

Abstract 364 Table 1 Showing comparison of baseline parameters in both treatment groups.

Parameter	Deflazacort Group (n=31)		Prednisolone Group (n=29)	
Age in years (mean±SD)	27.3±9.3		28.3±7.6	
Sex	All female		All female	
Duration of Steroid Intake before study entry (mean in days±SD)	212.9±280		124.8±106.1	
Steroid dose in before study entry (mean in mg/day±SD)	14.3±20		11.3±15.9	
Indications for treatment- n(%)	LN Class II	1 (3.33%)	LN Class II	0(0)
	LN Class III	1(3.33%)	LN Class III	3(10.3%)
	LN Class IV	12(38.7%)	LN Class IV	11(37.9%)
	LN Class V	3(9.7%)	LN Class V	4(13.7%)
	CNS Lupus	4 (12.9%)	CNS Lupus	2(6.9%)
	Vasculitis	4(12.9%)	Vasculitis	4(13.7%)
	Cytopenias	3 (9.7%)	Cytopenias	3(10.3%)
	Hemolytic Anemia	1 (3.33%)	Hemolytic Anemia	1(3.5%)
	Myositis	1(3.33%)	Myositis	0(0)
	ILD	1(3.33%)	ILD	0(0)
	Autoimmune Hepatitis	0(0)	Autoimmune Hepatitis	1(3.5%)

Conclusions DFZ and PDN used in comparable manner in SLE had similar efficacy with significantly lesser weight gain, lesser cushingoid features (including lesser glycaemic elevation) seen in DFZ group.

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PROFILE OF HENOC SCHONLEIN PURPURA (HSP) NEPHRITIS: 23 YEARS EXPERIENCE AT A TERTIARY CARE CENTRE IN NORTH INDIA

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Background and aims Henoch Schonlein Purpura (HSP) is one of the most common vasculitides of childhood. Glomerulonephritis is seen in approximately 30%–50% of the patients and is the principal cause of morbidity and mortality in HSP patients.

Methods 314 children were diagnosed with HSP from 1993–2015 based on EULAR/PRINTO/PRES criteria. A retrospective case review of all patients with HSP Nephritis (HSPN) was done. HSPN was defined based on urine erythrocyte >5/HPF and proteinuria. Patients were divided into four clinical types (Table 1). The severity of renal pathological findings was determined based on the classification of International Study of Kidney Disease (ISKDC), from grades I – VI.

Results Renal involvement was seen in 64 patients after a mean duration of 32.3 days from the onset of symptoms of HSP. Details of patients with HSPN is summarised in table 2, 3 and figure 1. Three fourth of the patients had histological grade II or IIIa (figure 2). 75% of patients with grade ≥ IV had gross hematuria at presentation. Treatment details are shown in figure 3. Patients were followed up for a mean period of 42.9 months during which 13 were lost to follow up and 1 expired. Nephritis resolved in 48 patients (75%). 13 patients developed renal relapse manifesting as albuminuria with microscopic hematuria in 77% patients followed by isolated albuminuria (23%).

Conclusions Renal involvement was noted in 20.4% of children with HSP. Massive proteinuria was the most common clinical feature. Grade II and IIIa were the most common renal pathological grades.

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SPlicing FACTOR PROLINE/GLUTAMINE-RICH (SFPQ) IS A NOVEL AUTOANTIGEN OF ANTI-MDA5 ANTIBODY-POSITIVE DERMATOMYOSITIS/CLINICALLY AMYOPATHIC DERMATOMYOSITIS

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Background and aims Anti-MDA5-positive dermatomyositis (DM) and clinically amyopathic DM (CADM) often develop