Lupus nephritis

Lupus nephritis occurs in up to 50% of patients with SLE. It is a secondary glomerulopathy caused by immunocomplexes. Lupus nephritis is 1 of 11 criteria for confirming a diagnosis of systemic lupus − at least 4 criteria out of 11 are needed.

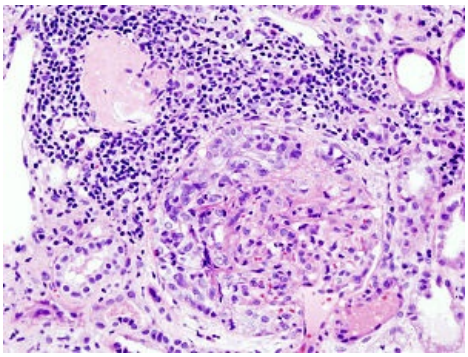
Symptoms and diagnosis

- Acute renal failure is a rare, rather slow progression to insufficiency,
- nephritic syndrome (hematuria, oligouria, azotemia, hypertension, proteinuria), nephrotic syndrome,
- antibody positivity: ANAb, anti ds DNA, anti C1q,
- biopsy of the kidneys is indicated in all patients with SLE who should have only a minimal urinary finding.

Types of lupus nephritis (WHO)

The individual types **do not represent gradual stages**, they are possible findings of nephropathy in SLE:

- type I − normal finding,
- type II - mesangial GN,
- type III − focally proliferative GN − less than 50% of the glomeruli are affected,
- type IV − diffusely proliferative GN − more than 50% of the glomeruli are affected,
- type V − membranous GN,
- type VI − diffuse sclerosing GN.



Glomerulonephritis

Therapy

- type II − corticoids,
- type III a IV − combined immunosuppression (corticoids + pulsed cyclophosphamide, azathioprim, mycophenolate mofetil or cyclosporin A) − this treatment is given for 3-6 months as an induction, the aim is to achieve remission and switch to maintenance therapy (corticosteroids + azathioprim for 1-3 years),
- type V − corticoids + cyklophosphamide,
- type VI − renal function replacement,
- biologic therapy in refractory patients − rituximab (anti CD20).

Links

Related articles

- Renal amyloidosis
- Disease from light chain deposits
- Systemic lupus erythematosus

References

- RYŠAVÁ, Romana. *Secondary glomerulonephritis* [lecture for subject Nephrology, specialization General medicine, the 1st Faculty of medicine Charles University in Prague]. Prague. 2011-01-07.

Kategorie:Nefrologie