FIGURE 1: Diagnosis.

Table 1. Mortality based on diagnosis

Diagnosis	Total cases(A)	No of death cases (B)	% of total cases (A/B *100)	% of total death cases (B/199 *100)
AKI	78	29	37.2	14.6
CKD	288	159	55.2	79.9
RAR	13	7	53.8	3.5
SLE/LN	4	3	75.0	1.5
RPGN	1	1	100.0	0.5
Total	384	199	51.8	100
Chi square test value and *P* value				458.814, $P < .001$, S

LUPUS NEPHRITIS IN MALES : ABOUT 34 CASES

Rania Afifi, Ss Elkhayat, G Medkouri[1], N Mtioui, M Zamd, B Ramdani and M Benghanem

Department of Nephrology, Hemodialysis and Kidney Transplantation, CHU Ibn Rochd, Casablanca, Morocco

BACKGROUND AND AIMS: Lupus **nephritis** (LN) is one of the most serious manifestations of systemic lupus erythematosus (SLE), affecting mainly young women, but can also affect men. It refers to the development of intrarenal tissue inflammation responsible for various damage at this level: glomerular, vascular and/or tubulointerstitial lesions.

This complication, which can be inaugural, occurs in the majority of cases early in the history of the disease, and constitutes a major evolutionary turning point, which can lead to end-stage chronic renal failure in 5–10% of cases.

The aim of our study was to analyse the different characteristics of NL in humans, since the latter is little studied due to the rarity of cases.

METHOD: We conducted a descriptive retrospective study at the nephrology departments of the Ibn Rochd University Hospital in Casablanca, from January 2011 to August 2021 (i.e. 10 years) on LN. All male patients (34 cases) who developed LN confirmed on renal biopsy.

RESULTS: The average age of the patients was 29.41 years with extremes ranging from 15 to 56 years among them five black patients. The circumstance of discovery of LN was edematous syndrome in 46.87%, nephrotic syndrome 37.5% and renal failure in 15.62% of cases. The renal manifestations were made of arterial hypertension in 21.87% of cases, and haematuria in 15.62% of cases. The extrarenal manifestations were articular in 37.5% of cases, cutaneous in 56.25% of cases and 40.62% of cases had general signs. Biologically, on the blood count, haemolytic anaemia was observed in 87.5% of cases, lymphopenia in 31.25% of cases and thrombocytopaenia in 40.62%, while AANs were positive in 96.87% and anti-DNA antibody were positive in 93.75%. Hypocomplementemia was objectified in 84.37%. Histologically: according to the World Health Organization classification of LN, we have reported: LN class I in a single patient, i.e. 3.12%, and LN class III in 12.5% of cases, LN class IV in 53.12% and LN class V in 31.25%, while the combination of class V and III was seen in one patient and the combination of class IV and V in three cases. Concerning the evolution 34.37% progressed well with complete remission, 31.2% of patients relapsed, while three patients progressed to end-stage kidney disease (ESKD) and all of three from black. The evolution was also marked by death in eight patients; among them four were black.

CONCLUSION: Lupus disease is more aggressive in men and is characterized by a higher rate of complications, including kidney damage. In our study, we were able to deduce that LN in the black race has a bad prognosis.

KIDNEY BIOPSY—SAFETY AT NEPROLOGY GOLD STANDARD

Filipe Marques, Onassis Silva, Cristina Outerelo, Noélia Lopez, Paulo Fernandes, Estela Nogueira, Sofia Jorge, Joana Gameiro and José António Lopes

Division of Nephrology and Renal Transplantation, Department of Medicine, Centro Hospitalar Universitário Lisboa Norte, Lisboa, Portugal

BACKGROUND AND AIMS: Percutaneous renal biopsy is a fundamental technique for the diagnosis of numerous renal pathologies. However, it is an invasive technique that requires operator experience and is associated with adverse outcomes. Bleeding complications such as haematuria or perirenal hematoma are frequent, but generally self-limiting, and may rarely be severe to the point of culminating in hypovolemic shock or death. The objectives of this study are to identify the rate of adverse outcomes and potential predictors of adverse outcomes related to the procedure.

METHOD: A retrospective analysis of patients undergoing native kidney biopsy at a tertiary centre, between 2015 and 2019 was carried out, based on the demographic and clinical characteristics of the population, analyses (creatinine at admission, pre-procedure and post-procedure blood counts) and control at 24 h after biopsy) and imaging methods (renal ultrasoun 24 h after biopsy).

RESULTS: A total of 176 patients were selected, with a mean age of 48.1 ± 17.6 years. They were mostly caucasian (80.1%) and there was a predominance of females (55.7%). Approximately 46.6% had arterial hypertension, although all had their blood pressure controlled at the time of the biopsy. Mean pre-biopsy creatinine value was 2.0 ± 1.7 mg/dL. Mean pre-biopsy haemoglobin value was 12.1 ± 2.0 g/dL and 24 h post-biopsy 11.8 ± 2.0 g/dL. There was an overall complication rate of 30.1%, corresponding to 5 cases of haematuria, 36 minor hematomas and 8 major hematomas. There were no deaths and there was no need for surgical intervention to control the bleeding. The only predictor of post-biopsy complications was age, with younger patients having fewer complications (43.9 ± 16.2 versus 50.0 ± 17.9, $P = .036$). There was no correlation between pre-biopsy creatinine or haemoglobin values and the occurrence of complications, nor was there a greater number of complications in hypertensive patients.

