Figure 1. Biopsy specimens showing tubulo-interstitial ELS by IHC (10x).

Conclusion: Assessment and management of LN patients are greatly facilitated by information obtained by renal biopsy. In the present study the evaluation by HE of 53 kidney samples from patients with LN showed TI-I in 62% of the specimens and a well-defined infiltrate pattern with GC-like features in 39% of those specimens with TI-I, confirmed in IHC. The presence of TI-I was associated with a worse outcome in response to therapy. Our preliminary results obtained by IHC suggest that ELS could be considered as a biomarker of renal response to B-cell depleting therapy supporting the importance of TI disease.

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SAT0224

ANTIPHOSPHOLIPID ANTIBODIES AND VASCULAR RENAL LESIONS AS PROGNOSTIC FACTORS IN LUPUS NEPHRITIS

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Background: Several studies have showed that antiphospholipid antibodies (aPL) positivity represents a predictor of worse renal outcome in patients with Lupus Nephritis (LN). In addition, an association between aPL positivity and the histological data of vascular lesions on the renal biopsies has been reported.

Objectives: To determine the prognostic role of aPL and vascular renal lesions in the assessment of clinical outcome during the follow up period, in terms of time to achieve remission, number of renal flares and development of chronic renal damage in patients affected by LN.

Methods: Among 120 patients affected by LN from our Rheumatology Unit, 91 patients (age 43.8 ± 12 years, 74 (81.3%) female, disease duration 7.1 ± 7.9 years) have been evaluated and the follow-up data have been collected at the baseline and at 6, 12, 24 months and at the last follow-up visit. Histopathological data of 41 patients were evaluated according to the 2016 revision of ISN/RPS classification.

Results: Among the 91 LN patients, 31 (34.1%) were aPL positive (aPL+), 10 (32.2%) of them were affected by Antiphospholipid Antibodies Syndrome (APS), 53.3% showed a single aPL positivity, 23.1% double aPL positivity and 15.4% triple aPL positivity. At the last follow up visit a significant higher number of aPL+ patients showed a persistent complement consumption than aPL negative (aPL-) patients ($p=0.001$). Evaluating clinical outcome, we observed that aPL- patients

showed a remission achievement time slightly earlier than aPL+ patients (13.6 ± 1.0 months vs 16.5 ± 1.5 months; log-rank test: $p=0.06$, Breslow test: $p=0.08$) and as expected, patients with a persistent complement consumption achieve remission later (18.2 ± 1.5 months vs 13.0 ± 1 months; log-rank test: $p=0.002$, Breslow test: $p=0.003$). Furthermore at the last follow up, a significant higher percentage of aPL+ patients developed persistent proteinuria ($p=0.02$) and chronic renal failure ($p=0.04$). Considering histologic features (activity and chronicity index, glomerulonephritis class, presence of mesangiolysis, glomerular wrinkling, glomerular thrombi, interstitial inflammatory infiltrates, interstitial fibrosis and tubular atrophy, tubulitis and vascular lesions) we didn't observe significant differences between aPL+ and aPL- patients but we found two typical vascular lesions (mesangiolysis and vascular thrombi) only in aPL+ patients.

Conclusion: aPL positivity is a predictor of worse renal outcome but in our cohort of LN patients we didn't find an association between aPL positivity and vascular renal lesions at renal biopsy. The worse renal outcome and the late time to achieve remission in aPL+ group can be related to a cumulative vascular damage over time as observed in other organ and systems.

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SAT0225

THE POSITIVITY FOR HISTOPATHOLOGIC ASSESSMENT IN SALIVARY GLANDS SHOWED LITTLE IMPACTS ON CLINICAL FEATURES FOR ESTABLISHED PRIMARY SJÖGREN'S SYNDROME IN A CERTAIN ETHNIC POPULATION

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Background: The presence and the severity of focal lymphocytic sialadenitis in minor salivary glands is a pathognomonic feature in primary Sjögren's syndrome (pSS). However, it has not been determined whether performing of minor salivary gland biopsy (MSGB) in a setting of serologically and clinically established pSS give us additional clinical information.

Objectives: To investigate the necessity of MSGB in established pSS patients with the anti-Ro/SSA antibody.

Methods: We extracted 185 patients with anti-Ro/SSA antibody-positive pSS from the Korean Initiative of primary Sjögren's Syndrome, a prospective cohort. We assigned them into two groups, 161 patients with focus score ≥ 1 and other 24 with focus score < 1 . The two groups were compared in various clinical aspects including the severity of glandular dysfunctions, systemic disease activities, extra-glandular manifestations, and other clinical indices and laboratory values. We also evaluated relationship between focus score and clinically important variables in pSS.

Results: Between two groups, there were no significant differences in the severity of secretory dysfunctions, the frequency of extra-glandular manifestations, systemic disease activities represented by various clinical indices, and laboratory findings possibly predicting the risk for lymphoma. Rather, the Sjögren's syndrome disease damage index was higher in the group with focus score < 1 . Among all variables, serum immunoglobulin G level solely showed the correlation with focus score.

Conclusion: Given that little influence on clinical phenotypes, unconditional performing of MSGB should be reconsidered for serologically and clinically established pSS, especially in low-risk area for lymphoproliferative diseases.

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SAT0226

MINOR SALIVARY GLAND BIOPSY TO DIAGNOSE LYMPHOMA IN PATIENTS WITH PRIMARY SJÖGREN'S SYNDROME

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