

Poster presentation

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Use of mycophenolate mofetil (MMF) in lupus nephritis (LN) in children

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Systemic lupus erythematosus (SLE) is a multisystemic autoimmune disease; 86% of children with SLE have renal involvement, that ranges from asymptomatic urinary findings to nephritic syndrome and renal failure. Cyclophosphamide (CYC) and corticosteroids (CCS) has been the standard of care for many years, despite their failure or potential toxicities. Studies have showed good results with MMF in LN. We evaluated, in an observational study, the efficacy of MMF as induction and maintenance therapy in LN in children. Eighteen patients (15 female and 3 male, median age 12,2 ys) were evaluated with biopsy-proven LN, 13/18 received CYC or CCS as induction and then MMF, 5/18 received MMF plus CCS as from start. The following parameters were recorded at baseline and follow-up: serum creatinine, urinary protein excretion in 24 hours, full blood count, complement components (C3–C4), ANA positivity, ENA profile, SLEDAI score and histologic indices of activity and chronicity by Austin and coll. The median treatment time with MMF was 3 years. Our patients showed return in the range of normality of serum creatinine ($p < 0,01$), urinary protein excretion in 24 hours ($p < 0,01$), full blood count, complement components (C3–C4) ($p < 0,01$), ANA positivity ($p < 0,01$), ENA profile ($p < 0,01$), SLEDAI score ($p < 0,01$) and histologic indices of activity and chronicity ($p < 0,01$). In all patients CCS was suspended in 2 months. We had only 2 patients with adverse effects (1 diarrhoea, 1 viral infection). MMF as induction and maintenance therapy can be efficacious and safe in treatment of LN in children.

References

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