Results 56/69 patients with ischaemic stroke had charts with sufficient information for TOAST classification. Median age was 52 (17-84) years, 91% were female. All strokes classified as OC were attributed to APS. TOAST classification is presented in Table 1. Stroke of OE/APS and CE origin were associated with the STAT4 risk genotype as presented in Table 2.

Conclusions The majority of ischaemic strokes among SLE patients were of APS or CE origin. These two subtypes were associated with genetic susceptibility in the STAT4 gene. Patients with APS associated strokes were remarkably young. STAT4 genotype could, in addition to antiphospholipid antibodies and echocardiography, add information about stroke risk and help identify patients who will benefit from prophylactic anticoagulation treatment.

Background and aims In recent years hemophagocytic syndrome (HS) has been increasingly reported in patients with systemic lupus erythematosus (SLE).

Methods We reviewed the medical records of adult patients with SLE and HS for a recent 6 years period (2010–2015). The diagnosis of SLE was made using ACR criteria and of HS using Hunter criteria.

Results Among 110 consecutive patients, 13 (12 women) was identified having HS. The mean age was 37.69 +/- 11.4 years (21-68). HS revealed lupus in 3 patients. Fever, pericarditis and splenomegaly were found in 100%, 54% and 46% at presentation of HS. Bone marrow aspiration indicated hemophagocytosis in all patients. Laboratory features were bicytopenia or pancytopenia, high C-reactive protein level (mean 93 mg/L), hyperferritinemia (mean 11.082 ng/ml), hypertriglyceridemia (mean 4.2 g/L) in all patients. All patients had anti-nuclear antibodies when the HS occurred. Serum complement C3 was low in 10 patients. HS was associated with a lupus flare in 8 patients. Infections was diagnosed in 11 patients. Both conditions was considered present in 6 patients.

Corticosteroids were initially administered in all patients. Immunosuppressant therapy was used together with corticosteroids in 7 patients. Intravenous immunoglobulin was given in 3 cases. Anti-tuberculosis treatment was used also as first line treatment in 4 patients with life threatening presentation. All patients had a good outcome with a mean follow-up of 25 months.

Conclusions The occurrence of HS was most frequently associated with the SLE disease activity and bacterial infection. Profound cytopenia, high SLEDAI score are the characteristics of SLE patients with HS in our series.
years. The most common clinical manifestations at onset were fatigue (78.4%), Anemia (72.2%), polyarthritis (66.2%), photosensitivity (61.1%), low grade fever (56.6%) and myalgias (52.1%). Renal involvement was seen in 56.3% subjects. ANA by immunofluorescence was positive in 100% and most common pattern was speckled (62.1%). Immunoblot assay for subautoantibodies showed Anti DsDNA (56.7%), Antinucleosome (25.6%), antihistones (28.4%), anti SmD1 (28.2%), anti Ro52 Kd (58.4%) and Anti Ro 60 kd(52.2%). A total of 08 patients died during follow up and most common cause was sepsis with underlying renal involvement.

Conclusions This retrospective study on a large cohort of SLE patients from India shows significant difference in clinical manifestations and autoantibody profile in Asians as compared to Caucasians.

**240** CORRELATION OF HISTOPATHOLOGY WITH CLINICAL PARAMETERS IN LUPUS NEPHRITIS AMONG FILIPINOS

E Venegas*, A de Asis- Fabila, S Navarra. University of Santo Tomas Hospital, Rheumatology, Manila, Philippines

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**Background and aims** In Philippine setting, management of lupus nephritis (LN) is primarily driven by clinical parameters more than kidney biopsy because of limited resources. This paper describes clinico-pathologic correlations in a cohort of Filipino patients with LN.

**Methods** Study population included LN patients who underwent kidney biopsy at University of Santo Tomas (UST) Hospital, Manila, Philippines from 2005 to 2013. Pathologic diagnoses utilised International Society of Nephrology/Renal Pathology Society (ISN/RPS) 2003 classification, including activity and chronicity indices. Correlations of histopathologic classification with demographic and systemic lupus erythematosus (SLE) characteristics were performed using linear and multinomial regression analysis.

