ranged between 2 and 72 months (14±14.1). Overall response to the second line of treatment was observed among majority of patients (91.7%). Renal biopsy was performed in 45.8% of patients. Concerning side effects of steroid sparing agents, electrolytes disturbances and hypertension were reported by two (8.3%) and one (4.2%) patients respectively. Cyclosporine use was significantly among patients treated with cyclosporine (48±33.9 months) compared to other lines of treatment, p<0.001. On the other hand, hypertension was only reported among patients treated with cyclosporine, p=0.003.

Conclusions: The overall response of children with SDNS and FRNS to steroids and have a preserved renal function. However, cause of NS accounting for almost 80% of cases. Most MCD patients syndrome (NS) unlike children in whom MCD is the most common glomeropathy in adults, accounting for almost 15 to 20% of nephrotic disease.

POS-449
ADULT ONSET MINIMAL CHANGE DISEASE: CLINICAL CHARACTERISTICS, TREATMENT AND PROGNOSIS
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Introduction: Minimal change disease (MCD) is an uncommon glomerulopathy in adults, accounting for almost 20% of nephrotic syndrome (NS) unlike children in whom MCD is the most common cause of NS accounting for almost 80% of cases. Most MCD patients respond well to steroids and have a preserved renal function. However, MCD remains a therapeutic challenge for the nephrologist especially for frequently relapsing, steroid dependent, and steroid resistant NS. This study aimed to describe characteristics and outcomes of adult patients with MCD.

Methods: This is a retrospective study including adult patients having NS with biopsy proven MCD from January 2006 to December 2019 in a nephrology department. We collected all patients’ characteristics including clinical, biological, histological and etiological features, as well as therapeutic and prognostic outcomes.

Results: 66 adult patients with biopsy proven MCD were analyzed. 56% were male. Mean age at presentation was 35±15.18 years. At diagnosis, all patients had edema. 9.09% patients had hypertension. 14.3% patients had microscopic hematuria. 12.1% patients had acute renal failure. Mean creatinine was 88.54±46.43 µmol/L. Mean daily proteinuria was 8.39±4.93 g/day. 74.6% patients had a purp NS. In biopsy, 6.06% patients had particular mesangial proliferation and 12.1% had IgM deposits. Secondary causes of MCD were seen in 21.2% of cases (atopy in 78.6% and diabetes in 21.4%). 6.25% patients had spontaneous remission. Remission rate was 93.1% but 69.3% patients had relapsed. 4.16% patients were frequent relapsers, 20.8% were steroid dependent and 6.25% were steroid resistant. Immunosuppressive therapy was needed in 6 patients. 14.58% patients had chronic renal failure and 2 progressed to end-stage renal disease. Patient survival was of 95.8% at 13 years.

Conclusions: Relapses of MCD are common in adults and their treatment is challenging. However MCD remains a benign lesion with a good long-term prognosis and few patients progressing to end-stage renal disease. No conflict of interest

POS-450
FIBROBLAST GROWTH FACTOR AS A BIOMARKER OF FOCAL SEGMENTAL GLOMERULOSCLEROSIS IN HIV-POSITIVE AND HIV-NEGATIVE CHILDREN PAID FOR SUBMISSION 2020-A-WCN21-0093 (100981327899)
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Introduction: HIV infection can lead to the development of HIV-associated nephropathy (HIVAN) with the majority of patients progressing to end-stage kidney disease. Previous studies have recognised basic fibroblast growth factor (bFGF) as a biomarker for HIVAN, since significant levels of bFGF low-affinity receptors have been found in the kidneys of HIV-infected children.

The aim of this study was to assess the association between bFGF and a kidney disease in the development of focal segmental glomerulosclerosis (FSGS) in HIV-positive and negative children.

Methods: The study group consisted of 31 children; HIVAN (n=11) and idiopathic FSGS (n=20). The control group consisted of both HIV-positive (n=20) and HIV-negative (n=20) children with no kidney disease. Serum samples from all patients in both the study and control groups were analysed for bFGF. All HIV positive patients were stable on HAART for over 6 months before being recruited. Estimated glomerular filtration rate (eGFR) was calculated using the modified Swartz formula.

Serum was obtained and stored at -80°C, before bFGF levels were quantified, as mean fluorescence intensity (MFI), using the Bio-Plex Pro Human Cytokine assay (Bio-Rad laboratories Inc., USA) on a Bio-Plex MAGPIX Multiplex system (Bio-Rad Laboratories Inc., USA) using Bio-Plex Manager version 4.1 software.

Data were entered into SPSS version 24 (IBM Corp., USA) and GraphPad Prism version 5 (GraphPad Software, USA) for analysis. A p-value <0.05 was considered as statistically significant. A descriptive statistical analysis of the data was conducted prior to inferential analysis. Independent samples t-test and ANOVA were used to determine if high levels of bFGFs in FSGS compared with controls were responsible for the development of glomerulosclerosis. 32 tests were used to assess any associations between categorical variables.

Results: The concentration of bFGF was higher, in comparison with idiopathic FSGS children, in HIVAN children (p=0.0167). There was also a significant elevation of serum bFGF levels in children with HIVAN when compared with HIV-positive (p=0.0298) and HIV-negative (p=0.0043) control groups.

There was no statistically significant difference in bFGF concentration between children with idiopathic FSGS and those within the positive and negative control groups.

Conclusions: This study demonstrated statistically significant differences between bFGF levels in children with HIVAN and controls.

No conflict of interest

POS-451
PROTEINURIA ≥ 10G/DAY AS A PROGNOSTIC FACTOR FOR GENERAL AND RENAL SURVIVAL IN PATIENTS WITH NEPHROTIC SYNDROME IN A PERUVIAN HOSPITAL
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Introduction: Chronic Kidney Disease (CKD) is a major health problem around the world. In Peru, it is considered to be among the first ten death causes during 2012, representing 3.3% of national deceases. In healthy adults, normal excretion of protein through urine (proteinuria) is less than 150 mg/day. However, values of proteinuria higher than 150 mg/day are considered to be pathological; furthermore, values higher than 3.5 g/day are denominated as nephrotic range proteinuria. In addition, it has been described that proteinuria values higher than 10 g/day, also called malignant proteinuria, has been related to higher CKD incidence and progression. The objective of this study was to compare the renal survival and the mortality among patients with proteinuria ≥ 10 g/day and patients with proteinuria between ≥ 3.5 g/day and < 10 g/day.

Methods: A retrospective cohort study was accomplished. The exposed population was constituted by patients with proteinuria ≥ 10 g/day and the unexposed one by patients with proteinuria between ≥ 3.5 g/day and < 10 g/day. All patients enrolled were ≥ 18 years old, and the follow up of the population started up with the first proteinuria registered in the clinic history. Sample size was calculated through EPIDAT program, considering statistical significance level (α value) to be 0.05 (%). β error to be 0.20% and study potency to be 0.80 (80%).

For data collection, a collection form was used in order to register the variables. With this information, a database was created using Microsoft Excel 2018. At last, data was analyzed using STATA version 2015 software. A survival analysis with Cox Regression was performed to assess if proteinuria is an independent predictor of renal survival and mortality.

Results: 201 patients were selected, 94 were assigned to the exposed group and 107 to the unexposed one. Nephrotic syndrome etiology included statistical significant value.