



## **GLOMERULONEPHRITIS IN JUVENILE SYSTEMIC LUPUS ERYTHEMATOSUS: EPIDEMIOLOGICAL, CLINICAL AND THERAPEUTIC PROFILE IN A TERTIARY HOSPITAL**

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### **BACKGROUND**

Systemic Lupus Erythematosus (SLE) is a chronic inflammatory and autoimmune disease that affects multiple systems. Juvenile Systemic Lupus Erythematosus (JSLE) associated with Lupus Nephritis (LN) is related to higher morbidity and mortality, and the histological type of LN determines the prognosis of renal involvement. Brazilian studies are still incipient on the profile of these patients. This study aimed to determine the epidemiological, clinical and therapeutic profile of patients with JSLE and LN in a tertiary hospital, in addition to evaluating the clinical outcome and disease activity.

### **MATERIALS AND METHODS**

The research consisted of a transversal, retrospective, descriptive study. As an inclusion criterion, the patient should be diagnosed with JSLE and LN between 2008 and 2018 according to the criteria of the SLICC group. The analysis was done from a standardized form with charts of 25 patients who met the eligibility criteria.

### **RESULTS**

The majority were females (92%), mean age at diagnosis of 13.84 years, and predominance of blacks and brown-skinned (92%). Arthritis was the most frequent clinical criterion (72%) followed by acute cutaneous lupus. In addition that 19 patients (76%) had proteinuria / 24h higher than 1g which may be associated with more severe renal impairment. Renal biopsy, performed in 11 patients, identified Class IV glomerulonephritis as the most common (36%). The epidemiological and clinical profile could be determined satisfactorily, according to the literature. Despite the clinical-histological correlation found in our sample, there is limited inference and renal biopsy remains the gold standard. There was no change in the treatment protocol of patients who had access to biopsy. Of the seven patients who needed care in an intensive care unit, four died. All deaths had a common terminal cause of septic shock and in 30% of patients it was not possible to calculate disease activity, which is an independent risk factor for infections.

### **CONCLUSION**

Epidemiological variables corroborated the literature, as the clinical outcome and mortality were similar to those already described in large studies. It is concluded that it is necessary to monitor the patient in a more objective way in order to reduce the number of hospitalizations due to disease activity and to improve the clinical outcome. For better patient monitoring, authors have elaborated and suggested the completion of a standard form of patient care with SLE.