Methods: Retrospective longitudinal unicentric observational study. Clinical records of all patients diagnosed with SLE who had received treatment with belimumab were reviewed. Demographic characteristics, clinical manifestations and reason for belimumab indication were collected.

Results: The twelve patients included in the sample were women. Median age was 48.5 years (31-70). The most frequent reason for indication of belimumab was uncontrolled arthritis. The average time of treatment with belimumab in the total sample was 27.5 (+/- 26.24) months, with a median of 12 months (4-78). Mean treatment time (cases in which belimumab was discontinued excluded) was 31.25 (+/- 26.98) months with a median of 25 (5-78). The average dose reduction of prednisone after initiation of treatment with belimumab (in patients in which it was considered effective) was 5 mg per day (+/- 5). It should be noted that of the 14 cases, treatment was only discontinued in 4 patients, 2 of which were withdrawn due to ineffectiveness. There were 2 adverse events that required drug withdrawal: neutropenia and urothelial carcinoma. (Table).

Conclusion: BLM is a well tolerated drug and effective in clinical practice. Adverse effects leading to drug withdrawal are infrequent.

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SPECIAL ASPECTS OF GLUCOCORTICOID THERAPY IN PATIENTS WHO TREATED WITH ANTI-B-CELL AND ANTI-BLYS THERAPY

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Background: The basis of treatment of SLE are glucocorticoids (GCs), which since their introduction into clinical practice, have led to increased survival and reduced early mortality of SLE patients. However, the need to use high doses of GCs, as well as long-term use of medium doses to maintain disease remission, leads to the development of serious adverse reactions. This leads to an increase in the risk of irreversible organ damage. In this regard, it is important to search for ways to prevent the use of high doses of GCs, minimizing the dose of GCs.

Objectives: To assess special aspects and dynamics of oral glucocorticoid (GC) therapy in SLE patients treated with anti-B-cell and anti-BlyS therapy.

Methods: The study included 64 SLE pts (5M/58F), divided into 3 groups: Group I - 47 patients (SLEDAI2K 16[11;20] scores), receiving rituximab (RTX) i/v infusions by drop at 500 - 2000 mg dose-range. Group II included 10 patients (SLEDAI2K 10[8;11] scores) treated with Belimumab (BLM) at 10 mg/kg once a month. The remaining 7 patients from Group III (SLEDAI2K 10[9;16] scores) were administered a combination of RTX and BLM. They started treatment with RTX 500 (2 patients) or 1000 mg (5 patients) infusions, and 3 months later BLM at standard scheme of 10 mg/kg once a month was initiated for 8 months. SLICC damage index (DI) was documented at baseline - before initiation of RTX and BLM - in 26 out of 64 patients (40%) with SLICC DI score > 1 (1 - 5 scores); 20 patients out of them were administered RTX.

Results: 47 patients on RTX therapy received different oral GCs doses: high GCs doses (Me 40[30;50]mg/day) were documented in 11 (24%) patients, moderate doses (Me 13[10;20]mg/day) - in 29 (61%) patients, and low doses (Me 5[5;7.5]mg/day) - in 7 (15%) patients. Patients on BLM and combination therapy were administered GCs at doses ≤ 20 mg (Me 15[5;20]mg/day and Me 8,75[5;15] mg/day, respectively)

During first 3 month of treatment GCs doses in all 3 Groups remained unmodified. By Mo 6 25% reduction in oral GCs doses was documented in: patients on RTX - 20[15;20]mg/day, 10[8,75;10]mg/day, 5[5;5] mg/day (respectively, in the groups with initially high, moderate and low GCs doses); BLM 10[7,5;10] mg/day, combination therapy 8,75[5;15] mg/day. By Mo 12 Me GCs dose in all 3 Groups did not exceed 10 mg/day. In view of SLE exacerbations in patients from Group I (RTX) additional RTX infusions at Mo 6, 9 and 12 were administered in 8 (20%) patients. Figure 1 presents the dynamics of oral GCs doses in patients from Group I (RTX), who were divided in 3 subgroups based on baseline (high, moderate or low) GCs dose, and also dynamics of GCs dose in patients from Groups II (BLM) and III (RTX+BLM).

Increase in SLICC score by Mo 12 of follow up was documented in patients on RTX therapy with baseline pre-existing organ damage (5

patients). There was no increase in SLICC scores in BLM and RTX +BLM treatment groups.

Conclusion: Combination therapy results in achieving rapid control of SLE activity thanks to RTX effects, and the combination with BLM allows significantly prolongs this result, minimizing the risk of exacerbation. And a very specific gain from combination RTX+BLM therapy is a chance to manage patients on moderate-to-low oral GCs doses, therefore, reducing the risk of irreversible organ damage. Increasing organ damage score in RTX Group is most likely associated with intake of higher GCs doses.

Figure 1. The dose of oral GCs in patients treated with RTX, BLM and combined treatment, Me

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THE EFFECT OF CLOSTRIDIUM BUTYRICUM ON INTESTINAL FLORA OF PATIENTS WITH SYSTEMIC LUPUS ERYTHEMATOSUS ZHANG MINGXING¹, XU-FANG YIN¹, XIAO-FENG LI²

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Objectives: To investigate the effect of Clostridium butyricum on intestinal flora in patients with systemic lupus erythematosus.

Methods: Forty-four patients with systemic lupus erythematosus who were randomly selected from our hospital were given the oral administration of Clostridium butyricum live capsule 840mg twice a day. The concentration of methane and hydrogen at each time point before and after treatment for 44 patients was detected and compared by hydrogen and methane in lactulose breath test (LBT).

Results: After 28 days of treatment with Clostridium butyricum capsules, there was no significantly statistical difference in exhaled hydrogen concentration or methane concentration between 0 min, 30 min, 60 min and 90 min before and after treatment. See Table 1.

Conclusion: Numerous studies have shown that taking probiotics can promote the growth of normal flora and reduce the reproduction of other abnormal flora, which has a certain impact on the structure and quantity of There was no significantly statistical difference in exhaled hydrogen concentration or methane concentration at various points in time between the 44 patients before and after treatment, suggesting that there was no significant change in the structure and quantity of intestinal flora.

intestinal flora, which may be resulted from our low dose Clostridium butyricum live capsules or short treatment time, or need to be combined with other probiotics. These hypothesis above need us to further explore, in general, using microbes as a therapeutic target spot to regulate the illness of SLE by interfering with intestinal flora through diet, probiotics or fecal transplantation provides a promising prospect for clinical treatment of SLE.

Table 1. Methane and hydrogen concentrations before and after intervention by the experimenter[PPM,Md(P25,P75)]

	before intervention	after intervention	p
H2(0min)	16(8,5,30)	21(5,5,35)	0.697
H2(30min)	27(13,45)	27(6,61)	0.872
H2(60min)	27(11,49,5)	21(5,5,58,5)	0.977