significantly higher values of the SLEDAI score in SLE subgroup with retinopathy were found. Data obtained also demonstrated that retinal changes of SLE may be significantly more frequent in SLE with arthritis and with increased DNA binding.

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FRI0109 SURVIVAL AND PREDICTOR VARIABLES FOR MORTALITY IN SYSTEMIC LUPUS ERYTHEMATOSUS

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Background Survival of systemic lupus erythematosus (SLE) patients has improved significantly over time because of recognition of mild disease and better approaches to therapy. The identification of predictor variables for mortality is necessary to identify subgroups at greater risks to die and who need more aggressive therapy.

Objectives To analyse survival and mortality risks of various clinical variables in a cohort of SLE patients, followed prospectively in a single centre.

Methods The survival of a cohort of 509 SLE patients, SLE followed over a 20-year period according to a standard protocol was studied using the Kaplan Meier life-table analysis methods. Univariate associations between clinical and laboratory information and drugs used were calculated. The Cox proportional hazard regression model was used to estimate risk ratio of death and to examine the simultaneous effects of multiple prognostic factors.

Results Over the duration of follow-up of 20 years, 58 (11.4%) died. The survival rate was 97% at 1 year, 90% at 5 years, 81% at 10 years and 75% at 20 years. Age <16 years at diagnosis, hypertension, weight loss, nephritis, ocular involvement, the presence of anti DNA antibodies, the absence of arthralgia/arthritis and frequent infections were significantly associated with reduced survival in univariate analysis. Using multivariate analysis, hypertension (OR 2.2, 95% CI 1.1–4.5), age <16 years at diagnosis (OR 2.6, 95% CI 1.4–5.0), ocular involvement (OR 4.9, 95% CI 1.9–12.8), treatment without antimalarial drugs (OR 2.8, 95% CI 0.15–0.53) and frequent infections (OR 2.3, 95% CI 1.3–4.1) were independent risk factors associated with increased mortality.

Conclusion Hypertension, age <16 years at diagnosis, ocular involvement, treatment without antimalarial drugs and frequent infections were independent risk factors associated with increased mortality.

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FRI0110 BOWEL PERFORATION IN SYSTEMIC LUPUS ERYTHEMATOSUS

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Background

Objectives Bowel perforation is a rare but serious complication in SLE. Although several processes not related to SLE (diverticulitis, tumours) may be the cause of this complication, it has been previously considered to be associated to small-vessel vasculitis in active lupus disease. Nowadays, a vascular damage induced by antiphospholipid antibodies (aPL) and steroids seems to play an important role.

Methods Seven patients with intestinal perforation were observed in 220 SLE patients during a period of 26 years (1974–2000). In all cases, the diagnosis of intestinal perforation was confirmed by surgery or autopsy and pathological examination.

Results All patients were females, with a mean age at the diagnoses of bowel perforation of 45 years, and a mean time of SLE evolution of 13 years. The site of perforation was in the colon in 4 patients and in the small bowel in the other 3. Six patients had lupus nephropathy, one of them with renal transplantation. Central nervous system and cutaneous involvement was observed in 4 patients and Sjögren's syndrome, Libman-Sachs endocarditis and haemolytic anaemia in two patients. aPL were present in 5 patients. All patients were on steroid therapy at the moment of the intestinal perforation. Abdominal pain was present in all cases but the mean time of diagnosis delay was 11 days. Two patients died from peritonitis and septic shock. A local cause of perforation was found in four patients: diverticulitis (3) and adenocarcinoma of the rectum (1). Necrotizing vasculitis was not observed in any case of pathological examinations.

Conclusion Bowel perforation, although uncommon in SLE, has to be taken into account as a differential diagnosis in a patient with abdominal pain. Disease severity, antiphospholipid antibodies and previous steroid therapy are important risk factors for this complication.

FRI0111 PULSE METHYLPREDNISOLONE AND CYCLOPHOSPHAMIDE THERAPY IN THREE SYSTEMIC LUPUS ERYTHEMATOSUS PATIENTS WITH BRONCHIOLITIS OBLITERANS ORGANISING PNEUMONIA AS THE INITIAL MANIFESTATION

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Background Diverse pleuropulmonary manifestations are common in patients with systemic lupus erythematosus (SLE). Bronchiolitis obliterans organising pneumonia (BOOP) is a pathologic entity characterised by the formation of fibrous tissue plugs within terminal bronchioles and alveolar ducts. Although BOOP has been associated with several connective tissue disorders, there are rare reports of BOOP in patients of SLE as the initial manifestation.

Objectives We describe three SLE patients with open lung biopsy-proved BOOP as the initial manifestation. All three cases presented with fever, cough and dyspnea. Chest radiographs and CT scan of lung revealed bilateral pulmonary infiltrates. BOOP was confirmed by open lung-biopsy. Pulmonary vasculitis was also demonstrated in lung histopathology in one case.

Methods

Results The pulmonary lesions and respiratory illnesses responded well to pulse intravenous methylprednisolone and cyclophosphamide therapy.