



\* ANOVA  $p < 0.001$  among severity groups

\*\* Box plot diagram: Box bottom: 25 percentile, Box top: 75 percentile, Box middle bar: median, Lower whisker: minimum, Upper whisker: maximum (but limited to show upper limit 5 mil JPY)

Abstract 409 Figure 1 Direct medical cost over the three-year study period.

was 2,913,509 JPY over the study period and ones by disease severity are shown in Figure 1.

**Conclusions** This study described the economic burden and clinical characteristics of Japanese SLE patients based on a claims database, which indicated a high level of disease burden.

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410

#### CLINICAL CHARACTERISTICS OF SYSTEMIC LUPUS ERYTHEMATOSUS IN AN EGYPTIAN POPULATION: A DESCRIPTIVE RETROSPECTIVE CASE SERIES

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**Background and aims** Systemic lupus erythematosus (SLE) is an autoimmune disease with a myriad of manifestations, that could vary among different ethnic and racial groups.

**Aim of the study:** To study the prevalence of various manifestations of SLE in an Egyptian population.

**Methods** Information in this study was derived from the medical records of SLE patients, who followed up in 2 private clinics in Cairo from January 1980 to June 2016.

**Results** This study included 1109 SLE patients, of which 114 (10.3%) were males and 995 were females (89.7%). Age of onset showed a mean of  $26 \pm 11.19$  years, and the mean of disease duration was  $48.78 \pm 58.46$  months. The most common manifestations were synovitis (76.7%), malar rash (48.5%), leukopenia (45.7%), and photosensitivity (45.6%). At least one of the antiphospholipid antibodies was present in 41.8% of the patients, with thromboembolic manifestations and/or recurrent fetal loss present in 18.3% of the patients. Neuropsychiatric manifestations were evident in 7.8% of the patients, with seizures being the most common neuropsychiatric manifestation, present in 4%. 33.1% of the patients had nephritis, which succeeded the onset of the disease by a mean duration of  $20 \pm 21.3$  months. 29.3% of the patients continued follow up and received induction therapy according to the guidelines at the time of presentation (cyclophosphamide: 11.8%, mycophenolate mofetyl: 7.6%, and azathioprine: 9.8%). Of which, 24.9% continued follow up and achieved partial (9.9%) and complete (15%) remission.

**Conclusions** Synovitis and malar rash were the most common manifestations in our study. Secondary antiphospholipid was present in 18.3% of the patients.