Parallel Session 7: Manifestations, comorbidities and complications

21 INFECTIONS IN THE ASIA PACIFIC REGION

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Infections in the Asia Pacific Region Infections in patients with systemic lupus erythematosus (SLE) are not uncommon, and are major causes of morbidity and mortality. The prevalence of infections is high among developing countries, and those with low socioeconomic status, particularly in Asia. Dysregulation of the immune system by the disease itself and the use of corticosteroids and immunosuppressive drugs increase susceptibility to infection, which can cause by usual and opportunistic pathogens. Infections caused by viruses, bacteria, mycobacterium, fungi, and parasites have been described. Varicella zoster, Salmonella spp., both Mycobacterium tuberculosis and non-tuberculosis, Nocardia spp., Aspergillus spp., Pneumocystis jiroveci, etc. are common opportunistic pathogens.

Diagnosing infections in SLE is sometimes difficult. Acute infections can cause protein manifestations that sometimes simulate disease flare. Atypical presentations are not uncommon. Fever and leukocytosis might not be present due to the use of corticosteroids and immunosuppressive drugs. Occult infections can be overlooked if not searched for carefully. Furthermore, infections themselves can trigger disease flare. A high level of hsCRP correlates well with infection. Procalcitonin can be used as a marker for bacterial infection.

Treatment of infections in SLE also is problematic. Use of high dose corticosteroids and immunosuppressive drugs to control SLE activity can reactivate latent infections, or exacerbate current infections, making them more difficult to control. Infections should be suspicious in SLE patients with fever or clinical presentations that do not respond to appropriate SLE treatment. Appropriate evaluation is needed and treatment should be started immediately to cover pathogens most likely possible, and prevent morbidity and mortality.

Parallel Session 8: Innate immunity and interferon

22 CYCLIN DEPENDENT KINASE 1 : A NOVEL REGULATOR CONTROLLING TYPE I INTERFERON SIGNALING AND POTENTIAL TARGET FOR THERAPEUTIC INTERVENTION IN SLE

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Background and Aims Abnormal epigenetic changes are involved in over-activated pathogenic IFN signalling in SLE. However, the mechanisms are still not clear. We tried to identify novel epigenetic regulators of IFN signalling pathways in SLE.