



Abstract LO-040 Figure 1 Percentages and mean platelet count of patients with different treatment response during follow-up

thrombocytopenia. Patients with mild to moderate SLE might benefit the most from tacrolimus treatment.

LO-041 SEVERE THROMBOCYTOPENIA IS ASSOCIATED WITH ADVERSE PREGNANCY OUTCOMES IN OBSTETRIC ANTIPHOSPHOLIPID SYNDROME

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10.1136/lupus-2023-KCR.42

Background Thrombocytopenia is a common complication of antiphospholipid syndrome (APS). It is a main concern for hemorrhage risk on the current standard treatment of low dose aspirin (LDA) and low molecular weight heparin (LMWH) in obstetric APS (OAPS). This study assesses the possible relationship between the different levels of thrombocytopenia and adverse pregnancy outcomes (APOs) in OAPS patients.

Methods A retrospective study was conducted at Peking University People's Hospital, Beijing, China. The demographic, clinical, immunologic, and pregnancy outcomes of the OAPS patients were collected. Univariate and multivariate logistic regression analyses were applied to assess the association between APOs and thrombocytopenia, especially severe thrombocytopenia (<30×10⁹/L).

Results A total of 206 participants were included in the analysis. There were 30 with mild to moderate thrombocytopenia (30–100×10⁹/L) and 19 with severe thrombocytopenia (<30×10⁹/L) among 176 OAPS patients in pregnancy. The rate of the hypocomplementemia in severe thrombocytopenia group (36.84%) was higher than that in the non-severe group (20.00%) and in control group (9.57%) (P = 0.005). Severe thrombocytopenia was associated with a higher APOs of OAPS, such as preterm delivery before 34 weeks (Model I: OR, 16.09; 95%CI, 3.69–70.10, P = 0.0002; Model II: OR, 10.33 ;95%CI, 2.02–52.88, P = 0.0051), uteroplacental insufficiency (Model I: OR, 3.35;95%CI, 1.14–9.85, P = 0.028; Model II: OR, 5.98;95%CI, 1.62–22.14, P = 0.0074), and gestational hypertension (Model I: OR, 5.26;95%CI, 1.16–23.82, P = 0.031; Model II: OR, 9.45;95%CI, 1.43–62.45, P = 0.0198), but not the mild to moderate thrombocytopenia after adjusting for demographic and laboratory factors. After adding medication adjustments, these factors above become insignificant (p > 0.05).

Conclusions The risk of APOs depends on the different levels of thrombocytopenia in OAPS patients. Only severe thrombocytopenia is associated with adverse pregnancy outcomes. The effective OAPS treatments may improve pregnancy outcomes.