

pachymeningeal thickening and enhancement with areas of nodular thickening, pronounced around the left cavernous sinus.

Our patient had a non specific small-joint arthritis and a papular rash of photosensitive distribution.

A lumbar puncture was normal (one lymphocyte and no other cells, normal glucose (2.7mmol/l – serum level 4.2 mmol/l), normal protein (0.32 g/l), cryptococcal latex antigen test (CLAT) and India Ink negative, tuberculosis (TB) polymerase chain reaction negative and negative bacterial and TB culture). Further blood work-up revealed a lymphopaenia and an elevated erythrocyte sedimentation rate (90 mm in one hour) with normal complement 3, complement 4, treponema pallidum antibody negative, ANCA negative, normal IgG and IgG4 levels, normal serum calcium and other electrolytes. positive serology (antinuclear antibody positive (titre 1600 with speckled pattern), doublestranded DNA positive (100 IU/ml)), anti smith antibody was positive and a persistent lymphopaenia.

A biopsy, done by neurosurgeons, have eliminated a cancer specillay lymphoma and granulomatosis. In light of the above findings, a diagnosis of SLE pachymeningitis was made using 2019 ACR EULAR Criteria.

Our patient was treated with IVI methylprednisolone (750 mg daily for three days) and started on maintenance oral prednisone (60 mg), which was later weaned down, as well as a monthly dose of IVI cyclophosphamide (750 mg every month for six months). Our patient had an excellent, rapid response with complete resolution of headaches and neurology (excluding the optic atrophy) within one month. The patient showed good response to steroids and cyclophosphamide therapy. One should maintain a high index of suspicion to make the diagnosis in patients with SLE presenting with neurological dysfunction.

Conclusion HP in patients with SLE is an extremely rare condition. At our knowledge, eight cases, three among them are Tunisians, were reported having HP in SLE. Steroids remain the backbone of treatment for HP in SLE with good success in isolated case reports. Other disease-modifying agents may be added based on response. It is imperative that the diagnosis is made early and treatment initiated to prevent further neurological sequelae.

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FIRST CASE OF LUPUS: BISHOP ERACLIUS OF LIÈGE, BELGIUM

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Background Around 963 A.D., Bishop Eraclius (Liège, Belgium) wrote an affidavit stating, 'I ... was nearly taken to death by the disease called Lupus.' On the seventh night of praying at Saint Martin's tomb (Tours, France), Saints Martin and Brice (figure 1) appeared, curing him. His sores disappeared; he returned to good health.

Appreciative, Eraclius dedicated a church to Saint Martin. The rebuilt Basilique de Saint Martin in Liège contains a

reproduction of the sarcophagus of Eraclius, the first person recorded as suffering from a disease called 'lupus.'

There are many errors in lupus history articles and books (including our own), usually because they cite each other without deeper research. A major source of error is a 12th-13th Century historical account of this story falsely attributed to Hebernus (therefore, Pseudo-Hebernus), a 9th-Century bishop (Tours, France), describing the origins of the term 'lupus.' However, Hebernus died before Eraclius' time. From 1988 to 2022, 23 sources mistakenly cite Pseudo-Hebernus' account; 19 of the sources date this story before Eraclius was alive. Thus, the perpetuation of incorrect information continues into the 21st century.

The term 'lupus' (wolf) had several related origins. Lupus was an ulcerating skin disease resembling wolf bites. The lesions would devour surrounding flesh in a 'wolfish' manner and also devour eviscerated chicken meat placed on them as treatment (instead of eating surrounding flesh). Pseudo-Hebernus stated the bishop had temporary relief from this treatment before his religious healing.



Abstract P51 Figure 1 Woodcutting of Eraclius' (lying down) healing of 'le loup' by St. Martin and St. Brice (standing left to right) from a 1496 French translation of Pseudo-Hebernus' *Miracula* entitled *La vie et miracles de monseigneur saint Martin*, translatee de latin (Pseudo-Hebernus', *Miracula B Martin*) en francosys. 1496, Pg 156

Conclusion The 10th Century Bishop of Liège, Eraclius, is the first person described as having a disease called lupus, which had ulcers resembling the bites of a wolf and would 'wolfishly' devour adjacent flesh as well as topical chicken meat used as treatment. The Basilique de St. Martin (Liège, Belgium) is dedicated to the saint who supposedly cured the bishop of his lupus.