Background and Aims  Cytomegalovirus (CMV) infection at first presentation in paediatric SLE (pSLE) is a rare phenomenon.

Aim- To report an adolescent girl with SLE presenting with neurological and hepatic manifestations and CMV co-infection.

Methods  A 12 year old girl presented with history of fever, maculopapular rash over the trunk, malar rash and jaundice.
She had altered behaviour with agitation, disorientation, fluctuating consciousness, hallucinations, and altered sleep. On examination, she had malar rash, icterus, and hepatosplenomegaly. She also had katatonia, mutism, would stare intermittently, had low speech output and psychomotor retardation with rigidity. There was no focal deficit. Investigations revealed pancytopenia, transaminitis, conjugated hyperbilirubinemia, normal renal functions, antinuclear antibody (ANA) - positive (homogenous pattern), high anti-dsDNA with hypocomplementemia. Liver biopsy revealed steatosis with hepatitis. Screen for infections was negative, except CMV. Very high levels of CMV DNA in blood were noted on PCR. It was a clinical dilemma as to whether CMV was causative, co-infection or a re-activation due to immunosuppression. Magnetic resonance imaging (MRI) brain showed cortical atrophy. There was no evidence of any vascular involvement.

She was treated with intravenous (IV) methylprednisolone, IV cyclophosphamide pulses and oral valganciclovir.

**Results** A repeat CMV viral load done after six weeks of oral valganciclovir therapy was undetectable. She has been followed up for a period of 6 months. She has shown marked improvement in her neurological status and transaminases have normalised.

**Conclusions** CMV is an important pathogen in patients with SLE; however its exact pathogenesis needs more research.

**Abstracts**

**A CASE OF CATASTROPHIC ANTIPHOSPHOLIPID SYNDROME WAS CONTROLLED WITH RITUXIMAB**

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**Background and Aims** CAPLS is a multiple thrombi of small vessels affecting viscera. Patients had previous evidence of APLS. CAPLS was precipitated by infection, invasive procedures. The clinical presentation was involving the cardiopulmonary, CNS, abdomen. Thrombocytopenia and hemolytic anaemia were frequent. Anticardiolipin antibodies were present in almost. The outcome can be disastrous.

**Methods** Case: 10-year-girl had been developed petechiae on Aug 10, 2009. Platelet 2000, Hb 12.0. The diagnosis was ITP and she received the IVIG. But anaemia was developed on Aug 31, 2009. Platelet 48,000. Hb 8.9. The diagnosis was ITP but the platelet count did not change. Rituximab was injected 4 times. Platelet was 4000 thru 99 000 on Nov 2014. After then platelet was well controlled.

**Conclusions** This rituximab response to therapy.

**CLINICAL PRESENTATIONS AND OUTCOMES OF FILIPINO MALE LUPUS PATIENTS**

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**Background and Aims** Systemic lupus erythematosus (SLE) is a multisystemic disease affecting almost all of the organ systems. Children frequently manifests with non specific signs and symptoms. Renal involvement accounts for 40%–70% of SLE patients. Male lupus represent a small percentage but should not be underestimated in terms of most health-related issues.

**Methods** Hospital charts seen at the Philippine General Hospital (PGH) over a 10 year period (2004–2013) were retrieved and reviewed from the Medical Records. Demographic, clinical presenting features and manifestation during the illness and laboratory findings during the course of the disease for each patient were collected.

**Results** Two hundred fifteen lupus patients were seen at PGH from 2004–2013. The female to male ratio was 6:1(186 f,29