THU0274 RENAL CHARACTERISTICS AND OUTCOME OF LUPUS NEPHRITIS ACCORDING TO ITS TIME OF ONSET

O. C. Kwon[1], J. H. Park[1], M. C. Park[1]. [1]*Yonsei University College of Medicine, Division of Rheumatology, Department of Internal Medicine, Seoul, Korea, Rep. of (South Korea)*

Background: Lupus nephritis (LN) usually develops within 5 years of systemic lupus erythematosus (SLE) onset. It is unclear whether the course and outcome of LN differ between patients who initially had LN at SLE onset (initial-onset LN) and those who developed LN within 5 years after SLE onset (early-onset LN).
Objectives: To compare clinical characteristics and renal outcomes between SLE patients with initial-onset LN and SLE patients with early-onset LN.
Methods: SLE patients with biopsy-proven LN were retrospectively reviewed. The clinical parameters and renal outcomes were compared between initial-onset LN and early-onset LN groups. We used Cox regression analysis to estimate risk of worse renal outcome, according to the onset time of LN.
Results: Of the total 136 LN patients, 92 (67.6%) and 44 (32.4%) patients were classified into the initial-onset and early-onset LN groups, respectively. The initial-onset LN group had higher prevalences of impaired renal function (34.8% vs. 11.4%, p=0.004) and microscopic hematuria (73.9% vs. 54.5%, p=0.024), and higher urine protein/creatinine ratio (4626.1 [2180.0–6788.3] vs. 2410.0 [1265.0–5168.5] mg/g, p=0.006) at LN diagnosis. Renal relapse (46.3% vs 25.7%, p=0.039) and progression to chronic kidney disease (CKD) or end-stage renal disease (ESRD) were more common (24.4% vs. 8.3%, p=0.042) in the initial-onset LN group. In the multivariable Cox regression analysis, initial-onset LN group had higher risk of renal relapse (adjusted hazard ratio [HR] 2.938, 95% confidence interval [95% CI] 1.344–6.426, p=0.007) and progression to CKD or ESRD (adjusted HR 4.642, 95% CI 1.107–19.458, p=0.036), compared with early-onset LN group.
Conclusion: Patients with LN at SLE onset may have more severe renal presentations and worse renal outcome than those who develop LN within 5 years.
References: Not applicable

Table. Hazard ratios for renal relapse and progression to CKD/ESRD according to onset time of LN

	Univariable analysis		Multivariable analysis[a]	
	HR (95% CI)	p	HR (95% CI)	p
Renal relapse				
Early-onset LN	1.000 (reference)		1.000 (reference)	
Initial-onset LN	2.734 (1.315–5.686)	0.007	2.938 (1.344–6.426)	0.007
Progression to CKD/ESRD				
Early-onset LN	1.000 (reference)		1.000 (reference)	
Initial-onset LN	4.201 (1.249–14.132)	0.020	4.642 (1.107–19.458)	0.036

[a]Adjusted for age, ISN/RPS class, activity index, chronicity index, GFR, UPCR, hematuria and use of HCQ
LN, lupus nephritis; CKD, chronic kidney disease; ESRD, end-stage renal disease; ISN/RPS, International Society of Nephrology/Renal Pathology Society (ISN/RPS); GFR, glomerular filtration rate; UPCR, urine protein/creatinine ratio; HCQ, hydroxychloroquine; HR, hazard ratio; CI, confidence interval

Acknowledgments: None.
Disclosure of Interests: None declared
DOI: 10.1136/annrheumdis-2020-eular.4014

THU0275 SEVERE PREECLAMPSIA RELATED TO ANTIPHOSPHOLIPID SYNDROME: AN EUROPEAN STUDY OF 40 WOMEN

M. Larosa[1], N. Morel[2], M. Belhocine[3], A. Ruffatti[1], N. M. Silva[4], R. Paul[5], L. Mouthon[2], M. Dreyfus[6], J. C. Piette[7], O. Souchaud-Debouverie[8], C. Deneux-Tharaux[9], V. Tsatsaris[10], E. Pannier[10], G. Guettrot Imbert[2], V. Le Guern[2], A. Doria[1], N. Costedoat-Chalumeau[2]. [1]*University of Padova, Rheumatology Unit; DIMED Department of Medicine, Padova, Italy*; [2]*Cochin Hospital, Internal Medicine, Paris, France*; [3]*Sacré-Coeur Hospital, Montréal, Canada*; [4]*University Hospital Center of Caen, Internal Medicine Department, Caen, France*; [5]*Foch Hospital, Internal Medicine, Paris, France*; [6]*University Hospital Center of Caen, Gynecology and Obstetrics Department, Caen, France*; [7]*Pitié-Salpêtrière Hospital, Paris, France*; [8]*Poitiers University Hospital, Poitiers, France*; [9]*INSERM U 1153, Paris, France*; [10]*Cochin Hopital, Port-Royal Maternity, Paris, France*

