

Signs of acute pancreatitis, absence of choledocholithiasis. Severe acute pancreatitis was diagnosed in the ICU. She received five pulses of methylprednisolone, with favorable clinical and humoral evolution, reason why it was concluded that the cause was autoimmune.

Conclusions: Pancreatitis as a gastrointestinal manifestation of SLE has a frequency of 0.7 - 4%, in 22% it is the initial clinical manifestation. Despite its low frequency, in the presence of acute abdominal pain, it must be considered in the differential diagnosis; even more if there is lupus activity since it is associated with a high mortality. This manifestation responds well to high doses of corticosteroids, as evidenced in our case, where timely diagnosis and treatment led to the remission of pancreatitis.

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LUNG CANCER IN SYSTEMIC LUPUS ERYTHEMATOSUS: A CASE REPORT

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Objectives: To describe the presentation of lung cancer in a patient with systemic lupus erythematosus (SLE).

Methods: Clinical case report and literature review.

Results: A 54-year-old woman with a diagnosis of SLE for 8 years, without a history of smoking. Request a consultation because of the presence of pleuritic pain in the posterior region of the right hemithorax and dyspnea of 2-months in duration. Denied: fever, night sweats, weight loss. On physical examination in right hemithorax: decreased aplextation, decreased vocal vibrations in 1/3 medium and abolished in the lower 1/3, egophony in the lower 2/3, absence of vesicular murmur in the lower 2/3 with dullness on percussion. Study of pleural fluid: leukocytes: 3120 cells / mm3, red blood cells: 250 cells / mm3, polymorphonuclear cells: 0%, mononuclear: 100%, BK and GeneXpert: negative. Tumor markers: negative. Chest x-ray film: pleural effusion and heterogeneous radio-opacity in the right hemithorax. Chest tomography with contrast: lung mass in the middle of the right lung measuring: 84x55x27 mm with mediastinal adenopathies, effusion and pleural thickening. Cytological study, cell block and immunohistochemistry compatible with pulmonary adenocarcinoma.

Conclusions: SLE is associated with an increased risk of several types of cancer, including the lung with a 1.62 times increased risk in SLE. A Colombian study found a frequency of 4.4% of diverse neoplasms in SLE, but not of lung.

Lung cancer in SLE occurs on average at 60 years of age, late in the course of SLE, is strongly associated with a history of smoking; the most common histological type is adenocarcinoma and in 85% of the cases they are in advanced stages III / IV, being associated with a poor prognosis.

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RENAL TRANSPLANTATION IN SYSTEMIC LUPUS ERYTHEMATOSUS: EXPERIENCE IN A SINGLE CENTER IN GUATEMALA

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Objectives: Renal involvement in systemic lupus erythematosus (SLE) is one of the main causes of morbidity and mortality. The risk for progression to end-stage kidney disease (ESRD) secondary to lupus nephritis (LN) in native kidneys has been estimated to be up to 30%. The objective of this study was to analyze the long-term outcome of patients with NL who underwent renal transplantation from a single center in Guatemala.

Methods: This is a medical records review study that included all adult patients diagnosed as having SLE in whom ESRD was primarily caused by lupus nephritis, who required renal transplantation from January 2005 to December 2017 in the Guatemalan Social Security Institute. Medical records of hospitalizations and follow-up of LN patients with a kidney transplant were reviewed. All patients met the criteria for classification of the American

College of Rheumatology for SLE. The diagnosis of LN was based on the findings of the renal biopsy, by the International Society of Nephrology/Society of Renal Pathology (ISN/RPS) 2003 Classification system. To perform the analysis, demographic and clinical characteristics, histological and immunologic features, and treatments used in the cohort of SLE transplanted patients were evaluated. Patient and graft survival rates were calculated with Kaplan-Meier survival curves.

Results: A total of 13 renal transplants were performed in 13 patients diagnosed with LN, during the 12-year interval. Most patients were women (n = 9, 69%), with a mean age of 37.4 ± 10 years at the time of transplantation. Twelve patients (92.3%) underwent hemodialysis before renal transplantation and 54% had such treatment less than 3 years. The most frequent lupus nephropathy was type IV (62%). Among the comorbidities of patients who received a kidney graft, 54% had arterial hypertension. Four transplants were performed from deceased donors and nine from living-related donors. The patient survival rate was 100%, and graft survival was 84.6% at 1 year. Graft failure occurred in a total of 2 transplantations and the causes were chronic allograft nephropathy and acute rejection. Only 1 patient presented a recurrence of lupus nephritis, which was placed on rescue therapy with Rituximab, with a renal graft currently functional.

Conclusions: Renal transplantation is a method which can provide a long-term survival for patients with SLE and end-stage renal disease at the Guatemalan Social Security Institute, as reported in other studies in Latin America.

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LET'S TALK ABOUT LUPUS LIVE VIDEO CHATS WITH AN EXPERT: AN INTERACTIVE FACEBOOK RESOURCE FOR PATIENT EDUCATION ABOUT LUPUS

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Objectives: The Latin-American population living with lupus is eager to learn about the disease and how to deal with a variety of illness-related challenges. We describe the methodology and impact of a Facebook (FB) resource that provides patient-centered education in Spanish through live interaction between members of the audience and Latin-American healthcare professionals with expertise in lupus.

Methods: FB/Hablemos de Lupus (Let's Talk about Lupus) is part of a comprehensive online program in Spanish to educate Latin-Americans about lupus. While FB/Hablemos de Lupus delivers a continuous stream of educational resources, a team of rheumatologists addresses members' questions and evaluates the audience education needs. In July 2017, we launched monthly live video chats (LVC) led by healthcare professionals with expertise in lupus. LVC include a short overview of the topic by the expert, followed by the audience-expert chat. Experts received personalized training on the use of the FB tool, and guidance to leverage the live questions as opportunities to educate without providing diagnosis or treatment recommendations. A LVC team assisted the experts by collecting and tracking the live audience questions in a shared document. We measured FB LVC metrics (number of shares, likes, comments; people reached; times content was displayed; total views; total views by age, sex and location).

Results: By November 2018, FB/Hablemos de Lupus has broadcasted 12 LVC. Topics were selected from the most common themes that emerged organically from the FB audience. Most LVC were led by rheumatologists from the Latin-American Group for the Study of Lupus (GLADEL) and lasted between 40 to 60 minutes. The overall live audience included 3,319 people across 12 LVC. Among them, 90% were female (63% aged 25-54; 27% aged 35-44). All Latin-American countries were represented, with Mexico, Argentina, Colombia, Chile and Perú as the top 5. The largest non-Latin American audiences were from Spain and the United States. Means of LVC impressions (times the content was displayed), people reached (people who watched 12 LVC) and LVC views (times the LVC was viewed) were 112717, 80248 and 17867, respectively. Mean shares, likes and comments were 447, 1709 and 587, respectively. Experts valued the experience and were willing to participate in further sessions.