CONCLUSION: Although bleeding complications were relatively frequent in this sample, serious events were rare, as this reinforces the safety of this procedure (which provides valuable information about the prognosis and decision of the therapy to be instituted). The presence of arterial hypertension and the pre-biopsy creatininemia value did not increase the risk of complications related to the procedure.

THE RELATIONSHIP BETWEEN PERCEIVED STRESS WITH ANXIETY, DEPRESSION, SLEEP QUALITY, INSOMNIA AND DRUG ADHERENCE IN PATIENTS WITH SYSTEMIC LUPUS ERYTHEMATOSUS DURING THE COVID-19 PANDEMIC

Kardelen Gokmen[1], Dilek Barutcu Atas[2], Murat Tugcu[2], Arzu Velioglu[2], Izzet Hakki Arikan[2], Fatma Alibaz-Oner[3], Haner Direskeneli[3], Z. Serhan Tuglular[2] and Ebru Asicioglu[2]

[1]*Department of Internal Medicine, School of Medicine, Marmara University, Istanbul, Turkey,* [2]*Division of Nephrology, Department of Internal Medicine, School of Medicine, Marmara University, Istanbul, Turkey, and* [3]*Division of Rheumatology, Department of Internal Medicine, School of Medicine, Marmara University, Istanbul, Turkey*

BACKGROUND AND AIMS: Sleep disorders, depression and anxiety are commonly reported in patients with systemic lupus erythematosus (SLE). Public health emergencies such as pandemics can also increase these psychosocial distresses. Early diagnosis and treatment of these disorders will substantially affect patients' quality of life and medication adherence. The aim of this study was to evaluate both medication non-adherence and the incidence of perceived stress, anxiety, depression, sleep quality and insomnia during the COVID pandemic in patients with SLE.

METHOD: This was a cross-sectional, descriptive survey study. A total of 211 participants, including 160 SLE patients aged 18 years and older and 51 healthy volunteers who were similar in age and gender, were included. A questionnaire of socio-demographics and COVID-19 status, Medication Compliance Reporting Scale (MARS-5), Perceived Stress Scale (PSS), Hospital Anxiety and Depression Scale (HAD-A and HAD-D), Pittsburgh Sleep Quality Index (PSQI) and Insomnia Severity Index (ISI) scales was assessed. The participants were interviewed face to face, and the answers were recorded by the researcher.

RESULTS: The mean age of the patients was 41.85 ± 12.97 years and 142 (88.7%) of the patients were female. There was no significant difference between the patient and control groups in terms of the history of COVID-19 infection, symptoms and hospitalization. Fifty-nine (36.9%) patients had high perceived stress, 16 (10.0%) had

anxiety, 45 (28.1%) had depression, 77 (48.1%) had poor sleep quality and 62 (38.8%) patients had insomnia. PSS (23.64 ± 7.86 versus 19.73 ± 4.80, $P = .001$), HAD-D (5.60 ± 3.40 versus 4.08 ± 2.21, $P = .003$), PSQI (6.31 ± 3.62 versus 4.43 ± 2.20, $P = .001$) and ISI (6.81 ± 4.98 versus 4.53 ± 2.83, $P = .002$) scores were significantly higher in the patient group than controls. Patients with PSS score ≥ 25 were categorized as patients with a high PSS score. Presence of anxiety, depression, poor sleep quality and insomnia were significantly higher in patients with a high PSS score. Medication non-adherence was detected in 79 (49.4%) of the patients. Interestingly, there was no difference in MARS-5 scores between high and low PSS groups. Comparison of baseline characteristics and clinical data of the patients according to PSS score is shown in Table 1. The high PSS score was positively correlated with HAD-A, HAD-D, PSQI and ISI scores. Regression analysis revealed that high perceived stress is an independent predictor of depression [Exp(β) 95% CI: 1.488 (1.245–1.779), $P < .001$], and anxiety [Exp(β) 95% CI: 1.235 (1.026–1.487), $P = .026$].
CONCLUSION: SLE patients demonstrated increased levels of perceived stress, depression, poor sleep quality and insomnia compared to the healthy population during the COVID-19 pandemic. SLE patients with high perceived stress had more depression, anxiety, poor sleep quality and insomnia than those without. It needs to be determined whether these findings will have an impact on patient outcomes during long-term follow-up.

