Conclusions Patients seen at our centre had a significant disease burden with a median SLEDAI score of >20 at presentation. Upto 1/2 of the study population did not have a malar rash. 38% had renal disease. Fever was seen in 82% and often was the cause for seeking medical opinion. This is a small data set from a tertiary level centre and not representative of the community disease.

Results Of 169 children, 139 (82%) females. Median age at disease onset: 11.4 years (3.4–18), median age at diagnosis: 12 (3.5–19).

20% had history of autoimmune disease in first degree relative.

Therapy at disease onset (first 6 months):
Hydroxychloroquine: 100%,
Glucocorticoids: 98%,
Mycophenolate: 33%,
Methotrexate: 27%,
Azathioprine: 16%,
Cyclophosphamide: 9%,
Rituximab: 2%.

At last follow up: Glucocorticoids: 37%
Median follow up 48 months (1–195 months), Mortality: 4%, lost to follow up: 19%, active disease at last follow up: 25%.

Background and Aims We hereby report three cases of biopsy proven Type 5 SLE membranous nephropathy (T5: SLEMN) which responded to Rituximab after failed first line induction agents.

Methods Retrospective chart review

Results Case 1: Rituximab was used in this 14 year old girl as she failed to standard therapy of cyclophosphamide (750 mg/m²) and high dose corticosteroid along with angiotensin converting inhibitor (ACEI). 30 days post rituximab 24 hour proteinuria dropped (6790 to 876 mg) and albumin rose (1.8 mg/dl to 3 mg/dl). She is in remission at 14 month on low dose steroid and mycophenolate moefitil (MMF).

Case 2: 10 year old girl whose presentation was similar to Case 1 and failed to show any significant improvement to standard therapy. 45 days post rituximab, 24 hour proteinuria dropped (4900 to 690 mg) and albumin rose (1.9 mg/dl to 3.3 mg/dl). At 12 month she is in remission on low dose steroid and MMF.

Case 3: 12 year old girl presented with features of nephrotic syndrome. At 30 days follow up there were no improvement despite standard therapy and she also started to have neuropsychiatric manifestation. 60 days post rituximab 24 hour proteinuria dropped (3548 to 300 mg) and albumin rose (1.8 mg/dl to 3.7 mg/dl). Her neuropsychiatric manifestation also improved.

Conclusions In all 3 cases 2 doses of rituximab at 375 mg/m² each achieved CD 19 count of zero (which normalised by 14, 9 and 11 month respectively) along with significant drop in proteinuria.