

Late onset lupus nephritis

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INTRODUCTION

- Renal involvement is a common site of systemic lupus erythematosus responsible for high morbidity and mortality in young subjects. It usually appears during the first to the fifth year of disease progression. The late-onset lupus nephritis is a rare and poorly studied entity.

OBJECTIVES

- The aim of our work is to study the epidemiological, clinical, biological and histological characteristics of lupus nephritis occurring beyond 50 years, compared with younger subjects.

METHODS

- Retrospective monocentric study conducted on all lupus nephritis biopsied in our formation over a period of 7 years (2006- 2013). 24 patients aged over 50 years were collected (G1) compared to a sample of 190 younger patients (G2). All patients met the ACR criteria.

RESULTS

- The average age was 58 years in G1 vs 29 years in the G2; the sex ratio was 75 % of women in G1 vs 90% in G2. Renal involvement was inaugural in 58.3 % of cases in G1 vs 61% in G2. Hypertension was seen in 60 % of cases in G1 vs 21.46 % in G2. Proteinuria was present in all cases in G1 with an average of 3.5 g / d against 93% in G2. Renal failure was seen in 60% of cases with a mean serum creatinine of 30 mg / l in G1 against 21% in G2. Hematuria and leucocyturia were present in respectively 62 % and 54% in G1 vs 32% and 38% in G2. In histology the proliferative form was predominant in G1, primarily represented by the class IV (56.5 %) with a mean index of activity at 5 and chronicity at 4, followed by the class V (17.4%). In G2 classes III and IV were found in 34.5% of cases each. Treatment in the 2 groups was based on corticosteroids and / or immunosuppressants according to histological form. Remission was seen in 41% of cases in G1 vs 74% in G2, worsening was seen in 66% of cases in G1 against 24% in G2 with progression to ESRD in 33 % in G1 and 14.5 % in G2. Death was comparable in the 2 groups with 8.3% in G1 vs 9% in the G2.

DISCUSSION

- Few studies have focused on the late-onset lupus nephritis.
- Its frequency varies from 4% in Chinese series [5] and 23% in Tunisian series [6].
- In most these series nephropathy has never been a revealing symptom and was rarely serious during the disease's evolution [2,3] unlike our patients.
- In our study the lupus nephritis was inaugural in 58,3% of cases with predominance of proliferative forms and unfavorable evolution reflecting the severity of the nephropathy probably related to late diagnosis.
- The frequency of Hypertension and progression to ESRD in the group of patients older than 50 years may be due to superimposed damages on an aged kidney.
- Our study is in accordance with most reported series of a less pronounced female predominance in patients whose disease first presented later in life, and a predominance of proliferative forms of glomerulonephritis.

CONCLUSION

Although late-onset lupus appears to have a benign course, it seems that the renal localization, even rare, is an element of poor prognosis because of more frequent progression to ESRD and the therapeutic challenges in patients with multiple comorbidities.

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