Methods: Twenty – two cases of systemic lupus erythematosus complicated with hemophagocytic syndrome were retrospectively analysed. The clinical manifestations, laboratory tests and prognosis were collected.

Results: Twenty-two patients with systemic lupus erythematosus complicated with hemophagocytic syndrome developed fever in 22 patients, including 18 with hyperpyrexia, 20 with hyperferritin, 20 with cytopenia, 10 with splenomegaly, 6 with hyperglycemia, 5 cases of hypofibrinogenemia, 14 cases of bone hemoptysis occurred in the bone wear, nk cell activity decreased or absent in 7 cases, 15 cases of lymphadenopathy, mostly bilateral armpit lymph nodes and neck bilateral lymph nodes, liver function Abnormalities/hepatic insufficiency in 11 cases, ultrasound showed 10 cases of cardiac involvement, MRI showed 5 cases of cumulative brain. 22 patients were diagnosed with high-dose glucocorticoid, 9 cases of hormonal impact, 17 cases of human immunoglobulin immunosuppression in 9 cases, 4 cases of ganciclovir, 1 cases of acyclovir, 1 case of relying on Park Glycosides. 21 cases improved, 1 case to persuade invalid to abandon treatment and discharge.

Conclusions: SLE and hemophagocytic syndrome have some similarities. The clinical diagnosis is easy to miss. When patients with SLE continue to have high fever, splenomegaly, blood cells decrease, phagocytosis occurs in bone wears, coagulation dysfunction should be combined with vigilance HLH, Improve the relevant inspection. High-dose glucocorticoid combined with immunosuppressive agents, human immunoglobulin therapy can effectively improve the prognosis.

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AB0576 FEATURES OF NEUROLOGICAL MANIFESTATIONS OF SYSTEMIC LUPUS ERYTHEMATOSUS IN THE KYRGYZ COHORT OF PATIENS

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Background: The development of a variety of neuropsychiatric symptoms in SLE patients starts with the dysregulation of the immune system. Involvement of the CNS in the pathological process during the onset of the disease can significantly worsen the patient's condition and complicate the prognosis.

Objectives: To study the features of neurological manifestations of SLE in the Kyrgyz cohort of patients.

Methods: The basis of the study were the results of an initial examination of 460 patients with prospective observation, with a reliable diagnosis of SLE. Out of them, 112 patients were neurological, at the age of 30 (median) [26, 41], predominantly of Kyrgyz nationality (87), with duration of the disease from 6 months to 7 years (median – 2.0) treated in the National Cardiology and Therapy Centre named after M. Mirrahimov (NCTC) from January 2012 to December 2017. Neurologic manifestations of SLE were diagnosed by clinical examination by a neurologist using some instrumental methods of investigation.

To assess the neuropsychiatric state of patients, the classification criteria by the American College of Rheumatology (1999) were used. Neuropsychiatric disorders were diagnosed through a clinical examination by the psychotherapist using the classification of mental disorders and behavioural disorders according to ICD (International Classification of Diseases) – 10.

Results: The damage of the nervous system was observed in 112 (24,305%) Kyrgyz patients from 460, mainly of the central nervous system – in 77 (68.75%), to a lesser extent – the peripheral nervous system (PNS) – in 35 (31.25%) out of 112. In half of the observed patients with CNS lesions, various neuropsychiatric disorders were registered – in 39 (50.65%) out of 77, with psychosis prevalence with visual and auditory hallucinatory syndrome – in 34 (87.18%) out of 39 patients. There were 14 patients with cerebrovascular infection (18.18%) out of 77, mainly with ischaemic stroke in the SMA basin. There was one patient with aseptic meningoencephalitis with manifestations of mild hemiparesis and with the disruption of the function of the pelvic organs in the form of mandatory urges. Symptoms of myelopathy with malfunction of the pelvic organs were registered in 9 (11.69%) patients out of 77.

Five patients had symptoms of combined CNS and PNS lesions. In one of them cases the patient had encephalopolyneuroradiculopathy of the Guillain-Barre type with the phenomena of coarse tetraparesis and with disruption of the function of pelvic organs in the form of delay, with a single epicrisim.

