

years). The most common clinical manifestations at onset were fatigue (78.4%), Anaemia (72.2%), polyarthralgia (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 sub autoantibodies 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

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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 2015. 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 photosensitivity (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

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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. Fourteen 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

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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