Background and aims Systemic lupus erythematosus (SLE) is a chronic multisystem disorder. Lupus nephritis (LN) is a common serious complication of SLE. LN needs prolonged care and complex therapeutic modalities.

Objectives The aim of this study was to assess the characteristics of Persian SLE patients with LN (LN subgroup) and SLE subgroup without LN (non-LN subgroup). Furthermore we studied the association of LN with extrarenal manifestations of SLE.

Methods In this study we assessed 2355 SLE patients of the electronic database of Rheumatology Research Centre (RRC), Tehran University of Medical Sciences (TUMS). The clinical and laboratory data of enrolled patients were retrieved. Chi-square test was used to compare the extrarenal manifestations between LN and non-LN subgroups. Odds ratio (OR) was used to present the strength of associations.

Results LN subgroup included 1604 cases (68.1%), with the mean age at SLE onset of 24.6±12.5 years and female to male ratio of 8.7/1. Class IV nephritis was the most common type of LN (53.1%). Comparison of the extrarenal manifestations between LN and non-LN subgroup revealed significant difference. Major organ involvements including cardiopulmonary, hematologic, musculoskeletal and neuropsychiatric features were significantly more common in LN patients. On the contrary, discoid rash was significantly more common in non-LN subgroup.

Conclusions This study revealed that LN was positively associated with musculoskeletal, mucocutaneous and neuropsychiatric features of SLE.
Conclusions In Asian Indian lupus pro-band, familial aggregation of rheumatic AID and Lupus alone was noted in 24.8% (RR-2.48) and 12.1% (RR-2) respectively, more so in the background of parental consanguinity.

Background and aims To explore predictors of renal remission, insufficiency and damage in lupus nephritis (LN).

Methods We retrospectively analysed our lupus cohort and studied LN patients with at least one renal biopsy since 1990 until 2016. Follow-up ended at last patient visit. Complete renal remission (CRR) was defined as proteinuria <0.5 g/day and normal serum creatinine (SCr); partial remission as proteinuria <3.5 g/day with normal SCr; renal failure as SCr ≥2 mg/dl; renal flare as an increase in proteinuria >0.5 g/day and/or requirement for treatment modifications. Damage was measured by SLICC damage index (SDI).

Results 81 patients were studied (Table) who underwent 110 biopsies. Forty patients (49.3%) went into CRR by the end of follow-up. Thirty-six (44.5%) had 2 renal flares while 21 (26%) Six patients developed renal failure preceded by ≥3 flares in 5. One case of ESRD was reported. By the end of follow-up 30 patients (37%) had SDI≥2. At univariate analysis, increased proteinuria at 12 and 24 months from first biopsy and higher flare number were inversely associated with CRR, while long-lasting hypertension, abnormal SCr, decreased GFR and C4 at time of first biopsy were associated with renal failure. At multivariate analysis 24h-proteinuria at 24 months independently predicted lack of CRR (OR 3.7), while a higher number of renal flares (OR 5.27), higher SCr at 6 months from renal biopsy (OR 5.01) and a longer disease duration (OR 6.34) were independently associated with damage accrual.

Conclusions Increased proteinuria and abnormal baseline renal function make CRR unlikely. Suboptimal control of LN activity and longer disease duration are associated with severe damage accrual.