however, during the T-VEC Phase III clinical trial there were 3 other cases of treatment related immune-mediated events: vasculitis, pneumonitis, and psoriasis. whilst immunological therapies like T-VEC offer great therapeutic promise this case highlights that they also carry a risk of immune-related adverse events, the full extent of which is not yet known.

MON-049
CAT-SCRATCH DISEASE MANIFESTING AS C3 GLOMERULONEPHRITIS (CASE REPORT)

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Introduction: C3 glomerulonephritis (C3GN) is a rare renal disorder caused by excessive complement activation via the alternative pathway. Typical histological features include membranoproliferative glomerulonephritis (MPGN), C3-dominant glomerular staining and pathogenetically with postinfectious glomerulonephritis (PiGN), in which complement activation is apparent clinically, histologically and pathogenetically with electron microscopy (EM). C3GN overlaps with moderately dense deposits on electron microscopy (EM). C3GN overlaps C3-dominant glomerular staining and pathway. Typical histological features include membranoproliferative glomerulonephritis (MPGN), C3-dominant glomerular staining and moderately dense deposits on electron microscopy (EM). C3GN overlaps clinically, histologically and pathogenetically with postinfectious glomerulonephritis (PiGN), in which complement activation is apparently triggered by infection.

Methods: We describe a patient in whom the onset of systemic symptoms almost 2 years after commencing immunosuppressive treatment for C3GN led to a revised diagnosis of PiGN due to Bartonella henselae endocarditis.

Results: A 63-year-old Caucasian man was referred with fatigue, anorexia, painless macroscopic haematuria, microalbuminuria and acute kidney injury (AKI). He was afebrile with no cardiac murmur, splenomegaly, lymphadenopathy or funduscopic changes. There was mild normocytic anaemia and thrombocytopenia with raised inflammatory markers and a weakly positive atypical ANCA (negative PR3 and MPO antibodies). Other serologies were unremarkable including ANA, ENAs, DNA, cryoglobulins, rheumatoid factor, C3, C4, HBV, HCV, and HIV. Blood cultures were negative. Renal biopsy showed early MPGN with capillary loop staining for C3++, IgM++, and C1q++, and subendothelial > intramembranous deposits on EM. Steroids led to prompt remission, but haematuria and AKI recurred when prednisolone was ceased, with progressive glomerular inflammation and dense deposition on biopsy. Reintroduction of steroids, now with mycophenolate mofetil as maintenance therapy, again led to clinical improvement, but after 18 months he became systemically unwell with recurrent haematuria and AKI, profound constitutional symptoms, cryoglobulins, and immunocompromised conditions due to the disease itself and immunocompromised conditions due to the use of immunosuppressive medications that put the patients susceptible to opportunistic infections. Cytomegalovirus (CMV), has been recognized in recent years to have multi-organ involvement in SLE patients. However, the screening and treatment for CMV infection in SLE patients has not been appropriately done.

Conclusions: Mycophenolate mofetil in this study was able to demonstrate efficacy in reducing the median urinary protein during treatment for a period of 6 months. The serum creatinine did not show remarkable worsening during the period of treatment. Mycophenolate mofetil may be considered an alternative in treating FSGS patients.

MON-050
OUTCOME OF FSGS TREATMENT WITH MMF

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Introduction: Focal segmental glomerulosclerosis (FSGS) is a common glomerular disease world wide and recent studies in Nigeria shows that the prevalence is on the rise. Based on the Kidney disease improving global outcome (KDIGO) guideline 2012, high dose steroids and calcineurin inhibitors are the recommended first line drugs. Calcineurin inhibitors are nephrotoxic and need periodic blood drug level monitoring. Steroids can cause hypertension, diabetes mellitus, osteoporosis, peptic ulcer and many other side effects. Mycophenolate mofetil (MMF) is an alternative drug with the advantage of non-nephrotoxicity and more tolerable side effects profile. This study tried to replicate the therapeutic efficacy of calcineurin inhibitors and steroids.

Methods: Between 2008 and 2018, seventy-six patients underwent a native kidney biopsy at the Renal unit of the Lagos State University Teaching Hospital. Thirty-one of these had FSGS; out of which eleven had been treated with MMF and had complete information obtained from their medical records. The following parameters were compared at the commencement of treatment with MMF and six months after therapy: urinary protein, serum creatinine, serum cholesterol and serum albumin. The Wilcoxon signed-rank test was used for the comparison.

Results: Records of 11 patients were reviewed out of which 7 (63.6%) were males. The median age was 49 (IQR 25,51) years. The median length of treatment with MMF was 18 (IQR 6,24) months. Of all the four parameters measured before and after treatment, there was significant difference in the median urinary protein after treatment (2.7g vs 0.64 g, p=0.003). There was no difference in the levels of serum creatinine (p=0.213), cholesterol (p = 0.142), and albumin (p = 0.052). While stratified by age group, there was a difference only in the level of urinary protein for those aged 40 years and above (p = 0.018), while no difference was observed in the four analytes among those below 40 years. Among the males, there was a difference in urinary protein (p = 0.018) and serum albumin (p =0.043) while no difference in the levels of the four analyte was observed after treatment among female

Conclusions: Mycophenolate mofetil may be considered an alternative in treating FSGS patients.