**Table 1. Pregnancy complications and outcomes according to the timing of discontinuation of BEL.**

| | BEL STOPPED PRECONCEPTIONALLY (2) | BEL STOPPED AT POS PREGNANCY TEST (7) | BEL STOPPED DURING PREGNANCY (4) |
|---|---|---|---|
| Pre-eclampsia | 0/2 | 0/7 | 1/4 (25%) |
| Eclampsia | 0/2 | 0/7 | 1/4* (25%) |
| Gestational Diabetes | 0/2 | 1/7 (14%) | 0/4 |
| IUGR | 0/2 | 1/7 (14%) | 1/4* (25%) |
| pPROM/PROM | 0/2 | 0/7 | 1/4 (25%) |
| ***Live birth*** | ***1/2 (50%)*** | ***7/7 (100%)*** | ***4/4 (100%)*** |
| Severe pre-term birth (≤ 34$^{th}$week) | 0/2 | 0/7 | 1/4* (25%) |
| Late pre-term birth (35$^{th}$- 37$^{th}$week) | 0/2 | 3/7 (43%) | 0/4 |
| Small for Gestational age neonate | 0/2 | 4/7 (54%) | 1/4 (25%) |
| ***Late miscarriage (>10$^{th}$week)*** | ***1/2 (50%)*** | 0/7 | 0/4 |
| ***Perinatal death*** | 0/2 | 0/7 | ***1/4* (25%)*** |

IUGR: IntraUterine Growth Restriction; PROM: Premature Rupture of Membrane; pPROM: pretermPROM;*in the same patient (history of thrombotic and obstetric-APS and lupus nephritis) who underwent Assisted Reproductive Technologies (embryo donation).

Eight newborns received vaccinations according to national schedule (missing data for 3). Five newborns were breastfed, 1 received formula milk and 5 mixed-feeding. BEL was resumed in 7/13 patients after pregnancy (in 4 cases for flare), after a median period of 5 [4-22] months.

**Conclusion:** While more data are needed, this small series suggests that BEL might be a therapeutic option for SLE patients during pregnancy planning, similarly to other biological drugs used in chronic forms of arthritis.

**Disclosure of Interests:** None declared

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## POS0703 CARDIAC ADVERSE EFFECTS OF LONG-TERM USE OF HYDROXYCHLOROQUINE IN SYSTEMIC LUPUS ERYTHEMATOSUS. SINGLE UNIVERSITY CENTER STUDY OF 109 PATIENTS

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**Background:** Hydroxychloroquine (HCQ) is a widely used drug especially in connective tissue disorders such as Systemic Lupus Erythematosus (SLE). Cardiac adverse effects of long-term use of HCQ remains controversial.

**Objectives:** To assess cardiac adverse effects of long-term use of HCQ in SLE.

**Methods:** Observational single center study of 109 patients with SLE treated with HCQ for more than 3 months. The main outcomes were cardiac structural and conduction disorders in a 12-lead electrocardiogram and/or echocardiogram at baseline and during HCQ treatment.

**Results:** We studied 109 patients (95 women/14 men; mean age 66.9±14.7 years). Main cardiovascular history was hypertension (n=61, 56.0%), diabetes mellitus (n=16, 14.7%) and renal impairment (n=11, 10.1%). HCQ was used for 11.7±8.9 years. Initial median SLE Disease Activity Index 2000 (SLEDAI-2K) was 7 [3.75-11]. At baseline, 27 (24.8%) patients had conduction disorders and 15 (13.7%) had structural abnormalities: Most prevalent cardiac alterations were Left Anterior Fascicular Block (LAFB) (n=9, 8.3%), left ventricular hypertrophy (n=9, 8.3%) and right bundle branch block (n=8, 7.3%). After 11.7±8.9 years of follow-up (mean HCQ cumulative dose: 1042.2±267.5 g; median SLEDAI-2K 1 [0-4]), there was a significant increase in conductions disorders (n=41, 37.6%, p=0.011) and in LAFB (n=16, 14.7%, p=0.021). There was no statistically significant increase in structural abnormalities (n=21, 19.7%, p=0.629).

