

Lupus nephritis in males case series

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- SLE is an autoimmune disease , which predominantly affects women of reproductive age group.
- This difference in sex predilection is explained by hormonal effect of estrogen and Factors related to the X chromosome .

- Male patients with SLE mainly present with atypical symptoms like renal and neurological involvement rather than skin manifestations
- The manifestations of lupus in male patients are life threatening and tend to have worse outcomes compared to females.

- In children, hormonal effects are presumably minimal and, thus, the female to male ratio is 3:1 where as this ratio increases to 7:1 and 8:1 in adults and older age groups respectively.
- Early detection and prompt management of these patients lupus nephritis is one of the reversible causes of renal failure.

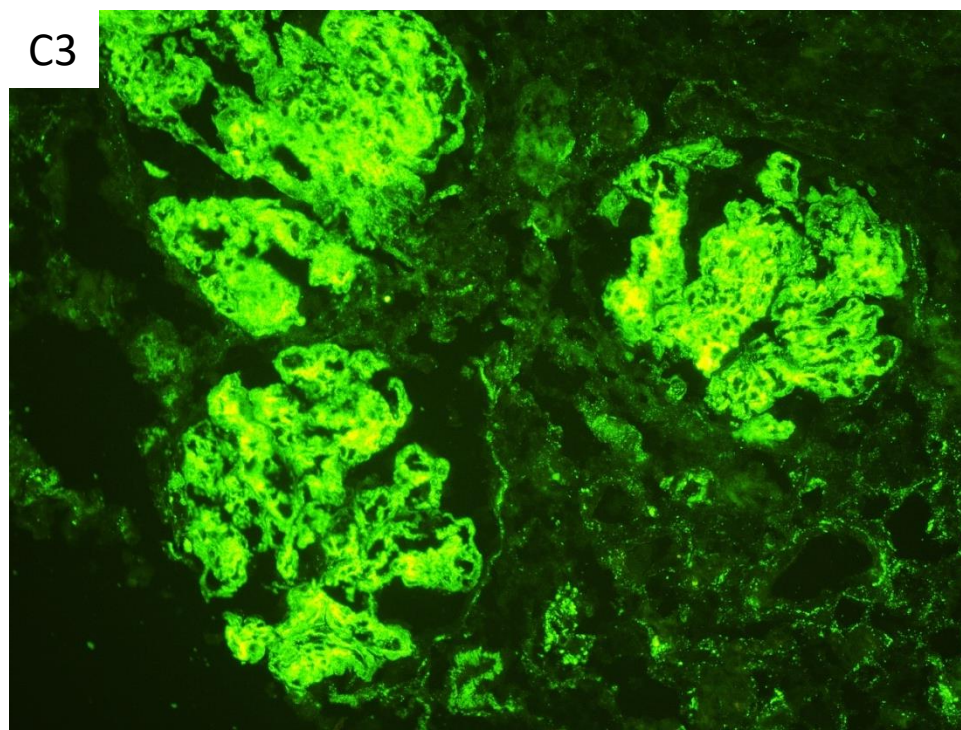
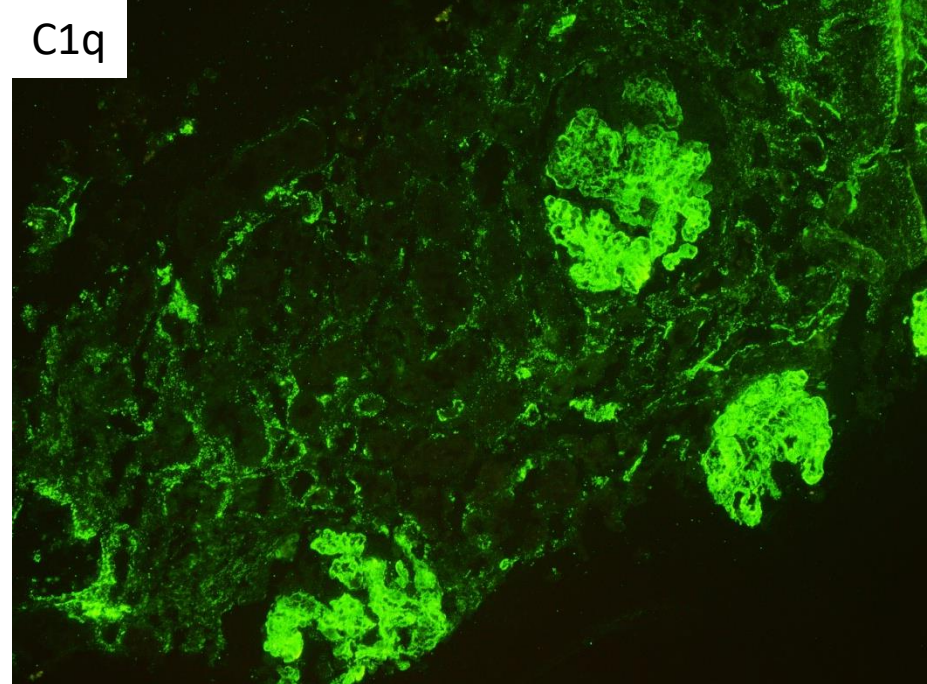
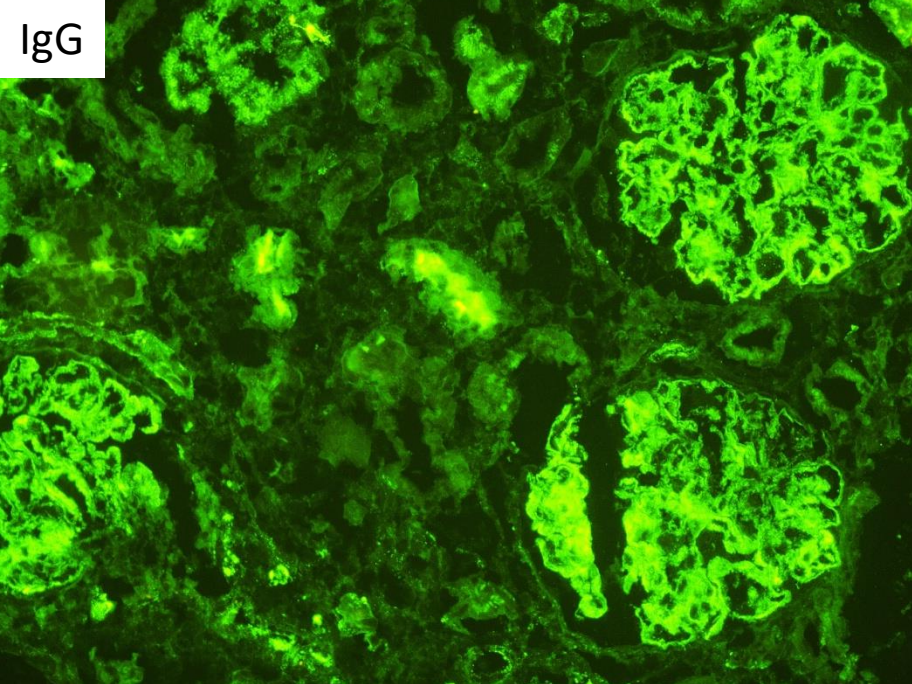
- We report a series of five male patients who presented at the Government Kilpauk medical college hospital with different clinical scenarios and were diagnosed to have lupus nephritis (LN).
- This is probably the first case series on adult male LN from South India .

