Abstract FRI0111 Table 1

	Case 1	Case 2	Case 3
Sex	Female	Male	Male
Age	43	56	47
ANA	Positive, speckled	Positive, homogeneous	Positive, homogeneous
anti-ENA	SS-A, SS-B	Negative	Negative
anti-dsDNA	Negative	Positive	Positive

Conclusion

FRI0112 INTRAVENOUS PULSE CYCLOPHOSPHAMIDE FOR LUPUS NEPHRITIS: PREDICTORS OF REMISSION

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Background Renal involvement in SLE is a common disease manifestation and a strong predictor of poor outcome. The general consensus is that 50% of lupus patients will develop clinically relevant nephritis at some time in the course of their illness. Cyclophosphamide is considered the most effective cytotoxic in the management of lupus renal disease. When used intravenously, cyclophosphamide is less toxic. The risk of haemorrhagic cystitis and permanent gonadal failure with infertility is greater in patients treated with oral cyclophosphamide. Long-term intravenous cyclophosphamide in combination with corticosteroids is the standard therapy for lupus nephritis.

Objectives The aim of this study was to evaluate the long-term remission rates; predictors of relapse, and the ability to achieve a second remission with currently recommended regimens.

Methods A cohort of 14 patients (1 male and 13 female) are enrolled into the trial. Mean age is 31.4 years (s.d = 11.9) and median time from diagnosis of SLE is 2 years. The disease severity was evaluated clinically by urinalysis, 24-hour urine protein, hematuria and casts, serum creatinine, and serum complement. We have followed up the patients for a period of 24 months, till now.

Results The median time to remission was 9 months. From all patients only 4 have relapsed. 3 of them had 24 h proteinuria > 3 g before treatment. Time to re-remission not evaluated yet. All patients who relapsed are still under treatment.

Conclusion A high amount of proteinuria seems to be an adverse predictor of remission. The time to remission was longer in patients with high value of 24 h proteinuria. Our data suggest that a long time to remission is a predictor of earlier relapse. Prolonged courses with cyclophosphamide were needed to achieve remission in many first-treated patients. No data about the duration of treatment in patients who relapsed. No serious toxicity was observed during this study.

FRI0113 A STUDY OF A COHORT OF LUPUS PATIENTS WITH ACUTE GASTROINTESTINAL MANIFESTATIONS OF ACTIVE DISEASE

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Background Gastrointestinal symptoms occur commonly in SLE, but vasculitis of the bowel or SLE related gut disease (lupus gut) have previously been described to be of low incidence. These reports have usually been based on cases admitted with acute abdomen, associated with high mortality. Our experience in Singapore suggests that a milder form of this entity may manifest as acute gastrointestinal symptoms.

Objectives To study the clinical characteristics, management and outcome of SLE patients admitted with acute gastrointestinal symptoms and treated as lupus gut after exclusion of infection or other aetiology.

Methods The case notes of 20 SLE patients admitted for acute gastrointestinal symptoms and treated as lupus gut were reviewed. All patients satisfied the ACR criteria. We defined lupus gut as patients presenting with abdominal pain, vomiting and/or diarrhoea with raised double stranded DNA or hypocomplementemia and whose gastrointestinal symptoms responded to parenteral corticosteroids, increased oral corticosteroids or immunosuppressants. SLEDAI scores were also performed for disease activity.

Results All our patients were females and most were Chinese (95%). The mean age at presentation was 35.7 (13–56 years) and mean duration of SLE to their admission for lupus gut was 6.7 years (1–15 years). Most patients presented with abdominal pain (90%), diarrhoea (75%) and vomiting (70%). Abdominal tenderness was a frequent finding (70%) and 25% were febrile. Double stranded DNA was raised in all 17 patients who had this investigation performed and 75% had hypocomplementemia. Blood and stool cultures were carried out in 55% and 60% of patients respectively and all were negative. The mean SLEDAI score was 5.3 (0–12). Intravenous drip was commenced in 75% of patients with resting of gut and 80% received intravenous hydrocortisone. Intravenous methylprednisolone was administered to 5 patients (25%), 4 of whom had not responded to initial intravenous hydrocortisone. The majority (75%) had a good outcome with resolution of their abdominal symptoms, discharged well from hospital including 1 patient who underwent a laparotomy and was found to have patchy ischemic small bowel. Lupus gut recurred in 4 (20%) patients on subsequent follow up (mean follow up 31.4 months) and all 4 again responded to similar therapy. Three patients died within 4 months of their admission, 2 of whom had developed active nephritis 1 month prior to their death.

Conclusion Our study suggests that SLE related gut disease may occur in milder forms more commonly than previously described. Symptoms are associated with markers of active disease and respond to conventional treatment for SLE and resting of gut.

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