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ABSTRACT BOOK

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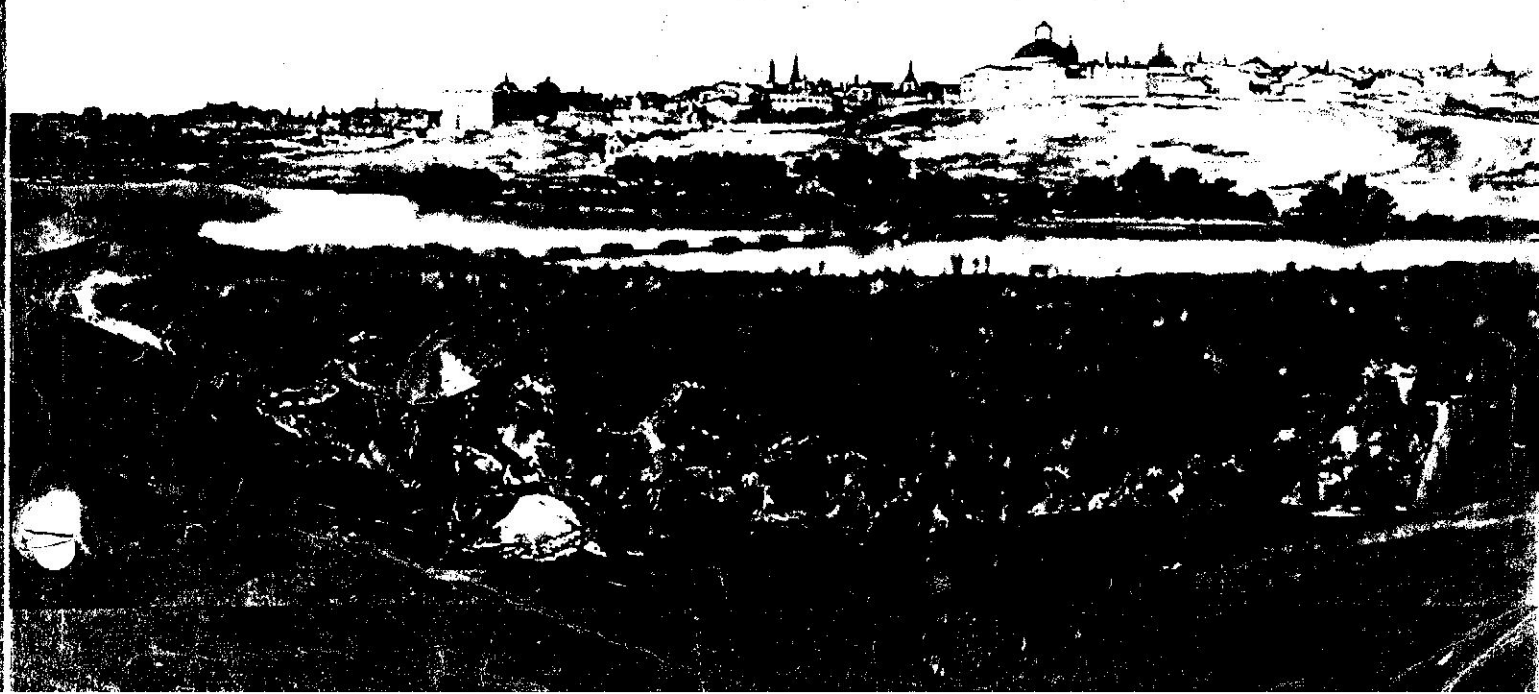

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PROLACTIN, THE ASPECTS OF HORMONAL REACTION IN PATIENTS OF SYSTEMIC LUPUS ERYTHEMATOSUS

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Objective: Dynamic conformity of serum prolactin, cortisol and insulin was analysed. A group of 34 patients with Systemic Lupus Erythematosus (SLE), corticosteroid intake being also taken into account and a control group of 16 healthy people of similar age and sex were studied.

Methods: Cortisol, prolactin and insulin levels in serum from thouse subjects undergoing the corticotropin-releasing hormone (CRH) stimulation test were measered by radioimmunoassay.

Results: High prolactin levels were revealed in 4 patients with SLE. CRH stimulation test caused decrease of prolactin levels (in 82%) and increase of cortisol and insulin levels. Dynamics of cortisol and insulin in patients with SLE was decreased. Corticosteroid intake was accompanied by transfer of prolactin and insulin dynamics onto a higher level, by depression of hormonal response of cortisol.

Conclusions: The results of investigations give appotunity to consider high prolactin levels in patients with SLE as a compensated reaction connected with bioenergetic process impairment.

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DYNAMICS OF PULMONARY HYPERTENSION IN PATIENTS WITH SYSTEMIC LUPUS ERYTHEMATOSUS IN PROCESS OF COMBINED THERAPY

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Objective: A prospective study was performed on 9 patients (women) with Systemic Lupus Erythematosus (SLE) with pulmonary hypertension (PH) - group 1. Twelve patients with SLE without PH of similar age and sex served as control - group 2.

