



Shaping Tomorrow's Nephrology: Insight-Driven Kidney Care

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Neutrophil-to-Albumin Ratio as an Immunonutritional Predictor of Lupus Nephritis in Systemic Lupus Erythematosus Across Non-Nephritis, WHO-Classified, and Biopsy-Proven Groups

I Wayan Rendi Awendika¹, Aryo Suseno²

¹Department of Internal Medicine, Sebelas Maret University, Indonesia

²Department of Internal Medicine-Nephrology, Moewardi Hospital, Indonesia

Objectives : Systemic lupus erythematosus (SLE) frequently progresses to lupus nephritis (LN), a major cause of morbidity and mortality. Immunonutritional imbalance contributes to autoimmune disease progression. The neutrophil-to-albumin ratio (NAR) reflects systemic inflammation and nutritional status and is a simple and accessible biomarker but its predictive value for LN in patients with SLE remains unclear. This study aimed to investigate the role of NAR for predicting lupus nephritis in patients with SLE.

Methods : A retrospective cohort study was conducted among SLE patients admitted to Moewardi Hospital between January and December 2023. Patients were classified into non-lupus nephritis (non-LN), LN based on WHO criteria (LN-WHO), and biopsy-proven LN (LN-Biopsy) groups, and the neutrophil-to-albumin ratio (NAR) was analyzed using ANOVA, logistic regression, and receiver operating characteristic (ROC) analyses.

Results : A total of 120 SLE patients were included, with a mean age of 31.35 ± 11.1 years and 93.7% female predominance. The cohort comprised 63.3% non-LN, 25.8% LN-WHO, and 10.8% LN-Biopsy cases, with a mean NAR of 382.13 ± 227.96 . NAR was significantly higher in LN-WHO ($p = 0.044$) and LN-Biopsy ($p = 0.034$) groups than in the non-LN group, with no difference between LN subgroups ($p = 1.00$). NAR was significantly associated with LN incidence ($p = 0.012$), with each 10-unit increase corresponding to a 2% higher LN risk, and showed fair discrimination (AUC = 0.629; 95% CI 0.517–0.740; $p = 0.019$).

Conclusions : NAR represents a valuable and practical immunonutritional biomarker for predicting lupus nephritis in patients with SLE.

NAR differences between Non-LN and LN.png



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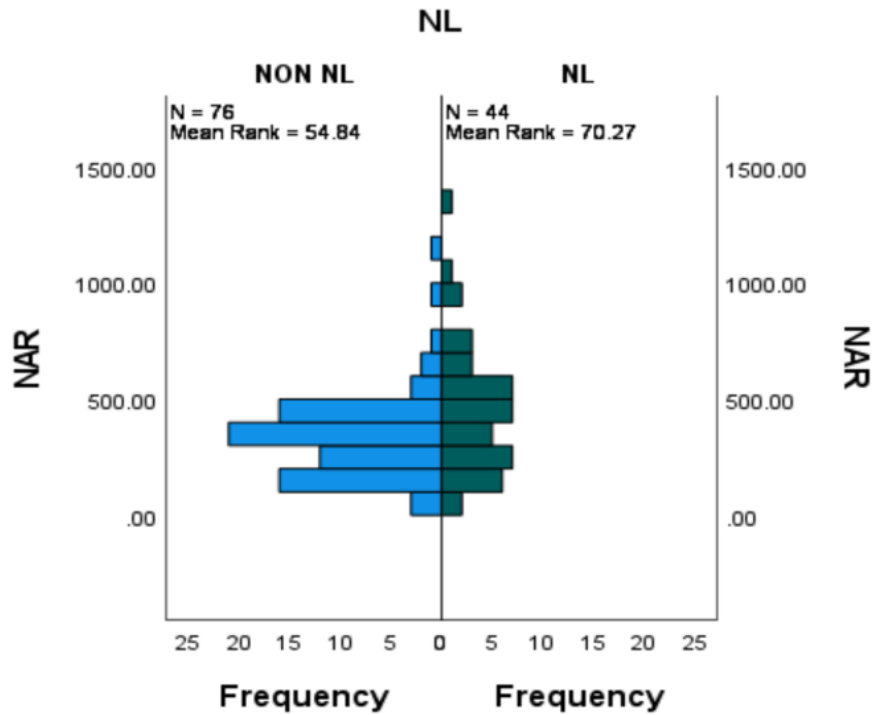
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Independent-Samples Mann-Whitney U Test



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