antihypertensive drug (69%) use were similar across ethnic subgroups (all p>0.2). After a mean follow-up of 95 months, eight patients (9%) had died, six (7%) received renal replacement therapy and five (6%) had developed CKD. Five and ten years patient survival was similar for Asian and Caucasian patients (95%) and poorest in Aboriginals (81% and 70%) (p=0.016) with no impact of gender, ISN class, full house IF findings or PCR >300. Renal 5 and 10 year survival (endpoint RRT) was 100% for Asian, 100% and 96% for Caucasian vs 86% and 64% for Aboriginals(p<0.02). PCR >350 predicted worse renal survival (p=0.03), which was not influenced by gender, increased baseline creatinine, ISN class, A/AC/C subclass or presence of full house IF deposits.

Conclusions: Asian patients have similar clinical and histological LN findings and experience equally good renal and patient outcomes as Caucasian patients in Western Australia, where the incidence rate of LN is comparable with Europe. Whether the grim outlook for Aboriginal patients relates to intrinsic differences in LN pathophysiology and/or socioeconomic circumstances deserves further study.

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HAEMATOLOGICAL ALTERATIONS IN COLOMBIAN PATIENTS WITH SYSTEMIC LUPUS ERYTHEMATOUS

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Background: Systemic Lupus Erythematosus (SLE) is an autoimmune disease, with multiple organs and system involvement. The most usual haematological findings are anaemia, leucopenia, and thrombocytopenia. The prevalence of SLE in Colombia was 8.77 per 10,000 persons between 2012 and 2016.[1]

Methods: A retrospective cohort study of 149 patients diagnosed with SLE according to the Systemic Lupus International Collaborating Clinics (SLICC) criteria. Descriptive analysis with frequencies, measures of central tendency and dispersion was done using Statsa 12.0 software. The primary outcome was the presence of cytopenia, the secondary outcomes were anaemia, leucopenia, and thrombocytopenia. In the group comparison analysis, a chi-square test was used for qualitative variables and Wilcoxon or T student test for quantitative variables according to the distribution. Bivariate analysis using logistic regression with OR measurement, p-value, and confidence intervals was performed.

Results: 82.5% were women, average age was 36.8 years. The primary outcome was found in 59.8%, anaemia in 76.5%, thrombocytopenia in the 22.1% and leucopenia in the 18.7%. In group comparison analysis (cytopenia vs no cytopenia) a statistical difference was found in the variables sex (p=0.023), skin involvement (p=0.003), acute nephropathy (p=0.050), activity of the disease measured by the ECLAM scale (p=0.037) and anti-DNA antibody titers (p=0.032). In the bivariate analysis, there was an increased risk of cytopenias with statistical significance in the presence of ANA (OR:4.71) and strongly positive anti-DNA antibodies (OR:3.97). Regarding leucopenia, there was an association with antiphospholipid syndrome (OR:2.75), ECLAM greater than 5 (OR:2.51), SLEDAI MEX greater than 10 (OR:2.35) and strongly positive anti-DNA antibodies (OR:2.36). Likewise, an increased risk of mortality was found in patients with leucopenia (OR:3.92). In the case of thrombocytopenia, an association was found with a pericardial alteration (OR:2.48), ECLAM greater than 5 points (OR:3.65), SLEDAI MEX greater than 10 points (OR:2.42). An association with mortality was also observed (OR:2.97). The risk of presenting anaemia was increased with the variables man (OR:4.4), ECLAM greater than 5 points (OR:3.14) and strongly positive anti-DNA antibodies (OR:3.25).

Conclusions: This is the first Colombian study that evaluates haematological alterations in SLE patients with SLE. The most frequent cytopenia was anaemia. It is possible to identify variables that can predict the appearance of cytopenia, such as the increase in the activity of the disease, which is susceptible to intervention. It is noteworthy that both leucopenia and thrombocytopenia are markers of mortality in patients with SLE.

REFERENCE: