that a mutation at 5′UTR region of TLR2 gene could be associated with susceptibility/resistance to SLE and malaria. We performed a hospital based case-control study on SLE patients residing in *P. falciparum* endemic areas.

**Methods** Two hundred female SLE patients and age and sex, matched healthy controls were enrolled. 120 *P. falciparum* infected patients including 50 uncomplicated cases and 70 severe malarial patients were included. TLR2 (23bp ins/del) polymorphism was typed by polymerase chain reaction (PCR). 20% samples were randomly sequenced for validation of PCR results.

**Results** The mean age and disease duration of SLE patients were 27.44 and 2.91 years respectively. Prevalence of mutants (ins/del+del/del) of TLR2 gene polymorphism were significantly lower in SLE patients compared to healthy controls (p=0.02; OR=0.54). Distribution of TLR2 variants were comparable among different clinical phenotypes of SLE. The TLR2 5′UTR mutants were associated with elevated TNF alpha, IL1 beta and IL6 compared to the wild genotypes. Mutants were more prevalent in severe malaria patients than uncomplicated cases (p=0.05; OR=2.31).

**Conclusions** TLR2 5′UTR 23bp ins/del variants are associated with development of severe disease in *P. falciparum* malaria but possibly an evolutionary mechanism to protect SLE patients against severe malaria in endemic areas.

**Background and aims** Lupus nephritis (LN) is a severe complication of systemic lupus erythematosus. T lymphocytes with regulatory properties (Tregs) play a role in preventing autoimmunity, are involved in LN pathogenesis and may also determine glomerular lesions in LN. Their potential use as LN biomarkers is investigated.

The aim of our study was to assess the relationship between repeated measurements of Tregs proportions, histopathology classes and five-year clinical outcomes in LN patients with different disease duration and activity.

**Methods** Forty eight LN patients were followed-up for 5 years. Their mean age, disease duration and activity (SLEDAI) at baseline was 41.1 years, 9.8 years and 8.3 points, respectively. Their blood was collected twice: at baseline and after 6 months. Populations of Tregs and Th17 cells were analysed by...
flow cytometry, in relation to clinical parameters and previously established LN classes assessed according to the ISN/RPS 2003 classification.

**Results** Lymphocytes percentages in class IV were different from classes III, V or a combination of III and V. In the latter classes, the percentages of the Tregs and Th17 cells were significantly lower, whereas in class IV the increase in FOXP3 in the Tregs and Th17 cells over six months period was significantly higher (Table 1). Changes in glomerular filtration rate and SLEDAI within 5 years did not correlate with single or repeated Tregs measurements.

**Conclusions** Differences in lymphocyte proportions between class IV and other classes may suggest its distinct pathogenesis and warrants further investigations on their role as LN biomarker.