Paediatric SLE

124 LUPUS NEPHRITIS IN CHILDREN: A 7 YEAR SINGLE CENTRE EXPERIENCE FROM INDIA

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Background and aims There is no class I evidence available to treat children with lupus nephritis (LN). This study looked at our experience of management of LN and contribute to the existing world literature. In addition to treatment of LN, care is given to educate the family, manage lipids, BMI, restricting steroid use to 1 mg/kg/day at onset, give hydroxychloroquine to all and vaccinate if possible.

- To study the clinical profile and lab parameters of children at onset of nephritis.
- To see which of the two drugs cyclophosphamide(CYC) or mycophenolate mofetil (MMF)were more effective by studying the time to renal flare.
- To analyse the side effects and disease related damage in these children

Methods All children with lupus nephritis who attended the Paediatric Rheumatology clinic from Sept 2009 to Sept 2016 were included.

Results 166 children with SLE, 67 had LN **67/166 (40.3%);** Male: Female=**1: 2.72. Median SLEDAI at nephritis onset:18** 57 renal biopsies:Class I:1, Class II:5, Class III:19, Class IV:26, Class V:6 MMF used to induce remission:43(64%), Cyclophosphamide (CYC) 19 (28%) Azathioprine:5(7%). 67% achieved complete remission during induction. 25% partial remission/flared after an initial response within induction period. Median time to response during induction therapy: 4 months (2–17 months). MMF was given to 82% and Azathioprine to 18% for maintenance. 36/62 (58%) never flared, 23/62 (37%) flared during induction therapy and 3/62 (5%) were in partial remission.

Abstract 124 Table 2 Outcome variables

Variable	
Median duration of induction therapy	7 months(3-35)
Median duration of follow up since nephritis diagnosis	48months(3-159)
Median SLEDAI at onset of nephritis	18 (4-52)
Median SLEDAI at last follow up	0 (0-43)
At last follow up:	
Complete remission	58%
Active ds	9%
Disease flare	7%
Complete remission off DMARDs	4%
Lost to follow up	16%
Deaths	4%
Infection profile	
Cellulitis	4%
Tuberculosis	3%
Enteric fever	3%
Viral infections:	34% (23/67)
Herpes zoster	40%(9/23)
Dengue	40%(9/23)
CMV reactivation	13%(3/23)
Varicella	4%(1/23)
Adeno virus	4%(1/23)

The primary outcome measure, time to renal flare was statistically insignificant regardless of the induction agent used

Conclusions MMF and CYC were equally effective as induction agents and neither was superior to prevent renal flares. No factor: demographic, clinical or laboratory could predict renal flares. 58% were in renal remission, 33% on steroids.

Abstract 124 Table 1 Basic demographics

Median	
Age at onset of SLE disease	11years(4-18years)
Age at diagnosis of SLE disease	11.75 years(4.5-18.16years)
Delay to diagnosis	2.76 months(0.24-72)
Age at nephritis diagnosis	12.2 years(4.5-24.5 years)
Time to onset of nephritis (46 children had simultaneous onset of SLE disease and nephritis)21 children had a delayed onset	19 months((6.72-120 months)
Sr. Creatinine at onset of induction	0.7mg/dl (0.27-2.84)
Sr.Creatinine at onset of maintenance	0.42mg/dl (0.16-3)
Urine spot protein/creatinine ratio at onset of induction	1.96(0.35-13.19)
Urine spot protein/creatinine ratio at onset of maintenance	1.3gm(0.240-5.5)