Methods We conducted a retrospective multicenter study among pediatric rheumatology centers in Oman over a 10year period.

Results A total of 148 cSLE patients, n=44 males (30%) and n=104 (70%) females, with male to female ratio of 1:2.4 were included in the study. The overall mean age at diagnosis was 7.6 ± 3.5 years and median disease duration was 9.5 years. A total of 36% (n=53) of children with SLE were diagnosed with UV. cSLE with UV were more likely to be males (57% *vs* 15%; $p < 0.001$), with a family history of SLE (53% *vs* 36%; $p = 0.044$), diagnosed at a younger age (5.9 *vs* 8.5 years; $p < 0.001$) and originating from the Al-Sharqiya region of Oman (62% *vs* 29%; $p < 0.001$). Compared to cSLE without UV, the clinical features of UV cohort was more frequently associated with conjunctivitis (32% *vs* 5.3%; $p < 0.001$). However, the UV cohort was less likely to be associated malar rash (5.7% *vs* 31%; $p < 0.001$), CNS involvement (20% *vs* 7.6% $p = 0.045$) and hematological manifestations such as leukopenia (9.4% *vs* 24%; $p = 0.028$), lymphopenia (28% *vs* 51%; $p = 0.009$) and thrombocytopenia (5.7% *vs* 18%; $p = 0.045$). When compared to cSLE without UV, the laboratory features of UV cohort was more likely to be associated with low C3 complement count (94% *vs* 66%; $p < 0.001$) and cytoplasmic antibody ANCA (11% *vs* 0%; $p = 0.022$). However, the UV cohort was less likely to be associated with ANA (65% *vs* 83%; $p = 0.016$), DsDNA (56% *vs* 72%; $p = 0.042$) and perinuclear anti-neutrophil cytoplasmic antibodies (33% *vs* 55%; $p = 0.047$).

Conclusion We describe relatively high occurrence of UV (36%) in a cohort of cSLE of Arab ethnicity with unique clinical and laboratory features. Further studies are needed to evaluate the relationship of UV with SLE and to study the role of genetic, ethnic and environmental factors in disease expression.

P45

ANA POSITIVITY IN IGA NEPHROPATHY: IS SYSTEMIC LUPUS ERYTHEMATOSUS COMING UP?

¹Fausta Catapano, ²Benedetta Fabbrizio, ¹Elena Mancini. ¹Unit of Nephrology, Dialysis and Hypertension, Azienda Ospedaliero-Universitaria/Policlinico S. Orsola Malpighi, Bologna; ²Unit of Pathological Anatomy, Azienda Ospedaliero-Universitaria/Policlinico S. Orsola Malpighi, Bologna, Italy

10.1136/lupus-2020-eurolupus.93

Background IgA nephropathy is the most common chronic primary glomerulonephritis, leading to progressive renal failure in at least one third of patients. Although IgA nephropathy is a limited non-systemic renal disease, many systemic diseases are sporadically associated with mesangial IgA deposition. Henoch-Schönlein purpura, systemic illness, has been closely linked to IgA nephropathy. Other systemic diseases in which mesangial deposits of IgA are regularly observed include SLE, hepatitis, dermatitis herpetiformis, and ankylosing spondylitis. The occurrence of non-lupus glomerulopathies has been rarely reported in patients with SLE. We report of 11 patients with biopsy-proven IgA nephropathy and ANA positivity.

Methods Of all patients with biopsy-proven IgA nephropathy followed in our Unit we selected patients with ANA positivity.

Results Of 11 patients with IgA nephropathy and ANA positivity six were females, mean age was 32 ± 11 years. The median follow-up was 7 years (range: 3–38 years). Mean serum creatinine was 1.2 ± 0.75 mg/dl; mean 24h-proteinuria was 1.6 ± 2.3 g/day. In all patients there was low C3. In table 1 are summarized patient characteristics. All patients were on Ace-i or ARB therapy, of these three were treated with steroids, four received steroids+ immunosuppressive drug. Mean follow-up serum creatinine was 1.1 ± 0.7 mg/dl; mean follow-up 24h-proteinuria was 0.4 ± 0.3 g/day. One patient developed SLE.

Conclusions Our cohort suggests the hypothesis that IgA nephropathy could be a special subtype of Lupus Nephritis; however it needs more clinical observation and research.

P46

CASE REPORT: A PATIENT WITH HUMAN IMMUNE DEFICIENCY VIRUS MIMICKING SYSTEMIC LUPUS ERYTHEMATOSUS

Neslihan Gokcen, Hacer Kaya, Fatma Tuncer, Ayten Yazici, Ayse Cefle*. Kocaeli University Medical Faculty, Dept. of Internal Medicine, Division of Rheumatology, Kocaeli, Turkey

10.1136/lupus-2020-eurolupus.94

Background Systemic lupus erythematosus (SLE) is an autoimmune disease characterized by various clinical presentations. Human immune deficiency virus (HIV) causes acquired immune deficiency syndrome (AIDS) in case of progression of the infection. Patients with HIV can present different rheumatologic findings including arthralgia, arthritis, myalgia,

Abstract P45 Table 1 Patient characteristics and follow-up

N.	SEX	AGE (years)	sCreat at onset (mg/dl)	Uprot at onset (g/day)	Therapy	Follow-up (years)	sCreat (mg/dl) at follow-up	Uprot (g/day) at follow-up
1	F	32	1.6	0.9	steroids+MMF	7	1.9	0.3
	F	17	0.7	0.4	steroids	38	0.6	0.1
3	M	37	1.8	6	steroids+MMF	4	0.8	0.5
4	F	48	1.1	1	steroids+AZA	12	0.8	0.3
5	F	47	0.7	0.3	ARB	3	0.7	0.8
6	M	29	0.9	0.3	ACE-I	3	0.8	0.4
7	M	39	3	1	steroids+MMF	3	2.7	0.3
8	F	23	0.8	0.2	ACE-I	15	0.8	0.1
9	M	16	0.8	0.3	steroids	5	1	0.7
10	F	22	0.8	0.4	ARB	19	0.7	0.1
11	M	39	0.9	6	steroids	10	1	0.1