at two years in 30% of cases and progression in 25%; while, at the functional level, 40% remained stable with worsening in 4 patients per year (20%).

50% of the patients with SLE received treatment with HCQ and MTX before the diagnosis of ILD; and 35% corticosteroids (4-7.5 mg / day). With SLE diagnosis, HCQ was administered to 95% of patients and the standard of treatment was based on corticosteroids in monotherapy at a mean dose of 13 ± 10.5 mg / day due to stability both at radiological level and in function tests: respiratory, 25% and 15% required treatments such as RTX and BLM as they did not have an adequate response with the previous one.

In our study, we did not find any statistical significance between the variables analyzed, due to the small sample size.

Conclusion: 1) ILD in SLE is a rare manifestation, present in 4.4% of our series. Standard treatment with hydroxychloroquine and corticosteroids appears to be a useful therapeutic option, stabilizing radiological progression in one third of cases early. More studies with a larger sample size are needed to analyze the role of immunosuppressive treatment in this type of lung involvement.

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AB0291

PROGNOSTIC VALUE OF LATE GADOLINIUM ENHANCEMENT ON CARDIAC MAGNETIC RESONANCE IMAGING IN SYSTEMIC LUPUS ERYTHEMATOSUS

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Background: Cardiac Magnetic Resonance Imaging (CMRI) with Late Gadolinium Enhancement (LGE) has an established value in the diagnostic and prognostic assessment of ischaemic and non-ischaemic cardiomyopathies. Although CMRI is widely used for the detection of myocardial involvement in subclinical Systemic Lupus Erythematosus (SLE), its prognostic value has not been determined.

Objectives: To determine the prognostic value of CMRI with LGE for major adverse cardiovascular events (MACE) in patients with SLE, and investigate its correlation with the severity of systemic inflammation.

Methods: A retrospective tertiary single-centre review of patients with SLE who underwent a CMRI study at Manchester Foundation Trust between 2009-2020 was conducted. Patients were categorized into two groups; those who, experienced a MACE (cardiac death, myocardial infarction (MI), stroke/TIA or heart failure) and those who did not. We compared cardiovascular (CV) risk factors, CMRI findings, SLE risk scores and biochemistry between the 2 groups.

Results: We identified 20 female patients who underwent a CMRI, with a mean age of 46 years at the time of the scan. Indications for CMRI were assessment for systemic lupus erythematosus (SLE), which is characterized by multiorgan joint damage mainly in young people. Long-term observations show that two thirds of patients have multiple aseptic necrosis of bones, with the femoral head being most often affected. Obviously, caused by much strain on the hip joint. In this regard, total hip arthroplasty (THA) is an integral part of the treatment of SLE patients. Despite the fact that THA in these patients allows to achieve good functional outcomes, the amount of complications remains high.

Objectives: To retrospectively analyze the outcomes and structure of complications to determine the tactics of perioperative management of patients with SLE.

Methods: The retrospective group included patients over 18 years of age with a reliable diagnosis of SLE, established according to the classification criteria (SLICC, 2012, ACR, 1997). 123 THA were performed in 77 patients. Outcomes and the structure of complications were analyzed for the period from 1998 to 2016 inclusive.

Results: The period of hospital stay of patients was analyzed. Cementless fixation of the components of the endoprosthesis was used and the traction pair was metal-polyethylene in all cases. In 23 patients, additional fixation of the acetabulum, which required the implantation of a Müller anti-protrusio ring. The above-described technical features led to increasing of the total time of surgery, which significantly increased the volume of blood loss. Thus, this required transfusions of blood components: fresh frozen plasma (FFP), erythrocyte suspension, as well as replenishment the circulating blood volume with colloidal solutions.

Prevention of thromboembolism. All patients in the postoperative period underwent common measures of prevention of venous thromboembolism.