



POSTER PRESENTATION

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Rituximab reduces the hospitalization in patients with systemic lupus erythematosus

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Introduction

Systemic Lupus Erythematosus (SLE) is a chronic inflammatory disease of unknown etiology. The evolution of the disease is unpredictable. Most patients follow a chronic course and have flare-ups or exacerbations, with a number of hospital admissions.

Hypothesis and objectives

The use of Rituximab (RTX) decrease the hospital admissions in SLE patients refractory to immunosuppressive therapy.

Material and methods

This is an observational, retrospective and multicenter study. Sequential observation was made at baseline, at 24th week and final visit. The outcome variables were: clinic improvement measured by SLEDAI, Physician's Global Assessment (PGA) and patient hospitalization for SLE during the 24th week and final visit. Statistical analysis of the qualitative and quantitative variables was done by Chi-square and T-test/Wolcoxon, respectively.

Results

We treated 46 patients (94% women), mean age 36.50 ± 11.47 ages, 91% Caucasians.

Monitoring: mean of 21,1±13,9 months. The main reason for use of RTX was: nephritis (24%), arthritis (28%), thrombocytopenia (11%), neurological (13%), cutaneous (13%) and others (11%).

The most common dose used was 2x1g (87%). The median of cycles was 2 (rank 1-3). Patients treated with RTX improved SLEDAI, PGA and reduced hospital admissions (table 1).

Table 1 Endpoints

	Baseline	24th week	Final Visit
SLEDAI (0-105), median (rank)	14.5 (7.8-22.3)	4.0 (2.0-6.0)**	2.0 (0.0-4.0)**
PGA (0-3), median (rank)	2.8 (2.0-3.0)	0.0 (0.0-1.0)**	0.0 (0.0-1.0)
Hospitalization, n (%)	25 (54%)	1 (2.3%)**	2 (4%)**

**p <0,0005 respect to baseline.

Conclusions

RTX may be effective in SLE patients refractory to immunosuppressive therapy, as it gets to control disease activity and reduces hospital admissions. For these reasons, RTX should be considered a therapeutic option of first choice in these patients.

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