(Continued)

<table>
<thead>
<tr>
<th></th>
<th>AAV 47 (3.1)</th>
<th>3.1</th>
<th>1.87 (1.25 to 2.80)</th>
</tr>
</thead>
<tbody>
<tr>
<td>90-day Control</td>
<td>37 (0.6)</td>
<td>0.6</td>
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<tr>
<td>AAV 37 (2.4)</td>
<td>2.4</td>
<td>2.92 (1.76 to 4.85)</td>
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<tr>
<td>CV death</td>
<td>285 (4.9)</td>
<td>6.2</td>
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<tr>
<td>AAV 54 (3.6)</td>
<td>4.1</td>
<td>0.66 (0.49 to 0.89)</td>
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</tr>
<tr>
<td>365-day Control</td>
<td>158 (2.7)</td>
<td>2.7</td>
<td></td>
</tr>
<tr>
<td>AAV 34 (2.2)</td>
<td>2.2</td>
<td>0.81 (0.55 to 1.20)</td>
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<tr>
<td>90-day Control</td>
<td>85 (1.5)</td>
<td>1.5</td>
<td></td>
</tr>
<tr>
<td>AAV 17 (1.1)</td>
<td>1.1</td>
<td>0.85 (0.46 to 1.56)</td>
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<tr>
<td>AF 480 (7.9)</td>
<td>11.5</td>
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<tr>
<td>90-day Control</td>
<td>131 (2.3)</td>
<td>2.2</td>
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<tr>
<td>AAV 124 (8.2)</td>
<td>8.2</td>
<td>3.33 (2.66 to 4.18)</td>
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<tr>
<td>CHF 598 (10.3)</td>
<td>13.3</td>
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<td>AAV 240 (15.8)</td>
<td>20.8</td>
<td>1.41 (1.22 to 1.63)</td>
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<tr>
<td>365-day Control</td>
<td>350 (6.0)</td>
<td>6.0</td>
<td></td>
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<tr>
<td>AAV 177 (11.6)</td>
<td>11.7</td>
<td>1.75 (1.48 to 2.07)</td>
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<tr>
<td>90-day Control</td>
<td>170 (2.9)</td>
<td>2.9</td>
<td></td>
</tr>
<tr>
<td>AAV 143 (9.4)</td>
<td>9.4</td>
<td>2.65 (2.15 to 3.26)</td>
<td></td>
</tr>
</tbody>
</table>

Conclusions: ANCA vasculitis is associated with a high risk of certain types of cardiovascular events, particularly in the early period following diagnosis.

No conflict of interest

POS-155

A FIVE YEAR RETROSPECTIVE STUDY TO DETERMINE THE CHARACTERISTICS OF RAPIDLY PROGRESSIVE GLOMERULONEPHRITIS FROM THREE TERTIARY HOSPITALS IN GAUTENG, SOUTH AFRICA

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Introduction: Rapidly progressive Glomerulonephritis (RPGN) is a syndrome which was first described in 1942 by Ellis. It is caused by glomerulonephritis which results in rapid decline in renal function over a short period of time. Its histological hallmark is extensive crescent formation. It is a heterogeneous disease with various aetiologies leading to glomerular injury. Recent studies of the characteristics of RPGN in adults in South Africa have been sparse, although there was a recent retrospective study from Paediatric nephrology in Cape Town. A study from Senegal found RPGN in 5.33% of renal biopsies conducted over 5 years. The aetiologies were mainly lupus in 32.5% of cases, followed by ANCA-related vasculitis in 27.5% of cases, and infectious causes in 17.5% of cases. This differs from aetiologies of RPGN from other parts of the world where the most common cause in ANCA-associated vasculitis (AAV) is a rare disorder with annual incidence estimated to be around 1 per 100,000 population. Renal involvement is one of the main predictors of mortality and morbidity, with approximately 30% of patients with renal involvement progressing to ESRD after 5 years. Renal biopsy can provide a definite diagnosis, and may predict the renal prognosis in AAV. Limited data is available on its management and outcomes, thus we aim to assess this at our tertiary care renal facility.

Methods: This was a retrospective cohort study. We included patients with a documented diagnosis of ANCA positive vasculitis between 1st January 2012 to the 31st December 2017, with a follow up period until 31st December 2019. Using a standardized data collection form we recorded the number of patients who had a renal biopsy, the induction and maintenance therapies used, along with relapse induction and maintenance therapies. At the end of the follow-up period outcomes were divided into progression to end-stage renal disease (ESRD), death, established chronic kidney disease (CKD), and preservation of renal function.

