

16th EUROPEAN NEPHROLOGY CONFERENCE

October 02-03, 2017 Barcelona, Spain

Outcome of childhood lupus nephritis in Saudi children

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Objective: To report the long-term renal outcome of a cohort of Saudi children with systemic lupus erythematosus (SLE)

Methods: All patients with childhood lupus nephritis (cLN) proved by renal biopsy seen between January 2002 and June 2015 were reviewed for age at disease onset, follow-up duration, clinical and laboratory variables including renal biopsy findings class of nephritis according to the lupus nephritis classification in ISN/RPS, activity and chronicity indices of nephritis. The renal outcome was assessed according to serum creatinine level, protein/creatinine ratio at the last follow-up visit, and/or evidence of renal impairment during follow-up period and end stage renal disease (ESRD). Additional outcome measures include accrual damage measured by Pediatric adaptation of the Systemic Lupus International Collaborating Clinics American College of Rheumatology Damage Index (SDI) and death related to SLE was determined.

Results: A total of 84 (72 females) cLN patients with follow-up duration of 9.3 years (± 5.2) were included. The mean current age was 19.4 years (± 5.5) and mean age at onset was 9.2 years (± 2.4). The most frequent histological class was proliferative glomerulonephritis (54.7%) followed by membranous nephritis (22.6%). The mean activity and chronicity were 6 (± 3.9) and 4 (± 2.2) respectively. Renal microthrombosis was found in 9 (10.7%) patients. All patients treated with immunosuppressive medications; cyclophosphamide used in 64 followed by mycophenolate mofetil in 42 then azathioprine in 19 patients while rituximab used in 24 patients. At last follow up visit, the mean serum creatinine was 147 (± 197) and the mean protein/creatinine ratio was 0.8 (± 1.1) while the mean total SDI was 1.89 (± 1.9) and mean renal SDI was 0.7 (± 1.1). Sixteen (19%) patients had ESRD, 8 of them had class IV nephritis. However, there was no significant difference in ESRD by histological class. The overall survival rates were 5 years: 94% and 10 years: 87%. Infection was the leading cause of mortality.

Conclusion: Our results showed that cLN is severe and required intensive treatment. Despite the survival rate is comparable to other studies, ESRD is more frequent and this may be attributed to genetic or ethnic factors.

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