Speaker Abstracts

WEDNESDAY, 13 JUNE 2018

WIN and HOT session

SP0001 SYSTEMIC LUPUS: ISSUES ABOUT PREGNANCY

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The outcome of Systemic Lupus Erythematosus (SLE) pregnancies has dramatically improved over years thanks to pregnancy planning, multidisciplinary management and close monitoring. According to EULAR recommendations,¹ pre-pregnancy counselling with the identification (and management) of possible disease related risk factors (such as active or past lupus nephritis and presence of antiphospholipid antibodies or antiphospholipid syndrome, APS), assessment of disease activity during pregnancy (including renal function parameters, anti-dsDNA and serum C3/C4) together with obstetrical monitoring are necessary to achieve a good pregnancy outcome. A recent evaluation of our SLE pregnancy cohort recruited from 1987 to 2017 showed a number of losses not significantly different to that observed in the general obstetric population; it is of interest that all the patients enrolled received pre-pregnancy counselling and were prospectively followed during gestation by a multidisciplinary team. According to this finding, a recent paper with data derived from Norwegian Registries² underlines that adverse pregnancy outcomes (APO) occur more frequently in SLE patients only in the presence of active disease.

However, the data are not univocal. A recent meta-analysis³ still underlines the higher frequency of APO such as preeclampsia (PE), spontaneous abortion, pre-term birth and small for gestational age (SGA) newborns in SLE patients. So much effort is still devoted to identify new predictors of APO and possible protective strategies.

The uterine artery Doppler applied to SLE pregnancies shows an increased mean pulsatility index while the same patients display a higher ratio of two angiogenic biomarkers (sFlt-1/PIGF) related to placental dysfunction.⁴

Furthermore, an increase of Bb and sC5b-9 levels during early phases of pregnancy was observed in SLE patients who later developed APO.⁵ A more recent work shows higher levels of Pentraxin3 (PTX3) in the general obstetric population with early-onset PE.⁶ Studying placental histology, a higher number of neutrophils and neutrophilic extracellular traps (NETs) were detected in both SLE and non-SLE pregnancies with PE as compared with controls.⁷ Taken together these observations suggest that also innate immunity could play a role in the occurrence of APO observed in this condition.

Many studies have assessed the beneficial role of hydroxychloroquine (HCQ) in SLE pregnancies. The use of HCQ is associated with a lower frequency of preterm birth and intrauterine growth restriction, less disease flares and reduction of the risk of fetal loss and SGA in patients with lupus nephritis. On the other hand, the use of prednisolone was associated with lower birth weight and higher rate of preterm birth.² In our cohort, the exposure to corticosteroids in doses greater than 35 mg/week in the 1st trimester was associated with preterm birth (<37 th weeks), while in the 3rd trimester with severe preterm birth (<34 th weeks). A recent study had assessed the improvement of pregnancy outcome in women with refractory obstetric APS treated with pravastatin⁸; given the strong association between SLE and APS, this could be an interesting topic to develop in the future.

The interest in long-term outcome of children born to mother with SLE raises from few observational studies suggesting an increased risk of neurodevelopmental disorders, congenital heart defects and autoimmune diseases. However, the risk of these adverse outcomes is small, and the large majority of children are in good health. Recently, the neurodevelopmental status of 40 children (median age 7.4 years) born to women carrying antiphospholipid antibodies (with or without SLE) was investigated by child neurologists and psychiatrists. All the children resulted normally intelligent but a slight increase in the frequency of epilepsy, sleep disorders and learning disability was observed.⁹ In this respect, a recent study performed in animals pointed out the role of HCQ as protector of fetal brain development, offering a possible future preventive strategy.¹⁰

In conclusion, most of the young women affected by SLE can now carry out one or more pregnancies thanks to the improvement in prevention, early recognition and treatment of pregnancies complications. Nevertheless, further studies are necessary to reduce the risk of pregnancy morbidity still reported in some patients.

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Little arthritis in PsA and axSpA with newly onset arthritis – does it matter?

SP0002 PSA BEYOND THE TYPICAL POLY-ARTICULAR PHENOTYPE: HOW TO DEAL WITH THIS IN CLINICAL PRACTICE?

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This lecture will focus on the case of a psoriatic arthritis (PsA) patient presenting primarily with enthesal disease rather than the usual poly-articular phenotype. The case discusses issues around misinterpretation of signs and symptoms leading to inappropriate diagnoses and failure to early disease recognition and therefore treatment. Consequences of delayed treatment and less typical presentations of PsA will be discussed in greater detail during the session, highlighting important diagnostic and management aspects of disease, relevant to routine clinical practice.

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SP0003 AXSPA PATIENT WITH PERIPHERAL MANIFESTATIONS

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A case of a 32 year old Caucasian, female patient referred to an outpatient rheumatology clinic with a 3 month history of low back pain and a 2 week duration severe left heel pain is presented. Disease presentation, including findings on physical examination, laboratory tests and imaging are discussed, as well as their potential impact on treatment decisions.

Disclosure of Interest: None declared

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SP0004 EXTRA SPINAL MANIFESTATIONS IN AXIAL SPONDYLOARTHRITIS

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The extra-spinal manifestations in axial spondyloarthritis can be categorised in 2 main sub-groups: the extra-spinal rheumatological manifestations on one hand and the extra rheumatological manifestations in the other hand.

The extra spinal manifestations comprise synovitis, dactylitis and enthesitis and extra rheumatological manifestations comprise mainly skin psoriasis, uveitis and inflammatory bowel disease.

In terms of diagnostic approach in case of a patient presenting with axial symptoms, the probability to detect any extra-spinal manifestations in the past-history of the patients and/or concomitantly to the axial symptoms is very high (>75% at the baseline visit of the DESIR cohort including patients with recent onset axial symptoms suggestive of spondyloarthritis). These manifestations (based on data from different databases: for example the DESIR cohort and the ASAS-COMO-SPA cross-sectional study) will be described

The long term follow-up of patients presenting with axial spondyloarthritis emphasises the possibility to observe these extra-spinal manifestations overtime (incident cases).

These data are strong arguments to