



POSTER PRESENTATION

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# Rituximab reduces the hospitalization in patients with systemic lupus erythematosus

R Martínez-Pérez<sup>1\*</sup>, A Fernández-Nebro<sup>2</sup>, M López-Lasanta<sup>2</sup>, M L Velloso-Feijoo<sup>1</sup>, A Muñoz-Jiménez<sup>1</sup>, J López Longo<sup>3</sup>, J L Marenco<sup>1</sup>

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## Introduction

Systemic Lupus Erythematosus (SLE) is a chronic inflammatory disease of unknown etiology. The evolution of the disease is unpredictable. Most patients follow a chronic course and have flare-ups or exacerbations, with a number of hospital admissions.

## Hypothesis and objectives

The use of Rituximab (RTX) decrease the hospital admissions in SLE patients refractory to immunosuppressive therapy.

## Material and methods

This is an observational, retrospective and multicenter study. Sequential observation was made at baseline, at 24<sup>th</sup> week and final visit. The outcome variables were: clinic improvement measured by SLEDAI, Physician's Global Assessment (PGA) and patient hospitalization for SLE during the 24<sup>th</sup> week and final visit. Statistical analysis of the qualitative and quantitative variables was done by Chi-square and T-test/Wolcoxon, respectively.

## Results

We treated 46 patients (94% women), mean age 36.50 ± 11.47 ages, 91% Caucasians.

Monitoring: mean of 21,1±13,9 months. The main reason for use of RTX was: nephritis (24%), arthritis (28%), thrombocytopenia (11%), neurological (13%), cutaneous (13%) and others (11%).

The most common dose used was 2x1g (87%). The median of cycles was 2 (rank 1-3). Patients treated with RTX improved SLEDAI, PGA and reduced hospital admissions (table 1).

**Table 1 Endpoints**

	Baseline	24th week	Final Visit
SLEDAI (0–105), median (rank)	14.5 (7.8–22.3)	4.0 (2.0–6.0)**	2.0 (0.0–4.0)**
PGA (0–3), median (rank)	2.8 (2.0–3.0)	0.0 (0.0–1.0)**	0.0 (0.0–1.0)
Hospitalization, n (%)	25 (54%)	1 (2.3%)**	2 (4%)**

\*\*p <0,0005 respect to baseline.

## Conclusions

RTX may be effective in SLE patients refractory to immunosuppressive therapy, as it gets to control disease activity and reduces hospital admissions. For these reasons, RTX should be considered a therapeutic option of first choice in these patients.

## Author details

<sup>1</sup>Rheumatology Unit, Valme University Hospital, Seville, Spain. <sup>2</sup>Rheumatology Unit, Malaga Civil Hospital, Malaga, Spain. <sup>3</sup>Rheumatology Unit, Gregorio Marañón University Hospital, Madrid, Spain.

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<sup>1</sup>Rheumatology Unit, Valme University Hospital, Seville, Spain  
Full list of author information is available at the end of the article