Background: Systemic lupus erythematosus (SLE) is a multisystemic autoimmune disease with heterogenous and variable behavior. The frequency of pulmonary involvement ranges from 10-90%, with this variability in occurrence attributed to differences in populations and heterogeneity in detection methods and study designs.

Objectives: To analyze survival in patients with SLE and the presence of pulmonary manifestations according to clinical and demographic characteristics in a cohort of patients in Colombia

Methods: Observational-analytical, retrospective, follow-up study of a cohort of adult patients with SLE. We included 559 adult patients who fulfilled the 2012 SLICC SLE classification criteria and with at least 6 months of disease evolution, treated in a medical center specialized in rheumatology with locations in 6 cities in Colombia between 2015 and 2018. Pregnant patients and those who had incomplete data or visits were excluded. Immunoserological profile was characterized and pulmonary involvement was followed for 1 year. The diagnosis of pulmonary involvement was obtained from the rheumatology report in the clinical chart. The prevalence of pulmonary manifestations and the immunoserological profile were determined and subsequently a logistic regression adjusted for age, sex and level of education was performed to establish the association between pulmonary manifestations and a positive autoantibody profile

Results: Median age was 44.5 ± 14 years, 96.6% were women. In patients with pulmonary compromise 9.7% were smokers, 12.4% had an active alcohol intake, 58.4% had a low socioeconomic status, 38.1% medium and 4.7% high. Pulmonary involvement was present in 20% of patients, the most common manifestations were pleuritis (14.3%), lupus pneumonitis (3.6%), pulmonary hypertension (3.2%), interstitial lung disease (2.3%), pulmonary embolism (2.3%), pulmonary fibrosis (2.14%), alveolar hemorrhage (1.4%), shrinking lung (0.2%). there was no significant difference in the follow up at one year. Immunoserological characteristics shows ANA positivity in 92%, anti-DNA in 53%, ENAS in 97%, with anti-RNP being the most common (41.7%), and low complement levels in 53%. Mortality for pulmonary compromise was 1.4%, and survival at 2 years did not have a statistically significant difference ($p=0.155$)

Conclusion: Survival was not found to be lower in patients with SLE and pulmonary involvement ($p=0.155$) when compared to SLE patients without pulmonary involvement after 2-year follow-up. This finding was independent of age, gender, and educational level. Previous large cohorts like GLADEL and RELESSER describe an association between pulmonary involvement and lower survival HR 2.79 (95% CI: 1.80-4.31), $p < 0.001$ and HR 3.13, (95% IC: 1.56– 6.28, $P = 0.00$ respectively. In the RELESSER cohort pleural involvement and pulmonary embolism was found to have low to minimal impact on survival.

In our cohort pleuritis was the most common finding whereas the other pulmonary manifestations were reported in less than 4% of patients. This difference could explain our differences with other cohorts. Other causes for this difference are a smaller sample size and a short follow-up.

The results of our study do not suggest that there is an association between pulmonary involvement and mortality in Colombian patients with SLE during a 2-year follow-up. We will continue to monitor and report in this regard

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AB0336 PULMONARY MANIFESTATIONS IN A COLOMBIAN COHORT OF PATIENTS WITH SYSTEMIC LUPUS ERYTHEMATOSUS

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Background: Pulmonary manifestations are frequent in systemic lupus erythematosus (SLE) with a frequency of 30-90% that depends on the cohort and the methods used for their identification. The association of this compromise with mortality highlights its importance and the need for biomarkers to adequately predict this complication. We describe the prevalence of pulmonary manifestations, and the clinical and immunoserological characteristics of 551 Colombian patients with SLE

Objectives: We performed an observational and analytic study of a retrospective cohort with adult SLE patients who fulfilled the 2012 SLICC classification criteria and that had a history of at least 6 months of the disease. These patients were treated in a specialized center of rheumatology with presence in six cities of Colombia between 2015 and 2018. We excluded pregnant patients and those with incomplete data for our survey. The first clinic consult occurred between 2015 and 2018, being defined as moment one. The follow up one year later was defined as moment two. We obtained 710 registries that were potentially eligible and analyzed 465 patients at moment two after applying the exclusion criteria

Methods: In 465 eligible patients, 20.5% had pulmonary compromise (93.8% female) with a median age of 42.4 years. The average SLICC Damage Index of 551 patients with SLE was 0.9 in women and 1.05 in men, while the average SDI of patients with pulmonary compromise was 1. The most frequent manifestation was pleural (14.3%), followed by Lupus pneumonitis (3.6%) and pulmonary hypertension (3.2%). Other manifestations and serological characteristics are recorded in Table 1. Of note, ANA homogeneous pattern was the most common (34.5%), anti-RNP positivity was 41.7%, anti-dsDNA positivity was 53.1% and 53.1% had hypocomplementemia.

