

AB0537 ACUTE ACALCULOUS CHOLECYSTITIS: A RARE MANIFESTATION OF SYSTEMIC LUPUS ERYTHEMATOSUS

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Background: Acute acalculous cholecystitis (AAC) is a rare complication of systemic lupus erythematosus (SLE) but should be recognized

Objectives: The aim was to describe clinical, biological and radiological features of AAC in SLE patients.

Methods: We report four cases of AAC complicating SLE among 246 patients.

Results: Case 1: A 37-year-old woman with one year history of arthralgia and Raynaud's phenomenon was admitted for fever, cutaneous lesions, nausea and abdominal pain. The right upper quadrant of the abdomen was tender and we noted oral ulcerations and wrist synovitis. Laboratory data showed lymphopenia, hemolytic anemia and an inflammatory syndrome. There was no cholestasis or cytopenia. Antinuclear antibodies (ANA), anti-nucleosome, anti-Sm and anti-ribosome antibodies were positive. Abdominal sonography revealed ascites and gallbladder wall was thick and irregular. The diagnosis of AAC complicating a SLE was made and patient was treated with antibiotics and corticosteroids. Two weeks later, she was asymptomatic and abdominal sonography was normal.

Case 2: A 32-year-old woman had SLE with arthralgia, cutaneous manifestations, hematological involvements and pulmonary hypertension; she was treated with corticosteroids and cyclophosphamide. Six months later, at time of the second pulse of cyclophosphamide, she presented with jaundice and tender hepatomegaly without abdominal pain. Liver enzymes rates were normal except bilirubin which was high at 47 U/l. Her abdominal sonography showed gallbladder wall thickness without bile ducts enlargement or gallstones. Patient was continued on steroids and cyclophosphamide but she died because of heart failure.

Case 3: A 40-year-old patient with 12-year-history of SLE was admitted for fever and dyspnea. On physical examination, there was tenderness on right upper quadrant of her abdomen. Cholestasis and cytopenia were found. Abdominal sonography showed a striated and thick gallbladder wall (17 mm). Computer tomography confirmed the gallbladder wall thickness and note pericholecystic edema. Patient was also diagnosed with myocarditis and seritis. A new SLE relapse was obvious and she was treated with prednisone 1 mg/kg/day and azathioprine. The outcome was good and she still is asymptomatic.

Case 4: A 56-year-old-woman was admitted with abdominal pain and fever, limbs paresthesia. Abdominal examination was normal. Biological data showed anemia, thrombopenia and cholestasis. ANA, anti-DNA and anti-Sm were positive. Abdominal sonography showed gallbladder wall thickness and pericholecystic edema. SLE diagnosis with peripheral neuropathy, lupus nephritis, hematological manifestations and ACC was made. Patient was given corticosteroids and cyclophosphamide with good outcome.

Conclusions: Only few cases of AAC complicating SLE are reported. Cholecystitis can be an initial manifestation of SLE and reveal the disease or can occur at any time of the disease course. ACC is always associated to other disease manifestations. Patients present with abdominal pain, vomiting and fever. Ultrasonography and computed tomography confirm the diagnosis. The outcome is good with steroids. Sometimes patients are given antibiotics and/or underwent cholecystectomy because of infectious cholecystitis suspicion. None of our patients had surgery.

Disclosure of Interest: None declared

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AB0538 URINARY LEVELS OF VCAM-1 AND TWEAK AS BIOMARKERS OF LUPUS NEPHRITIS

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Background: TNF-like WEAK inducer of apoptosis (TWEAK) is able to increase the expression of various molecules involved in the inflammatory response with relevant effects also in angiogenesis. The pathological functions of TWEAK are primarily attributed to its ability to induce the expression of several pro-inflammatory cytokines, chemokines and cell adhesion molecules, including vascular cell adhesion molecule-1 (VCAM-1) (1). Some previous studies (most of them in Caucasian, Afro-American and Asiatic cohorts) have demonstrated clinical utility of VCAM-1 and TWEAK as biomarkers in patients with systemic lupus erythematosus SLE (2).

Objectives: To evaluate the diagnostic value of urinary VCAM-1 and TWEAK in a cohort of Latin-American patients with SLE.

Methods: Patients meeting the revised ACR criteria for SLE were recruited from 2 different centers at Medellín and Baranquilla, Colombia. Urinary levels of VCAM-1 (uVCAM-1) and TWEAK (uTWEAK) were measured using an ELISA kit (R&D system, USA). SLE activity was measured with SLEDAI. Inactive LN was defined by the presence of: 24 hours proteinuria \leq 500 mg/dl, inactive urine sediments and stable serum creatinine. Mann-Whitney tests were used to compare data and Spearman's rank correlations were used to examine associations.

