laboratory comparing as follow: ANA (+) $\geq 1:320$ 89 (76.7%) vs 14 (60.9%), APS antibodies 31 (33.7%) vs 8 (57.1), anti-Sm (+) 8 (11.8%) vs 1 (4.3%) were similar for LN and other renal pathologies, but anti-ds-DNA positivity 94 (84.7%) vs 10 (50%), median ds-DNA level 421 (591) vs 150 (340) and low level of C3 and C4 were more frequent in LN ($p < 0.001$; $p = 0.005$; $p < 0.001$, respectively). In addition, the rate of active urinary sediment and renal SLEDAI score were significantly high in LN patients.

Conclusion: Various renal lesions unrelated to lupus nephritis can be observed in SLE patients. Renal biopsy plays a critical role in identifying these lesions, which may have prognostic and therapeutic implications distinctive from those of lupus nephritis. Also, anti ds-DNA positivity/level, low C3 and C4, active urinary sediment and renal SLEDAI scores may give us some clues in terms of renal pathology for SLE patients. Moreover, almost half of the patients without LN in renal biopsy have anti ds-DNA positivity.

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Table 1. Demographic, clinical characteristics and results of patients with and without lupus nephritis

Variables ^a	Lupus nephritis (N=116)	Other pathologies (N=23)	P
Age at the SLE diagnosis, years	22.5±13.1	30.5±14.5	0.006
Sex, female	93 (80.2)	18 (78.3)	0.83
SLE disease duration	8 (8.7)	8.5 (11.6)	0.27
Manifestation of SLE			
-Musculoskeletal	75 (66.4)	14 (63.6)	0.8
-Mucocutaneous	60 (52.6)	9 (40.9)	0.31
-Hematologic	47 (40.9)	10 (43.5)	0.49
-Serosal	26 (23.2)	4 (17.4)	0.54
-Neurological	6 (5.3)	1 (4.3)	0.85
Laboratory values for kidney biopsy			
-Creatinine level (mg/dL)	0.7 (0.5)	0.9 (0.6)	0.17
-GFR (ml/min)	110 (67)	77 (65)	0.06
-24-hour urine protein			
≥ 1 gr/day	72 (71.3)	17 (77.3)	0.63
≥ 3 gr/day	36 (35.6)	11 (50)	0.23
-Active urinary sediment	91 (83.5)	6 (27.3)	<0.001
Renal SLEDAI at the biopsy	12 (8)	4 (4)	<0.001
End-stage renal disease	13 (11.2)	2 (8.7)	0.72
Renal transplantation	5 (4.3)	1 (4.3)	0.99
Exitus	8 (7)	1 (4.3)	0.99

^a n (%), if otherwise specified. Med (IQR) for numerical data excluding age; mean ± SD for age. GFR: Glomerular filtration rate, LN: Lupus nephritis, SLEDAI: Systemic lupus erythematosus disease activity index

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AB0348

ALBUMIN-TO-GLOBULIN RATIO AS A POTENTIAL PREDICTOR OF RENAL REMISSION IN LUPUS NEPHRITIS

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Background: Optimal prognostic predictors in lupus nephritis (LN) are still not clearly defined. Studies have recently shown that albumin-to-globulin ratio (A/G) is not only a good predictor of outcomes in malignancy, infection and renal disease, but is also a potential marker of increased immunoglobulin synthesis and LN activity and might be useful as a predictor of the development of LN in SLE patients. Studies on the role of A/G in predicting outcomes in LN are, however, lacking.

Objectives: To assess a potential prognostic value of A/G at renal biopsy in predicting outcomes in LN.

Methods: In this retrospective study we analyzed the demographic, histologic, laboratory and clinical characteristics of patients with biopsy-proven LN diagnosed between 2011 and 2020. All patients met the 1997 revised American

College of Rheumatology classification criteria for SLE. Complete remission was defined as proteinuria <0.5 g/day and serum creatinine within 10% from baseline, and partial remission as more than 50% reduction in proteinuria to sub-nephrotic levels and serum creatinine within 10% from baseline.

Results: We have included 55 patients (80% women) with biopsy-proven LN (age at biopsy 38±13 years). On renal histology, one patient was class I LN, two patients were class II, 7 were class III, 5 were class III+V, 23 were class IV, two were class IV+V, 11 class VI and 4 had other features. Median eGFR and proteinuria at biopsy were 69 (IQR: 44, 100) mL/min/1.73 m² and 3.5 (2.3, 5.6) g/day, respectively. Baseline mean A/G was 1.12±0.29 and did not differ between LN classes ($p = 0.91$). At one-year follow-up eGFR increased non-significantly (69 vs. 82 mL/min/1.73 m², $p = 0.13$) and proteinuria decreased (3.5 vs. 0.6 g/day, $p < 0.001$). Eighteen patients achieved complete remission (CR), 16 partial remission and 21 did not achieve remission. None progressed to ESRD and two patients died, both from sepsis. A/G at the time of biopsy did not differ between group which achieved CR/PR vs. no remission ($p > 0.05$; Figure 1) and was not a significant predictor of remission in a multivariate regression model (OR 5.9, 95% CI 0.6, 63.2).

Conclusion: While being a potential marker for transition of SLE to LN, A/G was not showed to be a predictor of renal remission in LN.

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AB0349

NEUTROPHIL-TO-LYMPHOCYTE RATIO, PLATELET-TO-LYMPHOCYTE RATIO AND MEAN PLATELET VOLUME IN LUPUS NEPHRITIS

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Background: A number of blood count parameters are associated with inflammatory and autoimmune diseases. There is discordant evidence whether neutrophil-to-lymphocyte ratio (NLR), platelet-to-lymphocyte ratio (PLR) and mean platelet volume (MPV) might reflect inflammatory response and have prognostic value in SLE patients. However, the studies examining the potential role of these markers in LN are missing.

Objectives: To examine NLR, PLR and MPV at the time of biopsy in patients with LN and evaluate their association with prognosis.

Methods: In this retrospective study we analyzed the demographic, histologic, laboratory and clinical characteristics of patients with biopsy-proven LN diagnosed between 2011 and 2020. All patients met the 1997 revised American College of Rheumatology classification criteria for SLE. Complete remission was defined as proteinuria <0.5 g/day and serum creatinine within 10% from baseline,