Sixty-five patients out of 223, for which deepness and duration of neutropenia were available, were compared with patients without neutropenia. Moderate and severe neutropenias were again statistically associated with lymphopenia (OR 1.59–4.86, p=0.0468) and thrombopenia (OR 8.1 (3.28–19.99), p=0.0014). There was again no association with susceptibility to infections or with treatment at sampling. In this group, using multivariate analysis, chronic neutropenia was statistically associated with lymphopenia (OR 9.48 (2.83–31.71), p=0.0177), low C3 (OR 3.81 (1.59–9.14), p=0.0053), anti-SSA antibodies (OR 2.40 (1.07–5.39), p=0.042) and Sjogren syndrome (2.56 (0.93–7.03), p=0.0435).

Conclusions: The large LBBR cohort allows an approach of neutropenia prevalence and characteristics in SLE. Neutropenia concerns about 20% of SLE patients. Considering multivariate analysis, it is not directly linked to treatment and appears separated from infections occurrence, even when severe. Neutropenia in SLE is significantly associated with thrombopenia and lymphopenia, defining a subtype of SLE patients with haematological features and suggesting possible common pathophysiology.

REFERENCE:

Disclosure of Interest: None declared

Abstract FRI0347 – Figure 1. Months Since SLE Diagnosis

Bars represent% pts attaining remission (on vs off treatment) and lines represent mean EQ-5D (QoL) for pts (meeting vs not the definition of remission) at each time point since SLE onset

Conclusions: This pilot study demonstrates the first real-life performance of the suggested preliminary definitions of remission in SLE. Higher QoL was associated with achieving remission as defined by DORIS 1A or 2A. However, further evaluation of the accuracy of DORIS in larger longitudinal studies of recent-onset SLE is required before introduction in routine clinical practice.

REFERENCE:


Abstract FRI0348 – MBIL2 GENE POLYMORPHISMS AND ITS ASSOCIATION WITH INFECTION IN BRAZILIAN SYSTEMIC LUPUS ERYTHEMATOUS PATIENTS: A 10-YEAR STUDY

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Background: Systemic lupus erythematosus (SLE) is a multifactorial disease and MBIL2 genetics variants potentially affect its etiology and increase infection risk in this population. Systemic lupus erythematosus (SLE) is a multifactorial disease and MBIL2 genetics variants potentially affect its etiology and increase infection risk in this population.

Objectives: To evaluate the relation of MBIL2 gene polymorphisms of the coding and promoter region and their respective haplotypes on hospitalisation, number of admissions and days of admission for major infection causes in Brazilian SLE patients.

Methods: Three hundred and twenty-five SLE patients from a southern Brazilian collaborative clinics (SLICC) classification criteria were included and followed prospectively from the time point of SLE diagnosis. Patients were (at least) seen by a doctor at Months 0 (inclusion), 6, 12, 24, 36, 48 and 60, with collection of disease activity measures, damage accrual, serology, therapy and PROMs such as fatigue, pain intensity, well-being (all visual analogue scale) and QoL (EQ-5D). Definitions of remission were: DORIS 1A: cSLEDAI 0, PhGA <0.5, DORIS 1B: cSLEDAI 0, PhGA <0.5, DORIS 2A: cSLEDAI 0, PhGA <0.5, DORIS 2B: cSLEDAI 0, PhGA <0.5, DORIS 1A and DORIS 1B: DORIS 2A and DORIS 2B.

Conclusions: The large LBBR cohort allows an approach of neutropenia prevalence and characteristics in SLE. Neutropenia concerns about 20% of SLE patients. Considering multivariate analysis, it is not directly linked to treatment and appears separated from infections occurrence, even when severe. Neutropenia in SLE is significantly associated with thrombopenia and lymphopenia, defining a subtype of SLE patients with haematological features and suggesting possible common pathophysiology.

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