Glomerulonephritis

루푸스 신염 치료의 최신 지견

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Update on Treatment of Lupus Nephritis

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Systemic lupus erythematosus (SLE) presents clinical evidence of lupus nephritis in approximately 35% of patients at the diagnosis, with total of 50~60% developing nephritis during 10 years of disease. The presence of lupus nephritis significantly deteriorated the patient survival to 88% at 10 years, which is much lower survival compared with the survival of patients without lupus nephritis.

The recent published guidelines suggested two phases of therapy for lupus nephritis class III/IV as induction and maintenance phases. Cyclophsophamide (CYC) or mycophenolate mofetil (MMF) combined with steroid pulse followed by high-dose steroid is recommended as the first line agents for induction therapy. To the improved patients after induction, MMF or azathioprine with low-dose steroid is used as maintenance therapy. Although MMF and CYC are equally effective in short-term induction, it is needed to investigate whether MMF are also effective as CYC in long-term outcomes.

Various novel biologic agents and small molecules have been studied to treat lupus nephritis. However, many trials in general have not succeeded in improve short-term end points. Short-term kidney response might be improved better with anti-inflammatory therapy than anti-autoimmune therapy to which most novel agent was categorized. The optimal approach for using novel therapeutics might be an introduction of new treatment paradigm of lupus nephritis; after initiation of anti-inflammatory therapy, novel therapy should be administered for targeting autoimmune mechanisms.