Conclusions: Neurological manifestations of SLE in the majority of Kyrgyz patients were mainly caused by CNS lesions (68.75%), mostly in the form of neuropsychiatric disorders (50.65%), with a predominance of psychosis with visual and auditory hallucinatory syndrome (87.18%).

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AB0577 CHARACTERISTICS OF VALVULAR HEART DISEASE IN A MONOCENTRIC MALAYSIAN LUPUS COHORT

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Background: Valvular heart disease (VHD) is one of the commonest cardiovascular manifestations of autoimmune disease, including systemic lupus erythematosus¹. Its prevalence ranges from 18% to 74%, with predominantly regurgitant lesions and valvular thickening. The cause of such abnormalities is yet unclear. There have been very few studies performed in Asian patients, and only one in Malaysian patients to date.

Objectives: We sought to evaluate the valvular abnormalities of a multiracial cohort of lupus patients and also examine the association of these abnormalities with potentially related factors.

Methods: The medical records of all patients with SLE who had attended the Rheumatology Clinic of Kuala Lumpur Hospital between January 2008 and December 2016 were reviewed. All patients fulfilled the 1997 updated ACR criteria for SLE. Transthoracic echocardiographic examinations as part of their standard of care were performed by trained technicians using a standardised protocol. Multivariable logistic regressions were conducted to determine factors associated with valvular abnormalities in these patients.

Results: There were 207 patients in this study. VHD was found in 67.1% of patients: they were asymptomatic and did not have murmurs. The main abnormalities were tricuspid regurgitation (TR) (45.4%), mitral regurgitation (MR) (40.6%) and valvular thickening (19.2%). The majority of cases comprised mild TR (37.2%), mild MR (25.1%) and mitral valve thickening (10.6%). There were more patients with moderate to severe MR compared to TR (15.5% vs 8.2%). Median pulmonary artery systolic pressure was 23.0 mmHg (IQR 13.2). Risk of VHD was higher in patients with lower C3 levels (<0.83 g/L) (OR 3.36, 95% CI 1.74–6.66). MR (83.3%) and mitral valve (MV) thickening (58.3%) were the commonest abnormalities in patients with APS. Having APS greatly increased the risk of MR (OR 8.10, 95% CI 1.65–77.95) and mitral valve thickening (OR 16.30, 95% CI 3.93–73.84). Risk of mitral valve thickening was increased by presence of lupus anticoagulant (OR 20.82, 95% CI 3.64–223.08), anticardiolipin antibody (OR 5.24, 95% CI 1.42–17.76), anti-β2GPI antibody (OR 6.35, 95% CI 1.18–37.14) and diabetes (OR 7.85, 95% CI 1.43–40.24). Risk for MR was increased by presence of lupus anticoagulant (OR 3.55, 95% CI 1.10–12.43). Hypertension was associated with an increased risk for developing aortic regurgitation (OR 4.70, 95% CI 1.67–13.44). Anti-histone antibody positivity appeared to protect against development of MR (OR 0.46, 95% CI 0.213–0.968).

Conclusions: More than half of our patients had VHD, with regurgitant lesions and valvular thickening being the commonest abnormalities. Our finding of the association of MR and mitral valve thickening with APS and individual antiphospholipid autoantibodies concurs with earlier studies. However, what were unusual about our cohort were that TR was the prevalent abnormality and the association of VHD with low C3. We suggest that all patients with SLE have at least one echocardiogram, especially the patients with APS or antiphospholipid antibodies.

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AB0578 ANALYSIS OF CLINICAL FEATURES AND RISK FACTORS OF IN-HOSPITAL MORTALITY IN CYTOMEGALOVIRUS (CMV) DISEASES WITH SYSTEMIC LUPUS ERYTHEMATOSUS

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Background: Cytomegalovirus (CMV) is known as a major cause for life-threatening complications in immunocompromised hosts, including status post allogeneic bone marrow transplantation, solid organ transplantations, and acquired