Dengue, Leptospira, Malaria and scrub. Data regarding the treatment, need for renal replacement therapy are collected.Patients are followed post discharge at 1 month, 3 months and 6 months. Hypertension, renal dysfunction, proteinuria, complement levels and active sediment are assessed during the time of follow up.

Results: Data is captulated. Final data will be presented in the WCN congress.

QUESTIONAIRE

Name
Age
Gender
Occupation
Resident of
Phone

History of Fever/hematuria/sore throat/skin lesions/dental caries/oliguria/hypertension/edema

Other systems- rash, joint pains, diarrhea, jaundice, seizures, bleeding

Family history of similar illness
Epidemic or sporadic onset

Clinical syndrome Nephrotic-nephritic/ Acute Nephritic illness/ RPRF / AKI

Co Morbidities HTN/DM/CAD/TB/IV Drug abuse/ Malignancy

Investigations
CBP
CRP
RFT
LFT
LDH
ESR
24 hr protein
UPCR
CUE
ASO titres
Blood culture
Urine culture
Dental examination
ENT examination
Fundus

Fever profile (in relevant cases)- Smear for Malarial parasite, Dengue IgG and IgM; NS1; Leptospira antibodies; Scrub typus antibodies.

Complement levels (C3 and C4)
ANA and ANCA levels are done when relevant
CXR PA VIEW
USG
Renal biopsy
Renal replacement therapy

Conclusions: IRGN is a self limiting glomerulonephritis. Nevertheless timely follow up of cases help us understand the changing pathogenesis, pathophysiology and outcome of the patients with IRGN.

I have no potential conflict of interest to disclose.

WCN24-2238

EXOSTOSIN 1- AND 2- POSITIVE MEMBRANOUS NEPHROPATHY IN CHINESE PATIENTS

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Introduction: The exostosin 1 and 2 (EXT1/2) complex was recently identified as a potential antigen associated with systemic autoimmunity in PLA2R-negative membranous nephropathy patients. There are currently no reports of circulating antiEXT1/2 antibodies and no clinical studies of EXT1/2-positive membranous nephropathy in the Chinese population.

Methods: Immunohistochemical staining for PLA2R, THSD7A and NELL-1 was performed in 1442 consecutive patients with biopsy-proven MN from January 2011 to December 2019 at Beijing Anzhen Hospital. A total of 201 MN patients were PLA2R-, THSD7A- and NELL-1-negative and enrolled in the study. Patient medical records were reviewed for clinical data, including demographics, laboratory tests, treatment, and follow-up. The glomerular expression of EXT1 and EXT2 was screened. The anti-EXT1 and anti-EXT2 antibodies were also detected in the sera of patients with EXT1/2–positive membranous nephropathy by western blot, ELISA and immunoprecipitation separately. Clinical and pathologic features were comparable between PLA2R-, THSD7A- and NELL-1-negative patients with EXT1/2 or without EXT1/2 positive.

Results: Among these 201 patients, 19 of 83 (22.9%) with lupus membranous nephropathy (class 5 and class 5+3/4), and 13 of 118 (11.0%) with nonlupus membranous nephropathy exhibited positive EXT1/2 staining. Thirteen patients with EXT1/2positive non-LMN had no definitive secondary cause, but 7 patients (53.8%, 7/13) were seropositive for ANA. Baseline anti–double-stranded DNA antibody and serum antinuclear antibody positivity were independent predictors of glomerular EXT1/2-positive expression in patients with lupus membranous nephropathy (pure class 5, class 5 + 3/4) and nonlupus membranous nephropathy, respectively. In 32 patients with EXT1/2-positive MN, 22 patients with available serum samples collected at the time of biopsy were tested for anti-EXT1 and anti-EXT2 antibodies. Sixteen patients were positive for antibodies. According to the molecular weight of positive bands, we speculated that 5 patients were positive for both antiEXT1 and anti-EXT2 antibodies, 11 patients were positive only for anti-EXT1 antibodies, and no patients were positive only for anti-EXT2 antibodies. There were no significantly differences between the characteristics of 22 EXT1/2-positive MN patients with or without antibody seropositivity. Two patients with EXT1/2-positive membranous nephropathy underwent repeated renal biopsies. When the pathological type changed to lupus nephritis (LN) or the LN worsened clinically, the renal tissue staining intensity of EXT1/2 increased. Renal EXT1/2 staining positivity occurred earlier than the diagnosis of lupus.