Results: The prevalence of pulmonary manifestations in our cohort was 20.5%, which is lower than in the previous described GLADEL cohort (28.4%). This could be explained by the regional differences of ethnicities in Latin America and in immune-serological profiles. Anti-RNP positivity was frequent (41.7%) and new pulmonary compromise for one year follow-up was rare. Of not, the mean damage index for our patients with pulmonary manifestations was 1, this could highlight the importance of this organ as a causa of higher damage accrual and mortality, which we will explore in the future

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Table 1. clinical and immunoserological characteristics

	n	%
Women	106	93,8
Global mortality	46	8,3
Pulmonary compromise mortality	8	7,1
ANA	104	92
Anti-DNA	60	53,1
ENAS		97,2
Ro	35/87	40,2
La	14/85	16,5
SM	32/88	36,4
RNP	35/84	41,7
	Follow up 1 %	Follow up 2 %
Pulmonary hypertension	3,2	2,8
Pulmonary fibrosis	2,14	2,6
Shrunken lung	0,2	0,2
Pleuritis	14,3	15,05
Lupus pneumonitis	3,6	3,01
Alveolar hemorrhage	1,4	1,3
Pulmonary embolism	2,3	1,93
		P Value *
		0,28
		1
		1
		0,42
		0,85
		0,76
		0,72

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AB0337 ASSESSMENT OF HEALTH-RELATED QUALITY OF LIFE IN SYSTEMIC LUPUS ERYTHEMATOSUS USING THE SLEQoL (SYSTEMIC LUPUS ERYTHEMATOSUS-SPECIFIC QUALITY OF LIFE QUESTIONNAIRE)

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Background: Patients with systemic lupus erythematosus (SLE) have a better survival than decades ago. Nevertheless, they still experience a low health-related quality of life (HRQoL). The Systemic Lupus Erythematosus-Specific Quality of Life Questionnaire (SLEQoL) is one of the most widely used specific tools for measuring HRQoL in SLE.

Objectives: The aim of our study is to assess the impact of the SLE in the HRQoL using the SLEQoL tool.

Methods: This is a cross-sectional study during a period of the year 2020, including patients followed in the departments of Internal Medicine and Rheumatology in Mahdia, Tunisia. All patients were diagnosed with SLE based in ACR 1997/SLICC2012. The SLEQoL is composed of 40 items scored from 1 to 7, it includes six HRQoL domains: physical functioning (Items 1 to 6), activities (items 7 to 15), symptoms (items 16 to 23), treatment (items 24 to 27), mood (items 28 to 31) and self-image (items 32 to 40) with higher values corresponding to worse HRQoL.

Results: Forty patients were enrolled. The age of the SLE patients (36 females/4 males) ranged from 11 to 87 years. The mean age was 47.75 ± 17.59 years. The mean disease duration was 2.3 ± 2.9 years. The mean SLEDAI score was 5.78 ± 4.94 . The main target organs involved were cutaneous, musculoskeletal, neurological, pulmonary, cardiovascular and renal in 85%, 82.5%, 32.5%, 17.5%, 15% and 7.5% of cases respectively. The biologic analysis showed the positivity of anti-nuclear antibodies in 97.5% of cases, low serum complement C3 and C4 in 20% and 32.5% of cases respectively. A biological inflammatory syndrome was found in 37.5% of cases and Anemia in 42.5%. 85% of SLE patients were treated by anti-malarial, 62.5% were treated by Glucocorticoids and 5% by Methotrexate. The mean SLEQoL global score was 77.92 ± 34.02 [40-153]. The means of different domains (physical functioning, activities, symptoms, treatment, mood and self-image) were respectively 12.1 ± 6.49 [6-30]; 19.6 ± 10.9 [9-49]; 16.4 ± 8.1 [8-34]; 5.5 ± 2.36 [4-14]; 9.6 ± 5.4 [4-20]; 14.9 ± 7.5 [9-36]. The most severely impacted domains were activities and symptoms. The less affected domains were treatment and mood. The SLEQoL global score was correlated with increased age ($p=0.03$), longer disease duration ($p=0.05$), SLEDAI score ($p=0.02$), visual analog scale of pain ($p=0.04$), musculoskeletal manifestations ($p=0.04$), cutaneous manifestations ($p=0.05$) and pulmonary manifestations ($p=0.05$). By analyzing biological tests of our patients, we found a correlation between the SLEQoL global score and Erythrocyte sedimentation rate [ESR] ($p=0.05$), Anemia ($p=0.04$), low serum complement C3 ($p=0.02$) and C4 ($p=0.003$). SLEQoL global score and its six domains were not correlated with gender, educational level nor marital status.

Conclusion: Our study showed that HRQoL is impaired in patients with SLE. The most important predictors of low HRQoL were older age, longer disease duration, some clinical manifestations, biological activity disease indicators (ESR, anemia and low complement level) and the SLEDAI score.

