Results: Totally 91 SLE patients were enrolled (means ± SD age 28.38±5.80 years; SLE duration 47.15±44.70 months; SLE-2k scores 6.48±7.02). There were 73 subjects without cyclophosphamide therapy (SLE-CYCfree), 18 subjects previously exposed to CYC (SLE-CYC) and 79 HC. AMH values in SLE-CYC cases decreased significantly than HC and SLE-CYCfree (1.38±1.93 versus 4.10±3.40, *P*=0.002; 1.38±1.93 versus 3.62±3.61, *P*=0.013). No different was found between SLE-CYCfree and HC groups (*P*=0.377). Strong reduced AMH values (<0.5 μg/L) were identified in 12 of 73 (16.4%) SLE-CYCfree patients and 1 of 79 (1.3%) HC (*P*=0.001, OR=15.344). Furthermore, 10 (31.2%) SLE-CYCfree women aged ≥30 years had low AMH levels compared with 2 (4.9%) patients less than 30 years (*P*=0.004, OR=8.86). 29.6% (8/27) SLE populations over 3 year-duration of illness and 8.7% (4/46) in cases with less than 3 years were observed (*P*=0.046, OR=4.42). No difference reached statistical significance in SLEDAI-2K, Complement C3 and C4, IgG and IgM between SLE-CYCfree and SLE-CYC groups.

Conclusions: SLE was confirmed to be closely associated with low AMH levels. SLE could play a critical role in development of abnormal ovarian reserve. And moreover, over 3-year disease duration and ages over 30 years in reproductive-aged SLE women might enhance the risk of impaired ovarian reserve.

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AB0503 THE OUTCOME OF SYSTEMIC LUPUS ERYTHEMATOUS IN KYRGYZ PATIENTS WITH SYSTEMIC LUPUS ERYTHEMATOUS UNDER LONG-TERM OBSERVATION

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Background: Systemic lupus erythematosus (SLE) is a devastating disease affecting different organs, ultimately leading to organ failure and death. To date, there are no data regarding the real-life picture of SLE in Kyrgyzstan.

Objectives: Analysis of SLE outcome in Kyrgyz patients under long-term observation.

Methods: The study involved 50 patients under prospective study treated in the NCCIM from January 2012 to August 2016 with SLE at the age of 27 years (median - 27 [23; 36])., with disease duration about 1 year (median - 1 [0.3, 3.0]), including 45 women and 5 men. The outcome of SLE was estimated as the number of exacerbations based on the SFI index (moderate or severe), irreversible organ damage by SDI, death, remission (complete or drug related). Remission was defined as complete if for the patients, who were not receiving any treatment, no clinical and immunological SLE activity was recorded. Drug remission was registered when clinical and immunological disease activity was absent in patients receiving supporting doses of prednisolone (from 5 mg to 10 mg) and receiving the following cytostatic drugs: 200 - 400 mg per day of PLQ or 100 - 150 mg per day of AZA or 7.5 mg of MTX per week.

Results: During the 3-year-long dynamic monitoring, in 50 patients observed 2 years after the initial examination 62 cases of exacerbation of SLE were registered (median, 2.0 [1.5, 2.5]). Out of these there were 36 severe (58%) and 26 moderate outbreaks (42%). Severe exacerbations were mainly related to kidneys - in 42 patients (84%), 7 out of which experienced simultaneous exacerbation of articular syndrome, 5 lupus dermatitis, 2 patients had CNS damage in the form of visual and audial hallucinatory syndrome with encephalopathy and bilateral pyramidal insufficiency (1) and encephalopathy with anxiety disorders (1). Moderate exacerbations were mainly caused by the lesions of skin and joints (20), myositis (1), in one case there was a necrotizing vasculitis of the lower extremities. The main causes of SLE breakouts were: for 33 patients (66%) - low compliance (when the patients themselves stop taking GC and cytostatics), for the remaining 17 patients (34%) - exacerbation of the SLE process.

