Abstract 365 Figure 2 Percentage of various histological grades on renal biopsy.

Parameter	Result
No of HSP	314
No of HSPN	64 (20.4%)
Hypertension	24 (37.5%)
Deranges RFT at admission	5 (7.8%)
Gross hematuria	17 (26.5%)
Relapse	13 (20.3%)
Kidney biopsy	48 (75%)
Death	1
CKD	0

Abstract 365 Figure 3 Treatment in patients with HSPN.

Clinical subtype	Percentage
Massive proteinuria	56.7
Minimal proteinuria	21.7
Moderate proteinuria	15
Isolated hematuria	6.7

ultrasound reveals interventricular septum of 18 mm thickness, posterior wall of left ventricle of 15 mm thickness, with an intraventricular pressure gradient of 60 mmHg at rest.

Conclusions Our patient has the severe, obstructive form of cardiomyopathy. This was the cause of the respiratory symptoms, despite the interstitial pulmonary disease. As a consequence, we changed diltiazem to verapamil, reduced the vasodilators and the corticosteroid doses, which lead to the net improvement of the symptoms. In systemic scleroderma, respiratory symptoms must not be taken "for granted" as being produced by interstitial lung disease., but must be evaluated correctly and completely at each consult.

368 IMMUNE THROMBOCYTOPENIA ASSOCIATED WITH LOCALISEDLOCALIZED SCLERODERMA- REPORT OF 4 PAEDIATRICPEDIATRICCASES

[1]A Jindal*, [1]A Gupta, [2]S Dogra, [1]A Rawat, [1]D Suri, [3]J Ahluwalia, [1]S Singh. *[1]PGIMER, Paediatrics, chandigarh, India; [2]PGIMER, Dermatology, chandigarh, India; [3]PGIMER, Haematology, chandigarh, India*

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Background and aims Many autoimmune and inflammatory diseases have been found to be associated with morphea. Thrombocytopenia, however, has rarely been reported

Aim-To describe the profile of 4 patients with localised scleroderma and thrombocytopenia

Methods A retrospective case record review of children diagnosed to have localised scleroderma in the paediatric rheumatology clinic of a tertiary care referral institute in North-West India. Children who also had thrombocytopenia (i.e. platelet counts $<150 \times 10^3$/L) were analysed.

Results Twenty two children were diagnosed with localised scleroderma (10 boys and 12 girls, male: female ratio 1:1.2). Thrombocytopenia was identified in 4 children (prevalence-18%). The details of these 4 cases are summarised in Table 1. All 4 cases had en coup de sabre (ECDS) type of linear scleroderma. (Figure 1) Peripheral smear examination revealed normal platelet size. The lowest platelet counts ranged from 8×10^9/L to 120×10^9/L. ANA was positive in 2 patients (case 1 and 2) and case 1 also had positive lupus anticoagulant in her serum. Methotrexate (0.5 mg/kg/week) was used for the treatment of morphea in 3 patients while one child was treated with topical calcipotriol ointment alone. No specific therapy was prescribed for thrombocytopenia, except in case 1 where thrombocytopenia was treated with injection anti D. Platelet counts recovered in 3 patients, while thrombocytopenia is still persisting in one patient.

Conclusions Thrombocytopenia associated with localised scleroderma in children is usually benign, has a probable autoimmune aetiology, requires no specific therapy and is generally curable with the systemic immunosuppressant medications used for the treatment of scleroderma