Background and aims Antimalarials (AMs) have been shown to exert a reduced risk of damage accrual in North American and European SLE patients. We are presenting data from Latin American patients.

Methods Patients with a recent SLE diagnosis (≤2 years) from the GLADEL cohort were studied. End-point: Increase in damage (SLICC Damage Index, SDI) since cohort entry.

Results Of the 1466 patients included in this analysis 1049 (72%) received AMs during follow-up (as defined); median exposure time: 30 months (Q1-Q3: 11–57 months). Damage accrual occurred in 665 (45%) patients during a median follow-up time of 24 months (Q1-Q3: 8–55 months). After adjusting for potential confounders (SDI at cohort entry, socio-economic status, disease duration at cohort entry, malar rash, photosensitivity, serositis, oral glucocorticoids, pulse glucocorticoids and SLEDAI at cohort entry) at any time during follow-up, patients on AMs had a 25% lower risk of damage accrual than a patient not on AMs (adjusted HR 0.75, 95% CI 0.62–0.90).

Conclusions After adjustment for possible confounding factors related to AMs use and damage accrual, AMs were independently associated with a reduced risk of damage accrual in this cohort.

Background and aims Systemic lupus erythematosus (SLE) is an autoimmune disease that has a variety of complications in all organs of the body. Pericardial effusion in the one manifestation SLE of the heart and an emergency nature. Massive pericardial effusion may result failure in cardiac pumping that is often referred to cardiac tamponade. Searching for the causes of pericardial effusion is required for diagnosis and therapy.

Methods A woman, 19 years old with complaints of chest pain and shortness of breath. Pale, joint pain, fever and weight loss.

On examination found tachycardia, pallor, muffled heart sounds, bilateral pleural effusions, and peribital oedema.

Laboratories: Hb 8.6 g/dl, leukocytes 5900/mm³, Ht 27.7%, PLT 192,000/mm³, urea 97.9 mg/dl, creatinine 1.51 mg/dl, ferritin >2000 ng/ml, FE 17 mg/dl, TIBC 103 ug/dl, albumin 2.1 g/dl, 68.9 ANA test positive, Anti ds-DNA in 2754, CRP positive. Echocardiography showed massive pericardial effusion Φ 30.2 mm. Fluid analysis: reddish colour, pH 7.9, 0.178 × 103 WBC/uL, 0.005 × 106 RBC/uL, MN cells 36%, and 64% PMN cells.

Diagnosed was done SLE with massive pericardial effusion. Therapy: pulse steroids and mmf. Antibiotic, diuretic, ACEi, deferoxamine and antipyretic. Patients do pericardialsynthesis.

Results After all therapy for 5 days of treatment, the patients showed clinical improvement where the shortness and chest pain were reduced, clinical symptoms improved, and pulse 90x/min. The patient is discharged with a follow-up plan every one moth.

Conclusions We reported a case of massive pericardial effusion young SLE patient. Patients receive immunosuppressive and also do pericardialsynthesis.