Conclusions: This is the first study to detect circulating anti-EXT1/2 antibodies, and the functional significance should be further studied. The renal EXT1/2 staining positive was earlier than diagnosis of lupus. whether the level of serum EXT1/2 antibody can be used as a predictor for disease progression and prognosis needs to be further evaluated in larger sample studies.

I have no potential conflict of interest to disclose.

WCN24-2249

CLINICOPATHOLOGICAL SPECTRUM OF BIOPSY PROVEN GLOMERULAR DISEASES REPORTED BY AN ACADEMIC CENTRE IN SRI LANKA

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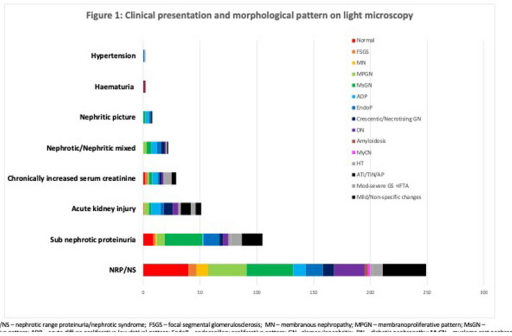
Introduction: The clinical presentation of glomerular diseases (GD) can vary widely. Renal immunofluorescence (IF) has not been widely available in Sri Lanka, limiting pathological diagnosis. Electron microscopy (EM) is not available. This study was aimed at describing the clinicopathological spectrum of biopsy proven GD reported in an academic centre in Sri Lanka. The centre receives samples from the National Hospital of Sri Lanka and the Lady Ridgeway Hospital, which are tertiary care hospitals based in Colombo that cater for adult and paediatric nephrology patients. IF has been routinely performed on kidney biopsies since 2021.

Methods: The records of all native kidney biopsies (adult and paediatric) reported at the Department of Pathology, Faculty of Medicine, University of Colombo Sri Lanka from January 2017 to October 2023 for which both light microscopy (LM) and IF descriptions were available were reviewed.

Results: Of 1975 native kidney biopsies processed at the centre, data for both LM and IF was available for 468(75 paediatric; 393 adult). Mean age of the study population was 36.5 ± 1.8 years; male: female ratio was 1:1.03. A history of diabetes, hypertension or systemic lupus erythematosus was present in 24.4% (n=114), 47.3% (n=221) and 10.3% (n=48) respectively. The commonest indication for biopsy was

nephrotic range proteinuria/nephrotic syndrome(NRP/NS) (n=249, 53.2%), followed by sub-nephrotic range proteinuria (SNP) (n=105, 22.4%), acute kidney injury (AKI) (n=51, 10.9%), and chronically increased serum creatinine (n=29, 6.2%). The clinical presentations, morphological patterns on LM and IF and final diagnoses are summarised in Figure 1 and Tables 1 and 2.



Abbreviations: NRP/NS – nephrotic range proteinuria/nephrotic syndrome; FSGS – focal segmental glomerulosclerosis; MN – membranous nephropathy; MPGN – membranoproliferative pattern; MsGN –

Conclusions: The indication for kidney biopsy in more than half the patients was nephrotic range proteinuria. A diagnosis was not reached in a significant number, including cases that were normal on LM with negative IF, cases with IC deposition but no identified cause and cases with mild and/or non-specific changes. Further serological, microbiological and pathological investigations including IF with pronase digestion, EM and follow up data would be useful to further categorise cases.

I have no potential conflict of interest to disclose.

WCN24-2274

CLINICOPATHOLOGICAL AND PROGNOSTIC CHARACTERISTICS OF IDIOPATHIC MEMBRANOUS NEPHROPATHY WITH DUAL ANTIGEN POSITIVITY

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Introduction: To investigate the clinical, pathological and prognostic characteristics of patients with idiopathic membranous nephropathy (IMN) with dual antigen positivity.

Methods: We selected patients diagnosed with idiopathic membranous nephropathy with dual antigen positivity through renal tissue pathological examination at our center and retrospectively collected their clinical, pathological, and follow-up data. Serum antibody levels were measured at multiple time points. Additionally, all dual antigen-positive IMN cases reported in the literature were reviewed to extract clinical, pathological, and prognostic information. We compared the data for all of the above dual antigen-positive and PLA2R single-positive IMN cases at our center.

