

IMPACTO DE LA REBIOPSIA RENAL EN LA EVALUACIÓN DE LA ACTIVIDAD Y CRONICIDAD DE LA NEFRITIS LÚPICA Y SU CORRELACIÓN CON LA RESPUESTA CLÍNICA

CHRISTIAN CASTRO HERNÁNDEZ
Código estudiantil: 2014139752377

MARÍA MANUELA VALLEJO PATIÑO
Código estudiantil: 2022114038130

Trabajo de Investigación presentado como requisito para optar el título de:
ESPECIALISTA EN MEDICINA INTERNA

Tutores:
GUSTAVO AROCA MARTINES
MD | ESP MED INT | NEFRO | PhD INV-DOC

LUCIA MERCEDES NIÑO HERNÁNDEZ
MD | ESP PAT CLI | PhD (c) PAT

HENRY J GONZALEZ-TORRES
Bio | Spc App Stat | MSc Bio (GenPop) | PhD (c) BioMed

RESUMEN

La nefritis lúpica (NL) es una complicación grave del lupus eritematoso sistémico (LES), asociada con alta morbilidad y mortalidad, especialmente en sus formas proliferativas (clases III y IV). La biopsia renal desempeña un papel clave en el diagnóstico y tratamiento, pero la rebiopsia ha surgido como una herramienta crucial para evaluar la respuesta a la terapia inmunosupresora, detectar inflamación subclínica y monitorear la progresión del daño renal crónico.

Objetivo: Evaluar el impacto de la rebiopsia renal en la detección de la actividad subclínica y la progresión del daño crónico en pacientes con nefritis lúpica proliferativa, y su correlación con la respuesta clínica para optimizar el manejo terapéutico en una población del Caribe colombiano.

Metodología: Se realizó un estudio observacional y prospectivo en un centro de referencia en Barranquilla, Colombia, que incluyó pacientes con NL proliferativa (clases III, IV o V), confirmada por biopsia, y que fueron sometidos a rebiopsia después de al menos 24 meses de terapia inmunosupresora. Las variables analizadas incluyeron edad, sexo, creatinina, proteinuria, tasa de filtrado glomerular (TFG), niveles de complemento, anti-dsDNA, índices de actividad y cronicidad, y la respuesta clínica (completa, parcial o sin respuesta). El análisis estadístico incluyó ANOVA, Chi-cuadrado y pruebas t de Student para comparar las biopsias iniciales y las de seguimiento.

Resultados: Se incluyeron 51 pacientes, el 82% de los cuales eran mujeres, con una edad promedio de 37 ± 12 años. Las formas proliferativas fueron las más comunes (86%). No se observaron diferencias significativas entre los sexos en cuanto a edad, histología o parámetros clínicos (todos $p > 0.05$). Se encontró una correlación moderada entre la proteinuria de 24 horas y los tiempos de coagulación ($p < 0.001$). En la rebiopsia, se observó una disminución significativa de la TFG y un aumento de la creatinina sérica ($p < 0.001$ y $p = 0.03$, respectivamente). La respuesta histológica fue pobre, con el 96% de los pacientes sin mejoría, y los índices de cronicidad aumentaron significativamente ($p = 0.001$).

Conclusión: La rebiopsia renal es una herramienta esencial para detectar actividad subclínica y la progresión del daño renal en pacientes con NL, lo que subraya la necesidad de una evaluación integrada histopatológica y clínica en el manejo de formas agresivas de NL.

Palabras clave: Nefritis Lúpica; Rebiopsia Renal; Actividad Histopatológica; Insuficiencia Renal Crónica; Respuesta Clínica

Abstract

Lupus nephritis (LN) is a severe complication of systemic lupus erythematosus (SLE) with high morbidity and mortality, especially in proliferative forms (classes III and IV). Renal biopsy plays a key role in diagnosis and treatment, but rebiopsy has emerged as crucial for assessing immunosuppressive therapy response, detecting subclinical inflammation, and monitoring chronic kidney damage progression.

Objective: To evaluate the impact of repeat kidney biopsy in detecting subclinical activity and the progression of chronic damage in patients with proliferative lupus nephritis, and its correlation with clinical response to optimize therapeutic management in a population from the Colombian Caribbean.

Methodology: A prospective, observational study was conducted at a referral center in Barranquilla, Colombia, including patients with proliferative LN (classes III, IV, or V), confirmed by biopsy, followed by rebiopsy after at least 24 months of immunosuppressive therapy. Variables analyzed included age, sex, creatinine, proteinuria, glomerular filtration rate (GFR), complement levels, anti-dsDNA, activity and chronicity indices, and clinical response (complete, partial, or no response). Statistical analysis included ANOVA, Chi-square, and Student's t-tests for comparisons between initial and follow-up biopsies.

Results: Fifty-one patients were included, 82% of whom were female, with an average age of 37 ± 12 years. Proliferative forms were most common (86%). There were no significant differences between sexes in terms of age, histology, or clinical parameters (all $p > 0.05$). A moderate correlation was found between 24-hour proteinuria and coagulation times ($p < 0.001$). A significant decline in GFR and an increase in serum creatinine were observed on rebiopsy ($p < 0.001$ and $p = 0.03$, respectively). Histological response was poor, with 96% showing no improvement, and chronicity indices increased significantly ($p = 0.001$).

Conclusion: Renal rebiopsy is an essential tool for detecting subclinical activity and progression of renal damage in LN patients, underscoring the need for integrated histopathological and clinical evaluation in managing aggressive LN forms.

Keywords: Lupus Nephritis; Repeat Kidney Biopsy; Histopathological Activity; Chronic Renal Failure; Clinical Response

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