COLLAPSING LUPUS PODOCYTOPATHY, UNLIKE OTHER COLLAPSING GLOMERULOPATHIES?

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WCN24-AB-1436

Background

Lupus podocytopathy (LP) is characterized by diffuse epithelial cell foot process effacement with only mesangial immune complex deposits or no deposits. The most common presentation is nephrotic syndrome. The paradigm has changed from being considered the coexistence of two distinct pathologies and it is now considered part of the systemic lupus erythematosus spectrum.

Its prevalence represents 1% of biopsies in patients with SLE. It can be divided into minimal change disease (MCD) and focal and segmental glomerulosclerosis (FSG), both of which can present with mesangial proliferation. It has frequently been observed that renal activity is the first manifestation of SLE, with the presence of acute kidney injury associated with tubular damage.

Objective

Evaluate the clinical behavior and outcome of renal function of collapsing LP when compared with collapsing podocytopathy due to other etiologies.

Methods

Retrospective case-control study

2010 -2023

Collapsing podocytopathy

Single center Mexico

Results

15 patients

4
Lupus podocytopathy

11
Collapsing podocytopathy due to other etiologies

Acute kidney injury with renal replacement therapy at the hospitalization

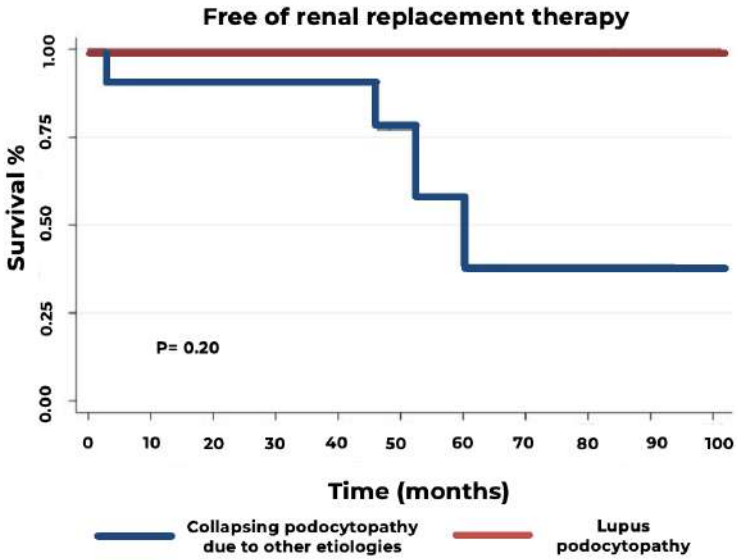
75%
Lupus podocytopathy

45.5%
Collapsing podocytopathy due to other etiologies

Free of renal replacement therapy in the 100-month follow-up

100%
Lupus podocytopathy

45.5%
Collapsing podocytopathy due to other etiologies



Conclusions

Collapsing lupus podocytopathy is a rare renal manifestation of SLE, with a severe presentation, but with an adequate response to treatment and a better renal prognosis than collapsing (FGS) due to another etiology.

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