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%

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.

Background and aims Raising evidence supported a prognostic utility of tubulointerstitial lesions in lupus nephritis (LN). The exact prevalence of tubulointerstitial abnormalities and its predictive value among paediatric onset systemic lupus erythematosus (pSLE) cases, however, remained unknown.

Methods Sixty-seven pSLE subjects diagnosed with LN with initial renal samples available were enrolled and followed for an average of 6.43±3.06 years. Renal histology was evaluated according to the International Society of Nephrology/Renal Pathology Society classification, National Institute of Health classification and tubulointerstitial activity index (TIAI).

Results Tubulointerstitial injuries were observed in 38.81% of all LN cases, including 13.33% with non-proliferative lupus nephritis (nPLN) and 46.15% of with proliferative lupus nephritis (PLN). Tubulointerstitial injuries occurred solitarily in cases with nPLN (13.33%), but always associated glomerular changes and significantly impacted renal survival (p=0.032) among those with PLN. TIAI associated glomerular abnormalities (p=0.031) but did not correlate renal performance or subsequent outcome (p=0.445). Among the chronicity index, it was the chronic tubulointerstitial lesions which provided prognostic information (p=0.012). We observed a synergistic effect of all tubulointerstitial abnormalities rather than an individual factor attributed the prognostic utility (p=0.025 vs. p=0.083, 0.055, 0.354). Finally, considering tubulointerstitial injuries in PLN further discriminated subsequent renal outcome (p=0.006).

Conclusions The prevalence and clinical significance of tubulointerstitial abnormalities were similar among the pSLE and the adult population. With its importance in identifying those at risk of renal failure, histologic classification considering tubulointerstitial lesions may potentially assist outcome prediction.

Patient-submitted abstracts

A PATIENT’S FOUR DECADE JOURNEY TO WELLNESS: A MODEL OF CARE FOR LIVING WELL WITH LUPUS

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Background and aims Mary Erceg is a former teacher and senior public servant who has lived with systemic lupus erythematosus for over 40 years since initial diagnosis.

This presentation explores her personal journey through initial diagnosis; medications; flares; acute relapses; and treatment errors which resulted in 6 days in a coma, four months