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CORRECTION

Correction to "Poster Presentation Abstracts. The 27th Asia-Pacific League of Associations for Rheumatology Congress (APLAR) 2025, 3–7 September 2025, Fukuoka, Japan"

"Poster Presentation Abstracts. The 27th Asia-Pacific League of Associations for Rheumatology Congress (APLAR) 2025, 3–7 September 2025, Fukuoka, Japan," *International Journal of Rheumatic Diseases* 29, no. S1 (2026): e70440. https://doi.org/10.1111/1756-185x.70440.

In the abstract "Prognostic value of anti-carp antibodies in early rheumatoid athritis," Author Mokhinur Ruziboyevna Rakhimova was added in the author byline.

In the abstract "The clinical, diagnostic, and prognostic significance of laboratory and immunologic markers in early rheumatoid arthritis," Author Mokhinur Ruziboyevna Rakhimova was added in the author byline.

In the abstract "Clinical diagnosis of systemic lupus erythematosus: Cases in Uzbekistan and global experience," Author Khurshida Shamuratovna Aybergenova was added in the author byline.

The online abstracts have been amended.

We apologize for the errors.

with factors like older age, comorbidities, and concurrent use of other immunosuppressants These findings underscore the importance of vigilant monitoring, timely diagnosis, and tailored management strategies in SLE patients, especially in TB-endemic regions.[2, 3]

Conclusion: This case series underscores the heightened risk of TB in SLE patients, particularly in those receiving immunosuppressive therapy, specifically MMF. Tailored management, close surveillance, a high index of suspicion for TB, and prompt initiation of anti-tuberculosis therapy are essential for improving outcomes in this vulnerable population.

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Acute diarrhea and ileus as initial presentation of gastrointestinal manifestation of systemic lupus erythematosus in a 21-year-old female

Ryan James Miguel; Abigail Lacambra; Dominic Dela Cruz
Southern Isabela Medical Center

Objective: To present a case of a 21-year-old female with gastrointestinal manifestation of systemic lupus erythematosus.

Background: Gastrointestinal (GI) involvement in Systemic lupus erythematosus (SLE) ranges from 2.2%–9.7%, and nonspecific manifestations pose a diagnostic challenge; Nausea, vomiting, and diarrhea can be one of the manifestations. Diffuse abdominal pain can be caused by autoimmune peritonitis and/or intestinal vasculitis, leading to intestinal Pseudo-obstruction, which is only seen in 1.96% of SLE patients.

Case: A 21-year-old, female, with 2-weeks history of generalized abdominal pain, and diarrhea. Two days prior to consult, she had constipation. She also had 2 weeks history of undocumented weight loss, thinning of hair, dry cough, joint pains and febrile episodes. Abdomen was flabby, hyperactive bowel sounds, dull on percussion, tense on palpation. Complete blood count (CBC) revealed leukocytosis at 25.31×10^9/L with neutrophilic predominance, microcytic hypochromic anemia at 9.2 g/dL, thrombocytosis at 554×10^9/L and direct Coomb's test positive (2+). Urinalysis, fecalysis and creatinine was unremarkable. Electrolyte imbalances were noted, Hyponatremia at 129.5 mmol/L and Hypokalemia at 3.18 mmol/L. Chest X-ray revealed bilateral upper lobe pulmonary tuberculosis (TB), and bilateral pneumonia. Abdominal X-ray revealed generalized ileus with fecal stasis. On work-up, Chest and Abdominal CT-scan with contrast revealed pulmonary tuberculosis, pleural empyema and Ileus, respectively. Stool and sputum acid fast staining were negative. Anti-nuclear antibody (ANA), and anti-dsDNA were positive. She was given glucocorticoids and appropriate antibiotics which resulted to resolution of ileus and clinical improvement of the patient. Anti-TB was started and maintained on low dose prednisone, hydroxychloroquine, azathioprine, iron, vitamin B-complex and calcium.

Conclusion: Abnormal production of immune complexes, and its deposition in gastrointestinal tract will lead to immune-mediated vasculitis. It can be life-threatening: perforations, ischemia, bleeding, and sepsis are frequent complications. Prompt recognition and immediate administration of systemic glucocorticoid therapy and appropriate antibiotic is lifesaving in these cases.