**Results** Included were 101 LN patients (94 females, 72 adults) with mean age 25.2±11.5 (9–61) at SLE diagnosis and 3.08±6.02 (<1–12) years disease duration from SLE diagnosis to biopsy. Most common ISN/RPS classification was Class IV in 57 (56.4%) patients and Class III in 33 (32.7%). Average activity index was 6.64±2.22 (0–12), chronicity index, 3.54±2.02 (0–9); Class IV and V correlated with higher activity index scores, p=0.001. Mean uPCR was 2.61±1.44 (0.03–7.43) mg/mg with highest uPCR in Class IV, followed by classes III and V. Mean estimated glomerular filtration rate (eGFR) was 63.02±34.25 (9–139) mL/min, with inverse correlation between eGFR and histologic activity, p=0.003. Extra renal manifestations included arthritis (61%), malar rash (59%) and photosensitivety (50%), with mean SLEDAI score of 11.07±3.78; these did not correlate with histologic indices.

**Conclusions** This study shows good correlation of clinical renal parameters with histopathology, supporting the rationale of current Philippine practice to perform kidney biopsies as clinically indicated rather than routinely.

**241** ROLE OF SEROLOGY IN DIAGNOSIS OF EARLY SLE AMONG FILIPINOS

1. L. Zamora*, 1University of Santo Tomas Hospital, Medicine Section of Rheumatology, Manila, Philippines

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**Background and aims** Variable evolution of manifestations and reliance on serology for definitive SLE classification in early systemic lupus erythematosus (SLE) can challenge shared patient-physician management decisions and strain limited resources. This study aimed to determine which clinical manifestation/s require additional serology to formally classify early SLE patients.

**Methods** Clinical and serologic manifestations of patients with early SLE diagnosed <1 year from symptom onset at Lupus Clinics of University of Santo Tomas (UST) Hospital, Manila, Philippines from January 2014 to December 2015 were analysed. Minimum laboratory tests included complete blood count (CBC), urinalysis and anti-nuclear antibody (ANA). Clinical manifestations were based on the 2012 SLICC criteria.

**Results** 79 patients (78 females) had mean age at SLE diagnosis of 31.95±10.5 years (range 18–53), mean disease duration 5.66±5.41 months (range 0.23–12), all patients were ANA positive. Most common clinical manifestations were alopecia, acute cutaneous lupus rash (malar and photosensitive rash), arthritis and nephritis. Sixty-five patients (82.3%) fulfilled at least 3 clinical criteria for SLE. Forty-four patients required additional serology to complete classification criteria: 12 patients had only 2 clinical criteria including mucocutaneous (n=11), arthritis (n=6) and nephritis (n=4); the other 2 patients had only 1 clinical criterion each as thrombocytopenia or nephritis.

**Conclusions** In this early SLE cohort, mucocutaneous and musculoskeletal were the most common presenting manifestations. Additional serology was more often required in those with "asymptomatic" features of nephritis and thrombocytopenia when other clinical features are absent – reinforcing the value of CBC and urinalysis in early SLE.

**242** LONG-TERM PROGNOSIS OF PATIENTS WITH SYSTEMIC LUPUS ERYTHEMATOSUS-ASSOCIATED PULMONARY ARTERIAL HYPERTENSION: CSTAR-PAH COHORT STUDY

J Zhao*, J Qian, W Qian, M Li, X Zeng. Peking Union Medical College Hospital, Rheumatology, Beijing, China

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**Background and aims** Systemic lupus erythematosus (SLE)-associated pulmonary arterial hypertension (PAH) is common in Asian countries, and the clinical outcome of patients with SLE-associated PAH is dramatically impaired. This study aimed to identify the long-term clinical outcomes and prognostic factors of patients with SLE-associated PAH confirmed by right heart catheterization (RHC).

**Methods** A multicenter cohort of SLE-associated PAH was established. Baseline and follow-up records were collected. The primary endpoint was death from any cause. The secondary experimental end point was treatment goal achievement (TGA).

**Results** Among the 310 patients enrolled from 14 PAH centres, 282 patients with confirmed mortality statuses were included in the survival analysis, 263 patients with complete