Results: Data of thirty-six patients were included in the final study. The patient baseline characteristics are listed in Table 1. Thirty-two patients (94.1%) had a documented renal biopsy. The majority of patients (66.7%) had cyclophosphamide for induction, followed by rituximab (19.4%). Seven patients (19.4%) had a documented relapse during the study period, 4 MPO+ and 3 PR3+. Six patients (85.7%) had rituximab as an induction therapy for relapse. The majority of patients were on azathioprine (61.1%) as maintenance therapy after induction. This was similar to the maintenance therapy used after relapse (57.1%). Progression to ESRD occurred in 11 (30.6%), death in 4 (11.1%), established CKD in 15 (41.7%), and preservation of renal function in 6 (16.7%) patients by the end of the follow up period.

Conclusions: While cyclophosphamide remains the choice of induction immunosuppression therapy, we favour rituximab as an induction agent in relapse of AAV. However despite aggressive immunosuppression therapy the incidence of ESRD and death remains high in these patients. The current management and outcomes are comparable to prevalent international guidelines and cohorts. We look forward to new updates and therapies to improve outcomes in AAV.

No conflict of interest

POS-156

MANAGEMENT AND OUTCOMES OF ANCA ASSOCIATED VASCULITIS AT A TERTIARY HEALTHCARE FACILITY

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Introduction: Anti-neutrophil cytoplasmic antibody (ANCA) associated vasculitis (AAV) is a rare disorder with annual incidence estimated to be around 1 per 100,000 population. Renal involvement is one of the main predictors of mortality and morbidity, with approximately 30% of patients with renal involvement progressing to ESRD after 5 years. Renal biopsy can provide a definite diagnosis, and may predict the renal prognosis in AAV. Limited data is available on its management and outcomes, thus we aim to assess this at our tertiary care renal facility.

Methods: This was a retrospective cohort study. We included patients with a documented diagnosis of ANCA positive vasculitis between 1st January 2012 to the 31st December 2017, with a follow up period until 31st December 2019. Using a standardized data collection form we recorded the number of patients who had a renal biopsy, the induction and maintenance therapies used, along with relapse induction and maintenance therapies. At the end of the follow-up period outcomes were divided into progression to end-stage renal disease (ESRD), death, established chronic kidney disease (CKD), and preservation of renal function.

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Conclusions: While cyclophosphamide remains the choice of induction immunosuppression therapy, we favour rituximab as an induction agent in relapse of AAV. However despite aggressive immunosuppression therapy the incidence of ESRD and death remains high in these patients. The current management and outcomes are comparable to prevalent international guidelines and cohorts. We look forward to new updates and therapies to improve outcomes in AAV.

No conflict of interest

POS-157

ACUTE POST-INFECTIONOUS GLOMERULONEPHRITIS IN CHILDREN: ABOUT A SERIES OF 83 CASES

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Introduction: Acute post-infectious glomerulonephritis (APGN) is a common disease in children and the most common cause is streptococcal infection. However, other cases have been reported, especially in patients with previous history of infection or vaccination, or in cases where streptococcal infection cannot be demonstrated.

Methods: This was a retrospective study conducted between January 2015 and December 2019 in the Department of Pediatrics, Ibn Tofail University Hospital, Morocco. A total of 83 children were included in the study. The diagnosis of APGN was based on clinical symptoms and positive antistreptococcal antibodies.

Results: The most common symptoms were fever, headaches, and malaise. The majority of the patients had anemia and proteinuria. The majority of the patients were treated with antibiotics and antihypertensive medications. The outcome was favorable in all cases.

Conclusions: APGN is a common disease in children and its management is usually successful. However, there is a need for further studies to identify risk factors and develop effective prevention strategies.

No conflict of interest
Introduction: Post-infectious acute glomerulonephritis (PI-AGN) is very common among Moroccan children. It can be defined as an acute, non-suppurative, diffuse, generalized inflammation of the glomeruli of both kidneys. It occurs after an infection (of the skin or the upper respiratory tract). Group A beta-haemolytic (GABH) streptococcus is the most incriminated infectious agent. PI-AGN prognosis depends on the severity of renal involvement, with the possibility of chronic renal disease in the worst cases.

Methods: The aim of our study is to determine the epidemiological, clinical, histological, and evolutive features of PI-AGN in children treated in our center. For that reason, we gathered retrospective data of 83 children. The study took place from January 2016 to June 2020.

