

this finding. Since most of SLE patients are female, and they have been mostly diagnosed as SLE in young adult age, thalassemia carrier screening is of great importance for future family planning.

## 9. Lupus nephritis

### LP-124 CHILDHOOD-ONSET LUPUS NEPHRITIS: REAL WORLD LONG-TERM OUTCOME DATA FROM A SINGLE CENTER

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**Background** While lupus nephritis (LN) is more common with higher severity and mortality in children than in adult-onset disease, data regarding long-term outcome of childhood-onset LN is rare.

**Methods** Long-term renal outcome and their treatment were assessed in 57 Korean childhood-onset LN patients diagnosed between 1999 and 2020 from a tertiary single center in Korea.

**Results** Median age at diagnosis of LN was 14.5 (range 7.8–17.8) years. Median follow-up period was 135 (30–266) months. 26.3% (15/57) of patients progressed to chronic kidney disease (CKD) stage 3–5 (CKD stage 3: 6 patients, stage 4: 1 patient, stage 5: 8 patients). 10-year renal survival was 100% in patients diagnosed after 2011, compared to 80.3% in patients diagnosed before 2011 (p=0.049). Comparing the two eras, there were no clear difference between the laboratory finding at diagnosis, the drug used, and the cumulative

dose of cyclophosphamide or hydroxychloroquine, except that primary renal response rate was higher at the latter era (55.2% vs 82.1%, p=0.029), and the diagnosis age was slightly younger in the earlier era (median 13.5 vs 14.6, p=0.056). Hydroxychloroquine use was significantly associated with maintaining renal estimated glomerular filtration rate (eGFR) higher than 60ml/min/m<sup>2</sup> at 10 years (95.2% vs 77.2%), and 20 years (68.6% vs 16.1%), respectively (p=0.033).

**Conclusions** Early diagnosis and timely adequate treatment, and the use of hydroxychloroquine are important in the long-term kidney prognosis of childhood-onset LN.

### LP-125 GLOMERULONEPHRITIS IN SYSTEMIC LUPUS ERYTHEMATOSUS: 'NOT EVERYTHING IS LUPUS' A CASE SERIES

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**Description** 4 CASES with clinical manifestations of systemic lupus erythematosus (SLE) and proteinuria in nephrotic range. Case 1, a 30-year-old woman with multiple sclerosis history, using β1 interferon for 16 years, present dyspnea, delirium, edema in the lower limbs, hypertension, lymphopenia, thrombocytopenia, active sediment, 2.8 g/24 hrs. proteinuria, hypocomplementemia, ANA and anti-DNA+. Case 2, a 40-year-old woman with no medical history, arthritis, non-scarring alopecia, oliguria, and emergency hemodialysis criteria, anemia, hypocomplementemia, 0.5 g/24 hrs. proteinuria, ANA, and anti-DNA +. Case 3, a 46-year-old woman with no previous

Abstract LP-125 Table 1 Clinical manifestations according to SLE EULAR/ACR 2019 classification criteria

Characteristic/ Case No.	1	2	3	4	N
ANA 1:80 (%)	x	x	x	x	100
<b>Clinical domains and Criteria</b>					
<b>Hematologic</b>					
Leukopenia (≥)	2.18	4.2	2.07	3.9	3.09
Thrombocytopenia (≥)	58		58		58
Autoimmune Hemolysis (≥)		6.8	7.8		9.1
<b>Neuropsychiatric</b>					
Delirium (%)	x				25
<b>Mucocutaneous</b>					
Non-scarring alopecia (%)		x		x	50
Acute cutaneous lupus (%)			x	x	50
<b>Serosal</b>					
<b>Musculoskeletal</b>					
Joint involvement (%)		x			25
<b>Renal</b>					
Proteinuria ≥ 0.5g/24 horas (≥)	2.8	0.5	0.6	4.1	2
<b>Immunology domains and Criteria</b>					
<b>Antiphospholipid antibodies</b>					
Lupus anticoagulant (%)			x		25
<b>Complement proteins</b>					
Low C3 and low C4 (%)	x	x		x	75
<b>SLE-specific antibodies</b>					
Anti-dsDNA antibody (≥)	55.41	104		68.6	76
Total score (≥)	23	29	23	29	26
<b>kidney biopsy</b>					
thrombotic microangiopathy/mucoid fibrosis		Oxalate nephropathy	thrombotic microangiopathy	Crescentic glomerulonephritis	
<b>Final diagnosis</b>					
Interferon toxicity		Star fruit glomerulonephritis	Antiphospholipid syndrome	Anca-Associated Vasculitis	
<b>Treatment</b>					
Methylprednisolone/Rituximab 375 mg/m <sup>2</sup> / 4 weeks		Hydration/hemodialysis Prednisone/HCO/AZA	Prednisone/ anticoagulation	Methylprednisolone/CYC	
<b>Response/8 weeks</b>					
Other clinical domains (%)	x	x	x	x	100
Renal Function (%)	x	CKD	x	CKD	50
<b>Proteinuria</b>					
Partial response (%)	x		x		50
Complete response (%)					
No Response (%)		x		x	50