Conclusions: Under NS state, MN+DM patients existed more serious prothrombotic state, compared to pure MN and DKD. The mechanism is related to disorders of endothelial function, coagulation function, as well as fibrinolytic function. More attention should be paid to treatment of prothrombotic statein MN+DM patients.

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Serum C3 and Renal Outcome in Patients with Primary Focal Segmental Glomerulosclerosis

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Background: The role of complement in the pathogenesis or progression of FSGS is uncertain. The aim of this observational cohort study was to identify the clinical implications of serum C3 levels and to investigate their utility as predictor of renal outcomes in patients with FSGS.

Methods: 591 biopsy-proven primary FSGS patients were recruited. Clinical, histological and progression data were recorded. Decreased serum C3 level was defined as C3 <85 mg/dl. The study endpoint was end-stage renal disease (ESRD).

Results: Of the patients, there were 117 patients (25.1%) with low serum C3. At the time-point of renal biopsy, compared to patients with C3 ≥85 mg/dl, those with C3 <85 mg/dl had higher level of serum creatinine, lower levels of eGFR, proteinuria, hemoglobin, triglyceride, cholesterol, IgA, more severe segmental sclerosis, tubular atrophy and interstitial fibrosis. Multivariate linear regression analysis showed low C3 level was an independent risk factor for eGFR (HR=42.56, 95%CI 11.21- 73.91, p<0.01) after adjusted by sex, age and clinical indicators. The follow-up was assessed in 221 patients. During a mean follow-up of 53.3 months, ESRD occurred in 32 patients (37.2%) with low serum C3 compared with 22 patients (16.3%) with normal C3 levels (P <0.001). Serum C3 level had a significant predictive value for renal outcome (AUC = 0.650, P = 0.001), The risk of reaching ESRD was significantly higher in patients with low serum C3 level (HR 4.044; 95% CI= 2.238 to 7.309; P < 0.0001).

Conclusions: Complement activation may occur in patients with FSGS. It is associated with clinical and histological severities. Low serum C3 is an independent risk factor for the decline of eGFR, and is associated with poor renal outcome in patients with FSGS.

FR-PO513

Role of Proteolytic Fragment suPAR D2-D3 in Prediction and Cause of FSGS

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Background: Primary FSGS is a kidney disorder that leads to end stage renal disease and affects tens of thousands people annually. Several studies suggest the soluble urokinase-type plasminogen activating receptor (suPAR) to be a predisposing circulating factor and prognostic marker of FSGS through its interaction with avb3 integrin.

Methods: We collected serum samples from kidney transplant recipients with FSGS.

FR-PO514

Prognosis, Survival and Renal Function in Patients with Lupus Nephritis

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Background: Lupus nephritis is the most common glomerulonephritis in the Colombian Caribbean region, despite there is less published information about its evolution and clínico-pathotogical aspects. **Objective**: To evaluate prognosis, survival and renal function of patients with LN residing in the Colombian Caribbean region controlled between 2008 - -2014.

Methods: 229 patient study with LN corroborated by histology according to the International Society of Nephrology Clasification /Renal Pathology Society (ISN/ RPS. 2003) treated with induction and maintenance therapy and with a systemized following of at least 2 years. The pharmacological treatments included prednisolone, azathioprine, and Cyclophosphamide mycophenolate mofetil in isolation or combined and the clinical laboratory and histopathology variables were correlated as predictive value of therapeutic response. To achieve this as methodology a non-parametric descriptive statistics ANOVA (k-w) was used and canonical correspondence analysis.

Results: 229 patients in total of 34±12 of age, which 88% women, whose evolution were controlled during 24±6 months. The most common form of clinical presentation was nephrotic syndrome and asymptomatic hematuria-proteinuria (68.07%) the type III and IV of LN (84,23%) were associated with patients under 25 of age and a negative response to treatment. The estimated glomerular filtration rate measured by MDRD4 showed a significant improvement at 24 weeks with regard the baseline figure of 74,36.

Conclusions: The early detection and reference of NL patients allows an early approach and therapy. Which will prevent chronic kidney disease.

FR-PO515

Association of ABO Blood Group with Progression of IgA Nephropathy

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Background: ABO blood group antigens are major histocompatibility antigens and little is known about its association with progression of IgA nephropathy (IgAN).

Methods: Biopsy-proven primary IgAN patients were retrospectively recruited. Clinical, histological and progression data were recorded. Patients with eGFR<15ml•min^{-1}•(1.73m^2)$^{-1}$ at time of biopsy were excluded. Renal tissue was semi-quantitative scoredaccording to the Oxford scoring system. ABO blood group was determined by standard erythrocyte antiserum agglutination method. All patients were divided into B antigen group (type B and AB) and non-B antigen group (type A and O) based on their ABO types.

Results: Among the 752 IgAN patients recruited in this study, 210 patients were type A (27.9%), 221 were type B (29.4%), 72 were type AB (9.6%) and 249 were type O (33.1%). When renal biopsy was performed, patients in B antigen group had higher eGFR (82.44