

Renal manifestation is one of the most severe complications of SLE and the clinical presentation of lupus nephritis (LN) is variable, ranging from mild asymptomatic proteinuria, renal failure to rapidly progressive glomerulonephritis. Performing renal biopsies is needed to determine the prognosis and to guide treatment in LN.

**Purpose and methods** To correlate the clinical, biochemical and histopathological findings in patients with biopsy proven LN and to study the renal outcome. Retrospective analysis of 100 cases of kidney biopsy proven Lupus Nephritis was done, analysed by WHO and ISN RPS Classification of Lupus Nephritis 2003.

**Results** 82 were female and 18 males. Extra renal manifestations in 72 cases while rest 28 had purely renal involvement. Biopsy finding showed the following class : 8 cases of class II, 29 cases of class III, 32 cases of class IV and 3 cases of class V. The remaining 28 showed combined class with predominant being class III+IV.

Significant microscopic hematuria, impaired GFR, proteinuria, anaemia, hypoalbuminemia, hypertension, and positive anti- dsDNA, low C3 were associated with the worst class, that is, class IV. Most of the patients with class IV or V had nephrotic range proteinuria and low serum albumin levels. These parameters were also correlated with high renal pathological activity and chronicity index.

24 had renal failure at the time of biopsy (mean S.creatinine 2.12 mg/dl) followed up period of 3 years. With treatment, for 12 patients renal functions improved with creatinine improving to mean value of 1.26 mg/dl. 4 patients went into severe renal failure requiring hemodialysis while 6 patients were lost to follow up.

76 patients had normal renal functions at the time of presentation with an average S.creatinine of 0.86 mg/dl. 3 patients went into ESRD. 15 patients lost follow up.

**Conclusions** Clinical, laboratory findings and renal biopsy are clinically valuable in identifying different renal classifications of lupus pathology, and to plan therapeutic strategies accordingly. LN class IV G was the most common and had a reduced renal survival with significant high activity and chronicity scores.

**PS9:178 REMOVAL OF AN ADRENAL HORMONE ADENOMA IN A PATIENT WITH SYSTEMIC LUPUS ERYTHEMATOSUS AND AUTOMATIC FRACTURES**

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Systemic lupus erythematosus is a standard autoimmune disease, characterised by the production of antibodies against cellular core. The use of corticosteroids is effective in various manifestations of lupus. We will present a 45-year-old woman suffering from the disease for 5 years and received hydroxychloroquine, prednisolone and azathioprine. The patient received bisphosphonates and after three years had an automatic right-sided fracture of pubic bone. The patient was put up in denosumab and after one year she showed a 5th metatarsal fracture left. Computed Tomography of chest and upper abdomen were performed, where it was found an adrenal adenoma. Cortisol levels in the blood were elevated. After surgery it was found that adenoma produced cortisol. Since then, there wasn't another automatic fracture.

**PS9:179 THE SIDE EFFECT AND THE RETENTION RATE OF HYDROXYCHLOROQUINE IN JAPAN**

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**Background** Hydroxychloroquine (HCQ) has been widely used in the world. However, due to the problem of retinopathy caused by chloroquine, it had not been approved in Japan until 2015, although it has been used for limited number of patients in some institutions. The primary purpose of our study is to collect the data on adverse effect of HCQ among Japanese patients with systemic lupus erythematosus. We also assessed the efficacy of our methods to improve the tolerability in cases with gastrointestinal and dermatological side effects of HCQ.

**Method** We retrospectively collected the data of all the 174 lupus patients treated with HCQ from the electric medical record of St Luke's International Hospital, Tokyo, Japan. We extracted the following parameters during the period between April 2008 and June 2017; patients' baseline characteristics, side effects and duration of using HCQ, and reasons of discontinuation. As for dermatological side effects, some of the patients underwent oral desensitisation; HCQ was once stopped, and after confirming negative DLST and obtaining consent from patients, it was resumed with the 36 days-desensitisation protocol. For patients with gastrointestinal side effects, some of the patients were prescribed Hangehashinto, a traditional herbal medicine for gastrointestinal discomfort, in addition to HCQ.

**Result** During the period, the mean age of the patients was 41.8. 161 patients (92.5%) were female and 152 patients (87.4%) were treated with steroids. The average duration of using HCQ was 582.4 days. 21 patients (12.0%) had side effects and 14 patients (8.0%) discontinued HCQ. 10 patients had skin side effects, 7 were performed DLST, 7 were negative, and 2 resumed HCQ. 5 patients had gastrointestinal side effects, 2 were prescribed Hangehashinto. 2 patients were possible retinopathy and stopped HCQ.

**Conclusion** This is one of the largest studies which reported well tolerability of HCQ in Japanese real world practice. Despite the concern of retinopathy, there were only 2 cases who stopped HCQ due to possible retinopathy in this study. In addition, our methods may help continuing HCQ in patients with skin or gastrointestinal side effects. Further larger study is needed to confirm these results.

**PS9:180 MANAGEMENT OF NON-RETINAL TOXICITY OF HYDROXYCHLOROQUINE**

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Although hydroxychloroquine is recommended for all the patients with systemic lupus erythematosus without contraindications, one third of lupus patients are not taking this important medication. Overcoming some of non-organ threatening side effects can lead to better drug survival rate and then improvement of overall outcome.

Since the approval of hydroxychloroquine in 2015 in Japan, we prescribed it to more than 200 patients of lupus in our institution. It is usually well-tolerated, but it is also true