Background Lupus Nephritis (LN) in males is poorly understood due to the low prevalence in men. Our aim was to identify the clinical and histological profile on initial presentation and to report the experience of disease course and management.

Methods Seventeen biopsy proven LN males from nephrology clinic, Teaching Hospital Kandy were retrospectively analyzed.

Results The median age at the time of renal biopsy was 25.7 years (range, 14–57 years). Commonest initial presentation was nephrotic syndrome in 10 of 17 patients followed by rapidly progressive glomerulonephritis (RPGN) in 4 and nephritic syndrome in 3.

Anemia was noted in 11 patients. Thrombocytopenia was seen among 4 patients. ANA report was positive in 13 and negative in 4 patients. Diffuse LN was the commonest histological pattern accounting to 10 cases followed by Focal LN in 4, membranous LN in 2 and mesangial proliferative LN in 1 patient.

After remission induction treatment, 10 patients achieved complete renal remission. Five patients achieved partial remission while two patients did not achieve remission. Induction was done with intravenous (IV) methyl prednisolone (0.5/1.0g) daily 3 doses and IV cyclophosphamide (750 mg/m² body surface) 2 doses twice weekly apart and 4 doses monthly. Maintenance treatment was with oral prednisolone and mycophenolate mofetil.

Median follow-up of the cohort was 52 months (2–89 months). During the follow-up repeat biopsy was performed in 4 patients. The changes observed were, class shift from class III to IV in 2 patients and from class V to class IV in one patient. Only one patient required renal replacement therapy during the follow up period. Six patients developed chronic kidney disease (CKD) after a median of 33 months follow-up.

Conclusion Commonest presentation of LN in males is nephrotic syndrome, and type IV LN is the most frequent histological form. Pattern of initial presentation is seemingly associated with the renal outcome. Better delineation needs further studies with larger cohorts.