AGE (YRS)	24	19	35	42	20
CLINICAL PRESENTATION	<p>SUBNEPHROTIC PROTEINURIA</p> <p>RAPIDLY PROGRESSING RENAL FAILURE</p> <p>HYPERTENSION</p> <p>ANEMIA</p>	<p>NEPHROTIC PROTEINURIA</p> <p>RAPIDLY PROGRESSING RENAL FAILURE</p> <p>HYPERTENSION</p> <p>MULTIPLE JOINT PAIN</p>	<p>NEPHROTIC PROTEINURIA</p> <p>RENAL FAILURE</p> <p>HYPERTENSION</p> <p>PEDAL EDEMA</p>	<p>SUBNEPHROTIC PROTEINURIA</p> <p>NORMAL RENAL FUNCTION</p> <p>HYPERTENSION ANASARCA</p> <p>ANEMIA</p> <p>EXTRAPULMONARY TUBERCULOSIS (PERICARDIAL)</p>	<p>SUBNEPHROTIC PROTEINURIA</p> <p>RENAL FAILURE</p> <p>HYPERTENSION</p> <p>PEDAL EDEMA</p> <p>TYPE 1 DIABETES MELLITUS</p>

INVESTIGATION					
1.Serum creatinine(mg/dl)	8.6	12.6	2.6	0.6	1.6
2.Proteinuria(g/day)	2.7	4.6	3.6	1.8	1.4
ACTIVE SEDIMENTS	15	10	12	NIL	8-10
RBC (hpf)					
3.ANA/dsDNA	POSITIVE	POSITIVE	POSITIVE	POSITIVE	POSITIVE
4.complements (c3and c4)	LOW	LOW	LOW	NORMAL	NORMAL

<u>BIOPSY</u> <u>(ISN/RPS)</u>					
1 ST	CLASS IV /CRESCENTIC	CLASS IV + V	CLASS IV + V	NOT DONE	CLASS V
2 ND	CLASS IV	-----	CLASS IV+V	-----	-----
TREATMENT				ANTITUBERCULOSIS THERAPY FOR PERICARDIAL TB	INSULIN FOR TYPE 1 DIABETES MELLITUS
1.IMMUNOSUPP RESSION	STEROIDS +CYCLOPHOSPH AMIDE (EUROLUPUS)	STEROIDS	TACROLIMUS PLUS RITUXIMAB after first biopsy STARTED and CYCLOPHOSPHAMIDE AND STEROIDS AFTER 2 ND BIOPSY	STEROIDS	ANTI PROTEINURIC MEASURES

2.HAEMODIALYSIS	YES	YES	NO	NO	NO
OUTCOME	DIALYSIS DEPENDENT RENAL FAILURE	LIVE RELATED RENAL TRANSPLANTATION	RELAPSE AFTER ATTAINING COMPLETE REMISSION	PARTIAL REMISSION	PARTIAL REMISSION



- Our observation from the above five case series clearly depicts the same inference to the largest retrospective analysis of male lupus nephritis (n=50) from Spain and Uruguay by **A Urrestarazú et al**
 1. LN in males usually presents as **nephrotic syndrome**,
 2. **Type IV** LN is the most frequent form
 3. Estimated glomerular filtration rate **< 60 ml/min** at the time of renal biopsy is associated with poor renal outcomes.

- **LUMINA** (LUpus in MInorities, NAture versus nurture) Study Group compared disease activity in males versus females by the **SLAM** (Systemic Lupus Activity Measure)
 1. Male patients have greater disease severity,
 2. rapid clinical progression from renal injury and failure,
 3. greater renal-related morbidity

- Our observation is against the conclusion of **Study of Lupus Nephritis in Males by S TATENO et al, Japan**
- Male lupus nephritis showed a **favourable clinical course** despite severe renal histological findings at the time of the initial biopsy.

- Biopsies of all our patients had **full house pattern** on immunofluorescence .
- **class IV** proliferative type is the common histopathology type.
- **Combined** class IV and class V reported in two patients.
- Both the patients who had combined class IV and class V presented with similar clinical scenario of **rapidly progressive renal failure** requiring haemodialysis.

- Finally , We would like to emphasise the importance of considering lupus as one of the differential diagnosis , even in male patients with renal failure ,as it is easily treatable if diagnosed in early stages.
- Unless we maintain a strong index of suspicion, the disease is generally missed and patients land up at advanced stages as end stage renal disease , which is invariably irreversible.

