

LETTERA AL DIRETTORE

Clinical profile of patients with lupus nephritis

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To the Editor

Lupus nephritis is the strongest predictor of systemic lupus erythematosus (SLE) patient's morbidity and mortality with a prevalence varying from 31 to 65% according to the studied population (1). As the onset of lupus nephritis is usually silent, knowing possible association with others symptoms is useful in order to keep of better vigilance on patients with higher possibility to develop it. Pistiner et al described that lupus patients with nephritis also have an increased frequency of other severe lupus manifestations (2). According to Huong et al, in a study of 180 patients with lupus renal involvement, patients with nephritis suffered more commonly from malar rash, psychosis, myocarditis, pericarditis, lymphadenopathy and hypertension. Seizures, thrombocytopenia and secondary fibromyalgia were less frequent in these patients (3). Some investigators have proposed that rheumatoid like arthritis are associated with lower incidence of renal disease (4); in an opposite way, others have found that articular complaints are the commonest

associated symptoms in patients with nephritis (5). Variability in these findings can be explained by the different ethnic background of the studied sample. We have studied associated symptoms in 71 patients with lupus nephritis and 142 SLE patients without renal involvement. This sample includes all lupus patients with nephritis followed in the last five years in our service, with biopsy proven disease except for those already admitted in class 6. All included patients fulfilled at least 4 lupus classification criteria of the American College of Rheumatology. In this sample, 96.2% (205/213) were females and 3.7% (8/213) males and the mean age was 38.3 ± 11.8 years.

The clinical profile showed 72.7% (155/213) of photosensitivity; 51.6% (110/213) of hemocytopenias; 50.2% (107/213) of arthritis; 49.7% (106/213) of malar rash; 49.2 (105/213) of alopecia; 48.3% (103/213) of Raynaud; 45.5% (97/213) of mouth ulcers; 17.3% (37/213) of pleuritis; 14.4% (30/213) of discoid rash; 11.7% (25/213) of pericarditis; 6,5% (14/213) of subacute lupus skin lesions, 6.1% (13/213) of cerebral vascular accidents, and 3,2%

Table 1 - Clinical data in systemic lupus patients with and without nephritis.

Clinical finding	With nephritis n=71	Without nephritis n=142	p
Photosensitivity	43-60.56%	112-78.87%	0.22 (*)
Discoid rash	6-8.45%	24-16.90%	0.09(*)
Sub acute skin lesions	5-7.04%	9-6.33%	1.0(*)
Raynaud	30-42.25%	73-51.40%	0.207(*)
Malar rash	33-46.47%	73-51.40%	0.2(*)
Alopecia	45-63.38%	60-42.25%	0.03(*)
Mouth ulcers	35-49.29%	62-43.66%	0.43(*)
Arthritis	35-49.29%	72-50.70%	1.0(*)
Hemocytopenias	35-49.29%	75-52.81%	1.0(*)
Secondary Sjögren	8-11.26%	20-14.08%	0.56(*)
Cerebral vascular accident	3-4.22%	10-7.04%	0.65(**)
Psychosis	5-7.04%	2-1.40%	0.04(**)
Pleuritis	17-23.94%	20-14.08%	0.07(*)
Pericarditis	14-19.71 %	11-7.74%	0.01(*)
Hypothyroidism	11-15.49%	21-14.78%	0.32(*)

(*) = χ^2 ; (**) = Fisher

(7/213) of psychosis. In 15,02% (32/213) there was associated hypothyroidism and in 13.1% (28/213), secondary Sjögren syndrome.

In the nephritis group we had 9.8% (7/71) with class 2; 12.6% (9/71) with class 3; 46.4% (33/71) of class 4; 16.9% (12/71) class 5 and 14.08% (10/71) of class 6. Comparing the clinical profile between patients with and without nephritis, we found data at table 1. In the studied population psychosis, pericarditis and alopecia were more common in nephritis patients than in those without it. Lupus patients having these symptoms should be carefully followed for nephritis development.

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