Abstract PO.7.160 Table 1 Enlight-LN registry inclusion and exclusion criteria

Inclusion Criteria	Exclusion Criteria
• Adults ≥18 years of age • Biopsy-confirmed lupus nephritis • Initiating or have initiated treatment with voclosporin within the 3 months prior to consent • Ability to understand and provide written consent	• Off-label use (use of voclosporin outside of the FDA-approved labeling)

FDA, food and drug administration

utilization. The registry will enroll patients who are initiating or who have already initiated treatment with commercial voclosporin within 3 months prior to consent. Patients ≥18 years of age with biopsy-confirmed lupus nephritis are eligible (Table 1). Secondary objectives include describing at baseline and during the study period the clinical characteristics, treatment and response patterns of patients treated with voclosporin.

To date, 36 sites in 16 states have been selected to participate in the registry; Enlight-LN is currently enrolling patients.

PO.7.161 CLINICAL AND IMMUNOLOGICAL CHARACTERIZATION OF SYSTEMIC LUPUS ERYTHEMATOSUS (SLE) PATIENTS IN ESTONIA. A PROSPECTIVE COHORT STUDY OF 40 SLE PATIENTS IN ESTONIA

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10.1136/lupus-2022-elm2022.181

Background SLE is a rare chronic autoimmune disease with polymorphic clinical manifestation and wide-ranging disease course with treatment tactics dependent on disease activity and organ involvement. In 2017, a study to estimate prevalence and incidence of SLE in Estonia was done, but there is no data published to describe the Estonian SLE population. The aim of the present study is to analyze a sample of Estonian SLE patients.

Methods Consecutive outpatient and inpatient patients with rheumatologist diagnosed SLE (≥20 years) were enrolled in East-Tallinn Central Hospital. Two study visits were done with 6 months apart to evaluate disease activity, current treatment, organ involvement, immunological findings and comorbidities. In addition, data from medical records were collected: organ involvement and immunological findings at the time of diagnosis and initial treatment. SLE disease activity was measured using SLEDAI 2K (Systemic Lupus Erythematosus Disease Activity Index 2K) score.

Results Among 40 patients (mean age 50 (standard deviation ±12.4) years, mean disease duration 12 (±9.9) years, mean SLEDAI 2K at diagnosis 10 (±3.9)) 92.5% were females. Mean SLEDAI 2K value at entering into the study was 4 (±3.4) similar to the value after six months 4 (±4.9). 82.5% of patients received hydroxychloroquine and 75% glycocorticosteroid treatment, 27.5% of patients were treated with rituximab. During their disease course 90% had joint and 50% skin involvement, 35% had leucopenia, all patients were positive for antinuclear antibody (ANA), 80% were anti-double-stranded DNA antibody (anti-dsDNA) positive and 70% of patients had low complement levels.

Conclusion The first analysis of Estonian SLE patients' clinical and laboratory parameters indicates that the disease is overall well managed in most of the patients. Further studies are in progress on collected serum and PBMC samples to find immunological causes for poor treatment response.

PO.7.162 EPIDEMIOLOGY OF SYSTEMIC LUPUS ERYTHEMATOSUS IN CENTRAL SWEDEN: A POPULATION-BASED COHORT STUDY FROM THE ÖSTERGÖTLAND COUNTY OVER 14 YEARS

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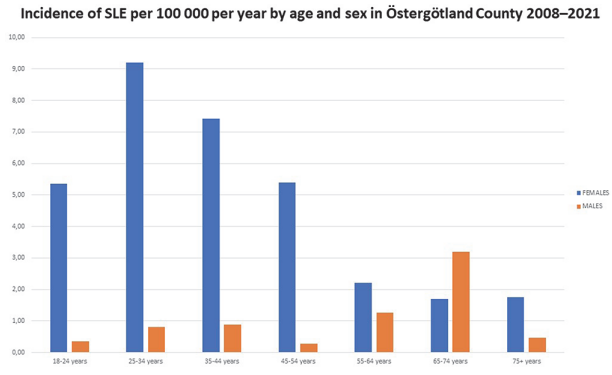
10.1136/lupus-2022-elm2022.182

Purpose We examined variations in incidence and prevalence of systemic lupus erythematosus (SLE) within a geographically defined area of central Sweden over a time period of 14 years. We described longitudinal differences in disease activity measures (e.g., the SLE disease activity index-2000 [SLEDAI-2K] and the Physician's Global Assessment), laboratory measurements and disease manifestations included among the American College of Rheumatology (ACR) criteria.

Methods We identified adults (≥18 years) residing in Östergötland County between 2008 and 2021 (mean adult population: 357 000 citizens) with a clinical diagnosis of SLE. Cases were defined as those with an SLE diagnosis set by a rheumatologist combined with fulfillment of the 1982 ACR classification criteria and/or the Fries' diagnostic principle (presence of antinuclear antibodies [ANA] by immunofluorescence microscopy at least once plus involvement of at least two defined organ systems). All subjects were included in the quality and research register 'Clinical Lupus Register in North-Eastern Gothia' (Swedish acronym KLURING). Individuals were followed prospectively until death, December 31, 2021, or emigration. We estimated incidence per 100 000 inhabitants stratified by sex and age. We used linear regression with calendar year of diagnosis as the outcome to assess whether each clinical measurement at diagnosis varied over time.

