

# ANTI-PHOSPHOLIPID NEPHROPATHY ONLY BELONGS TO MYAKIS I E IIA CLASSES, ALWAYS IN ASSOCIATION WITH LUPUS ANTICOAGULANT, BUT NEVER WITH ANTI- $\beta_2$ GP1 ANTIBODIES

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## INTRODUCTION

Updated Sapporo criteria have provided a tool which should allow clinicians to better classify patients (pts) with anti-phospholipid antibodies (aPL) and anti-phospholipid syndrome (APS).

## METHODS

In pts with biopsy-proven Lupus Nephritis (LN) and positivity for Lupus Anticoagulant (LA), anticardiolipin antibodies (aCL) and anti- $\beta_2$ -glycoprotein antibodies (anti- $\beta_2$ GPI) we analysed: APS, APS-associated nephropathy (APSN) and related outcomes, employing as classifying criteria Myakis-Class I (any combination), Ila (LA only), I Ib (aCL only) and I Ic (anti- $\beta_2$  GPI only).

## RESULTS

Out of 101 patients, 70 were aPL negative and 31 aPL positive: 18 Class I, 10 Class Ila, 1 Class I Ib, 2 Class I Ic.

Overall LA was present in 27/31 (87%), triple association in 4/18 (22.2%) and anti- $\beta_2$ GPI in 8/31 (25.8%). APS was present in 15/31 aPL-positive pts: 7 Class I, 7 Class Ila, 1 Class I Ib.

APSN was present in 9 pts, 5 of Class I and 4 of Class Ila; all pts with APSN were LA positive and anti- $\beta_2$ GPI negative. In 3 pts (2 pts of Class I and 1 of Class Ila) APSN was an isolated histological picture, whereas in 6 other pts (3 pts of Class I and 3 of Class Ila) typical lesions of LN coexisted (5 diffuse proliferative LN and 1 Membranous nephropathy).

Multivariate analysis showed that aPL significantly worsen thrombosis-free survival but do not reduce renal survival, which is instead much worse in proliferative classes of LN (HR 5,37). These classes were significantly less represented in aPL positive pts than in negative ones (35% vs 60%, p = 0.01). Five pts who started dialysis had APSN ( $\chi^2=7.52$ , p 0.006).

## CONCLUSIONS

These findings confirm that LA is a strong risk factor for APSN and suggests that anti- $\beta_2$  GPI antibodies positivity may have a protective role. aPL positivity alone does not worsen renal survival, probably because of a lower frequency of