Results: We identified 6 IMN patients with dual antigen positivity at our center; the previous literature reports 43 IMN patients with dual antigen positivity. The IgG1 positivity rate in the renal tissue of the dual antigen-positive patients at our center was significantly lower than that of 43 dual antigen-positive patients previously reported (16.7% vs. 100.0%, p=0.015), but there was no significant difference in clinical or prognostic aspects. Compared with PLA2R single-positive IMN patients, all dual antigen-positive IMN patients had a higher renal tissue IgG1 positivity rate (58.3% vs. 22.3%, p=0.016), and the time required to achieve remission was longer [13.5 (3.3,35.0) vs. 3.0 (1.0,8.0), p=0.052]. Overall, there is good consistency between changes in serum PLA2R antibody levels and changes in the condition in patients with dual antigenpositive IMN.

Conclusions: For patients with poorly treated primary membranous nephropathy, multiple target antigen staining should still be actively performed, even with positivity for the PLA2R target antigen.

I have no potential conflict of interest to disclose.

WCN24-2275

GLOMERULAR GALACTOSE-DEFICIENT IGA1(KM55) POSITIVE MAY BE ASSOCIATED WITH POOR PROGNOSIS IN DKD PATIENTS

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Introduction: Diabetic kidney disease (DKD) and IgA nephropathy (IgAN) are prevalent renal diseases with a high incidence rate, and the prognosis is notably poorer when these two diseases coexist. However, it remains uncertain whether the pathological changes associated with DKD combined with IgA deposition (DKD-IgA deposition) are linked to a worsened prognosis.

Methods: To address this question, we conducted an analysis comparing the clinicopathological characteristics and prognosis of DKD-IgA deposition patients to DKD patients as controls.

Results: The results revealed that DKD-IgA patients exhibited higher cholesterol levels compared to DKD patients (6.2±2.0 vs.5.4±1.9 mmol/L, p=0.042). The group with DKD-IgA deposition had a significantly shorter follow-up duration (10.9±10.6 months) compared to the control group (20.4±18.7 months, p=0.029). However, they exhibited higher levels of serum creatinine at the end of the follow-up period (343.8±328.0μmol/L vs. 182.1±124.6μmol/L, p=0.031). Kaplan-Meier analysis showed a higher cumulative incidence of poor events in the DKD-IgA deposition group (p=0.036). In addition, we also detected galactose deficient IgA1 (KM55) in the kidneys and serum of patients with DKD-IgA deposition. Of the 24 patients with DKD-IgA deposition, 54.5% (24/44) showed positive glomerular KM55 results. Immunofluorescence analysis revealed that KM55 and IgA were predominantly colocalized in the mesangial and capillary regions. Furthermore, the subgroup with KM55 positivity had a shorter disease duration compared to the KM55 negative subgroup (66.0 vs. 120.0 months, p=0.048). The serum levels of galactose-deficient IgA1 (Gd-IgA1) (6296.4±1535.4 vs. 4057.4±1082.0 ng/mL, p =0.010) and C4 (0.4±0.1 vs. 0.3±0.1 g/L, p =0.020) were significantly higher in the KM55 positive subgroup than in the KM55 negative subgroup. Furthermore, it was observed that the KM55 positive subgroup exhibited a considerably higher incidence of reaching the renal endpoint compared to the control group (64.3% vs. 20.0%, p = 0.047).

Conclusions: These study results suggest that individuals with DKD who display glomerular IgA deposition alongside KM55 positivity may experience a more unfavorable prognosis.

I have no potential conflict of interest to disclose.

WCN24-2287

PREGNANCY OUTCOMES IN PATIENTS WITH LUPUS NEPHRITIS: A RETROSPECTIVE CASE SERIES FROM A SINGLE CENTRE

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Introduction: Systemic lupus erythematosus (SLE) affects, particularly, women of childbearing age. Global SLE survival improvement due to better therapeutic management would lead to authorisation of pregnancy in an increased number of women. Pregnancy associated with lupus, especially lupus nephritis, is often fraught with concern for both the mother and fetus.

Methods: This retrospective analysis examines 13 pregnancies in 7 women diagnosed with histologically confirmed lupus nephritis between 2011 and 2022. Demographic data encompassed the age at the initial pregnancy post-diagnosis, duration from lupus nephritis diagnosis to conception, and pre-conceptional clinical parameters such as blood pressure, degree of proteinuria, and kidney function were recorded. Medication regimens during pregnancy were documented, and pregnancyrelated complications, including hypertension, pre-eclampsia, and renal function changes, were analysed. Neonatal outcomes, specifically birth weight and signs of neonatal lupus, were assessed.

Results: The mean age at the time of the first pregnancy post-diagnosis of lupus nephritis was 27 years, with a range from 23 to 37 years. All seven women had biopsy-confirmed proliferative lupus nephritis classified as either Class III or IV. Two of patients were positive for anti-