192 PROTECTIVE EFFECT OF ANTIMALARIALS ON THE RISK OF DAMAGE ACCRUAL IN SYSTEMIC LUPUS ERYTHEMATOSUS

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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.

Independent (socio-demographic, clinical laboratory and treatment) variables were included. The effect of AMs use on damage (adjusting for potential confounders) was examined with a multivariable Cox regression model with a stepwise selection algorithm (variables retained in the model α: 0.05). AMs was a time-dependent variable (user: patient receiving AMs during the previous 30 days) in the regression model.

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, socioeconomic 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, a patient 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.

193 MASSIVE PERICARDIAL EFFUSION IN YOUNG FEMALE OF SYSTEMIC LUPUS ERYTHEMATOSUS

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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 pretibial oedema.

Laboratories: Hb 8.6 g/dl, leukocytes 5900/mm^3, Ht 27.7%, PLT 192,000/mm^3, 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 pericardiasynthesis.

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 pericardiasynthesis.

194 RISK FACTORS FOR BACTEREMIA IN THAI PATIENTS WITH SYSTEMIC LUPUS ERYTHEMATOSUS

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Background and aims Bacteremia significantly affects mortality rate in SLE. It characterises differently across diverse geographic area. This study aimed to identify risk factors for bacteremia in Thai SLE patients.

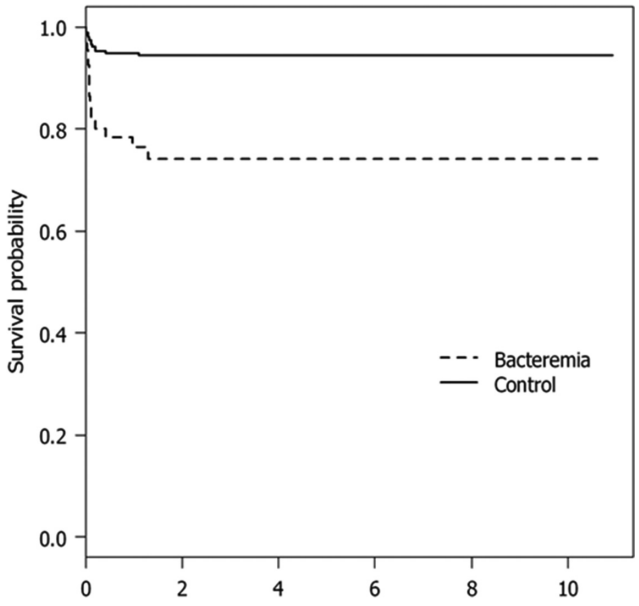
Methods A retrospective case-control study recruited SLE patients who admitted between 2004 and 2014. Cases with significant bacteremia from microbiology database were matched with SLE diagnosis. Controls were SLE patients selected from the year of the matched case's hospital admission with a ratio of 1:4. The admissions for elective procedure or patients having prior bacteremia were excluded. Demography, clinical features, organ involvement, SLE disease activity score, and treatments in the 3 months prior to admission were reviewed.

Results Among 87 episodes of bacteremia occurred in 68 SLE patients, gram negative bacteremia was commonly found in 62 episodes (69.7%). The most common organism was non-typhoidal *Salmonella* sp. (22 episodes, 25.3%). Common sites

Abstract 194 Table 1 Multivariate analyses of factors associated with an occurrence of bacteremia in thai SLE patients.

Variables	Odds ratio	95%-CI	p-value
Active lupus nephritis	2.38	1.22-4.66	0.01*
Lymphopenia (ALC < 1000/mm^3)	2.62	1.14-6.01	0.007*
Renal failure (GFR < 30 ml/min)	3.51	1.66-7.40	0.002*
Use of prednisolone ≥ 15 mg/day	3.20	1.16-8.81	0.013*
Use of pulse methylprednisolone	3.85	1.51-9.81	< 0.001*

* Statistical significance; p < 0.05.



Abstract 194 Figure 1 Survival probability in SLE patients having bacteremia and controls.

of infection were unknown focus, urinary tract, abdomen, and lower respiratory tract respectively. The mortality rate was 25%. Compared with 272 SLE controls, the bacteremia group had a longer SLE duration and a larger number of active major organ involvement. Active lupus nephritis, renal failure, lymphopenia, prior use of prednisolone 15 mg or more and pulse methylprednisolone increased risk for bacteremia significantly (table 1). The overall 30 day survival was 77.9% after bacteremia and the survival probability was poorer than controls (figure 1).

Conclusions Risk for bacteremia in SLE patients comprises both SLE disease factors and treatment factors. To improve survival, early recognition and prevention strategies in the high-risk patients is crucial.

195 SYSTEMIC LUPUS ERYTHEMATOSUS AND NEUROMYELITIS OPTICA SPECTRUM DISORDERS

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Background and aims Neuromyelitis optica spectrum disorder (NMOSD) is a group of uncommon demyelinating disorders characterised mainly by myelitis and opticus neuritis together with highly specific anti-aquaporin-4 antibodies. Case reports of patients with systemic lupus erythematosus (SLE) and NMOSD have been reported. Though myelitis and opticus neuritis are well described, they are rare manifestations of SLE and it is not known to what extent NMOSD contributes to these symptoms. We investigated the occurrence of NMOSD in a large cohort of patients with SLE.

Methods We identified all cases of myelitis and opticus neuritis in a single centre cohort comprising 610 SLE patients, identified during the period 1995–2014. Medical files were reviewed and frozen serum samples from patients with these symptoms were investigated for the presence of anti-aquaporin-4 antibodies.

Results 3 of 5 patients with myelitis and 0 of 1 patient with opticus neuritis were positive for IgG anti-aquaporin-4 antibodies. All patients positive for anti-aquaporin-4 antibodies presented with longitudinal extended transverse myelitis; lesions extending for more than three spinal segments.

Conclusions Among 6 cases with SLE and typical NMOSD symptoms we detected anti-aquaporin-4 antibodies in 3/5