Methods: All patients of group 1 were treated by corticosteroids and pulse cyclophosphamide, heparin and cryoplasmapheresis. Pulmonary artery systolic pressure was calculated from the right ventricular presejection period/accelaration time Doppler index.

Results: The mean pulmonary artery systolic pressure in patients of group 1 was 31±7 mmHg vs 24±4 in group 2 ($p<0.05$). A complete response was achieved in all patients of group 1. Significant involvements of pulmonary artery systolic pressure was received ($p<0.01$).

Conclusions: High doses corticosteroids, possibly, pulse therapy, cyclophosphamide pulse therapy, anticoagulants and cryoplasmapheresis can be tried in more severe cases of SLE with pulmonary hypertension.

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CLINICAL MANIFESTATONS OF SLE: A COMPARISON OF SPANISH AND HISPANIC-AMERICAN PATIENTS

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Objective: to assess the clinical differences and SLE severity in two different populations.
Method: a retrospective study of 53 Hispanic patients from a county hospital in LA and 76 Spanish patients from a county hospital in Madrid was perfomed. This work was completed by a prospective study, with results at first and third year, which included 27 Hispanic patients from a county hospital in LA and 69 Spanish patients from a county hospital in Madrid. We looked for: Raynaud's, migraine, arthritis, Sjogren's, skin rash, discoid lesions, vasculitis, digital gangrene, alopecia, CNS involvement, renal disease, lung disease, heart disease, hemolytic anemia, leucopenia, thrombopenia, thrombosis, liver disease, pancreatitis, and aseptic bone necrosis.
Results: significant differences were found as presented in the tables

Retrospective study:

Clinical feature	Spanish	US Hispanics	Chi2	OR
Alopecia	34.2%	71.6%	20.7	4.87
CNS involvement	17.1%	37.7%	7.1	2.93
Renal disease	43.4%	86.7%	40.0	8.56
Lung disease	22.3%	54.7%	15.4	4.19
Heart disease	18.4%	50.9%	16.8	4.59
Hemolytic anemia	9.2%	60.3%	60.2	15.02
Prospective study at 1st year:				
Vasculitis	11.5%	37.0%	7.31	4.48
Alopecia	37.8%	66.6%	8.82	3.75
Renal disease	40.5%	77.7%	14.29	5.12
Lung disease	15.9%	66.6%	26.62	10.54
Heart disease	15.9%	51.8%	12.45	5.67
Hemolytic anemia	7.2%	66.6%	50.8	25.60
Prospective study at 3rd year:				
Arthritis	72.0%	95.2%	13.6	7.44
Rash	54.2%	76.1%	3.8	2.7
Discoid lesions	16.9%	4.7%	4.1	4.08
Alopecia	33.8%	71.4%	10.4	4.8
Renal disease	42.3%	80.9%	13.5	5.78
Lung disease	23.7%	71.4%	17.8	8.03
Heart disease	15.2%	61.9%	17.3	9.02
Hemolytic anemia	8.47%	80.9%	66.4	45.9

Conclusion: Systemic Lupus in Hispanic-American Mestizos is more severe than in Spanish Caucasian patients. Major organ involvement is more frequent in the former group. Racial and environmental factors may explain these differences.

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BONE MINERAL DENSITY IN PATIENTS WITH SYSTEMIC LUPUS ERYTHEMATOSUS

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Objective. To evaluate Bone Mineral Density (BMD) in ambulatory patients with Systemic Lupus Erythematosus (SLE)
Methods. BMD at the lumbar vertebrae (L_2-L_4) and at the femur was measured by dual-X ray absorptiometry in 72 SLE patients fullfilling the revised ACR criteria (64 females, mean age: 37.9±14.0 yrs., mean disease duration: 6.2±4.3 yrs., range 0.6-18.1 yrs.), most of whom with clinically quiescent disease. Sixty-six patients were receiving steroids at the time of the study (mean cumulative dose 17.8±19.8 gm). Disease activity was assessed by the SLEDAI index. Osteoporosis and osteopenia were defined according to WHO criteria (1994).
Results. A reduced bone mass at lumbar spine was detected in 45.8% of patients (9 osteoporotics) whereas with femoral densitometry 61.1% of patients were osteopenic (12 osteoporotics). We did not find any significant relatioship between BMD and cumulative steroid dosage, mean daily dose of steroids and SLEDAI. In contrast BMD was correlated with age ($r=-0.25$; $p=0.03$) and disease duration ($r=-0.34$; $p=0.003$).
Conclusions. Bone mineral density is frequently reduced in SLE patients. Bone loss seems to be accentuated at the femur and may be independent from corticosteroid therapy.