m). Of the 29 lupus patients, 13 charts were retrieved. The mean age at diagnosis was 13.3 years (SD 3.4) from 6–18 years old. Oedema (53.8%), fever (46.1%), abdominal pain (38.4%) and easy fatigability (30.7%) were the most common features at disease onset while renal involvement (84.6%), malar rash (53.8%) and oral ulceration (46.1%) were common at the time of diagnosis. All of 9 patients with ANA titers were positive. Anti-dsDNA antibodies were high in 3 patients. Low complement values were seen in 83.3%. The follow-up period ranged from 0.2–2y with a mean duration of 1.2±0.6y. Four went into remission but 3 patients died, 3 patients transitioned to adult section and 3 were lost to follow-up.

Conclusions Oedema and renal involvement were the most common feature at the onset and at the time of the disease, respectively. All male lupus patients had positive ANA and low C3 results. Causes of death were: active disease, sepsis and DIC. Early recognition and diagnosis will lead to prompt institution of treatment that will benefit lupus patients.

**ATOPY IN CHILDREN WITH JUVENILE SYSTEMIC LUPUS ERYTHEMATOSUS IS ASSOCIATED WITH SEVERE DISEASE**

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10.1136/lupus-2017-000215.140

Background and aims We aimed to assess the influence of co-existing atopy on the prognosis of juvenile systemic lupus erythematosus (JSLE)

Methods Patients diagnosed with JSLE between October 2005 and April 2016 were enrolled in a prospective cohort study and followed for 2 years. Management of patients was evaluated using SLEDAI-2K score. Eighty JSLE patients were included and the severe disease (SLEDAI) index (SLDAI) scores. The sRANKL ligand levels were measured at enrollment using an enzyme-linked immunosorbent assay (sRANKL – ELISA MyBioSource, USA).

Results Thirty-one children (12 boys) with a mean age of 13.4 ±3.2 years were included. The median (interquartile range) sRANKL level of the cohort was 52.3 (24.1, 66.4) pg/mL. Serum RANKL levels were not significantly different in active and inactive disease subgroups [median (interquartile range): 55.2 (21.3, 66.4) pg/mL versus 53.3 (29.3, 64.9) pg/mL, respectively] (p=0.89). There was no statistically significant correlation between sRANKL levels and SLDAI scores, Spearman correlation coefficient rho=0.083, p=0.65.

Conclusions There was no significant difference in sRANKL levels between the inactive and active disease group. Also there appears no correlation between sRANKL level and SLDAI scores.

**CLINICAL PROFILE AND LONG TERM OUTCOME OF CHILDHOOD SYSTEMIC LUPUS ERYTHEMATOSUS**

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10.1136/lupus-2017-000215.142

Background and aims Systematic study of all diseases is essential to understand the spectrum of the disease presentation, the severity of the disease and the outcome. There is paucity of data from India on details of paediatric SLE.

This study aims to define:

- Describe the clinical and immunological profile of SLE within six months of disease onset in three age categories
- To compare the performance of ACR 1997 criteria vs SLICC 2012 criteria to classify disease in first 6 months of onset
- To define the mean value of SLEDAI at presentation and over a 5 year follow up

Methods Children attending the paediatric rheumatology clinic from January 2009 to September 2016 were included and details recorded.