Clinical diagnosis of systemic lupus erythematosus: Cases in Uzbekistan and global experience

Khilola Mirakhmedova
Department of Propaedeutics of Internal Diseases, Tashkent Medical Academy

Systemic lupus erythematosus (SLE) is a widespread and serious autoimmune disease that causes prolonged kidney damage and negatively affects patient survival. In recent years, the clinical presentation and diagnosis of SLE, as well as the causes of the early and rapid development of lupus nephritis, have been actively studied in Uzbekistan, and new diagnostic methods are being developed.

Key words: biomarker, lupus nephritis, systemic lupus erythematosus

Purpose: To analyze the clinic and diagnosis of SLE in Uzbekistan and explore new diagnostic methods based on international experience.

Materials and Methods: The study was conducted in the rheumatology and nephrology departments of the multidisciplinary clinic at Tashkent Medical Academy, involving 112 SLE patients, including those with and without lupus nephritis.

Results: The results of the analysis conducted on the patients were as follows: Hemoglobin: 99.5 ± 1.4 g/L (SLE without LN) vs 80.2 ± 1.1 g/L (SLE with LN); Erythrocytes: $3.2\pm0.2\times10^{12}$/L (SLE without LN) vs $2.9\pm0.1\times10^{12}$/L (SLE with LN); Leukocytes: $6.5\pm0.41\times10^9$/L (SLE without LN) vs $7.1\pm0.21\times10^9$/L (SLE with LN); ESR: 17.3 ± 1.1 mm/h (SLE without LN) vs 20.1 ± 1.48 mm/h (SLE with LN); Proteinuria: 0.3 ± 0.29 (SLE without LN) vs 1.2 ± 0.18 (SLE with LN); Total Protein: 65.3 ± 1.09 g/L (SLE without LN) vs 58.1 ± 0.44 g/L (SLE with LN); dsDNA: 98 IU/mL (SLE without LN) vs 152 IU/mL

TABLE 1 Comparison of VCAM-1 and VEGF levels in serum.

Study group	Healthy control	SLE without LN	SLE with LN	*p*-value
Median VCAM-1 level in serum (ng/mL)	97.99 ± 7.5	216.98 ± 4.9	311.18 ± 7.1	0.02
Median VEGF level in serum (pg/mL)	336 ± 6.9	429.15 ± 5.8	546.65 ± 6.8	0.02

(SLE with LN); C3: 119 mg/dL (SLE without LN) vs 89 mg/dL (SLE with LN); C4: 269 mg/dL (SLE without LN) vs 172 mg/dL (SLE with LN).

Discussion: This study measured the levels of VEGF and VCAM-1 in the serum of SLE patients in Uzbekistan. The results showed higher levels of these biomarkers in patients with active lupus nephritis and lower levels in the non-nephritis group. VEGF levels increased with disease activity, but no significant differences were observed across disease stages. VCAM-1 was found to be a reliable biomarker for assessing kidney disease activity and may be useful in diagnosing lupus nephritis. However, further studies are needed to explore the role of VCAM-1 in monitoring patients with chronic proteinuria.
Conclusion: Assessment of VCAM-1 and VEGF levels in patients with lupus nephritis (LN) is crucial for determining the severity of the disease and predicting its progression. In the future, these biomarkers could serve as new diagnostic tools for detecting kidney involvement in LN. This would facilitate improved personalized treatment approaches and optimize therapeutic strategies aimed at reducing the risk of kidney complications.

Pregnancy outcomes in patients with systemic lupus erythematosus and the impact of belimumab: LOOPS registry

