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Lupus nephritis in Moroccco: A study of 207 cases

Naouaoui.S, Zouihri.K, Chettati.M, Fadili.W, Laouad.I
Department of Nephrology, Mohammed VI University Hospital, Marrakesh, Morocco

Backgrounds: renal involvement is a common and potentially severe complication of systemic lupus erythematosus (SLE). Few data for Lupus nephritis (LN) exist on North Africans, especially those from Morocco. The aim of our study was to review retrospectively the features and outcome of LN in Moroccan patients. Methods: The records of 207 patients (191 females, 16 males) with LN (American College of Rheumatology criteria) seen between 2003 and 2017 at the departments of nephrology and internal medicine of Marrakesh University Hospital were reviewed and included in a retrospective analysis. Results: the mean age at the time of renal biopsy was 31,7 ± 15,9 years. Time between diagnosis of SLE and the onset of renal disease was 29 ± 10 months. Renal involvement was observed concomitantly with the onset of SLE in 39 patients (18,8%). At presentation, 65 patients (31,4%) had hypertension. Hematuria was seen in 158 patients (76,3%), nephrotic syndrome in 82 patients (39,6%) and renal failure in 76 patients (36,7%). The most frequent extarenal manifestations were skin and joint manifestations in 89,3% and 83,6% respectively. The most common histological finding was type IV LN in 96 patients, followed by type III LN in 51 patients. 191patients (92,3%) received corticosteroids as initial therapy followed by immunosuppressive therapy in 127 patients (61,3%). During the follow-up period, partial or total remission was obtained in 56,5% of cases while 61 patients (29,4%) progressed to ESRD and 29 patients (14%) died. Logistic regression detected that hypertension, high serum creatinine at admission and proliferative histological classes were the main risk factors for poor renal outcome. Conclusions: Our results showed that LN was particularly severe in our population compared with other published data with predominance of proliferative forms.