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FRI0138 ANTICARDIOLIPIN ANTIBODY ISOTYPE PROFILE AND LUPUS NEPHRITIS SEVERITY BASED ON RENAL BIOPSY PATHOLOGY

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Background Lupus nephritis remains the most prominent organ system manifestation of systemic lupus erythematosus (SLE) and is associated with high morbidity and mortality, particularly in the diffuse proliferative form of the World Health Organisation classification. Evidences have shown that antiphospholipid antibodies may be of pathogenetic significance in lupus nephritis, since glomerular capillary thrombi are an indicator of subsequent renal dysfunction.

Objectives To determine anticardiolipin antibody isotype profile in SLE patients with and without lupus nephritis, and the association with lupus nephritis severity based on renal biopsy classification.

Methods 200 Chinese SLE patients, followed between Jan. 1991 to May 1996 at Kaohsiung Veterans General Hospital Rheumatology Clinic were included in this study. All patients fulfilled ARA criteria for SLE. Anticardiolipin antibody (aCL) was measured by the ELISA according to international standardised method in 100 SLE patients with lupus nephritis verified by renal biopsy (Group A), 100 SLE patients without lupus nephritis (Group B), and 30 patients with renal biopsy-proved nephropathy not due to SLE (Group C). Renal biopsy morphology was assessed using WHO criteria for the classification of lupus nephritis. aCL isotype profile was analysed in each group and in the subgroups of lupus nephritis patients according to WHO classification.

Results

Conclusion In this study, the frequency of aCL in our SLE patients was low as compared to previous reports. It may be due to racial difference. From our preliminary data, though not statistically significant, no difference in the frequency of aCL was identified amongst patients with and without lupus nephritis. No correlation between aCL isotype profile and the severity of lupus nephritis could be demonstrated.

FRI0139 CLINICAL IMPORTANCE OF ASYMPTOMATIC BACTERIURIA IN WOMEN SUFFER FROM SYSTEMIC LUPUS ERYTHEMATOSUS – 5 YEARS OBSERVATION

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Background Infections are frequent cause of death in lupus patients because of disease depending mechanisms and immunosuppressive treatment. Kidneys are often involved in course of lupus. We found asymptomatic bacteriuria in 16,5% women with SLE in first year of our study but longer 5 years observation could help us to understand its clinical importance.

Objectives

- Estimation of incidence of asymptomatic bacteriuria (a.b.) in population of women with SLE in 5 years observation.
- Examination of asymptomatic bacteriuria maintenance in following years of observation.
- Evaluation of incidence of symptomatic pyelonephritis in SLE women with a.b.
- Evaluation of need of antibacterial treatment in SLE patients with a.b.

Methods 85 women aged 24–77 (mean 45,2) years with mean SLE duration 10,2 years (2–33) were examined for 5 years. All of them were fulfilling ARA criteria for diagnosis of SLE. We did bacteriological analysis of SLE women urina 5 times in the 5 following years. Patients were observed clinically and parameters of biochemical and immunological activity were done. Among group with a.b. were counted women who had significant bacteriuria higher than 10^4 in ml urina. We were analysing type of bacteria and antibiotic resistancy.

Results In the following 5 years of observation asymptomatic bacteriuria was found with incidence from 12,8% to 22,5% (mean 17,6%). From 60% to 80% patients with a.b. (mean 70%) eliminated bacteria from urina in period one year without antibacterial treatment. In other patients mean 30% in second urina cultures which was done 1 year after first with a.b., significant bacteriuria was persistent. 50% of women with persistent bacteriuria after one year had in urina the same type of bacteria but in 50% patients type of bacteria was changed. In 5 years only 3 incidence of symptomatic pyelonephritis in SLE women with a. b. was observed. In all 3 cases nephrolithiasis was coexisted with SLE.

Conclusion

- Incidence of asymptomatic bacteriuria in women with SLE was 17,6%.
- 70% patients with a.b. eliminated bacteriuria without antibacterial treatment in one year.

Abstract FRI0138 Table 1

	Age, mean	Sex (F/M)	aCL+ (%)	aCL IgG+ (%)	aCL IgG+, mean (GPL/dl)	aCL IgA+ (%)	aCL IgA+, mean (APL/dl)	aCL IgM+ (%)	aCL IgM+, mean (MPL/dl)
Group A (SLE with nephritis)	29.61	89/11	17	15	32.8	1	31.0	11	16.7
Group B (SLE without nephritis),	34.77	94/6	14	11	28.0	5	37.4	10	30.0
Group C (non-SLE nephropathy),	48.3	10/20	3	2	22.0	1	51.0	1	65.0

Anticardiolipin antibody isotype profile.