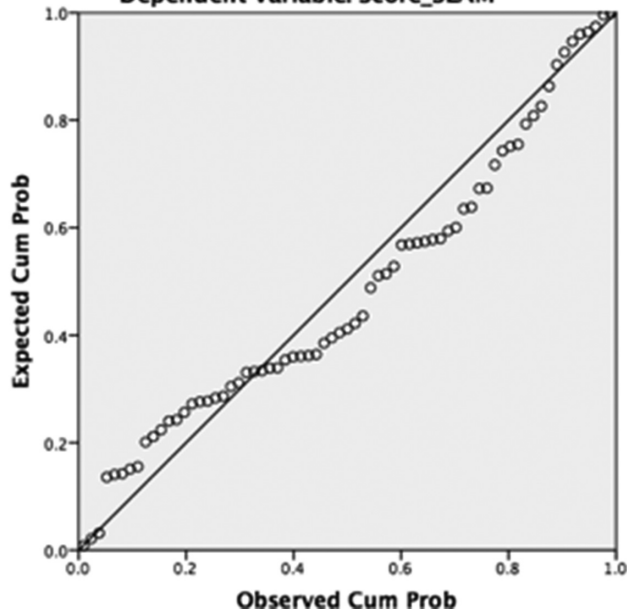


Normal P-P Plot of Regression Standardized Residual

Dependent Variable: Score_SLAM



Abstract 160 Figure 1 Normal p-p-plot of regression standardized residual with dependent variable

Conclusions: There is a positive correlation between dyslipidemia and SLE disease activity. Total cholesterol and HDL are independent predictor influencing disease activity. Therefore, we recommend lipid profile as a routine examination in SLE patients.

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PULMONARY DISORDERS IN LUPUS PATIENT WITH NEPHRITIS

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Background and aims To analyse the association between renal histopathological features and chest computed tomography (CT) findings in lupus nephritis (LN) patients.

Methods We reviewed the medical records and chest thin-section CT findings of 152 patients with an established diagnosis of LN based on renal biopsy and 93 systemic lupus erythematosus (SLE) patients without LN between April 2009 and March 2012. The CT images were retrospectively evaluated by an experienced thoracic radiologist without knowledge of the patients' clinical information.

Results Lupus nephritis patients have a significantly higher incidence of lung/plural disease than those without LN. The patients in LN group were more prone to ground glass opacity, interlobular septal thickening, reticular opacities, pleural effusions, and consolidation on CT images than in non-LN group. Class I, III, and IV lupus nephritis were associated with traction bronchiectasis, ground glass opacity, and pleural effusions, respectively. The presence of cord on chest CT scans was significantly associated with renal interstitial lesion and interstitial inflammation/fibrosis. Ground glass opacity and reticular opacities on chest CT were related to renal hyaline thrombi. There was a significant association between pleural effusions and cellular/fibrous crescents, interstitial lesion, or interstitial inflammation/fibrosis. Hyaline thrombi in renal biopsy was an independent risk factor of the presence of ground glass opacity on CTs with logistic regression analysis.

Conclusions There are some relation between lung and renal disorders in lupus patient. LN patients were more likely to suffer from lung/pleural disease. The patients with hyaline thrombi in renal biopsy were more prone to have ground glass opacity on CTs.

Abstract 160 Table 2 Basic characteristics of the study based on duration illness

Parameter	0-1 Year (n=27)	1-5 years (n=29)	>5 years (n=17)	p
Dyslipidemia (n)	18 (66.7%)	17 (58.6%)	9 (52.9%)	0.54*
Total Cholesterol (mg/dL)	196.5 (104-427)	164 (85-309)	206 (120-346)	0.16 [^]
Triglycerides (mg/dL)	184 (70-777)	137.5 (66-453)	160 (66-444)	0.48 [^]
HDL Cholesterol	36 (8-76)	43 (19-70)	49 (20-88)	0.08 [^]
LDL Cholesterol	114 (36-199)	95.5 (35-204)	108 (64-235)	0.28 [^]
Use of corticosteroid (n)	23 (85.5%)	29 (100%)	16 (94.1%)	-
Corticosteroid dose (mg/day)	24 (4-50)	4 (2-48)	4 (2-16)	0.00 [^]
Use of Chloroquine (n)	14 (51.9%)	11 (37.9%)	5 (29.4%)	-
Use of Azathioprine (n)	9 (33.3%)	5 (17.2%)	4 (23.5%)	-
Azathioprine dose (mg/day)	100 (50-100)	100 (50-100)	100 (50-100)	0.58 [^]
Use of Cyclosporine (n)	4 (14.8%)	14 (48.3%)	7 (41.2%)	-
Cyclosporine dose (mg/day)	100 (50-200)	100 (50-200)	100 (50-100)	0.56 [^]
SLAM Score	14 (2-31)	7 (0-25)	9 (1-19)	0.02 [^]
SLICC/ACR Score	1 (0-6)	0 (0-2)	0 (0-5)	0.01 [^]

[^]: Statistically significant if p<0.05; two-tail hypothesis using Kruskal Wallis Test

*: Statistically significant if p<0.05; two-tail hypothesis using Chi-square Test