Table 1. Comparison of baseline characteristics and clinical data of SLE patients according to Perceived Stress Scale (PSS) score

Variable	High PSS (n:59)	Low PSS (n:101)	P value
Age, years	41.14 ± 12.45	43.07 ± 13.83	.379
Female gender, n (%)	52 (88.1%)	90 (89.1%)	1.000
Smoking, n (%)	6 (10.2%)	14 (13.9%)	.623
Alcohol, n (%)	0 (0.0%)	2 (2.0%)	.532
Marital status, married, n (%)	54 (91.5%)	81 (80.2%)	.071
History of Covid-19, n (%)	16 (27.1%)	15 (14.9%)	.065
Hospitalization, n (%)	5 (8.5%)	2 (2.0%)	.102
HAD-D score	8.32 ± 3.05	4.01 ± 2.45	<.001
HAD-A score	8.27 ± 2.52	5.31 ± 2.48	<.001
PSQI score	8.27 ± 3.82	5.17 ± 2.96	<.001
ISI score	9.88 ± 4.93	5.01 ± 4.06	<.001
MARS-5 score	22.80 ± 2.42	22.90 ± 2.11	.772
Presence of depression, n (%)	37 (62.7%)	8 (7.9%)	<.001
Presence of anxiety, n (%)	12 (20.3%)	4 (4.0%)	.001
Poor sleep quality, n (%)	45 (76.3%)	32 (31.7%)	<.001
Insomnia, n (%)	41 (69.5%)	21 (20.8%)	<.001

MO122	**BLEEDING COMPLICATIONS AFTER ALLOGRAFT KIDNEY BIOPSY AND ROLE OF ANTIPLATELET THERAPY**

Silvia Cazzato[1], Francesco Fontana[2], Francesco Giaroni[3] and Fabrizio Bertolini[4]

[1]Nephrology and Dialysis Unit, Ospedale Ramazzini, Carpi, Azienda Unità Sanitaria Locale di Modena, Carpi, Italy, [2]Nephrology and Dialysis Unit, Azienda Ospedaliero-Universitaria di Modena, Modena, Italy, [3]Surgical, Medical and Dental Department of Morphological Sciences, University of Modena and Reggio Emilia, Modena, Italy, and [4]Medicine and Surgery, University of Modena and Reggio Emilia, Modena, Italy

BACKGROUND AND AIMS: Percutaneous biopsy is an important tool for monitoring renal allograft and early diagnosis when dysfunction occurs. Bleeding is the most dangerous adverse event, even if it is rare (risk of 0.5%). Cardiovascular (CV) disease affects 2/3 of elderly with CKD and antiplatelet therapy is taken for primary and secondary prevention of CV events. A systematic review on aspirin discontinuation among 50 279 patients at risk for coronary disease shows a 3-fold risk of adverse CV event. The aim of this study is to compare bleeding complications of antiplatelet administration within 5 days from renal biopsy versus absence of therapy.
METHOD: We conducted a 10-year (2010–2020) single-centre retrospective study on 285 consecutive ultrasound assisted percutaneous allograft kidney biopsy. We collected information about demographic, laboratory (eGFR, platelets, haemoglobin pre/post biopsy, proteinuria) data, biopsy indication (elective/urgent), clinical presentation [acute kidney injury (AKI)/nephrotic syndrome], needle gauge, use of antiplatelet or anticoagulant, diagnosis and complications (categorized as minor and major, according to the need for intervention). We divided patients in two groups: antiplatelet therapy within 5 days versus therapy discontinuation or absence. Bivariate logistic regression was used to analyse possible risk factors associated with complications.
RESULTS: Among the 285 patients: 173 patients received antiplatelet agents (low-dose aspirin in >90% of cases) within 5 days from biopsy and 112 patients were not on antiplatelet therapy. Diastolic hypertension, AKI and proteinuria were statistically greater in the group without antiplatelet therapy. Histologic diagnoses were evenly present in the two groups, and no differences were observed in the rate of complications. Major complications were diagnosed in 0/112 patients without antiplatelet therapy and 1/173 patients with therapy within 5 days. Minor complications were documented in 14/112 and in 15/173 patients, respectively. There were no statistically significant differences in terms of complications between antiplatelet therapy within 5 days and absence of therapy (Table 1). Furthermore, there were no differences between taking antiplatelet within 48 h or stopping it within 48 h of the procedure (Table 2). No deaths were attributed to procedure and all events occurred within 24 h from biopsy, irrespective of their severity. The univariate logistic regression model (dependent variable: major complication) documented a lower BMI as a significant risk factor; indeed, this was not confirmed at multivariate regression. The analysis did not find a significant difference between 16-G and 18-G biopsy needle in terms of major/minor complications; however, the use of the latter was associated with a significant lower number of glomeruli in the sample.
CONCLUSION: Our study suggests that the use of antiplatelet agents within 5 days from procedure does not increase the bleeding risk, so it should be safe to continue the therapy in patients at risk for CV events. However, this is a weak evidence that needs prospective studies to be validated. Our data also suggest that 16-G biopsy needle may be safely used to obtain enough tissue for histologic diagnosis.