



Membranous Lupus Nephropathy - outcome after five years

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BACKGROUND

There is no consensus on treatment of membranous lupus nephropathy. In this study, we evaluated outcome after induction and maintenance regimens. The most important drugs used were cyclophosphamide, azathioprine, mycophenolate and methylprednisolone.

MATERIALS AND METHODS

This is a retrospective study of 30 patients diagnosed with pure membranous lupus glomerulonephritis. There were performed measurements of serum creatinine, urinary protein creatinine ratio and evaluated alterations in urinary sediments after 6, 12, 48 and 60 months of induction treatment. We used EULAR response criteria. Statistical analysis consisted of median, average and standard deviation calculation.

RESULTS

This study included 30 patients with biopsy-proven membranous lupus nephropathy. The median ages of SLE and glomerulonephritis diagnosis were 23 and 28 years respectively. In induction phase, twelve patients were firstly treated with intravenous cyclophosphamide, nine cases treated with azathioprine and five individuals used mycophenolate. The following therapies were administered in maintenance phase: azathioprine (35.15% of the patients), mycophenolate (16.11%), isolated cyclophosphamide (6.4%), cyclophosphamide plus azathioprine (3.2%), cyclophosphamide plus mycophenolate (3.2%), prednisone (3.2%), hydroxychloroquine (3.2%). Nineteen patients experienced no nephropathy flare.

About 80% (n=22 , 81.5%) of patients achieved partial or complete response after 2 years. Furthermore, 88,9% of patients (n=18) showed partial or complete response after 5 years. Complete response (CR) was defined as occurrence if creatinine clearance of no more than 10% below the baseline value, urinary protein creatinine ratio \leq 0.5 g/day and normal urinary sediment. On the other hand, partial response was defined as one of either a return to normal serum creatinine, urinary protein creatinine ratio no more than 50% below the baseline value or normal urinary sediment.

The following therapies were administered in patients with CR after 2 years: cyclophosphamide NIH protocol (46.2%), cyclophosphamide Eurotrial protocol (5,3%), mycophenolate (26.3%) and azathioprine (15.8%). Among patients with CR after 5 years, 46.2% of individuals were treated with cyclophosphamide (NIH protocol), 30.8% of people received azathioprine and 15,4% of cases used mycophenolate.

CONCLUSION

This is widely known that membranous lupus glomerulonephritis, compared to proliferative lupus nephritis, has a favorable prognosis. We noticed that most of the patients had complete ou partial response. However, there's no consensual treatment for this disease.

There weren't any significant differences between treatments. Nevertheless, most of the patients received cyclophosphamide. So, the results can be influenced by this more intensive regimen.