

中文題目：Hydroxychloroquine 在接受莫須瘤治療的全身性紅斑性狼瘡患者可降低嚴重感染

英文題目：Concomitant hydroxychloroquine use reduces serious infections in systemic lupus

erythematosus patients undergoing rituximab therapy

作者：郭蘋萱<sup>1</sup> 賴建志<sup>2</sup> 孫易暄<sup>2</sup> 黃德豐<sup>2</sup> 蔡長祐<sup>2</sup>

服務單位：<sup>1</sup>臺北榮民總醫院內科部, <sup>2</sup>臺北榮民總醫院內科部過敏免疫風濕科

**Background:** This study aimed to evaluate the risk factors of serious infection (SI) in patients with systemic lupus erythematosus (SLE) after rituximab treatment within 180 days.

**Methods:** SLE patients treated with rituximab were retrospectively analyzed. SI was defined as any infectious diseases requiring hospitalization. The clinical characteristics, laboratory profiles, medications, and incidence rate (IR) were presented. Multivariate Cox proportional hazards models and Kaplan–Meier analysis for risk factors of SI were performed.

**Results:** A total of 174 SLE patients receiving rituximab treatment were enrolled. The overall IR of SI was 51/100 patient-years. Pneumonia (30.4/100 patient-years), followed by soft tissue infections, intra-abdominal infections, and Pneumocystis jiroveci pneumonia (all 6.1/100 patient-years) were the leading types of SI. Twelve patients died during the 180-day follow-up (crude mortality rate: 14.6/100 patient-years). Chronic kidney disease (CKD), defined as an estimated glomerular filtration rate <60 mL/min/1.73m<sup>2</sup> (hazard ratio [HR]: 2.88, 95% confidence interval [CI]: 1.3–6.38), and a background prednisolone equivalent dosage ≥15 mg/day (HR: 3.5, 95% CI: 1.57–7.78) were risk factors for SI among all SLE patients. Kaplan-Meier analysis confirmed the risk of SI for SLE patients with CKD and a background prednisolone equivalent dosage ≥15 mg/day (log-rank P = 0.001 and 0.019, respectively). Hydroxychloroquine reduced the risk in SLE patients (HR: 0.35, 95% CI: 0.15–0.82; log-rank P = 0.003).

**Conclusion:** SI was prevalent in SLE patients after rituximab treatment. SLE patients with CKD and high-dose glucocorticoid use required constant vigilance. Hydroxychloroquine may reduce the risk of SI among SLE patients administered rituximab.