



AB008. Rates and factors associated with disease activity remission and recurrence in cutaneous lupus erythematosus

Stephanie Florez-Pollack, Syed K. Rizvi, Linda S. Hynan, Benjamin F. Chong

Department of Dermatology, University of Texas Southwestern Medical Center, Dallas, TX, USA

Abstract: Little is known about the rates of disease remission and recurrence in patients with cutaneous lupus erythematosus (CLE). We conducted a retrospective cohort study of 97 participants with CLE to determine rates and clinical characteristics associated with disease remission and recurrence. Inclusion criteria included CLE patients with at least three study visits spanning a minimum of six months. Disease remission was defined as reaching Cutaneous Lupus Erythematosus Activity and Severity Index activity (CLASI-A) equal to 0. Disease recurrence was defined as having a CLASI-A ≥ 1 after remission. Participants had a mean follow-up period of 39 (IQR, 22–62) months.

Forty-seven percent (46/97) of participants reached disease remission. Median time to remission was 17 (IQR, 8–29) months from the initial visit. After remission, 63% (29/46) of participants experienced disease recurrence within a median of 13 (IQR, 7–19) months. Lower percentages of patients with discoid lupus erythematosus (DLE) (63% *vs.* 88%, $P=0.004$) and higher percentages of patients with oral ulcers (83% *vs.* 24%, $P<0.0001$) were seen in patients achieving remission *vs.* those who did not. Patients who experienced recurrence were more likely to have DLE (72% *vs.* 29%, $P=0.005$) and longer duration of disease prior to their initial visit (median: 3 years; IQR, 0–6) than those who did not have recurrence (median: 0 years; IQR, 0–0, $P=0.002$). We found that most patients with CLE can achieve remission within months after starting therapy; however, the risk of experiencing recurrence is high. Furthermore, DLE and longer disease duration may be associated with a relapsing-remitting disease course.

Keywords: Cutaneous LE; prognosis

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