SLE-ITP.

Methods We retrospectively reviewed patients who were diagnosed with SLE-ITP at a tertiary hospital between January 2000 and December 2021. The clinical and laboratory characteristics were analyzed according to the progression of chronic thrombocytopenia. Factors associated with chronic thrombocytopenia were evaluated by logistic regression analysis.

Results Of 121 SLE patients with ITP, 29 (24.0%) patients progressed to chronic thrombocytopenia lasting more than 1 year. The mean initial platelet count was lower in patients with chronic thrombocytopenia than those without (29.7 vs. 49.3 × 10^9/L, P < 0.001). Multivariable analysis showed that body mass index (BMI) (adjusted odds ratio [aOR] = 1.194, 95% confidence interval [CI] = 1.014–1.406), severe thrombocytopenia (< 20 × 10^9/L) (aOR = 3.974, 95% CI = 1.290–12.240), and recurrence of thrombocytopenia within 1 year (aOR = 10.052, 95% CI = 3.177–31.803) were significantly associated with the risk of chronic thrombocytopenia.

Conclusions Approximately one-quarter of the patients progressed to chronic thrombocytopenia in SLE. High BMI, severe thrombocytopenia, and recurrence of thrombocytopenia within 1 year were risk factors for the development of chronic thrombocytopenia in patients with SLE-ITP.
group (32.6% vs 21.8%), but without statistical significance. Seropositivity of various autoantibodies was comparable between those with and without LTBI. Basal and stimulated IFN-γ levels was lower in IGRA and autoantibodies positive group (p=0.014) compared to IGRA positive antibody negative group.

Conclusions This study showed higher prevalence of LTBI in antibody positive FDRs of SLE. Basal and stimulated IFN-γ levels were lower in antibody positive group, in contrast to SLE patients who have higher basal IFN-γ. Further longitudinal studies would be required to see the effect of these autoantibodies on LTBI and risk of progression to TB.