

CLINICAL NEPHROLOGY, PRIMARY AND SECONDARY GLOMERULONEPHRITIS - 1

FP171 SEGMENTAL VERSUS GLOBAL SUBCLASSES OF PROLIFERATIVE LUPUS NEPHRITIS: RENAL OUTCOMES

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Introduction and Aims: The International Society of Nephrologists and Renal Pathology Society (ISN/RPS) classification of lupus nephritis proposes a sub classification of proliferative lupus nephritis into segmental (S) and global (G). Data comparing renal outcomes between these two subclasses is controversial and pathogenesis also seems to differ (Bariéty J, 2005). We aimed to compare renal prognosis between them.

Methods: 71 biopsy-proven patients with proliferative (class III or IV) lupus nephritis data were retrospectively analyzed. 29 of them were classified as Global (IIIG or IVG) and 42 as Segmental (IIIS and IVS). All procedures were performed in one single center between 2004 and 2014.

Results: All patients received induction therapy with steroids plus either intravenous (i.

v.) cyclophosphamide monthly pulses or daily oral mycophenolate mofetil. Although there was no difference in age (31.8 ± 12.2 vs 31.5 ± 9.9 years), eGFR (55.2 ± 12.2 vs 63.9 ± 27.5 ml/min) and Hemoglobin levels (10.9 ± 1.4 vs 11.0 ± 1.1 mg/dl) at baseline, after a median follow-up of 3,62 years the global subgroup had worse renal outcome (final eGFR 59.6 ± 37.6 vs 78.9 ± 28.4 p 0.02). During follow-up, there was also a tendency for faster eGFR recovery rate in segmental subgroup after treatment (5.2 vs 1.8 ml/min/year, p 0.2). Interestingly, the prevalence of males in global subgroup was significantly higher (20% vs 4%, p 0.03).

FP171 Table 1:

	Global	Segmental	P
n	29	42	xx
% Male	20%	4%	0,03
Baseline features			
Age (y)	31.8 ± 12.2	31.5 ± 9.9	ns
Hb (mg/dl)	10.9 ± 1.4	11.0 ± 1.1	ns
Baseline eGFR (ml/min)	55.2 ± 26.9	63.9 ± 27.5	ns
Follow-up features			
Follow-up (y)	3,63y	3,62y	ns
Final eGFR (ml/min)	59.6 ± 37.6	78.9 ± 28.4	0,02
Delta eGFR (ml/min/y)	$+1.8 \pm 2.3$	$+5.2 \pm 2.9$	0,2

Conclusions: In this population, global proliferative lupus nephritis subclasses (IIIG and IVG) seem to respond more poorly to induction therapy than segmental subclasses (IIIS and IVS) after a median follow-up of 3,6 years. Prospective studies are necessary to determine if the histological pattern is relevant to guide the clinicians induction therapy choice.