Background: One of the 3 features of obstetrical antiphospholipid syndrome (APS) is severe preeclampsia (PE). Its time of occurrence, the associated risk of thromboses and systemic lupus erythematosus (SLE) have not been reported yet.
Objectives: We analyzed severe PE in a series of women with APS.
Methods: We retrospectively collected data of female patients from 5 French internal medicine and 1 Italian rheumatology units. Inclusion criteria were: a severe PE/eclampsia(1), that occurred before 34 weeks of gestation (WG) in patients who met the APS classification criteria(2).
Results: 40 patients were enrolled (Table 1). Because of known APS/positive aPL/previous obstetrical complications, 23(57.5%) patients were treated during the index PE: 4 with low dose aspirin (LDA), 4 with low molecular weight heparin (LMWH), and 15 with a combination of both. 7 patients were also treated with hydroxychloroquine, 8 with corticosteroids and 3 with immunosuppressants. 17(42.5%) patients received no treatment. 24(60%) live births were observed. During a follow-up period of 3 years, 26(65%) patients had at least 1 new pregnancy, with a total of 38 pregnancies which resulted in 33(86.8%) live births. 57.5% pregnancies who resulted in live births occurred without any maternal or fetal complications. All 26 patients who had at least 1 pregnancy after index PE were treated with LDA; LMWH was given at prophylactic and therapeutic dosage in 13(50%) patients, respectively. No patient experienced 3 consecutive miscarriages.

Table 1. 40 APS patients with severe PE

Overall features (n, %)	
Patients	40 (100)
Age at PE, (median, IQR)	30.5 (27-33)
PE term, WG (median, IQR)	25.5 (23-29)
Live births	24 (60)
Birth term, WG (median, IQR)	25.5 (23.7-30.3)
Associated SLE	12 (30)
Maternal complications (n, %)	25 (62.5)
HELLP	18 (45)
E	6 (15)
CAPS	3 (7.5)
Placental abruptions	3 (7.5)
Fetal complications (n, %)	31 (77.5)
IUGR	18 (45)
IUFD	11 (2.5)
Preterm delivery	22 (55)
Obstetrical history (n, %)	
Primiparous	21 (52.5)
Index PE before APS	12 (30)
Thrombosis (n, %)	
Thrombosis before PE index	14 (35.0)
Thrombosis after PE index	2 (5.0)
Abs at APS diagnosis (n, %)	
aPL triple positivity	21 (52.5)
IgG/IgM anti-cardiolipin	34 (85.0)
IgG/IgM anti-β2GPI	25 (62.5)
LAC	33 (82.5)

Legend to Table 1: PE: preeclampsia; APS: antiphospholipid syndrome; IQR: interquartile range; WG: weeks of gestation; SLE: systemic lupus erythematosus; HELLP: Hemolysis, elevated liver enzymes, low platelet; E: eclampsia; CAPS: catastrophic APS; IUGR: intrauterine growth restriction; IUFD: intrauterine fetal death; CHB: congenital atrioventricular block; aPL: antiphospholipid antibodies; LAC: lupus anticoagulant.

Conclusion: Among the APS criteria, "3 consecutive miscarriages criterion" was not found. The majority of patients also experienced thrombosis and SLE before the index PE.
References:
[1] Diagnosis and Management of preeclampsia and eclampsia. International Journal of Gynecology &Obestetrics 2002;77:67-75.
[2] Miyakis S, et al. International consensus statement on an update of the classification criteria for definite antiphospholipid syndrome (APS). J Thromb Haemost 2006;4:295e 306.
Disclosure of Interests: Maddalena Larosa: None declared, Nathalie Morel: None declared, Meriem BELHOCINE: None declared, Amelia Ruffatti: None declared, Nicolas Martin Silva: None declared, Romain Paul: None declared, Luc Mouthon: None declared, Michel DREYFUS: None declared, Jean-Charles PIETTE: None declared, Odile Souchaud-Debouverie: None declared, Catherine Deneux-Tharaux: None declared, Vassilis Tsatsaris: None declared, Emmanuelle Pannier: None declared, Gaêlle Guettrot Imbert: None declared, Véronique LE GUERN Grant/research support from: UCB for GR2 study (to our institution), Andrea Doria Consultant of: GSK, Pfizer, Abbvie, Novartis, Ely Lilly, Speakers bureau: UCB pharma, GSK, Pfizer, Janssen, Abbvie, Novartis, Ely Lilly, BMS, Nathalie Costedoat-Chalumeau Grant/research support from: UCB to my institution
DOI: 10.1136/annrheumdis-2020-eular.5901