Results 126 new SLE cases (80% females) were diagnosed during the period 2008–2021, yielding a mean annual incidence of 3.0 per 100 000 inhabitants; higher in females (4.8 per 100 000) than in males (1.2 per 100 000). The mean age at diagnosis was 43.7 (Standard deviation [SD]



Abstract PO.7.162 Figure 1

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17.3) years (see Figure 1). Lupus nephritis was diagnosed in 36 of 126 (28.6%) at onset of SLE. The prevalence of SLE on December 31st 2021 was 64.5 per 100 000 inhabitants (87% females); higher in females (110.7 per 100 000) compared to males (17.4 per 100 000). The mean age was 55.9 (SD 16.7) years. Age at diagnosis and disease activity measures (SLEDAI-2K and the Physician's Global Assessment) increased ($p<0.05$) over the time period, but none of the laboratory items changed significantly. Lupus nephritis, as well as involvement of other organ systems (e.g., fulfilled classification criteria), at disease onset did not vary significantly.

Conclusions In Östergötland County, SLE incidence and prevalence estimates were constant during the 14 years of follow-up. Whereas the prevalence of SLE was almost identical to what has previously been reported from Southern Sweden (Ståhl-Hallengren C, et al. J Rheumatol 2000;27:685–91; Ingvarsson RF, et al. Lupus 2016;25:772–80), we obtained slightly lower incidence figures. In addition, our data indicate that SLE is diagnosed also among older individuals with a more even female-to-male ratio. Disease phenotypes observed in patients at onset of SLE were similar over the time period.

PO.7.163 EPIDEMIOLOGY OF SYSTEMIC LUPUS ERYTHEMATOSUS AMONG BLACK AFRICANS LIVING IN AFRICA: A POOLED ANALYSIS OF DATA FROM 896 SUBJECTS

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10.1136/lupus-2022-elm2022.183

Background This was the first systematic review and meta-analysis on the epidemiology of systemic lupus erythematosus (SLE) among Black Africans living in Africa.

Methods We queried PubMed, EMBASE, Web of Science, African Journals Online, and Global Index Medicus to select studies published in the period 01/01/2008–7/10/2018, and addressing SLE among Black Africans living in Africa. Results were pooled through narrative review and random-effects model, and the review protocol was registered with PROSPERO (CRD42019139226).

Results Of 1502 records, we included 15 hospital-based studies. There was no incidence data. The pooled prevalence of SLE in Rheumatology and Internal Medicine departments was 1700 per 100,000 persons (800–2900). The mean age at diagnosis ranged from 28.8 to 39.2 years, and the female proportion from 88% to 100%. The commonest SLE features were rheumatological (5.1%-99.9%), mucocutaneous (4.3%-100%) and hematological (1.4–86.9%). Patients had a high seroprevalence for anti-ribonucleoprotein 57.9% (36.4–77.9), anti-Smith 53.5% (40.4–66.2), anti-Sjogren syndrome antigen A 45.6% (19.2–73.4) and anti-Sjogren syndrome antigen B 33.7% (13.6–57.6) autoantibodies. Mean SLEDAI score (from one study) was 9.8±8.6. There was no measure of damage accrual. The pooled mortality rate was 10.3% (3.3–20.6), and main death causes were infections, kidney and central nervous system involvement.

Conclusions Over the last three decades, the epidemiology of SLE among Black Africans living in Africa shared many similarities with data from Black Africans living in the diaspora.

Acknowledgements None.

Friday 07 October 2022 from 13:00 to 14:10

PO.8 E- poster session 8: skin manifestations, SLE and infections, fertility and pregnancy, imaging

PO.8.164 MELANODERMA INDUCED BY LONG-TERM USE OF HYDOXYCHLOROQUINE IN SLE

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Introduction Hydroxychloroquine (HC) remains a standard treatment in many systemic diseases, including systemic lupus erythematosus (SLE), rheumatoid arthritis and many others, but these multiple side effects are often overlooked. The best known of its adverse effects are retinitis pigmentosa, digestive disorders and disturbances in liver function tests, unlike the mucocutaneous effects.

Objective To draw attention to melanoderma as a mucocutaneous side effect of long -term use of HC.

Observation We report the case 55 years old woman witch was diagnosed and monitored for SLE 15 yeras ago. She is currently being treated with HC 400mg/d with prednisone at 10mg/d. This patiente was in prolonged remission from her disease and declares that she is satisfied with her treatment until diffuse melanodermal lesions appear on her body, bothersome and above all worrying the patient. These melanodermal spots are located on the upper and lower extremities, abdomen and oral cavity.

Discussion After ruling out all of the other causes of melanoderma, in particular slow adrenal insufficiency and paraneoplastic syndrome, and considering the long-term intake of HC likely to cause such a side effect, we confirmed the iatrogenic causality link. The patiente was informed and the causal drug was stopped with narrow monitoring of the lupus disease. The prolonged duration of drug exposure could ensure a sufficient cumulative dose allowing for a therapeutic window. The reintroduction of HC was estimated possible after total disappearance of the melanoderma. However, this must be gradual and as late as possible.

Conclusion In addition to the known side effects of HC, melanoderma is not uncommon and must be taken into consideration without disturbing the management of the disease treated by this molecule recognized by antiinflammatory, immunomodulatory and antithrombogenic actions.

PO.8.165 WHOLE-BLOOD DNA METHYLATION ANALYSIS REVEALS RESPIRATORY ENVIRONMENTAL TRAITS INVOLVED IN COVID-19 SEVERITY FOLLOWING SARS-COV-2 INFECTION

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