Conclusions Serum CIC and IL-6 significantly correlated with clinical SLEDAI, which is higher degree of correlation than anti-dsDNA, C4 and C3 levels. Our study suggested that CIC and IL-6 can be used as alternative biomarkers to determine disease activity.

Background and aims Patients with lysinuric protein intolerance (LPI) due to inherited defect of cationic amino acid transport in intestine and renal tubules may have aberrant immune responses leading to multiple organ involvement. The renal involvement with immune complex glomerulonephritis in LPI is albeit rare and has not been well established.

Methods We report a 4-year-old boy manifested nephrotic syndrome with renal histological findings showing immune complex glomerulonephritis highly suggested of lupus nephritis, but the initial serology survey excluded the diagnosis of SLE initially. The diagnosis of lysinuric protein intolerance was established and SLE developed 1 year later. Renal manifestations in patients with LPI and the coexistence of LPI with SLE are reviewed.

Results The initial renal involvement in LPI included renal tubular dysfunction, nephritic and nephrotic syndrome. During follow-up, some patients developed renal function impairment and may progress to end stage renal disease. Glomerulus was the major involved lesion with the most common histological finding was immune complex glomerulonephritis. Five patients, including our patient, with LPI coexisted with SLE have been reported during follow-up. These patients characterised female predominant, young onset age, predominant renal involvement, and poor prognosis. Our patient supported the suggested mechanism of macrophage activation. Treatment with steroid and cyclosporin accordingly led to remission of nephritis.

Conclusions LPI was not only a disorder of amino acid wasting but also a complex multisystemic disease with aberrant immune responses. LPI-associated glomerulonephritis shares similar characteristics on renal histology with lupus nephritis. Both macrophage activation and excess arginine accumulation might play roles on the pathogenesis.
Background and aims The gene C-reactive protein (CRP), located at 1q23-24, is a candidate to be investigated as a susceptibility locus for systemic lupus erythematosus (SLE). The aim of the study was to evaluate the association between the +1444CT CRP polymorphism with the susceptibility for SLE, disease activity, and CRP serum levels.

Methods The study enrolled 176 SLE patients and 223 healthy controls from Brazilian population. SLE disease activity (SLEDAI), clinical and laboratorial characteristics were evaluated. The +1444CT CRP polymorphism was determined using polymerase chain reaction and restriction fragment length polymorphism.

Results The frequency of CC vs. TT genotypes and the C vs. T allele among the patients differed from the controls (p=0.0201 and p=0.0072, respectively). Patients carrying the T allele presented higher CRP (p=0.017) and showed a trend toward higher IL-6 compared with patients carrying the C allele (p=0.057). The increased CRP was independently of the disease activity, and CRP serum levels.

Conclusions The study suggests that the CCR5Δ32 polymorphism might be associated with SLE genetic predisposition among female Brazilian patients and the age at onset of the disease; however, this genetic variant was not associated with the activity of SLE in this population.