

Abstract P48 Table 2 Distributions of valvular, vascular, and non-vascular calcifications in patients with systemic lupus erythematosus (SLE) and matched population controls

Calcifications outside coronary artery bed	SLE	Controls	SLE : Controls All	SLE : Controls Age < 50 years	SLE : Controls Age ≥ 50 years	P [§] =
	(n=113)	(n=223)	OR 95% CI	OR 95% CI	OR 95% CI	
Aortic valves, n (%)	32 (28)	28 (13)	4.05 (2.0-8.4)	-- NC	2.90 (1.3-6.4)	0.01
Mitral valves, n (%)	17 (15)	4 (1.8)	9.72 (3.0-32)	-- NC	7.52 (2.2-26)	0.12
Aortic arch, n (%)#	40 (35)	47 (21)	2.83 (1.4-5.7)	8.72 (0.9-85)	2.50 (1.1-5.6)	0.10
Organs, n (%)‡	39 (35)	22 (14)	4.18 (2.2-8.2)	9.42 (2.7-33)	2.85 (1.2-6.7)	<0.001

Logistic regression analyses provide odds ratios (OR) with corresponding 95% confidence intervals (CI) and are adjusted for age, male sex, hypertension, BMI, dyslipidemia, impaired renal function, ever-smoking, and years of schooling. #: Includes ascending and descending aorta. ‡: Includes bronchial, pericardial, thymic, and splenic calcifications; data available for 113 SLE patients and 156 HC. NC: Not calculated due to zero findings in HC < 50 years. §: Probability of OR to be equal in the two age strata.

Study on Cardiovascular Risk Factors) cohort established at Copenhagen University Hospital, Denmark, in 2012–13 were matched 1:2 by age and sex to HC from the Copenhagen General Population Study (CGPS) cohort. Subjects were split into age-matched subgroups below and above 50 years. CAC was evaluated using a non-contrast, prospectively ECG-gated cardiac protocol on a 320-multidetector CT scanner. Phases were reconstructed in 3.0 mm slice thickness with a 3.0 mm increment. The total amount of CAC was measured in volume (mm³).

Results Among 336 subjects aged 35–75 years included in this study, SLE patients more often had CAC (48%) compared to HC (29%). This was most pronounced for subjects aged less than 50 years (OR: 9.76 [95%CI: 3.1–31], table 1). The relative anatomical distribution of CAC did not differ between SLE and HC. SLE patients also had more frequent calcifications outside the coronary artery bed i.e., aortic and mitral valves, aortic arch, and calcifications in organs (OR: 2.83–9.72), which for the latter was also most pronounced in subjects aged less than 50 years (table 2). As for CAC, multiplicative interaction between having SLE and organ calcifications was observed (OR: 5.48 [95%CI: 1.2–25]).

Conclusion The findings suggest that in a subset of SLE patients, CAC differs from what is seen in the general population, quantitatively as well as qualitatively.

Acknowledgments The Danish Rheumatism Association.

Methods Longitudinal clinical and laboratory parameters obtained at visits to the Rheumatology Unit, Linköping University Hospital, Sweden, and linked medical data were assessed from all subjects included 2008–2022 in our regional register. Data on confirmed infections were retrieved from medical records and carefully reviewed.

Results A total of 333 patients were included and monitored at 3088 visits during the study period. In total, 918 infections were identified and 94 occasions with neutropenia (<1.5×10⁹/L) were detected in 40 subjects (12%). 30 neutropenic episodes in 15 patients occurred in association with infections, of which 13 (43%) required in-hospital care, 4 (13%) needed intensive care and 1 (3%) resulted in death. Bayesian analysis showed that patients with ≥1 occasion of neutropenia were more likely to experience ≥1 infection (OR=2.05; POA=96%). Invasiveness and severity of the infections were significantly associated with neutropenia.

Conclusions Infections were common among Swedish patients with SLE and 12% showed neutropenia over time. Nevertheless, confirmed neutropenia co-appearing with infections appears to be associated with both invasiveness and severity whereas lymphopenia and hypocomplementemia do not seem to be as important. Importantly, the presence of neutropenia was linked to both invasiveness and severity of infections. Awareness of the risks of severe infections in neutropenic patients with SLE is crucial in order to tailor therapy to avoid severe illness and death.

P49 PREVALENCE OF NEUTROPENIA AND ASSOCIATION WITH INFECTIONS IN SYSTEMIC LUPUS ERYTHEMATOSUS: A SWEDISH SINGLE-CENTER EXPERIENCE OVER 14 YEARS

¹Muna Saleh, ²Johanna Sjöwall, ³Marcus Bendtsen, ¹Christopher Sjöwall. ¹Dept. of Biomedical and Clinical Sciences, Division of Inflammation and Infection/Rheumatology, Linköping University, Linköping, Sweden; ²Dept. of Biomedical and Clinical Sciences, Division of Inflammation and Infection/Infectious Diseases, Linköping University, Linköping, Sweden; ³Dept. of Health, Medicine and Caring Sciences, Division of Society and Health, Linköping University, Linköping, Sweden

10.1136/lupus-2024-el.103

Objective Hematological manifestations of systemic lupus erythematosus (SLE) are frequently observed, but neutropenia is less common and is not included in the classification criteria. Still, neutropenia is a risk factor for infections, especially those caused by bacteria or fungi. Herein, we aimed to systematically evaluate all infections in a large SLE cohort and especially in subjects with neutropenia.

P50 HYPERTROPHIC PACHYMEINGITIS A REVEALING MANIFESTATION OF SYSTEMIC LUPUS ERYTHEMATOSUS: A CASE REPORT

¹Wafa Skouri, ¹Haifa Tounsi, ¹Yosr Abid, ¹Mayssa Bouzidi, ²Jafer Ouni, ³Siwar Sbahi, ²Walid Zbiba, ³Khaled Bouzeidi, ³Raja Amri. ¹Internal medicine Dept., Med Tahar Maamouri, Nabeul, Tunisia; ²Ophthalmology Dept., Med Tahar Maamouri, Nabeul, Tunisia; ³Radiology Dept., Med Tahar Maamouri, Nabeul, Tunisia

10.1136/lupus-2024-el.104

Objective Hypertrophic pachymeningitis (HP) is a relatively uncommon disease associated with focal or diffuse thickening of the dura mater secondary to underlying chronic inflammation.

Methods We report a case of pachymeningitis revealing systemic lupus erythematosus (SLE) in a Tunisian male patient.

Results A 46 year old patient presented with headaches and decreased visual acuity in the left eye. On further examination it was deemed to be secondary to underlying optic neuritis. Magnetic resonance imaging (MRI) revealed patchy