

中文題目：利用腎小管間質病變預測狼瘡腎炎患者的腎功能

英文題目：Predicting renal outcome of lupus nephritis patients with tubulointerstitial lesions

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Backgrounds: To evaluate the renal outcome in lupus nephritis (LN) patients according to tubulointerstitial lesions.

Methods: There were 151 biopsy-proven LN patients retrospectively recruited in our study. Clinical profile and histopathologic presentation were recorded. Risk factors for end-stage kidney disease (ESKD) from tubulointerstitial lesions were analyzed.

Results: The mean age of 151 LN patients was 36 years old, and 136 (90.1%) were female. The mean serum creatinine level was 1.4 mg/dL. There were 119 (78.8%) patients with class III/IV LN, and 23 (15.2%) with class V. Tubulointerstitial lesions were noted among 120 (79.5%) patients. Nine (5.9%) patients developed ESKD before receiving renal biopsy, and 47 patients (31.1%) developed ESKD during the follow-up time. Multivariate analyses identified creatinine (hazard ratio [HR] 1.7, 95% confidence interval [CI] 1.42-2.03) and interstitial fibrosis (HR 3.2, 95% CI 1.58-6.49) were risk factors for ESKD. Kaplan-Meier analysis confirmed an increased risk of ESKD with tubulointerstitial fibrosis.

Conclusion: Tubulointerstitial involvement is not uncommon in LN patients. Interstitial fibrosis, neither interstitial inflammation nor tubular atrophy, increases the risk of ESKD. In addition to LN classification, the tubulointerstitial presentation should be considered before LN treatment