Background and aims Although both systemic lupus erythematosus (SLE) and rheumatoid arthritis (RA) may lead to the joint deformity, different characteristics such as the absence or the presence of bone destruction have been recognised as well. We aimed to clarify the difference of joint and tendon involvements between SLE and RA patients by using ultrasonography (US).

Methods Fifteen SLE with joint symptoms and 40 RA patients, who were treatment-naïve, were enrolled in this study. The wrist, metacarpophalangeal and proximal interphalangeal joints and related extensor/flexor tendons were ultrasonographically examined. Their joints and tendons were evaluated using a gray-scale (GS) for synovial thickening and synovial fluid retention, and power Doppler (PD) for blood flow according to a semiquantitative method based on a scale of grades 0 to 3, and patients graded with GS ≥2 or PD ≥1 were judged as having joint or tendon involvement.

Results Joint involvement was comparably observed in patients with SLE and RA (80% versus 95%, p=0.119). However, tendon involvement was more frequent in SLE than in RA (93% versus 65%, p=0.045), especially in the wrist joints (73% versus 40%, p=0.037). Moreover, when we investigated the intensity of US findings, the joint involvement score (GS+PD) per affected joint was lower in SLE than RA (2.0 versus 2.6, p=0.019), although tendon involvement score was similar (2.1 versus 2.2, p=0.738).

Conclusions As compared with RA, joint involvement is less intense and tendon involvement is more frequent in SLE with articular symptoms.

Background and aims To evaluate the financial impact of laboratory investigations costs for Systemic Lupus Erythematosus Disease Activity Index assessed by SLEDAI (version 2000) (Gladman et al, 2002).

Methods We observed clinical response to standard treatment in the cohort of 127 lupus erythematosus Polish patients (118 female and 9 male) with average age 43±6 years (range 18–63 years), average disease duration 7.8±5.6 years (range 1.0–15.0 years). All of them complained of renal and non-renal manifestations and were treated with oral and pulse glucocorticoids and immunosuppressive therapies (CTX, MMF, AZT, CsA, MTX) (Tab.1). As a background therapy 77% of these patients were on chloroquine or hydroxychloroquine (CQ/HCQ).

Results In most analysed cases despite of standard immunosuppressive therapies fulfilled remission criteria were not achieved (SLEDAI ≥6). Full remission defined as clinical (minimum moderate improvement in various clinical signs and symptoms) and immunological (significant decrease of anti-dsDNA antibodies and significant increase level of C3 or C4 complement) response were obtained only by 9 patients (7%). Unexpectedly over 86% of our lupus patients have moderate or severe activity according to SELENA/SLEDAI score.

Conclusions Patients with lupus activity who not achieve remission are potential target for more aggressive standard treatment or novel biologic therapy. Effective strategy of treatment our lupus patients is still unmet need.