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.

Background and aims Anti-DNA/NR2 antibodies are a subset of anti DNA autoantibodies that cross-react with the extracellular domain of the GluN2A/GluN2B subunits of the N-methyl-d-aspartate receptor 2 (NR2), which induce apoptosis of hippocampus neurons and psychiatric disorder in mice and humans. Neuropsychiatric SLE (NPSLE) can develop after initiation of steroid (post-steroid neuropsychiatric manifestation: de novo NPSLE, 26 with PSNP-SLE and 83 healthy controls).

Methods Serum samples were obtained from 29 patients with NPSLE and were classified into two groups, de novo NPSLE and de novo PSNP-SLE. The objective of this study was to clarify the prevalence of anti-DNA/NR2 antibodies in de novo NPSLE and de novo PSNP-SLE.

Results Serum samples were obtained from 29 patients with de novo NPSLE, 26 with PSNP-SLE and 83 healthy controls (HC). The levels of anti-DNA autoantibodies in patients with de novo NPSLE and PSNP-SLE were significantly higher than those in healthy controls (de novo NPSLE, PSNP-SLE, HC: 1.34±0.09, 1.40±0.14, 0.33±0.03, p<0.0001). The levels of anti-DNA/NR2 antibodies were highest in de novo NPSLE and in PSNP-SLE and HC (de novo NPSLE, PSNP-SLE, HC: 0.75±0.10, 0.60±0.07, 0.49±0.03). In PSNP-SLE, the frequency of mood disorders was higher than that in de novo NPSLE (58% vs 31% p<0.05).

Conclusions The levels of anti-DNA/NR2 in PSNP-SLE are lower than in de novo NPSLE, indicating the differences in the pathogenesis of these two conditions.