PAEDIATRIC VS ADULT ONSET SYSTEMIC LUPUS ERYTHEMATOSUS: THE SIMILARITIES AND DIFFERENCES; A STUDY FROM A TERTIARY CARE CENTRE FROM NORTHERN INDIA “

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Background: Systemic lupus erythematosus (SLE) is a chronic autoimmune disease with myriad of systemic features. While the disease manifestations and therapy remain same for both paediatric onset (cSLE) and adult onset SLE (aSLE), disease manifestation and burden of disease differs in the two populations.

Objectives: To study disease profile within 6 months of disease onset and burden of disease by SLEDAI of aSLE and cSLE to understand the similarities and differences and to compare with those from around the world

Methods: Retrospective review done of 100 aSLE and cSLE patients, from June 2015 to June 2016, fulfilling SLICC criteria. Demographic data, clinical profile and ds burden at onset (highest of t st 6 mths of ds onset) by SLEDAI £2K were recorded on a predesigned proforma

Results: The incidence of skin involvement (acute and chronic cutaneous lupus, alopecia) serositis more in aSLE. Oral mucositis, neuropsychiatric SLE(NPSLE) and lupus nephritis(LN) more common in cSLE. LN was also higher in cSLE from other centres around the world as compared to aSLE. Of statistical significance and lupus nephritis (LN) was more common in cSLE. LN was also higher in cSLE from other centres around the world as compared to aSLE. Of statistical significance and lupus nephritis (LN) was more common in cSLE. LN was also higher in cSLE. Of statistical significance and lupus nephritis (LN) was more common in cSLE. Of statistical significance and lupus nephritis (LN) was also similarly higher in cSLE. The Spanish SLE registry also reported similar findings.

Abstract AB0584 – Table 1

| Data at onset | x=100 | 51.0 ± 4.0 | 51.0 ± 4.0 | 51.0 ± 4.0 | 51.0 ± 4.0 | 51.0 ± 4.0 | 51.0 ± 4.0 | 51.0 ± 4.0 | 51.0 ± 4.0 | 51.0 ± 4.0 |

Conclusions: This study showed significant difference in initial systemic involvement and onset of presentation in aSLE and cSLE. cSLE present with more subtle features and seldom have a classic presentation with malar rash, oral mucositis and alopecia which oft herald aSLE. cSLE and aSLE though being the same disease often have a varied spectrum of presentation and the generalist and the treating teams need to be aware of these for prompt recognition of the disease and optimum therapy

REFERENCES:


Disclosure of Interest: None declared

A LUPUS LOW DISEASE ACTIVITY STATE IS ASSOCIATED WITH REDUCED FLARE, LOWER ORGAN DAMAGE ACCRUAL, AND BETTER QUALITY OF LIFE IN PATIENTS WITH SYSTEMIC LUPUS ERYTHEMATOSUS

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Objectives: To identify the potential predictors of a lupus low disease activity state (LLDAS), and the relationship between LLDAS and disease flare, organ damage, and quality of life in Korean patients with systemic lupus erythematosus (SLE)

Methods: The study followed 181 SLE patients from a single centre for three years. LLDAS was defined as follows:1 SLE Disease Activity Index (SLEDAI) – £2K, with no activity in major organ systems,2 no new lupus disease activity compared with the previous assessment,3 SLEDAI Physician Global Assessment,1£ 4, with no activity in major organ systems,2 no new lupus disease activity compared with the previous assessment,3 SLEDAI Physician Global Assessment,1£ 4, with no activity in major organ systems,2 no new lupus disease activity compared with the previous assessment,3 SLEDAI Physician Global Assessment,1£ 4, with no activity in major organ systems,2 no new lupus disease activity compared with the previous assessment,3 SLEDAI Physician Global Assessment,1£ 4, with no activity in major organ systems,2 no new lupus disease activity compared with the previous assessment,3 SLEDAI Physician Global Assessment,1£ 4, with no activity in major organ systems,2 no new lupus disease activity compared with the previous assessment,3 SLEDAI Physician Global Assessment,1£ 4, with no activity in major organ systems,2 no new lupus disease activity compared with the previous assessment,3 SLEDAI Physician Global Assessment,1£ 4, with no activity in major organ systems,2 no new lupus disease activity compared with the previous assessment,3 SLEDAI Physician Global Assessment,1 £4, with no activity in major organ systems,2 no new lupus disease activity compared with the previous assessment,3 SLEDAI Physician Global Assessment,1<br>

Abstract AB0586 – Table 2

| Data at onset | x=100 | 51.0 ± 4.0 | 51.0 ± 4.0 | 51.0 ± 4.0 | 51.0 ± 4.0 | 51.0 ± 4.0 | 51.0 ± 4.0 | 51.0 ± 4.0 | 51.0 ± 4.0 | 51.0 ± 4.0 |

Conclusions: This study showed significant difference in initial systemic involvement and onset of presentation in aSLE and cSLE. cSLE present with more subtle features and seldom have a classic presentation with malar rash, oral mucositis and alopecia which oft herald aSLE. cSLE and aSLE though being the same disease often have a varied spectrum of presentation and the generalist and the treating teams need to be aware of these for prompt recognition of the disease and optimum therapy

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