

FRI0133 **OUTCOME AND PROGNOSTIC FACTORS FOR LUPUS NEPHRITIS IN SLE PATIENTS TREATED WITH "SMALL PULS" OF CYCLOPHOSPHAMIDE: FOLLOW-UP STUDY 1985–1999**

RM Stojanovic, D Gacic, D Palic-Obradovic, R Blagojevic-Lazic, G Susic, N Damjanov, G Stevanovic, V Mircetic, M Jetic, M Budimir. *Clinical Department VI, Institute of Rheumatology-Belgrade, Belgrade, Yugoslavia*

10.1136/annrheumdis-2001.168

Background In the period 1985–1999, at the Institute of Rheumatology in Belgrade on clinical ward VI, 398 patients with SLE were treated. The most of SLE patients with major systems affected (lupus nephritis-LN, Lupus CNS and serious haematological manifestations) were treated with cyclophosphamide (Cy), some of them with "small puls"-spCy.¹ Renal function was damaged in 120 of 389 (30%) patients. Our previous experience of LN treatment with spCy was reported.²

Objectives To evaluate the effect of SLE treatment with "small puls" doses of Cy on lupus nephritis and estimation of prognostic factors for outcome of renal damage.

Methods In the follow up study the data on the effects of the treatment with spCy in 41 female patients were evaluated. "Small pulse" Cy treatment schema was established as: 400 mg Cy in iv infusion in a volume of 150 ml sol. 5% glucose during 30 min, weekly for three months, than in two or three weeks period for three months. The next treatment was once in a month during few months or years. The average age of SLE patients at the start of the disease was 27.7 yr., time from the first symptoms to the diagnose was 12.3 months and duration of the disease 9.24 yr. The kidney biopsy in 13 patients (one biopsy repeated) according to the WHO classification class revealed. Duration of treatment with spCy was 19.26 months with average total dose of 11.6 g. Short time discontinuation of the treatment was in 6 pts. Therapy was discontinued in one pts. during serious infection.

Results The outcome of LN treatment in 28 (68.3%) patients was satisfactory (remission, mild activity of disease) and in 13 patients unsatisfactory (moderate activity in two, severe activity in three, chronic renal insufficiency in two, hemodialysis was essential in four and two patients died). One of two patients died after self-discontinuation of SEL therapy and later development of acute renal failure during infection. The patients with unsatisfactory results were younger at the beginning of the disease; the renal damage appeared earlier during SLE. At the beginning of the therapy they had more frequently increased creatinine level and frequently hypertension. In the group with satisfactory outcome renal biopsy was more frequently performed, and therefore treatment with spCy was started earlier in LN and lasted longer

Conclusion According to our results the better prognosis in SLE patients treated with spCy was obvious if the LN was early detected using renal biopsy, if treatment started in early phase of LN and if it lasted long enough. Classic puls therapy with Cy³ should be reserved for younger patients with increased level of creatinine in early stage of LN, and with renal hypertension.

REFERENCES

- 1 Budimir M, et al. XVIth International Congress of Rheumatology, Abstract Book Sidney, 1985;105:F74
- 2 Stojanovic R, et al. *Clin Exp Rheumatol.* 1996;14:516–550
- 3 Boumpas DT, Austin HA, Vaughn E, et al. *Lancet* 1992;340:741–5

FRI0134 **SHRINKING LUNG SYNDROME AS A CLINICAL MANIFESTATION OF PATIENTS WITH SLE: 5 CASES REPORT**

J Gratacós, E Naval, M Larrosa, CH Domingo, M Bosque, C Tolosa, E Casado, A Marín. *Rheumatology Unit, University Hospital C.S.P.T., Sabadell, Spain*

10.1136/annrheumdis-2001.169

Background

Objectives To describe the clinical manifestations and pulmonary function tests (PFTs) of 5 patients with SLE and shrinking lung syndrome (SLS).

Methods 5 patients (3F/2M) with an age range between 11–76 years. Review of clinical manifestations; laboratory testing (hemogram, antinuclear antibodies, rheumatoid factor-RF- and muscular enzymes); PFTs; X-rays; thoracic CT scan; treatment and follow-up.

Results SLR was detected 2 months to 20 years after the diagnosis of SLE. All cases were ANA and AntiDNA positives and quiescent disease. Only one patient had visceral manifestations (nephropathy). The SLEDAI score ranged between 6 and 13. Polyarthrititis was present in two cases (erosive in one) with RF negative. Dispnea was the manifestation which led to SLS diagnosis with no clinical or laboratory evidence of peripheral myopathy. PFTs showed: FVC 1954 ± 563 ml (65.4 ± 15.4%), FEV1 1562 ± 384 ml (69.8 ± 15%), FEV1/FVC 81.4 ± 7.2%, TLC 3400 ± 1032 ml (68 ± 10%), RV 1148 ± 626 ml (59 ± 17.6%), DLCO 13.2 ± 3.4 ml/min/mmHg (60.6 ± 17.9%), KCO 4.4 ± 2.2 (86.2 ± 15.9%), MIP 59.5 ± 17.5 cmH₂O (77 ± 21%), MEP 88.7 ± 25.4 cmH₂O (97.7 ± 16%), PaO₂ 86.5 ± 4.3 mmHg, PaCO₂ 26.4 ± 14.7 mmHg, Aa gradient 17 ± 8. Radiological studies showed reduced lung size with no parenchymal disease. MIP was impaired in two patients at 3 and 24 months from SLS diagnosis. All patients were treated with corticosteroids (4–20 mg/day). Theophilin (10 mg/kg/day) was added to one patient. No effective responsiveness was detected on the follow-up (2 to 24 months).

Conclusion All patients with SLS met 4 or more revised ARA criteria of SLE. Dispnea was the main clinical manifestation at SLS onset. Characteristically, SLS presented with restrictive PFTs without parenchymatous disturbances. Treatment response was ineffective and functional and clinical stabilisation was the rule on follow-up.

FRI0135 **PREDICTIVE VALUE OF THE INDUCED SPUTUM CYTOLOGY IN PATIENTS WITH PULMONARY INVOLVEMENT IN SYSTEMIC CONNECTIVE TISSUE DISEASES**

¹P Bradna, ²Z Parakova, ¹B Kral, ¹Z Hrnac, ¹Z Dvorak, ¹T Soukup. ¹2nd Department of Medicine; ²Department of Pulmonary Diseases, University Hospital Hradec Kralove, Hradec Kralove, Czech Republic

10.1136/annrheumdis-2001.170

Background Pulmonary involvement is frequent and serious organ manifestation of connective tissue diseases. Diagnosis needs to use the set of examination procedures. Some of these methods represent stress for patient, others are expensive for repetitive use. Method of induced sputum is simple, non-invasive, reproducible method, measuring intensity of inflammatory reaction in bronchial asthma and interstitial lung disease patients. We have found increased frequency of pulmonary involvement in patients with leucocyte predominance in induced sputum.