THE KOREAN SOCIETY OF NEPHROLOGY
APCN & KSN 2024
June 13(Thu) - 16(Sun), 2024 Coex, Seoul, Korea
Promoting Sustainable Kidney Health: The Asia-Pacific and Beyond

Abstract Submission No.: A-0044

DIFFERENT CLINICAL ASPECTS OF LUPUS NEPHRITIS IN YOUNG ADULT MALES : A CASE SERIES IN dr. SARDJITO YOGYAKARTA

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Case Study : Systemic lupus erythematosus (SLE) is a systemic autoimmune inflammatory disease, which produce autoantibodies directed against nuclear elements and primarily affects women of reproductive age group. SLE in males are rare and lupus nephritis (LN) is a common and severe organ involvement which can manifest either at the onset or any time during the course of disease. In these paper we report a series of four male patients who presented at our centre with different clinical aspects and were diagnosed to have LN. First case was a 38-year-old man who previously treated as probable Ig A nephropathy since 2017 in Japan with losartan 12,5 mg once daily, he came to our centre in september 2021 with hematuria, increased creatinine level, positive ANA IF test result and kidney biopsy suggestive of LN class II. Second case was a 19-year-old man who diagnosed since 2022 with nephrotic syndrome, frequently relapsed and dependent steroid. His kidney biopsy suggestive of LN class III, focal lupus nephritis. Third case was a 33-year-old man who presented with nephrotic syndrome, ascites and pleural effusion. Laboratory testing show positive ANA IF test result with kidney biopsy suggestive lupus nephritis class III. Fourth case was a 35-year-old man who initially presented with uncontrolled hypertension followed by nephritic syndrome. Laboratory test results show positive ANA IF test result and decreased C3. His kidney biopsy suggestive of lupus nephritis class IV, diffuse proliferative nephritis. All patients were treated with immunosupressive drugs with various renal response. These cases highlights the difficulty of diagnosis and treatment of lupus nephritis.

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Table 1. Clinical Presentation, Laboratory Parameters, Treatment and Outcome Of Patients

	CASE 1	CASE 2	CASE 3	CASE 4
Age	38 years	19 years	33 years	35 years
Clinical Presentation	Recurrent mucosal ulcer,foamy urine	Edema, foamy urine, arthritis	Abdominal pain, dyspneu, pleural effusion,edema, ascites, arthritis, foamy urine	Severe hypertension, severe headache, edema, foamy urine
Serum Creatinin	3.14	3.1	1.04	2.22
Proteinuria	+1	+4	+4	+4
Urin Rbc	+1	+3	+1	+2
Ana Test	Positive	Positive	Positive	Positive
Ds-Dna	11.6 U/ml	>200 U/ml	-	1.1 U/ml
C3	113 mg/dl	54.9 mg/dl	162 mg/dl	79.2 mg/dl
C4	27.3 mg/dl	16.1 mg/dl	45.6 mg/dl	27.7 mg/dl
Renal Biopsy	Lupus nephritis class II	Lupus nephritis class III, focal lupus nephritis	Lupus nephritis class III	Lupus nephritis class IV, diffuse lupus nephritis
Treatment	Mycophenolate Mofetil (MMF) 1x500 mg, irbesartan 1x150 mg, febuxostat 1x80 mg	Mycophenolic Acid (MPA) 2x360 mg Methylprednisolone 1x8 mg, Cyclophosphamide pulse dose/month, 6 cycle, Valsartan 2x160 mg, Adalat oros 1x30 mg, clonidine 3x0.15 mg, hydroxychloroquine 1x200 mg, miniaspi 1x1 tab, rosuvastatin 1x10 mg	Methylprednisolon 32 mg-24 mg-0 MPA 2x720 mg Irbesartan 1x300 mg Simvastatin 1x10 mg Cyclophosphamide pulse dose/month, 6 cycle	Pulse dose steroid continue with methylprednisolone 2x16 mg, MPA 2x720 mg, irbesartan 1x300 mg, hydroxychloroquine 2x200 mg, herbesser cd 1x100 mg
Hemodyalisis	No	No	No	No
Outcome	Improved renal function (decreased creatinine to 2.66 and decreased proteinuria)	Partial Remission (decreased creatinine level to 1.87, decreased proteinuria, increased albumin level)	Partial remission (preserved creatinine level, decreased proteinuria, increased albumin level)	Partial remission (decreased creatinine level to 1.34, decreased proteinuria)
Histopathology pattern	Glomerular mesangial hypercellularity with global sclerosis, moderat inflammation of tubulointerstitial with immunofluorescence deposits of Ig A, Ig M, Ig A, C3c, C1 q, Fibrinogen, and Kappa	Glomerular mesangial and endocapillary hypercellularity, tubulointerstitial filled with hyaline tubular cast and mild inflammation with immunofluorescence deposits of IgG,C3c, C1q,kappa and lambda light chain.	Glomerulitis with hypercellularity mesangial, tubulointerstitial filled with hyaline cast, erythrocyte cast and mild inflammation with immunofluorescence deposits of Ig G, C3c, and lambda light chain.	Crescentic glomerulonephritis, hyaline cast, atrophy and moderat inflammation in tubulointerstitial, with immunofluroscence deposits of Ig M, Ig A, C1q, C3c, fibrinogen, Kappa and Lambda.

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