



ERRATA

Errata a <<Congresso Português de Cardiologia 2023>>

No volume 42, Suplemento I, Abril 2023 da Revista Portuguesa de Cardiologia, dedicado ao Congresso Português de Cardiologia, não foi publicado o *poster* PO 50. Segue a respetiva transcrição:

PO 50. PERICARDITIS IN PATIENTS WITH SYSTEMIC LUPUS ERYTHEMATOSUS: CHARACTERISTICS AND ASSOCIATES

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Background: Pericarditis may be the first manifestation of Systemic Lupus Erythematosus (SLE) and knowing the clinical profile of these patients may improve the diagnostic and management approaches. In this work, we intend to identify the characteristics and associates of acute pericarditis in patients with SLE.

Methods: We performed a retrospective study based on the review of data from the reuma.pt registry of patients with SLE followed in our center, comparing the clinical profiles of patients with pericarditis with those without this manifestation.

Results: We reviewed the clinical files of 205 patients with SLE, all Caucasian, 91% women with a mean age of 47 (SD ± 13) years and a median Disease Activity Index SLEDAI 2 (IQR ± 4,5) at the last appointment. Fourteen (7%) patients presented pericarditis: 71% were women, mean age of 43 (SD ± 14) years. All pericarditis occurred at the diagnosis of SLE, except one that occurred 4 years later. In 6 patients, a small pericardial effusion was

present. None of these patients had a recurrence of pericarditis. Patients with pericarditis presented musculoskeletal (93%), acute cutaneous (86%), renal (50%), haematological (46%) and neurological (18%) SLE manifestations. Regarding autoimmune evaluation and considering serial measurements during follow-up, 100% had anti-dsDNA, 36% anti-SSA, 21% anti-SSB, 7% anti-SM, 21% anti-RNP, 15% anti-cardiolipin and 23% anti-B2GP1 antibodies, 27% Lupic anticoagulant and 92% hypocomplementemia. At the last appointment, patients with SLE and previous pericarditis were being treated with corticosteroids (93%) and hydroxychloroquine (64%), azathioprine (14%), mycophenolate (7%), rituximab (7%), belimumab (7%) and with methotrexate (7%). We found associations between pericarditis and male gender ($p=0,028$) and with a lower platelet count at the last appointment (mean 193×10^9 vs. 237×10^9 , $p=0,05$, in patients with and without pericarditis, respectively). We didn't find any associations between pericarditis and cardiovascular risk factors, SLEDAI or other systemic SLE manifestations or specific treatments. **Conclusion:** The occurrence of pericarditis is not frequent and does not seem to affect the prognosis of patients with SLE. The associations with gender and platelet count, not uniformly identified in previous studies, may point to particular pathophysiological mechanisms involved in this clinical presentation.

Refers to: S0870-2551(23)X0005-5

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