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


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%), maternal autoantibodies were identified. Data on autoimmune/inflammatory disease (AIID) and/or neurodevelopmental disorders (ND)/learning disabilities (LD) are reported in table 2. 12 children (3.7%) had a diagnosis of AIID, mostly coeliac disease (8/12, 67%).

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.

Acknowledgements: Statistical analysis supported by an unrestricted grant by UCB Pharma. The authors wish to thank Patients Associations and Participants to the survey.

Disclosure of Interest: None declared

Milder Clinical Presentation of Lupus Nephritis and Improved Renal Survival During the Last 50 Years: A Multicentric Study


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: P1:1970–1985; P2:1986–2000; P3:2001–2016. Predictors of patient and renal survival were identified using 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