SBR 2019
36º CONGRESSO BRASILEIRO DE REUMATOLOGIA
CENTRO DE EVENTOS DO CEARÁ
04 A 07 DE SETEMBRO
PROMOÇÃO
REALIZAÇÃO

24-HOUR PROTEINURIA CUTT-OFF POINT VALUE AT 12 MONTHS AS PREDICTOR OF CHRONIC RENAL DISEASE AND DIALYTIC CHRONIC RENAL DISEASE IN PATIENTS WITH LUPUS NEPHRITIS

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BACKGROUND

Despite therapeutic advances, poor renal outcome is still frequent in patients with Lupus Nephritis (LN). 24-hour proteinuria cut-off points have been highlighted as predictors of Chronic Renal Disease (CKD) and dialytic Chronic Renal Disease (dCKD), which may lead to changes in the treatment of pacients at increased risk.

MATERIALS AND METHODS

We retrospectively selected 214 patients with LN treated at a tertiary hospital between 1983 to 2018, with a follow-up of at least one year after diagnosis of lupus or death. Epidemiological, clinical and laboratory data of months 3, 6, 12 and 60 (5 years) of follow-up were collected, as well as the data last recorded in the medical files. The primary outcomes were CKD, dCKD and death

RESULTS

A statistically significant increase was observed in 24-hour proteinuria at month 12 (p=0,001) and at the 5-year (p<0,001) of follow-up in the subgroup of patients who evolved to CKDd and CKD, respectively. Elevated serum creatinine in the diagnosis of LN was also a predictor of CKD (p=0,005) and dCKD (p=0,012). The best cut-off point for 24-hour proteinuria at 12 months as a predictor of CKD e dCKD was 900mg. Ate 5 years, the best cut-off point was 1,061mg and 941mg respectively for CKD and dCKD.

CONCLUSION

We reassured the importante of cut-off points of 24-hour proteinuria in 12 months as a predictor of poor renal outcome. Rigorous control of 24-hour proteinuria, especially in pacients at higher risk of kidney long-term complications, could reduce the evolution of LN to CKD and dCKD.