

was  $37.37 \pm 13.96$  years old, the average duration was  $6.7 \pm 5.8$  years. Among them, 310 patients were in glucocorticoid maintenance stage. 61% of patients received the medium dosage (30–60 mg/d) as the initial treatment dosage of glucocorticoid. However, patients receiving different initial dosage had no discrepancy on glucocorticoid in the maintenance therapy. In the maintenance stage, 51% of patients received 2.5–5 mg/d prednisone, while the dosage of 5–10 mg/d could maintain for a longer time. Patients with internal organs involvement had a higher tendency to receive 60–100 mg/d or pulse-dose therapy in the initial treatment, nevertheless there had no difference on the dosage of glucocorticoid in the maintenance stage. Among the 400 patients, 62 patients had glucocorticoid withdrawal, including 17 patients due to disease remission (17/400, 4.25%), 44 patients due to self-withdrawal (44/400, 11%) and one patient due to adverse reaction (1/400, 0.25%). **Conclusions** In China, the medium dosage of glucocorticoid is the most common choice in the initial treatment of SLE patients, and the dosage of 2.5–5 mg/d was most common in maintenance stage. Currently, the proportion of glucocorticoid withdrawal remains low after SLE patients achieving the remission.

**388** CHARACTERISATION OF PATIENTS WITH SYSTEMIC LUPUS ERYTHEMATOSUS WHO WERE ADMITTED TO A UNIVERSITY HOSPITAL IN BOGOTA-COLOMBIA BETWEEN 2008 AND 2016

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**Background and aims** Systemic lupus erythematosus is one of the most prevalent autoimmune disease, and it is associated with many complications, morbidity and mortality. The mortality in these patients is related with immune activity, infectious complication and a direct effect of pharmacology therapy. All these factors result in target organ injury.

**Methods** A retrospective-descriptive study of patients admitted to the intensive care unit of the Hospital Universitario de la Samaritana between 2008 and 2016 in the city of Bogota was performed. The aim of this study was to characterise the clinical, demographic and paraclinical features of patients with systemic lupus erythematosus.

**Results** 56 cases were collected, most of the patients were relatively young with an average age of 40.7 years (SD  $\pm 17.7$  y/o). These people were mainly female (71% vs 29%), the immune activity was measure with score SELENA SLEDAI with average 16.5 (SD  $\pm 4.3$ ), in the analysis of target organ 69% of patient had lupus nephritis, 42% haematological commitment, 28% lung injury, 17% neurological complications and 48.25 had infectious process. When it comes to the days of mechanical ventilation, the average was 9 (SD  $\pm 10$ ), days of ICU stay 13.7 (SD  $\pm 14.3$ ) and finally the mortality was 39.2%.

**Conclusions** At ICU of our hospital, the prevalence of patients with systemic lupus erythematosus tends to be more frequent

than in other series reported, this information may be useful in future studies and can also reduce complications and mortality in this population.

**389** CLINICAL FEATURES OF SEVERE THROMBOCYTOPENIA IN CONNECTIVE TISSUE DISEASES: A REVIEW OF 131 CASES

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**Background and aims** To examine the clinical features, prognosis and response to treatments for severe thrombocytopenia in patients with connective tissue diseases (CTDs).

**Methods** The data of 131 CTDs inpatients with severe thrombocytopenia were reviewed. Severe thrombocytopenia was defined as blood platelet counts (BPC) under 20 000/mm<sup>3</sup>, and patients were divided into 3 groups according to BPC at discharge: no response (NR), partial response (PR), complete remission (CR). The differences of clinical features, treatments, and prognosis were analysed.

**Results** Of the 131 patients, 70 cases were diagnosed as primary Sjögren's Syndrome (pSS), 53 cases as SLE and 8 cases as other CTDs. 88.6% of them were female and the mean age of SLE patients was younger than pSS and other CTDs patients. The bleeding severity was negatively correlated with patients' lowest BPC during hospitalisation. BPC at discharge was positively correlated with BPC during follow-up. There was no significant difference in basal data among NR, PR and CR group except serum IgG level that was lower in NR group than PR and CR group. The treatments were identical among the 3 groups, except that the use of IVIG was more frequently in CR group than the other 2 groups. Mortality in patients with partial or complete remission was significantly lower than in those without remission.

**Conclusions** Severe thrombocytopenia is more common in SLE and pSS patients than in other CTDs and high IgG level may predict a better efficacy. IVIG is helpful to achieve a full response and those unresponsive to the treatments at discharge have poor outcome.

## Pregnancy: the mother and the child

**390** OUTCOMES OF PREGNANCY OF KYRGYZ SLE PATIENTS

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**Background and aims** To study outcomes of pregnancy of Kyrgyz SLE patients.

**Methods** Included 75 patients with SLE passed the examination in the clinic NCCIM from 2001 to 2011. Age of women was 30 [20; 40] years old, duration of the disease on the 1st point-3 [0.8; 40] years. Assessed disease activity by SLEDAI 2K 1st point and the end point after an average of  $6.38 \pm 3.48$  years.