Pediatric Rheumatology

Poster presentation

Mycophenolate Mofetil (MMF) for the treatment of juvenile onset systemic lupus erythematosus

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Aim

To evaluate the efficacy and safety of MMF in jo-SLE in a multicenter study.

Methods

Medical charts of 26 pts, 25 F, 1 M, mean age at SLE diagnosis 12.7 yrs (range 5–18), mean age at MMF starting 15.9 yrs (range 7.5–26.8), followed in Florence, Padua, and Messina, Italy, treated with MMF from 2004 to 2007, were retrospectively analyzed. Clinical and laboratory evaluation included: blood count, ESR, CRP, ANA, anti-dsDNA, LFT, coagulation, C4, renal function, Coombs' test, aCL, antiβ2GPI and LAC at baseline and every 6 months. Disease activity was monitored by the SLEDAI score. Treatment duration was 24 ± 14.8 months (range 2–52). MMF (1.5–2 g/day) was started due to steroid toxicity (n = 9 pts), CyA toxicity (n = 5), disease activity (n = 8) or nephropathy progression despite previous immunosuppression (n = 4). 9/26 pts, before MMF had renal disease (7 WHO Class IIb, 1 Class III, 1 Class IV). In 5/9 MMF was the first treatment, while 4/9 had received immunosuppressants.

Results

MMF was effective in reducing disease activity, steroid sparing in 14/26 (54%), stabilizing the disease in 8 (31%) and ineffective in 4 (15%). In 9/13 (69%) without renal involvement a good response was registered. Among pts with renal involvement, MMF was effective in 5/13 (38%), partially effective in 4 (31%) and ineffective in 4 (31%). 2 pts stopped MMF for diarrhoea and abdominal pain.

Conclusion

MMF seems to be effective and safe in jo-SLE, especially in patients without renal involvement. SLEDAI scores were significantly reduced at 6 and 12 months; $p < 0.05$.