Results: The median of age was 9 years. Distribution by sex was in favor of males with 65%. Most cases (91%) were seen in winter. The most involved infectious sites were the upper respiratory tract (74%), and the skin (24%). The infection was still active at diagnosis in 30% of cases, while the remaining cases had it at least one week before. Microscopic hematuria and proteinuria were always present. Gross hematuria, generalized edema, and hypertension were also very common (seen respectively in 77%, 82%, and 65% of the cases). Other symptoms reported at diagnosis of PI-AGN were abdominal pain and vomiting (71%), convulsions (17%), and oliguria (13.3%). Acute kidney failure was found at onset in 25 children, from whom two had dialysis. The C3 complement fraction was low in 68 patients, and the ASLO titers were high in 53% of cases. All patients were under water and salt restriction. Furosemide was the first-line treatment of hypertension and oliguria patients, and nicardipine was added when blood pressure targets were not achieved. Renal biopsy was performed on 14 children. The main indications were nephrotic syndrome, persistent proteinuria, rapidly progressive glomerulonephritis (respectively in 22, eight, four, and two patients). The renal biopsy findings were as follows: endocapillary GN with C3 deposits in 14 children, minimal change disease in four children, membranous GN in one patient, crescent GN in two children, and glomerulocarcinosis with C3 deposits in one child. Oral steroids (nephrosis regimen) were prescribed in 40%. Meanwhile, intravenous methylprednisolone (1g/1.73m² three days in a row) and cyclophosphamide (500 mg/m²/month for six months) was indicated in severe cases (respectively 23% and 9.6% of cases). All our 83 children had a good prognosis, and no cases of chronic kidney disease were noted at follow-up.

Conclusions: PI-AGN is still very common in Morocco, mainly because GABH-streptococcus upper respiratory tract infections are still frequent in our children. However, the prognosis remains good if the appropriate management is started early.

No conflict of interest

POS-158
D GALACTOSE IN STEROID RESISTANT NEPHROTIC SYNDROME: OUR EXPERIENCE
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Introduction: A proportion of patients with FSGS have a permeability factor which has not been well characterized but is known to be of molecular weight 30 to 50 Kilodaltons and is removed by plasmapheresis, which is often done in such patients who have proteinuria after a renal transplant. The permeability factor has been shown to bind to the glomucalyx in the vicinity of the podocyte. The glycoalyx is rich in renal transplant. The permeability factor has been presumed to bind to the galactose and glycocalyx in the vicinity of the podocyte. The glycocalyx is rich in renal transplant.

Methods: The permeability factor has been presumed to bind to the galactose and glycocalyx in the vicinity of the podocyte. The glycocalyx is rich in renal transplant. The permeability factor has been presumed to bind to the galactose and glycocalyx in the vicinity of the podocyte. The glycocalyx is rich in renal transplant.

Results: One patient with FSGS with moderate tubulointerstitial changes has shown response to FSGS. She was tested for the Alport gene mutations which were negative. No tests for permeability factor were done. On the contrary, another patient with FSGS (no 3) with end stage disease and nephrotic proteinuria did not have any response. A steroid sensitive with frequent relapser and secondary steroid resistant who had MCD on biopsy, did not respond. He presumably did not FSGS, as he then responded to Orftatumab3. The outcomes in the diabetic lady with FSGS and the MCD patient on plasma exchange are awaited. A trial with D galactose seems warranted as it is easily done and relatively non toxic, in patients with either MCD with suspected unsampled FSGS or primary FSGS. The current literature suggests that only those varieties of FSGS or the permeability factor which would be expected to respond. Further studies of the permeability factor, the role of the recently described antinephrin antibodies and genetic studies will cast more light on this.

No conflict of interest

POS-159
CLINICO PATHOLOGIC SPECTRUM OF ALTERNATE COMPLEMENT PATHWAY MEDIATED GLOMERULAR DISEASES – AN EXPERIENCE FROM A TERTIARY CARE CENTRE IN NORTH KERALA
PRABHAKARAN R K, A+1, m S1, T P N3, E k J3
1Govt Medical College Kozhikode, Department Of Nephrology, Kozhikode, India, 2Govt Medical College Kozhikode, Department Of Nephrology, Kozhikode, India

Introduction: Abnormal alternate pathway can result in C3 glomerulopathy (C3GN and DDD) and atypical HUS. Our attempt was to study the clinico pathologic spectrum of these diseases in our set of patients. Very few similar studies from our country are available in literature.

Objectives: (1) To study the clinical spectrum and renal pathologic findings of C3 glomerulopathy and aHUS (2) To study the factors associated with prognosis of the disease.

Methods: This was a prospective study conducted at department of nephrology, Govt Medical College Kozhikode, Kerala, India from December 2017 to December 2019. Patients meeting the inclusion...