PS6:121 JUVENILE AND ADULT-ONSET SYSTEMIC LUPUS ERYTHEMATOSUS: A COMPARATIVE STUDY IN A COHORT OF TUNISIAN PATIENTS

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Background Systemic lupus erythematosus (SLE) occurs in 10% to 20% of cases before the age of 18. The aim of this study was to describe clinical, biological and immunological features of juvenile-onset SLE and to compare them to adult-onset SLE.

Patients and methods It is a retrospective study including 246 patients with SLE (ACR criteria). Patients were divided in two groups: juvenile-onset SLE (onset age <18 years) and adult-onset (age was between 18 and 50 years). Data were analysed and compared. P value was considered significant if <0.05.

Results Juvenile-onset SLE (jSLE) was diagnosed in 23 women and two men. Adult-onset disease (aSLE) was seen in 167 women and 12 men (no difference in sex-ratio).

Mean age at disease onset was 14.35±2.85 years in jSLE group and mean age at diagnosis was 16.25±4.38 years. Mean delay from SLE onset to diagnosis was 18 months in jSLE (similar to aSLE).

At disease onset, malar rash (88% vs 65.7%; p=0.025) and Raynaud's phenomena (57.1% vs 34.3%; p=0.044) were significantly more frequent in young patients whereas lupus nephritis (36% vs 36.4%) and neurological involvements (12.5% vs 12.9%) were as frequent as in jSLE than in aSLE.

During follow up of patients with jSLE, frequencies of clinical manifestations were as follow: cutaneous manifestations (92%), lupus nephritis (56%), pericarditis (39%) and neurological involvements (25%) and had no statistical differences from aSLE.

Anaemia was noted in 82.6%, leucopenia in 52.2% of jSLE patients without statistical differences whereas thrombocytopenia was significantly more frequent (39.1% vs 20.6%; p=0.046).

Antinuclear antibodies, anti-DNA and anti-ENA were positive in 100%, 81% and 86.7% of jSLE respectively (no differences with aSLE). Anti-Sm antibodies were significantly more frequent in jSLE (92.3% vs 62%; p=0.033). Infections were diagnosed in 25% of jSLE (vs 25.9%).

Corticosteroids and immunosuppressive therapy prescription was comparable in both groups. Mortality rate was higher in jSLE (23.8% vs 9.4%.p=0.065).

Conclusion Mortality rate was higher in young SLE patients although severe manifestations and infections weren't more frequent in this group

PS6:122 LATE-ONSET SYSTEMIC LUPUS ERYTHEMATOSUS: CHARACTERISTICS AND COMPARISON WITH ADULT-ONSET DISEASE

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Background Systemic lupus erythematosus (SLE) is uncommon after the age of 50. The aim of this study was to determine clinical, biological and immunological characteristics of late-onset SLE.

Patients and methods We retrospectively analysed 246 files of SLE patients (ACR criteria). Two groups were defined according to age: late-onset SLE (age over 50 years) and adult-onset (between 18 and 50 years). Characteristics of SLE were compared in the two groups. P value was considered significant if <0.05.

Results Thirty four patients with late-onset SLE were studied; 29 women and five men. Adult-onset group included 173 women and 12 men (no difference in sex-ratio between the 2 groups). In late-onset SLE, mean age at disease onset was 56.9±6.4 years) and mean age at SLE diagnosis was 58±6.7 years. Mean delay from SLE onset to diagnosis was 18.64 months in late-onset group (similar to adult-onset SLE).

At time of SLE diagnosis, malar rash (25.8% vs 65.6%; p<0.0001) and Raynaud's phenomenon (13% vs 35.5%; p=0.033) were significantly less frequent in late-onset group. Renal failure was more frequent in old patients (33.3% vs 10.5%, p=0.005) without difference in lupus nephritis frequencies.

During follow up, cutaneous manifestations (36.4 vs 82%; p<0.0001), lupus nephritis (25% vs 45.6%; p=0.03) were significantly less frequent in late-onset SLE.

Arthralgia was seen in 84.8% of patients (less frequent than adult-onset group without significant difference). Central neurologic involvements (18.2%), pericarditis (48.4%) and pleural effusion (33.3%) were more frequent in late-onset SLE without significant differences.

In late-onset SLE, anaemia was found in 67.5%, leucopenia in 40.6% and thrombocytopenia in 26.5% of patients (no differencies with adult-onset group).

Antinuclear antibodies were positive in all patients with late-onset disease and anti-DNA antibodies were positive in 69% of patients (similar to other group).

Anti-ENA antibodies were significantly less frequent in late-onset SLE (66.7% vs 87.5%, p=0.017).

Mortality rates was higher in older patients without statistical difference (20.9% vs 9%; p=0.14).

Conclusion Late onset SLE patients had less cutaneous manifestations and lupus nephritis but had higher rates of renal insufficiency and mortality; these can be related to co-morbidities.

PS6:123 EXTENDED T2-TIMES IN CARDIOVASCULAR MAGNETIC RESONANCE (CMR) IN PATIENTS WITH SYSTEMIC LUPUS ERYTHEMATOSUS (SLE) AND PERSISTED DYSPNOEA: IS SLE-ASSOCIATED MYOCARDITIS AN UNDERESTIMATED PROBLEM?

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Background To investigate the value of cardiovascular magnetic resonance (CMR) and T2-mapping in patients with systemic lupus erythematosus (SLE) and persistent dyspnoea without sings for pulmonary involvement (conventional X-rays and pulmonary function testing) as a possible sign for myocardial involvement.

Methods 11 women fulfilling the ACR criteria for SLE (mean age 37±14.81 years, mean disease duration 13.75±8.47 years, mean SLEDAI 6.82±3) with persistent dyspnoea (at least