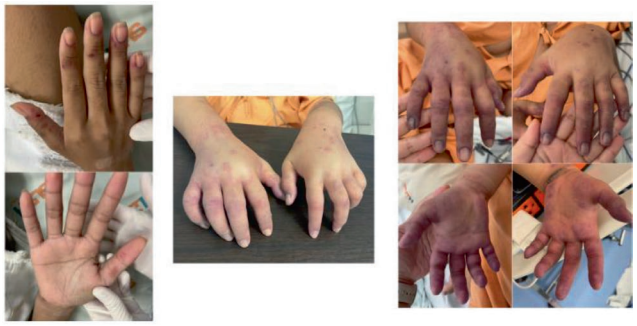
Yusuke Miyazaki[1];
Satoshi Kubo[1,2]; Hiroaki Tanaka[1]; Shunsuke Fukuyo[1]; Ippei Miyagawa[1]; Naoaki Okubo[1]; Yasuyuki Todoroki[1,2]; Yurie Kanda[1]; Masanobu Ueno[1]; Yuya Fujita[1]; Hidenori Sakai[1]; Yoshiya Tanaka[1,2]; Shingo Nakayamada[1]
[1]The First Department of Internal Medicine School of Medicine University of Occupational And Environmental Health Japa; [2]Department of Molecular Targeted Therapeutics, School of Medicine, University of Occupational and Environmental Health, Japan

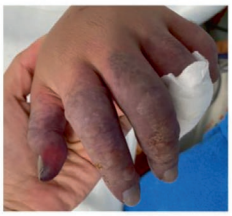
Background: Pregnancy in patients with systemic lupus erythematosus (SLE) carries various risks. However, with appropriate management, most women can achieve successful pregnancy and delivery. Belimumab (BEL), an anti-BAFF antibody, has been proven effective in SLE. The administration of BEL during pregnancy in SLE patients has been reported in only a few cases, and in Japan, it is classified as a "use when the potential benefits justify the potential risks" medication. This study aimed to investigate pregnancy outcomes and the influence of BEL on pregnancy in patients with SLE.
Methods: We analyzed pregnancy outcomes (A total of 56 pregnancies in 43 patients) of patients with SLE who conceived from October 2015, when HCQ became available in Japan, to March 2023. The primary outcome was the live birth rate.
Results: The average age of participants in this study was 30 years. The majority of patients had well-controlled disease activity, with 80% having planned pregnancies. The live birth rate was 87.5% (49/56), with pregnancy complications occurring in 53.6% (30/56) of cases. Neonatal asphyxia was reported in 16.3% (8/49) of cases, and disease flares occurred in 35.7% (20/56) of cases. Multivariate analysis showed that the absence of HCQ use during pregnancy was significantly associated with pregnancy complications ($p < 0.01$), neonatal asphyxia ($p < 0.01$), and disease flares ($p < 0.01$). Among the 14 patients treated with BEL, six discontinued BEL in a planned manner, as their SLE disease activity was well controlled. In contrast, three patients discontinued BEL upon pregnancy confirmation. No significant differences were observed in live birth rates, pregnancy complications, disease flares, or neonatal asphyxia between patients who discontinued BEL as planned and all other patients. All five patients who continued BEL due to a history of severe disease had live births. Among those who stopped BEL upon pregnancy confirmation, one had a miscarriage and two had disease flares requiring BEL resumption. In cases where BEL was continued during pregnancy or intentionally discontinued, no disease flare were reported, and glucocorticoid dosage was lower compared to other cases.
Conclusion: HCQ use during pregnancy in patients with SLE reduce pregnancy complications, neonatal asphyxia, and disease flares. Planned discontinuation of BEL may be possible after achieving disease control in patients aiming for pregnancy; however, patients with severe organ involvement may face risks of flare and should consider shared decision-making regarding BEL continuation.

Severe Raynaud's phenomenon led to digital amputation in a patient with systemic lupus erythematosus

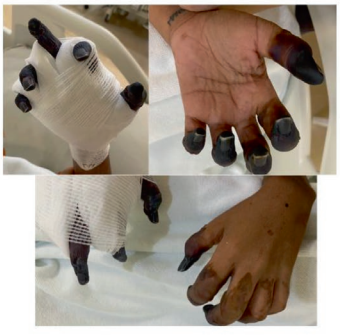
Kamonwan Mulalin
Suranaree University of Technology Hospital

Background: Systemic lupus erythematosus is an autoimmune disease that affects various organs. Raynaud's phenomenon may occur in some patients, but it is typically not severe enough to lead to amputation. We present the case of a young female with severe SLE and Raynaud, which caused her digital amputation.
Case presentation





After IVCY, nifedipine, sildenafil, iloprost, enoxaparin at 1/9/24



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