Results: One hundred and fifty eight SLE patients were recruited (89% female) with median age of 32.8 \pm 12.1 years and median disease duration of 7.27 \pm 6.6 years. Mestizo (77%) and African Latin-American patients (20%) were majority. Mean SLEDAI score was 8.5 \pm 8.7. One hundred and four patients (64%) had lupus nephritis (LN). 76 out of 104 patients had biopsy proven LN, in 62% of cases with proliferative forms. uVCAM-1 and uTWEAK were significantly higher in patients with LN than without LN. At the same time, uVCAM-1 and uTWEAK were significantly higher in patients with active vs inactive LN (Figure). uVCAM-1 (581 \pm 1197 vs 189 \pm 256 ng/ml, p<0.001) and uTWEAK levels (3202 \pm 3778 vs 1123 \pm 1873 pg/ml, p=0.038) were significantly higher in patients with Class V LN in comparison with other LN classes. uVCAM-1 and uTWEAK levels had a mild positive correlation with SLEDAI (r=0.22 and r=0.16, respectively). In addition, uTWEAK correlated with 24 hours proteinuria (r=0.28). No significant correlation was found between uVCAM-1 and uTWEAK.

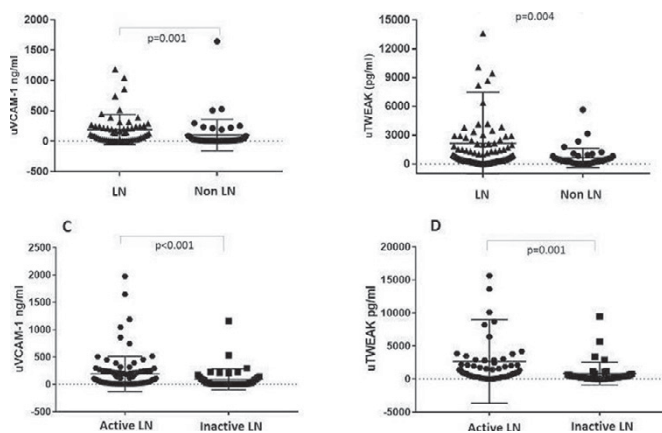


Figure 1. Urinary levels of VCAM-1 and TWEAK in patients with and without LN (A and B) and in patients with active vs inactive LN (C and D).

Conclusions: uVCAM-1 and uTWEAK are useful biomarkers in Latin-American patients with SLE for the identification of patients with LN and active LN. In addition, urinary levels of VCAM-1 and TWEAK were significantly more elevated in patient with membranous LN.

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AB0539 DOES ERYTHROCYTE SEDIMENTATION RATE REFLECT DISEASE ACTIVITY IN PATIENTS WITH SYSTEMIC LUPUS ERYTHEMATOSUS? CORRELATION WITH ACUTE PHASE REACTANTS, IMMUNOLOGICAL PARAMETERS AND PROTEINURIA

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Background: Patients with active systemic lupus erythematosus (SLE) are considered to have raised erythrocyte sedimentation rate (ESR) rather than raised C-reactive protein (CRP). Yet published evidence is low for this statement. DsDNA-antibodies, C3 complement, ferritin and proteinuria are also commonly applied to assess SLE.

Objectives: Firstly, to assess how ESR correlates with above mentioned laboratory parameters: in general, in the presence of clinical activity and/or infection or in the absence of both. Secondly, to determine if these parameters are associated with disease flare or infections.

Methods: A retrospective analysis of patients of a tertiary referral centre with SLE who underwent inpatient treatment between 2006 and 2015. Data on laboratory parameters, infection and disease flare, judged by the treating physician, were extracted. Patients were divided in four SLE groups: flare only (n=147), infection only (n=48), both (n=23), and neither infection nor flare (n=153). ESR was correlated to CRP, ferritin, proteinuria, C3-reduction and raised dsDNA-antibodies for the whole cohort and within each SLE group. Further, the association between all laboratory parameters and a) disease activity with and without infection, b) the presence of infection with and without disease activity, was tested.

Results: We identified 203 SLE patients, 26 males, with a total of 371 visits. Mean age was 45.6 years (SD \pm 16.5 years). Table 1 (top part) shows the correlation