LP-162 PROGNOSTIC FACTORS FOR THE CHRONIC THROMBOCYTOPENIA IN SYSTEMIC LUPUS ERYTHEMATOSUS

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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 $\times$ 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 $\times 10^9$/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.

LP-167 UNCOMMON INITIAL PRESENTATIONS OF SLE – A CASE SERIES

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Description A 29 year old patient presented with progressive dyspnea (mMRC grade 3) over 4 months. Her 2D Echocardiogram revealed moderate pulmonary hypertension with right ventricular dilatation. She had a history of inflammatory polyarthritis and constitutional symptoms. Her ANA was 1: 80 (Homogenous pattern). HRCT-Chest, CTPA, bubble contrast study and serology tests including APLS screening were all negative. A diagnosis of pulmonary arterial hypertension (PAH) was made. She also had an incidental detection of diffuse splenic calcification which is a rare association of SLE. She was treated with immunosuppressants and vasodilators for which she had a symptomatic improvement.

A 31 year old patient presented with progressive abdominal pain, distention and diarrhea for 2 weeks duration. She underwent an exploratory laparotomy which revealed gross ascites and dilated small intestinal loops. Subsequent Abdominal CT showed small intestinal wall ischemia involving multiple arterial territories. She also reported on alopecia and gave a history of ITP during her pregnancy in 2016. With positive ANA (1:1280 titer), low complement levels, negative APLS screening and exclusion of other causes, SLE with mesenteric vasculitis was confirmed.

A 40 year old patient presented with a 2 week history of fever, nonproductive cough, inflammatory type polyarthritis and bilateral axillary lymphadenopathy. She later developed a pancytopenia and alopecia. Her ANA was 1:10000; Diagnosis of SLE was made. Axillary lymph node biopsy showed necrotizing lymphadenopathy and immunohistochemistry was strongly positive for CD68 favoring Kikuchi disease.

Conclusions Initial clinical presentations of SLE can be highly variable; can mimic infections and malignancies and may lead to delays in diagnosis. Therefore the clinicians should be vigilant on rare presentations of SLE such as PAH, mesenteric vasculitis and necrotizing lymphadenopathy to initiate timely treatments. Timely management in mesenteric vasculitis is crucial to prevent the possible catastrophic complications like necrotic bowel, perforation and sepsis.

LP-168 PREVALENCE AND ASSOCIATION OF AUTOANTIBODIES WITH LATENT TUBERCULOSIS IN FIRST-DEGREE RELATIVES OF PATIENTS WITH SYSTEMIC LUPUS ERYTHEMATOSUS

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Background Chronic and latent infections like tuberculosis (TB) are known triggers for developing autoimmunity. It is not known the consequences of latent TB infection (LTBI) in individuals who are genetically predisposed to develop autoimmune disease. Although several studies reported autoantibodies in first-degree relatives (FDR) of SLE, association between LTBI and these antibodies is not clear. This study focused on the prevalence of autoantibody levels in FDRs of SLE and assess any association with LTBI.

Methods This is a single center cross sectional study. FDRs of SLE who were apparently healthy and without past h/o TB were recruited (n=167). Demography, comorbidity and various autoantibodies (antibodies to beta-2 glycoprotein, cardiolipin, thyroid peroxidase, cyclic citrullinated peptide, glutamic acid decarboxylase, antinuclear antibody) were measured. LTBI was assessed using TB-IGRA (IFN-γ release assay). Based on results of TB-IGRA and seropositivity to antibodies, FDR were divided into 4 groups- Autoantibody positive and negative groups with and without LTBI. Basal IFN-γ and mycobacterium tuberculosis antigen specific IFN-γ levels were assessed in the unstimulated and stimulated tubes respectively.

Results In FDRs, overall prevalence of LTBI 25.7% (n=43) which is lesser than prevalence in the general population (40%). Prevalence of LTBI was numerically higher among FDRs positive for any autoantibody compared to the negative

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.

LP-170 PREDICTORS OF NEUROPSYCHIATRIC FLARES IN PATIENTS WITH SYSTEMIC LUPUS ERYTHEMATOSUS: RESULTS FROM FIVE PHASE III CLINICAL TRIALS OF BELIMUMAB

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Background Belimumab has shown ability to reduce flare rates in systemic lupus erythematosus (SLE), but little is known about its potential benefits in neuropsychiatric (NP)SLE. We investigated predictors of NP flares in SLE patients under standard therapy with or without add-on belimumab.

Methods Data from five clinical trials of belimumab in SLE (BLISS-52, BLISS-76, BLISS-NEA, BLISS-SC, EMBRACE) were utilised (N=3638). Flares were defined using the British Isles Lupus Assessment Group (BILAG) activity index. Predictors of flares were investigated throughout a 52-week follow-up using univariable and multivariable Cox regression. A subgroup analysis in patients with baseline NP BILAG E was performed to determine predictors of de novo NP flare. Organ damage was assessed using the SLICC/ACR Damage Index (SDI).

Results In total, 105 (2.9%) NP flares were documented. In multivariable analysis, male sex (HR: 2.37; 95% CI: 1.31–4.28; p=0.004), baseline NP BILAG B-D (HR: 5.91; 95% CI: 3.86–9.06; p<0.001), and high baseline SDI score (HR: 1.35; 95% CI: 1.21–1.50; p<0.001) were highly associated with NP flare development. Belimumab use yielded no clear protection. In a separate analysis of SDI domains, the NP domain (HR: 3.25; 95% CI: 2.72–3.88; p<0.001) was the strongest predictor of NP flare, with cognitive impairment (HR: 14.29; 95% CI: 9.22–22.14; p<0.001), transverse myelitis (HR: 21.89; 95% CI: 5.40–88.72; p<0.001), and neuropathy (HR: 8.87; 95% CI: 5.59–14.09; p<0.001) mainly driving this association. In the subgroup analysis of the NP BILAG E population, male sex was the strongest predictor of de novo NP flare (HR: 3.26; 95% CI: 1.51–7.04; p=0.003).

Conclusions Current or former NPSLE activity and established organ damage in the NP domain at baseline were the strongest predictors of NP flare. Whether belimumab treatment protects against NP events remains unclear.

LP-171 FIBROMYALGIA AND GLUCOCORTICOIDS USE DRIVES SELF-PERCEIVED DEPRESSION IN SYSTEMIC LUPUS ERYTHEMATOSUS: INSIGHTS FROM A LARGE PROSPECTIVE AND MULTICENTER STUDY USING RELESSERPROS REGISTER'S DATABASE.

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Background Little is known about depression in SLE. To evaluate the prevalence of depression and associated factors in a large, multicenter SLE cohort (RELESSER-PROS).

Methods Prospective longitudinal study of SLE patients answering positively to the depression question of the Lupus Impact Tracker (LIT) questionary (question number 7, LITQ7 'I was depressed') over 5 consecutive annual visits (V1 to V5). Self-perceived depression was answered from 0 ('none of the time') to 4 ('most of time'). Covariates with potential impact in depression were considered. Friedman test and GEE models were used.

Results 1463 patients were included. Mean age 55 years, 90% female. Mean disease duration: 14 years. Fibromyalgia was present in 5.7%. Glucocorticoids use ranged from 49.4% to 57%, depending on the visit. SLEDAI ranged from 0 to 2 and SDI from 1 to 2. Prevalence of 'depression any time' was