association of CHF with greater severity [Katz severity index: median (IQR): 4 (3-5) vs. 2 (1-3)], damage [mSDI: 3 (2-4) vs 0 (0-1)], comorbidity [modified Charlson- excluding CV items: 4 (3-6) vs 1(1-3)] and both CV (37.5% vs 6.7%) and overall mortality (43.2% vs 4.7%) ($p < 0.0001$ for all comparisons). Also, CHF patients were more refractory to SLE treatments (33.3% vs 24%, $p = 0.0377$) and were more frequently hospitalised due SLE [median 3 (1-5) vs 1 (0-2), $p < 0.0001$]. The results of the multivariable model are depicted in table 1.

Table 1. Congestive heart failure associated factors (multivariable analysis)

	Odds Ratio	95% CI	P-value
Sex (female)	0.46	0.25 - 0.88	0.0147
Ischaemic cardiopathy	7.96	4.01 - 15.48	<0.0001
Cardiac arrhythmia	7.38	4.00 - 13.42	<0.0001
Pulmonary hypertension	3.71	1.84 - 7.25	0.0002
Cardiac valvulopathy	6.33	3.41 - 11.62	<0.0001
Hospitalization (due to SLE)	3.74	1.81 - 8.65	0.0008
Calcium or vitamin D	5.29	2.07 - 16.86	0.0015
Antimalarials	0.28	0.17 - 0.45	<0.0001
mSDI *	1.29	1.16 - 1.44	<0.0001

*mSDI = modified SLICC/ACR damage index (without cardiovascular items)

Conclusion: - CHF is a rather late complication of SLE.

- Patients with SLE and CHF have more severe SLE, with greater refractoriness to SLE treatments and higher overall mortality.

- Treatment with antimalarials, as routinely used in SLE patients, is not only safe to heart, but even appears to have a cardioprotective effect.

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POS0722

HISTOPATHOLOGICAL ANALYSIS OF LUPUS NEPHRITIS INCORPORATING BANFF CRITERIA EMPHASIZES THE IMPORTANCE OF TUBULOINTERSTITIAL CHANGES FOR CREATININE AND PROTEINURIA AT 12 MONTHS AFTER RENAL BIOPSY

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Background: Lupus nephritis (LN) occurs in about 30-60% of patients with systemic lupus erythematosus (SLE). LN is associated with increased mortality. Currently, the diagnosis relies on histopathologic characteristics according to the ISN/RPS classification (1). This classification relies heavily on glomerular changes and may not accurately reflect all changes occurring in LN. For the description of transplanted kidney, the BANFF classification has been established which, in addition to glomerular changes, also incorporates tubular pathologies (2).

Objectives: With the present study, we aim to describe histopathologic changes according to the BANFF classification in a single-center cohort of LN patients.

Methods: We retrospectively recorded epidemiological, clinical and laboratory data of 58 patients with LN over a ten-year period. Histopathologic diagnoses according to ISN/RPS classification or the former WHO classification were also documented. We then re-analyzed representative kidney samples according to the BANFF classification and performed Spearman rank correlation for BANFF findings and creatinine at biopsy and 12 months as well as proteinuria at biopsy and at 12 months.

Results: We analyzed 58 patients with LN. 9 were male, 49 were female. Median age was 38 (15-78) years. According to ISN/RPS, 3 had class I LN, 6 had class II, 14 had class III, 16 had class IV, 6 had class V, and 0 had class VI. Median eGFR at biopsy was 60 ml/min/1.73m² (13-137). According to the BANFF classification, tubulointerstitial inflammation (ti) was associated with creatinine at 12 months. Proteinuria at 12 months was associated with interstitial fibrosis (ci) (Figure 1).

Conclusion: In LN, the current ISN/RPS classification puts emphasis on glomerular changes. Nevertheless, for the long-term outcome, tubulointerstitial changes (tubulointerstitial inflammation and interstitial fibrosis) may at least be as important as glomerular changes. These findings have to be corroborated in larger cohorts with prespecified renal endpoints.

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POS0723

HERPES ZOSTER IN A MULTI-ETHNIC SYSTEMIC LUPUS ERYTHEMATOSUS (SLE) COHORT: CLINICAL FEATURES AND RISK FACTORS

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Background: Systemic Lupus Erythematosus (SLE) patients are at risk of Herpes Zoster (HZ) infection due to the underlying immunosuppressed state. The reported incidence of HZ in SLE is 6 to 10-times higher than the general population.

Objectives: To determine the clinical characteristics of SLE patients who develop Herpes Zoster (HZ) infection and their associated risk factors.

Methods: Medical records review was performed on consecutive SLE patients in Universiti Kebangsaan Malaysia Medical Centre (UKMMC) from 2018 until 2019. Previous history of HZ and their demographic characteristics, clinical and medications used at the time of infection were recorded. Univariate and multivariate analyses were performed to compare the clinical and treatment characteristics