Background: Taken into account the wave-like multivariate flow of SLE, there are still difficulties in diagnosing conditions such as "remission" and "exacerbation". The questions of SLE "exacerbation" predictors and their influence on the further nature of the course and outcome of the disease remain little studied.

Objectives: Study of SLE exacerbations predictors in patients living in Kyrgyzstan.

Methods: The study included 150 (26.31%) Kyrgyz patients out of 570 with a reliable diagnosis of SLE, female (96%), young age (median - 34 [26; 44]), Kyrgyz nationality (89.33%), high - 61 (40.66%) and very high activity - 40 (26.67%), with the duration of SLE at 1 observation point from 7 months to 10 years, with dynamic observation from 1 year to 3 years. To determine the gradation of the degree of reduction in glomerular filtration rate (GFR) and the severity of proteinuria in patients with lupus nephritis, used the classification of chronic kidney disease (CKD) according to KDIGO (2013).

The characteristic and frequency of SLE exacerbations were assessed by the SFI - R index: mild, moderate or severe.

Results: The results of the study showed that 84 (56%) Kyrgyz patients out of 150 had 192 SLE exacerbations by using the SFI index during 3 years of follow-up, with a frequency of 1 to 4 cases (2.82 ± 2.21) per patient. A mild exacerbation was observed predominantly in 103 patients (55.65%), manifested by skin - mucous syndrome - in 81 (78.64%) and febrile fever - in 22 (21.36%). A moderate exacerbation was noted in 48 (25%) patients in the form of polyserositis - in 18 (37.5%), articulations - in 16 (33.33%) and nephritis with minimal urinary syndrome - in 14 (29.17%) of them. Severe exacerbation was recorded in 41 (21.35%) patients, manifested mainly by kidney damage - in 28 (68.29%), lungs - in 4 (9.76%), central nervous system - in 4 (9.76%) and hematological disorders - in 5 (12.19%).

Severe exacerbations of the kidneys were characterized by nephritis with CKD C1 A1 in 6, CKD C1 A3 in 6, with CKD C2 A3 in 6, severe nephritis with CKD C3a A3 in 3, CKD C3b A3 in 2 and nephritis with nephrotic syndrome - in 5 patients.

SLE exacerbations in most cases resulted from self-withdrawal of glucocorticoid and cytostatic therapy (52.38%) and activation of the pathological process in 35 (41.67%) patients and in 5 (5.95%) of them were unknown.

Conclusion: On the background of careful dynamic monitoring of patients, predominantly mild SLE exacerbation was observed (53.65%), due to self-withdrawal of glucocorticoid and cytostatic therapy (52.38%) and activation of the pathological process in 35 (41.67%) patients and in 5 (5.95%) of them were unknown.

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