Introduction: Acute post streptococcal glomerulonephritis (APSGN) results from a recent infection caused by nephritogenic strains of group A beta-hemolytic streptococci. On the other hand, there is a strong link between streptococcal tonsillitis and IgA nephropathy. We wonder if IgA nephropathy is the chronic form of post streptococcal glomerulonephritis.

Methods: We report the case of a female patient who developed IgA nephropathy after an episode of acute post streptococcal glomerulonephritis. We wondered if IgA nephropathy was the chronic form of post streptococcal glomerulonephritis.

Results: A 39-year-old female with no medical past history was hospitalized in nephrology department in 2013 for acute nephritic syndrome 15 days after tonsillitis. Laboratory data revealed kidney injury (creatinine level at 171 μmol/l), hypocomplementemia (C3= 0.14 g/l), biologic inflammatory syndrome, nephrotic proteinuria (8g/d), count less red blood cells on the cytobacteriological urine examination, and elevated ASLO level (400UI/l). Renal biopsy showed malignant post-infectious glomerulonephritis. The histopathological examination before corticosteroid therapy revealed the presence of 2 dental abscesses.

The patient had received 3 bolus Solumedrol 1g/day X 3 days switched by oral relay (1mg/Kg/day) after dental treatment (Antibiotherapy (Augmentin 1g2/day x 10 days) + dental extractions + scaling). We obtained an improvement in renal function: creatinine =101 μmol/l at the 9th day of corticosteroid therapy. Unfortunately, the patient had been lost to sight. Two years later, she consulted us for macroscopic hematuria evolving for 2 weeks and concomitant with a tonsillitis. Laboratory data showed a correct renal function, normal level of C3 (1.4g/l), proteinuria at 0.6g/d, correct protidemia and albuminemia, with countless red blood cells on the cytobacteriological urine examination. The histopathological examination was redone and once again showed dental abscesses which were treated. Kidney biopsy was performed and showed IgA nephropathy. She was put under nephroprotective treatment (ACE inhibitor). In front of this presentation, we discussed first of all a diagnostic error that was eliminated by re-reading the first biopsy. We then evoked an AGN added to IgA nephropathy. In this case, the absence of IgA could be explained by the intense inflammatory reaction in the glomeruli which can be responsible for the mesangial clearance of IgA. These IgA could also be phagocyted by macrophages and neutrophils. On the other hand, complement activation during AGN could dissociate immune complexes. Therefore, the finding of presumed streptococcal dental abscesses (elevation of ASLO) accompanying the 2 nephropathies presented by the patient, led us to believe that acute glomerulonephritis was an acute consequence of streptococcal infection and that IgA nephropathy was the consequence of the chronic carriage of this germ. Conclusions: Both AGN and IgA nephropathy are 2 post-streptococcal glomerulonephritis. The first is an acute complication whereas the IgA nephropathy is secondary to the chronic carriage of nephritogenic strains of group A Streptococci. No conflict of interest

POS-501
CLINICAL PRESENTATION OF LUPUS NEPHRITIS

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Introduction: Lupus nephritis (LN) is one of the common manifestation of systemic lupus erythematosus (SLE). It is characterised by a wide variety of renal symptoms. The aim of this study was to describe clinical presentation of LN at diagnosis.

Methods: Patients with SLE who had a kidney biopsy during the period from January 2007 to December 2019 were included.

Results: In total, 151 patients were included in this study. There were 124 women and 27 men. The mean age of the cases was at 34 years. Class IV lupus nephritis was seen in 57 (37.74 %) patients, followed by Class II in 24 (15.89 %), Class III and IV in 22 (13.5%) each, Class V in 12 (7.94 %) each, Class II+V in 7 (4.63 %) and Class III+V in 4 (2.64 %). Three patients were respectively diagnosed with class VI, class I+V and class II+IV.

Class VI LN, in particular, were significantly more prominent in 35-45 years of age group when compared to other histological subtypes and age groups (p=0.0041). Moreover, 65 (81.25 %) females and 15 (18.75 %) males had Type IV nephritis.

