

EPO1329

Neurological manifestations of systemic lupus erythematosus

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Background and aims: Neurological manifestations are common in systemic lupus erythematosus (SLE). It may be one of the major presentation and occur in early stages, even before SLE is diagnosed, so early diagnosis and proper recognition is important. The study was made to highlight the pattern of neurological involvement.

Methods: This hospital based retrospective study was carried out from 2015 to 2018. Diagnosed cases of SLE with neurological manifestations were included. Patients with cognitive and psychiatric disturbances were not included due to the type of the study.

Results: In total, from 201 patients, 75 of them had some kind of neurological presentation (37%). 93% were female. The most common age group was from 33-47 years. Peripheral neuropathy was diagnosed in 46 patients (23%), which included sensory motor and also autonomic polyneuropathy and different mononeuropathies. 20% of patients had a history of cerebral infarctions, most often lacunar strokes and transitory ischemic attacks, also large ischemic strokes were found. From retrospective data 10% of lupus patients during the course of the disease were diagnosed with either tension type headaches or migraines, 3 had trigeminal autonomic cephalgias. Less common manifestations were transverse myelitis, central nervous system vasculitis and retrobulbar neuritis.

Conclusion: Neurological manifestation in systemic lupus erythematosus may occur at any time of the disease and be the major presentation. In this study the most common manifestation was peripheral neuropathy and cerebral infarctions.

Disclosure: Nothing to disclose

EPO1330

Tuberous Sclerosis (TS), analysis of a case series

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Background and aims: Analyze systemic symptomatology, especially the neurological one, and characteristic findings in imaging tests of patients with TS in Reina Sofía's Hospital area, Murcia (Spain).

Methods: Digitalized medical records review of patients diagnosed with ST.

Results: 7 patients were included. Average age 44.8 (minimum 30, maximum 60). 57.2% men, 42.8% women. 100% had facial angiofibromas, 71.4% renal angiomyolipomas (AML) and epileptic seizures, 28.5% periungual fibroids, bone abnormalities, lymphangioliomatosis, hepatic AML, retinal astrocytic hamartomas, mental retardation and behavioral disorders (heteroaggressiveness) and 14.3% coffee spots with milk and aneurysm of the interventricular septum. In relation to brain imaging tests, 4 patients had an MRI and 2 had a CT scan, another report was not obtained from another patient. The 3 typical findings of TS, subependymal nodules, cortical/subcortical tuberomas in the cerebral hemispheres (in 1 of the patients also in the cerebellum) and alteration of the white matter (3 with radial migration and 1 with demyelination) were observed in 100% of MRIs. In the 2 patients with CT, subependymal nodules were observed.

Conclusion: The lesions most frequent location was the skin and the central nervous system (since all the patients had findings in the brain imaging tests), followed by the renal one. In most patients, neurological lesions caused epileptic symptoms. It is observed that the data obtained mostly agree with what is described in the bibliography.

Disclosure: Nothing to disclose