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AB0338

PREGNANCY OUTCOMES IN ADOLESCENTS WITH SYSTEMIC LUPUS ERYTHEMATOSUS

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Background: Systemic lupus erythematosus (SLE) is a autoimmune disease that affects adolescents and young women of childbearing age. In spite of the improvement in fetal and maternal SLE pregnancy outcome in the last decades, they have increased risk of adverse outcomes including disease flare, abortions, preeclampsia (PE) and premature birth (PB). However, pregnancy outcomes among adolescents with SLE have not been well explored.

Objectives: To evaluate maternal and fetal outcomes in pregnant adolescents with SLE.

Methods: We retrospectively studied all pregnant SLE adolescent patients, who attended to 3 Maternity Hospitals in Argentina in the last 5 years. Demographic, clinical, and laboratory data were collected. The presence of Antiphospholipid Syndrome (APS) and the Antiphospholipid antibodies (AA), and maternal and fetal outcome were evaluated. Adolescent pregnancy was defined it is happened between 10 and 19 years old. Lupus activity was evaluated by SELENA SLEDAI at the conception and each trimester of pregnancy and puerperium.

Results: 32 pregnancies in 21 patients were included. Mean age was 18 years old, 66% was mestizo ethnicity and mean disease duration of 2 years. Renal involvement was found in 19, Mucocutaneous in 21, and hematological in 14 patients. 4 patients had positive Anti-SSA/Ro antibodies, 1 Anti-SSB/La, 2 Lupus anticoagulant, 6 Ig G ACL, 3 Ig M ACL, and 8 patients fulfilled APS criteria. Activity disease was 0 SELENA SLEDAI in 1 ° trimester, 4 in 2°, 3° trimester and puerperium. Maternal and fetal outcomes are shown in Table 1. Cesarean section was performed in 58% (n=18) of the patients, 6 had abortions and 1 fetal death.

Table 1.

Maternal outcomes	
Disease Flares (PE)/Hellp	13(41%) 7 renal 6 (19%)
Gestational Diabetes	1 (3%)
Maternal outcomes Spontaneous Membrane Rupture Mortality	1 (3%) 0
Fetal outcome	
Live birth	24 (75%)
Gestational age (weeks)	32 (32-38)
Weight (grs)	2805 (2100-3340)
IUGR	5 (16%)
PB	8 (25%)

Conclusion: Maternal and fetal complications were high in adolescent pregnancy with SLE, including disease activity, PE and PB. A tight control of patients should be performed before and after conception. These patients should be managed by a multidisciplinary team, thus allowing an improvement of maternal and fetal prognosis.

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AB0339

PREVALENCE AND ASSOCIATED FACTORS OF LOW BONE MINERAL DENSITY IN ADULTS WITH SYSTEMIC LUPUS ERYTHEMATOSUS

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Background: Patients with Systemic Lupus Erythematosus (SLE) are at risk of osteoporosis (OP) and fragility fractures (FFx) because of the disease or its treatments. We assessed the prevalence and risk factors for OP in patients with SLE.

Objectives: Our objective is to determine the prevalence of bone mineral density (BMD) loss and fracture risk factors in SLE patients undergoing dual-energy X-ray absorptiometry (DXA).

Methods: This is a cross sectional study conducted during the year 2020 in the Rheumatology and internal medicine departements in Taher Sfar hospital of Mahdia, Tunisia. We included patients aged ≥ 18 years with a diagnosis of SLE according to the 1997 ACR or 2012 SLICC criteria. Patients with renal or hepatic osteodystrophy, or receiving bisphosphonates were excluded from the study. The BMD values were measured by DXA. The T-score, Z-scores and BMD of the lumbar spine (LS) and femoral neck (FN) were determined. OP was defined as a value of the T-score less or equal to -2.5 SD for postmenopausal women and men aged more than 50 years old, and Z-scores less or equal to -2 for premenopausal women and men aged less than 50 years old.

Results: Forty-six SLE patients were included. The mean age was 47.19 ± 16.45 years [18-85], with a mean disease duration of 2.52 ± 3.46 years [15days-15years]. The mean SLEDAI score was 5.34 ± 4.82 . As regards menstrual history of female patients: 56.5% were premenopausal, 43.5% were post-menopausal and 6% had premature menopause. 13% of our patients gave history of smoking. The mean BMI was $27.6 \pm 6 \text{ kg/m}^2$ [15-39.8]. FFx were diagnosed in 4 patients (9%) and the mean age of the first fracture was 45years. GCs were used in 65.2% of cases (30 patients). The mean daily dose of GCs was 10 mg/day and the mean cumulative dose was 20g. Calcium and Vitamin D intake was mentioned in 65.2% of cases (30 patients). The association of SLE with other rheumatic diseases was found in 14 of patients. The mean T-score at FN and LS were respectively 0.02 ± 1.17 and -1.32 ± 1.36 . The mean Z-score at FN and LS were respectively 0.53 ± 1.14 and -0.6 ± 1.26 . It was found that 17 patients (37% of cases) had OP, 12 had osteopenia (26%) and 17 patients (37%) had normal BMD. 37% of patients had OP at LS, 23.9% osteopenia at LS, 6.5% OP at FN and 21.7% osteopenia at