FRI0373

LONG-TERM FOLLOW-UP OF 320 CHILDREN BORN TO MOTHERS WITH SYSTEMIC AUTOIMMUNE DISEASES: A MULTICENTRE ITALIAN SURVEY FROM 24 RHEUMATOLOGY CENTRES

M.G. Lazzaroni¹, C. Nalli¹, L. Andreoli¹, C. Carini¹, E. Bartoloni-Bocci², R. Gerli², C. B. Chighizola³, M. Gerosa³, P.L. Meroni³, L. Sinigaglia³, P. Conigliaro⁴, R. Perricone⁴, A. Corrado⁵, F. Cantatore⁵, S. D'Angelo⁶, M. Favaro⁷, M. Larosa⁷, A. Doria⁷, A. Ruffatti⁷, E. Generali³, C. Selmi³, M. Meroni⁸, M. Cutolo⁸, M. Padovan⁹, M. Govoni⁹, G. Pazzola¹⁰, C. Salvarani¹⁰, S. Peccatori¹¹, G. Paolazzi¹¹, I. Prevete⁴, G.D. Sebastiani⁴, G. Minisola⁴, A. Brucato¹², V. Ramoni¹³, R. Caporali¹³, C. Montecucco¹³, C. Tani¹⁴, V. Signorini¹⁴, M. Mosca¹⁴, M. Trevisani¹⁵, N. Malavolta¹⁵, M. Vadacca⁴, A. Afeltra⁴, E. Vivaldelli¹⁶, A. Maier¹⁶, E. Visalli¹⁷, R. Foti¹⁷, L. Zuliani¹⁸, A. Gabrielli¹⁸, C. Campochiaro³, E. Baldissera³, M.G. Sabbadini³, N. Romeo¹⁹, A. Tincani¹, ¹, Brescia; ², Perugia; ³, Milano; ⁴, Roma; ⁵, Foggia; ⁶, Potenza; ⁷, Padova; ⁸, Genova; ⁹, Ferrara; ¹⁰, Reggio-Emilia; ¹¹, Trento; ¹², Bergamo; ¹³, Pavia; ¹⁴, Pisa; ¹⁵, Bologna; ¹⁶, Bolzano; ¹⁷, Catania; ¹⁸, Ancona; ¹⁹, Cuneo, Italy

Background: Rheumatic Diseases (RD) frequently affect women during reproductive age, therefore counselling on family planning is crucial for their quality of life. Children's outcome is a major topic, but no large studies are available.

Objectives: To assess the long-term health conditions of children born to women with RD in a large multicentre cohort.

Methods: 24 Rheumatology Centres distributed the questionnaire (65 multiple-choice and 12 open-answer questions) to consecutive patients (18–55 years) in September 2015. Data were analysed dividing children upon maternal diagnosis: Chronic Arthritis (CA) and Connective Tissue Diseases (CTD).

Results: Data were collected for 320 children (166 males, 52%) born to 184 mothers (63 CA and 121 CTD). At the time of interview, children had a mean age of 17.1±9.6 years. Preterm delivery (<37 w) was observed in 72 cases (22.5%), including 13 (4%)<34 w. Data on autoimmune/inflammatory disease (AIID) and/or neurodevelopmental disorders (ND)/learning disabilities (LD) is reported in table 1. 12 children (3.7%) had a diagnosis of AIID, mostly coeliac disease (8/12, 67%) and 11 children (3.4%) of a ND and/or LD by a Paediatric Neuropsychiatrist. To rule out the possible effects of *in utero* exposure to maternal autoantibodies and/or anti-rheumatic drugs in the pathogenesis of ND, these data were retrieved for 280 children (88%) and a comparison was performed between 11 affected and 269 not-affected children (table 2).

Abstract FRI0373 – Table 1. DM: diabetes mellitus; LD: learning disorder; ADHD: attention deficit hyperactivity disorder

NEURODEVELOPMENTAL/ LEARNING DISORDERS	Present (n=11)	Absent (n=269)	P- value
Male	7 (64%)	140 (55%)	0.55
Preterm birth <37 weeks <34 weeks	3 (27%) 1 (9%)	56 (22%) 10 (3.7%)	0.44 0.36
Maternal diagnosis Chronic Arthritis Connective Tissue Diseases	2 (18%) 9 (82%)	95 (37%) 174 (63%)	0.34
Birth weight (mean Kg)	2.958	3.218	0.09
In utero exposure to anti-rheumatic drugs	5 (45%)	63 (24%)	0.14
Prednisone	5 (45%)	46 (17%)	0.22
Hydroxychloroquine	0 (0%)	23 (9%)	0.61
Azathioprine	1 (9%)	1 (0.4%)	0.08
In utero exposure to maternal auto-antibodies	4 (36%)	54 (20%)	0.99
Anti-nuclear	4 (36%)	46 (17%)	0.64
Anti-dsDNA	3 (27%)	14 (5%)	0.06
Anti-Ro/SSA	2 (18%)	24 (9%)	0.99
Anti-cardiolipin	2 (18%)	15 (6%)	0.28
Anti-beta2gpi	0 (0%)	12 (4%)	0.99
Lupus Anticoagulant	0 (0%)	8 (3%)	0.99

Abstract FRI0373 – Table 2

NEURODEVELOPMENTAL/ LEARNING DISORDERS	Present (n=11)	Absent (n=269)	P- value
Male	7 (64%)	140 (55%)	0.55
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Conclusions: In this long-term follow-up of children born to mothers with RD in this large, multicenter study of randomly interviewed women each AIID did not display a significantly increased frequency as compared to the literature; only coeliac showed a mild increased frequency. Children with LD had a tendency to cluster in the group of mothers with CTD, especially after maternal diagnosis (4/63, 6.3%), with a higher frequency as compared to general paediatric population. No significant relationships between ND/LD and prematurity, intrauterine drug exposure or maternal autoantibodies were identified.

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FRI0374

MILDER CLINICAL PRESENTATION OF LUPUS NEPHRITIS AND IMPROVED RENAL SURVIVAL DURING THE LAST 50 YEARS: A MULTICENTRIC STUDY

M. Gatto¹, G. Moroni², F. Raffiotta², P.G. Vercelloni³, S. Quaglini⁴, L. Sacchi⁴, D. Gainfreda⁵, A. Vaglio⁵, R.A. Sinico³, A. Doria¹. ¹Rheumatology, University of Padova, Padova; ²Nephrology unit, Fondazione IRCCS Ca Granda Ospedale Maggiore Policlinico; ³Nephrology unit, University Milano Bicocca, Milano; ⁴Electrical, Computer and Biomedical Engineering, University of Pavia, Pavia; ⁵Nephrology unit, University Hospital Parma, Parma, Italy

Background: Lupus nephritis (LN) presentation changed over time following earlier diagnosis and treatment.

Objectives: To evaluate changes in LN clinical and histological presentation in the last 5 decades.

Methods: This is a retrospective multicentric study on prospectively collected data in four Italian hospital centres. Patients diagnosed between 1970 and 2016 were recruited provided they had a biopsy-proven LN that was retrospectively reclassified according to the ISN/RPS classification criteria. Follow-up was subdivided into three periods (P) based on the year of LN diagnosis: P1:1970–1895; P2:1986–2000; P3:2001–2016. Predictors of patient and renal survival were investigated by univariate and multivariate analysis; survival curves were compared by log-rank test. Clinical pictures at presentation included isolated urinary abnormalities, nephrotic syndrome, nephritic syndrome, rapidly progressive renal failure. Outcome at last observation was defined as complete renal remission or