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**ONE CASE OF SYSTEMIC LUPUS ERYTHEMATOSUS WITH PREMATURE CORONARY HEART DISEASE**

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**Objectives**

1. Clinical Data: The patient, female, is 39 years old, with pectoralgia 2 month in hospital. She has 'SLE' for 10 years, used of prednisonum nearly 5 years.

**Methods**

2. Discussion: Coronary disease risk factors include traditional cardiovascular disease, hypertension or take drug for treating high blood pressure, diabetes and smoking, generation in the early history of coronary heart disease relatives, hyperlipidaemia, high-density lipoprotein (HDL) lower, low-density lipoprotein (LDL) higher and any always happens atherosclerosis related disease, body mass index more than 30 kg/m<sup>2</sup>, early onset of ovarian function failure, etc.

**Results** The patient is a young women, and feel typical ischaemic pain. The patients have no the traditional risk factors, but there are clear systemic lupus erythematosus (SLE) 10 years history, and long-term use of adrenal glucocorticoid. we assume that the patient is likely to be the cause of systemic lupus erythematosus (SLE) about change and or long-term hormone therapy with relevant. Related literature tip: SLE with atherosclerosis is happened by traditional risk factors except the influence. There are some such as lipid structure imbalance, drug therapy, high coagulant SLE disease related factors such as state influence. SLE patients atherosclerosis may have the pathogenesis of vascular endothelial injuries, chronic inflammation, resistance to the function of the heart phospholipids antibody, immune complex role, etc.

**Conclusions** Effect mechanism: Hormone therapy that has the effect of atherosclerosis, indirect effect of traditional and increase the atherosclerosis risk factors: blood alcohol levels, with the bravery of hypertension and obesity, etc. It is very important benefit to Prevalence of complications, influencing factors and mechanism of SLE.