Towards the end of monitoring the development SDI was the result of accumulation of organ damage caused by the disease itself (61%) as a result of: ischemic stroke (3), reduced GFR less than 50 ml per minute (4) due to heavy lupus nephritis, paresis of the right motor oculi (1), changes in the retina (1), pulmonary fibrosis (1), and pulmonary arterial hypertension (1). Over the entire period of careful dynamic study of the 50 patients no fatalities were recorded. Remission was achieved in 10 patients (20%) out of 50. The majority of patients had drug remission (9), except for one patient with baseline nephritis, dermatitis, arthritis, which was in complete remission during three years.

Conclusions: During the three years of medical observations remission was achieved in 20% of patients, most of them with drug remission (90%). 62 cases of SLE exacerbation were registered, with a predominance of severe outbreaks (58%), mainly caused by low compliance (53.2%). Development SDI was mainly due to the accumulation of organ damage caused by the disease itself (61%).

References:

[1] It is necessary to improve the rheumatology service in the regions of the country.

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AB0504 PREGNANCY OUTCOME AND ITS RELEVANT FACTORS IN PATIENTS WITH SYSTEMIC LUPUS ERYTHEMATOSUS AND RHEUMATOID ARTHRITIS

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Background: Pregnancy outcome is one of the major concerns to manage systemic lupus erythematosus (SLE) and rheumatoid arthritis (RA) since they often affect women in reproductive ages. However, the predictive factors of poor pregnancy outcome and disease flare during pregnancy have not fully investigated.

Objectives: To elucidate the factors affecting the pregnancy outcome in patients with systemic erythematosus (SLE) and rheumatoid arthritis (RA).

Methods: Patients with SLE and RA in our university between 2012 and 2016 who experienced pregnancy were retrospectively reviewed. Medical information was collected from their chart.

Results: Thirty six pregnancies in 26 SLE patients and 26 pregnancies in 21 RA patients were identified. Among SLE pregnancies, the mean age, disease duration and prednisolone dose were 32.7±4.6, 8.9±7.7 years and 5.6±4.1 mg/day, respectively. The disease activity was well controlled (the mean SLEDAI, 2.4±2.1). Live birth pregnancies were 31 (86.1%) and fetal loss occurred in 5 pregnancies (3 spontaneous abortions, 1 ectopic gestation and 1 hydatidiform mole). The mean dose of prednisolone was significantly lower in the pregnancies with live birth than those with fetal loss (4.9±3.4 vs 11.3±3.3mg/day, p=0.02), while proteinuria, SLEDAI, history of lupus nephritis, positivity of antiphospholipid antibodies and anti-SSA/Ro antibodies were not significantly different between the two groups. Maternal lupus flare occurred in 6 (16.7%) during pregnancy or after the delivery and was significantly associated with proteinuria at the time of conception (p=0.02). Low body birth occurred in 9 (29.0%) and was also significantly associated with proteinuria at the time of conception (p=0.002). Among RA patients, the mean age and disease duration were 33.5±5.6 and 9.9±7.4 years. The mean DAS28-ESR, CDAI and HAQ were 2.18±0.88, 3.07±4.10 and 0.30±0.50, respectively and 14 achieved DAS28-ESR remission (<2.6). Seven (26.9%) discontinued biological agents before conception while 8 (34.6%) continued to use biological agents. Although 5 (19.2%) experienced the disease flare during pregnancy, all 26 pregnancies were live birth. The patients who discontinued biological agents more frequently experienced the disease flare than those who continued, during pregnancy or postpartum within 1 year after delivery (85.7% vs 25%, p=0.04).

Conclusions: High live birth rates were observed in both SLE and RA pregnancies on the condition of well-controlled disease activity. In SLE pregnancies, less prednisolone dose at the time of conception may be associated with live birth. SLE pregnancies with proteinuria and RA pregnancies with discontinuation of biological agents are associated with disease flare and should be cautiously monitored.

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