IgG was positive in 78.4 %, C3 in 69.7 %, IgM in 59.9 %, and IgA in 52.7 % of the cases. Full house pattern of glomerular immune deposits were present in 51.9 % of the cases. The immune deposits were seen in the mesangium and/or glomerular basement membrane.

Interstitial inflammatory cell infiltration, tubular atrophy, and interstitial fibrosis were severe in 33 patients with class IV, moderate in 23 patients and mild in 24 patients.

Active lesions were seen in 98 (64.9 %) patients, with endocapillary hypercellularity being the most common active lesion. Chronic lesions were noted in 53 (35.09 %) patients, with glomerular sclerosis being the most common chronic lesion.

Active lesions were significantly found more frequently in classes III and IV, while chronic lesions were more likely to present in classes III to V.

Thirty One patients had a second biopsy and fourteen of these had a third biopsy. More severe changes were observed in twenty and improvement in four.

The mean serum creatinine and mean urinary protein levels at the time of renal biopsy were 139.87 μmol/l and 3.57 g/24h.

The associations between laboratory values and histopathological patterns revealed a significant correlation between class IV LN and renal failure (p= 0.016) and class IV LN and anti-DNA antibodies (p= 0.0021).

Conclusions: Class IV was the most common pathological class of LN followed by class II and class III.

Lupus nephritis is severe in this population with predominance of proliferative form.

Histological features identify patients at increased risk for progressive renal function deterioration.

With a strong correlation between class IV LN and active renal disease, no conflict of interest.

POS-502
HISTOLOGICAL FEATURES OF LUPUS NEPHRITIS

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Introduction: Renal involvement is a severe complication in systemic lupus erythematosus (SLE).

The histological classification of Lupus nephritis LN is a key factor in determining the renal survival and guiding the therapeutic management. The aim of this study was to describe histopathological patterns of LN at presentation.

Methods: This was a retrospective study of all patients with SLE who underwent kidney biopsy between 2007 and 2019. The specimens obtained through percutaneous needle biopsies were processed for light microscopy and immunofluorescence exams. The renal biopsies were classified according to the International Society of Nephrology/Renal Pathology Society Classification of LN.

Results: In total, 151 patients were included in this study. There were 124 women and 27 men. The mean age of the cases was at 34 years.

Class IV lupus nephritis was seen in 57 (37.74 %) patients, followed by Class II in 24 (15.89 %), Class III and IV-V in 22 (13.5 %) each, Class V in 12 (7.94 %) each, Class II+V in 7 (4.63 %) and Class III+V in 4 (2.64 %). Three patients were respectively diagnosed with class VI, class I+V and class II+IV.

Class VI LN, in particular, were significantly more prominent in 35-45 years of age group when compared to other histological subtypes and age groups (p=0.0041). Moreover, 65 (81.25 %) females and 15 (18.75 %) males had Type IV nephritis.

IgG was positive in 78.4 %, C3 in 69.7 %, IgM in 59.9 %, and IgA in 52.7 % of the cases. Full house pattern of glomerular immune deposits were present in 51.9 % of the cases. The immune deposits were seen in the mesangium and/or glomerular basement membrane.

Interstitial inflammatory cell infiltration, tubular atrophy, and interstitial fibrosis were severe in 33 patients with class IV, moderate in 23 patients and mild in 24 patients.

Active lesions were seen in 98 (64.9 %) patients, with endocapillary hypercellularity being the most common active lesion. Chronic lesions were noted in 53 (35.09 %) patients, with glomerular sclerosis being the most common chronic lesion.

Active lesions were significantly found more frequently in classes III and IV, while chronic lesions were more likely to present in classes III to V.

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Conclusions: Class IV was the most common pathological class of LN followed by class II and class III.

Lupus nephritis is severe in this population with predominance of proliferative form.

Histological features identify patients at increased risk for progressive renal function deterioration.

With a strong correlation between class IV LN and active renal disease, no conflict of interest.