

## Original Article

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# Is antiphospholipid antibody related to outcome of lupus nephritis? – A 2-year analysis

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**Objective:** To investigate the impact of antiphospholipid antibodies (aPLA) on renal outcome in lupus nephritis (LN).

**Materials and Methods:** A retrospective chart review study of patients with biopsy-proven LN was conducted between 1986 and 2007 at Chang Gung Memorial Hospital in Kaohsiung. All of the patients fulfilled the systemic lupus erythematosus classification criteria of the American College of Rheumatology and had histopathological findings compatible with LN. Only those patients whose aPLA, including anti-cardiolipin antibody, anti- $\beta$ 2GPI antibody, Venereal Disease Research Laboratory test, and lupus anticoagulant had been checked were recruited. We reviewed the charts and collected the demographics, clinical characteristics, serological parameters, and treatment courses of the patients recruited. The renal outcome end point was either end-stage renal disease or doubling of serum creatinine within 24 months

**Results:** A total of 66 subjects were recruited, including 55 females and 11 males. The mean age was  $30.5 \pm 11.1$  years. aPLA was present in 18 patients (27.3%) (group I), and 48 patients (72.7%) (group II) had negative test results. The seropositive ratios of anti-dsDNA and anti-RNP in group I were significantly higher ( $p=0.023$  and  $0.026$ ) than in group II, respectively. There was no statistical difference in other parameters between the groups. The subjects in group I had a more favorable ( $p=0.038$ ) renal outcome after 2 years of follow-up.

**Conclusions:** Contradictory to previous studies, the presence of aPLA in patients with LN is probably associated with a better renal outcome.

**Key words:** lupus nephritis, prognosis, International Society of Nephrology and the Renal Pathology Society (ISN/RPS) classification, antiphospholipid antibody

## Introduction

From 10% to 40% of systemic lupus erythematosus (SLE) patients have revealed the presence of antiphospholipid antibodies (aPLA) [1,2]. The presence of aPLA in SLE is associated with severe morbidity, especially thromboembolism, and even lethal complications [3-5]. Cervera et al. demonstrated that thromboses were the main cause of death in SLE patients, especially during the last five years [3,6].

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