also incubated with anti-B activating factor-receptor (BAFF-R) antibodies, B-cell maturation antigen (BCMA) and transmembrane activator and calcium modulator and cyclophilin ligand (CAML) interactor (TACI), then analysed by cytofluorimetry.

The number of EPC colonies in patients was lower than in controls; moreover, colonies were poorly organised compared to controls; BLM incubation restored the structure of the colonies. After 6 hours of incubation, BLyS (20 ng/ml) induced apoptosis of EPC and EA.hy926; co-incubation with BLM inhibited the apoptotic effect. Both EPCs and EA.hy926 expressed BAFF-R (MFI=3.8 and 1.5 respectively) and BCMA (MFI=1.25 and 1.15); EPCs also express TACI (MFI=1.4).

The results of this study showed:

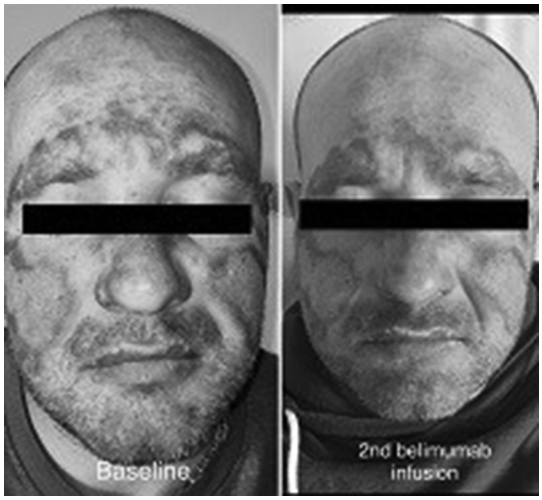
1. a quantitative and qualitative alteration of colonies in patients, restored after ex vivo and in vitro BLM treatment;
2. the apoptotic effect of BLyS on EPC and endothelial cells inhibit by BLM and
3. the preferential expression of BAFF–R on the surface of EPC and EA.hy926.

PS7:137 THE USE OF BELIMUMAB IN RECALCITRANT CUTANEOUS LUPUS: A CASE REPORT

[1]M Gilio, [1]G Tramontano, [1]MS Cutro, [1]T Carbone, [1]V Picerno, [2]U Bottoni, [1]A Padula, [1]S D'Angelo. *[1]Rheumatology Institute of Lucania (IRel), the Rheumatology Department of Lucania, San Carlo Hospital of Potenza, Potenza, Italy; [2]Department of Health Sciences, University of Catanzaro Magna Graecia, Catanzaro, Italy*

10.1136/lupus-2018-abstract.180

Background The anti-BAFF monoclonal antibody, belimumab, was approved about five years ago by the US Food and Drug Administration for the treatment of adult SLE patients. The utility of belimumab for management of resistant systemic lupus erythematosus (SLE) has been demostrated but concerning skin manifestations only scarce evidences have been reported. We describe our experience of using this new drug for the successful management of recalcitrant cutaneous lupus.
Case report A 38-year-old man with a five year history of SLE presented, in May 2017, at our outpatient clinic for a disease flare with severe cutaneous involvement. On examination the patient presented malar rash and erythematous-infiltrated discoid lesions in the region of head and neck and erythematosus papules also on the extensor surface of the hands. Additional tests showed also systemic involvement by detecting low levels of C3 and C4, leukopenia (WBC 3000/μL) and positivity of ANA (1:1280 by IFI) and anti-dsDNA (42.8 UI/ml by ELISA, nv <30 UI/ml). SLE Disease Activity Index (SLEDAI) was 9, Cutaneous Lupus Disease Area and Severity index- activity and damage scores (CLASI) was 22 for activity and 1 for damage and Physician Global Assessment (PGA) was 8 cm. The patient failed previous treatment with HCQ, MTX, AZA, MMF and at time of our observation was taking, since December 2016, prednisone (12,5 mg daily) without improvement. Belimumab was added to concomitant steroid therapy at recommended dose (10 mg/kg). Early as 3 months after its initiation Belimumab therapy led to impressive clinical improvement in the lesions upper the hands and slighter in that in the region of head. Belimumab use also provided a significant steroid-sparing effect as well as facilitating the rapid improvement in skin symptoms and in systemic involvement.
Conclusion In this case report, the addition of belimumab to steroid monotherapy, in patient who failed previous immunosuppressive treatment improved the signs and symptoms of refractory cutaneous lupus. This report highlights the utility of belimumab for the treatment of severe skin involvement in SLE refractory to conventional therapies. Additional studies should be performed to assess the use of belimumab in the treatment of cutaneous lupus.



Abstract PS7:137 Figure 1

PS7:138 NEW STRATEGY THERAPY FOR LUPUS NEPHRITIS WITH PERSISTENT PROTEINURIA

S Algergawy. *Benha University Faculty of Medicine Rheumatology and Rehabilitation Department, Beha, Egypt*

10.1136/lupus-2018-abstract.181

Background Glomerulonephritis and renal failure represent one of the most life-threatening manifestations of systemic lupus erythematosus. Many patients show persistent proteinuria despite conventional therapy (anti-inflammatory and immunosuppressive therapies). ƒ. Vitamin D is immune modulator thought to be a potent inhibitor of the RAAS (renin–anigotensin–aldosterone system) which increase in kidney damage. Vitamin D deficiency is common in systemic lupus erythematosus. So Correcting vitamin D deficiency may play important role for treatment lupus nephritis
Aim The aim of This study will detect t the potential role of high supplementation of vitamin D therapy as anti-proteinuric effects in the treatment of lupus nephritis on conventional therapy with persistent proteinuria.
Patients and methods Ninty patients with with lupus nephritis and persistent proteinuria despite conventional therapy will be recruited. They will be treated with vitamin D and follow up for 24 months. Proteinuria, renal function, lupus disease activity, serum and urinary inflammatory markers and urinary angiostatin will be monitored. the mean vitamin D in the patient group was 10.7+7.9 ng/ml. vitamin D supplementation depend on severity of deficient and weight of patient s. twenty five patients with lupus nephritis without vitamin D supplementation as control group.
Results Our results show that reduction in protinuria as measured by urinary protien creatinine (UP/C) ratio in 24 hour collection at 12 (r,0.61. p<0.001), and 24 weeks (r, 0.65. p<0.001), compared with base line, all patients completed all