

1.3, CNS involvement, vasculitis and fever >38 °C were of statistically significance P value: <0.001, 0.02, 0.03 and 0.03 respectively.

Conclusion In this multicenter cohort series with DAH in LN patients CNS involvement, vasculitis and fever >38 °C were associated in the occurrence of DAH. Mortality was low in our cohort in comparison to previous series which may be explained by early diagnosis and use of aggressive management.

PO.5.113 C3 AND C1Q DEPOSITION IN DIFFERENT KIDNEY COMPARTMENTS IS NOT ASSOCIATED WITH SERIOUS INFECTIONS IN LUPUS NEPHRITIS

¹T Knezevic, ²I Padjen*, ³V Ivkovic, ⁴M Laganovic, ⁵I Jezic, ⁶Z Biloglav, ⁷S Bulimbasic, ⁷M Coric, ¹M Mayer, ¹B Anic. ¹University Hospital Centre Zagreb, Division of Nephrology, Hypertension, Dialysis and Transplantation, Department of Internal Medicine ~ Zagreb ~ Croatia; ²Division of Clinical Immunology and Rheumatology, Department of Internal Medicine, University of Zagreb, School of Medicine ~ Zagreb ~ Croatia; ³University Hospital Centre Zagreb, Division of Nephrology, Hypertension, Dialysis and Transplantation, Department of Internal Medicine, Zagreb, Croatia; ⁴University of Rijeka, Faculty of Health Studies, Rijeka ~ Zagreb ~ Croatia; ⁵Renal Division, Department of Medicine, Clinical Hospital Merkur, Zagreb, Croatia, University of Zagreb, School of Medicine ~ Zagreb ~ Croatia; ⁶Division of Clinical Immunology and Rheumatology, Department of Internal Medicine ~ Zagreb ~ Croatia; ⁷Andrija Štampar School of Public Health, Zagreb, Croatia, University of Zagreb, School of Medicine ~ Zagreb ~ Croatia; ⁷Department of Pathology and Cytology, University Hospital Centre Zagreb, Croatia, University of Zagreb, School of Medicine ~ Zagreb ~ Croatia

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Purpose Complement activation is an important step in the mechanism of tissue damage in lupus nephritis (LN). Complement deposition in kidney tissue might reflect different immunologic processes and higher disease severity and result in adverse outcomes, but very few studies explored these potentially important associations. Given these immunologic consequences, we have postulated that complement deposition in the kidney might be associated with higher risk for serious infections in LN.

Methods We have conducted a retrospective cohort study to evaluate the prognostic significance of C1q and C3 complement factors in renal tissue compartments for the occurrence

of serious infections. We have collected data on demographics, clinical and laboratory parameters and histopathology (light, immunofluorescent and electron microscopy) at the time of biopsy and after long-term follow-up. Serious infections were defined as those that: 1. require intravenous therapy OR 2. lead to hospitalization OR 3. have resulted in death in 30 days from diagnosis. C1q and C3 expression graded in different kidney compartments (mesangium, glomerular basement membrane (GBM), tubular basement membrane (TBM) and peripheral capillary wall) as 0 to 3+ and another analysis was performed with dichotomized grading as 0 (absent) and 1+ to 3+ (present). SLE was diagnosed using the American College of Rheumatology criteria.

Results A total of 51 patients with biopsy-proven LN were followed up for 4.5±2.9 years (80% women, mean age at biopsy 38±14). Of these, 22 (43%) had at least one episode of serious infection with 4 patients having 2 episodes. Complement expression in different kidney compartments was as follows: mesangium (C1q 54%, C3 59%), GBM (C1q 34%, C3 41%), TBM (C1q 5%, C3 5%) and blood vessel wall (C1q 0%, C3 5%). There was no difference in the distributions of mesangial (present vs. absent, 80% vs. 78%, p>0.99), GBM (53% vs. 38%, p=0.53), TBM (20% vs. 5%, p=0.17) and peripheral capillary wall C3 deposition (25% vs. 35%, p=0.53) or mesangial (75% vs. 65%, p=0.53), GBM (47% vs. 33%, p=0.52), TBM (5% vs. 5%, p>0.99) and peripheral capillary wall C1q deposition (25% vs. 30%, p=0.75).

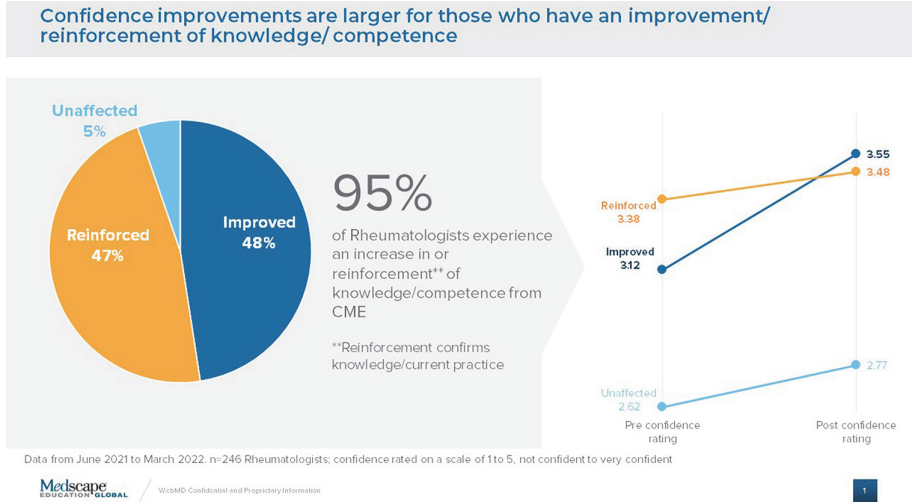
Conclusions Complement deposition in kidney tissue, while an underexplored and potentially important process, was not associated with serious infections in LN.

PO.5.114 ONLINE EDUCATION SIGNIFICANTLY IMPROVED RHEUMATOLOGISTS' KNOWLEDGE OF THE BURDEN OF LUPUS NEPHRITIS AND APPROPRIATE TREATMENT STRATEGIES FOR PATIENTS

¹E Bell*, ¹M Calle, ²L Lightstone. ¹Medscape Education Global ~ London ~ UK; ²Imperial Lupus Centre, Imperial College London, Hammersmith Hospital ~ London ~ UK

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Background/purpose Lupus nephritis (LN) is the most common severe manifestation of SLE and can progress to end stage



Abstract PO.5.114 Figure 1