**Table 1. Main cardiac abnormalities at baseline and after follow-up.**

| | Baseline | After follow-up | *p* |
|---|---|---|---|
| Conduction disorders, n (%) | 27 (24.8) | 41 (37.6) | 0.011 |
| Left anterior fascicular block | 9 (8.3) | 16 (14.7) | 0.021 |
| Right bundle branch block | 7 (6.4) | 8 (7.3) | 1.0 |
| Atrioventricular block | 4 (3.6) | 11 (10.1) | 0.092 |
| Incomplete right bundle branch block | 4 (3.6) | 5 (4.6) | 1.0 |
| Short PR interval | 2 (1.8) | 4 (3.7) | 0.5 |
| Prolonged QT corrected interval | 2 (1.8) | 4 (3.7) | 0.625 |
| Left bundle branch block | 1 (0.9) | 5 (4.6) | 0.125 |
| Atrial Fibrillation | 1 (0.9) | 5 (4.6) | 0.219 |
| Structural abnormalities, n (%) | 15 (13.7) | 21 (19.7) | 0.629 |
| Ventricular hypertrophy | 9 (8.3) | 9 (8.3) | 1.0 |
| Atrial enlargement | 6 (5.5) | 13 (11.9) | 0.096 |

Main cardiac abnormalities at baseline and after 11.7±8.9 years of follow-up are summarized in Table 1. Time of occurrence of cardiac adverse effect in relation to HCQ cumulative dose is shown in Figure 1.

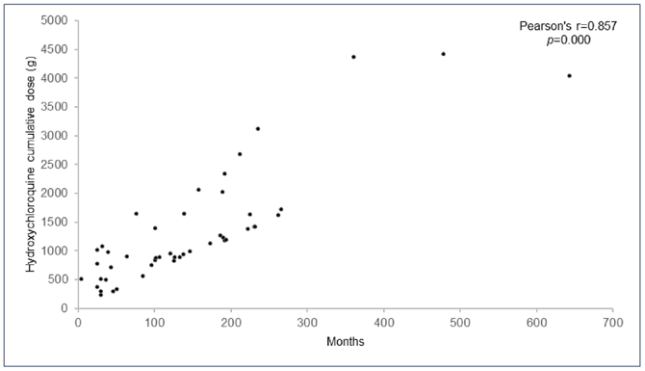


**Figure 1.** Time of occurrence of cardiac adverse effect in relation to hydroxychloroquine cumulative dose.

**Conclusion:** Conduction disorders were more prevalent than structural abnormalities. Patients with SLE treated with HCQ had a significant increase in LAFB. Use of electrocardiogram and/or echocardiogram may be helpful in monitoring cardiac adverse effects.

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## POS0704 LONG-TERM CLINICAL OUTCOMES OF PATIENTS WITH LUPUS NEPHRITIS TREATED WITH AN INTENSIFIED B-CELL DEPLETION PROTOCOL: A PROSPECTIVE STUDY

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**Background:** B cells play a key role In the pathogenesis of Lupus Nephritis (LN).

**Objectives:** we aim to investigate the safety and efficacy of an intensified B-cell depletion induction therapy (IBCDT)without immunosuppressive maintenance regimen compared to standard of care in biopsy-proven LN.

**Methods:** Thirty patients were administered an IBCDT (4 weekly Rituximab 375mg/m2 and 2more doses after 1&2 months;2 infusions of 10 mg/kg cyclophosphamide (CYC),3 methylprednisolone pulses), followed by oral prednisone (tapered to 5 mg/day by the 3rd month). No immunosuppressive maintenance therapy was given. Thirty patients matched for LN class and age were selected as controls: 20 received 3 methylprednisolone pulses days followed by oral prednisone and mycophenolate mofetil (MMF) 2-3 g/day, while 10 were given the Euro Lupus CYC.

**Results:** At 12 months, complete renal remission was observed in 93% of patients on IBCDT, in 62.7% on MMF, and in 75% on CYC (p=0,03); the dose of oral prednisone was lower in the IBCDT group (mean±SD 2.9±5.0mg/dl) than MMF (10.5±8.0 mg/day,p<0.01) or CYC group (7.5±9.0mg/day,p<0.01). Mean follow-up after treatment was 44.5 months (IQR 36–120months), 48.6 months (IQR36–120months), and 45.3 (IQR36–120months) for IBCDT, MMF and CYC, respectively. At their last follow-up visit, we observed no significant differences in proteinuria and serum creatinine, nor in the frequency of new flares among the three groups.

**Conclusion:** In biopsy proven LN, the IBCDT without further immunosuppressive maintenance therapy was shown to be as effective as conventional regimen of MMF or CYC followed by a 3-year maintenance MMF regimen. Moreover, the use of IBCDT was associated with a marked reduction of glucocorticoid cumulative dose.

**Disclosure of Interests:** None declared

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