

Medición de la Respuesta a la Inducción y Mortalidad en 414 pacientes con Nefritis Lúpica en la Región Caribe Colombiana

Measurement of the Response to Induction and Mortality in 414 patients with Lupus Nephritis in the Colombian Caribbean Region

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RESUMEN

Objetivo: Evaluar la respuesta al tratamiento de inducción con dos esquemas de tratamiento uno con Mofetil Micofenolato (MMF) y otro con Ciclofosfamida (CFM) y la mortalidad en una serie de casos con NL en la región del Caribe colombiano.

Método: Se realizó un estudio analítico con 414 pacientes con diagnóstico de NL clases III, IV y V confirmado por biopsia y tratados entre los años 2008-2020. Se evaluó la disminución de la Creatinina Sérica (CrSr) y Proteinuria en 24 hrs (Prot24hrs), respuesta a tratamiento de inducción a la remisión (parcial o completa), así como la mortalidad y sus causas en los dos esquemas de tratamiento.

Resultados: Se evaluaron 414 pacientes, de los cuales el 87% eran mujeres. La edad promedio fue de 37 ± 13 años. 324 fueron tratados con MMF y 90 CFM. La clase histológica predominante fue la clase IV (668.2%). La prot24hrs mostró una disminución en ambos esquemas, la Clase IV tratada con MMF mostró una disminución significativa ($p: 0.0019$). La CFM disminuyó significativamente la CrSr ($p: 0.0025$), especialmente en las Clases III ($p: 0.0038$) y IV ($p: 0.0012$); el MMF no disminuyó significativamente para este parámetro a excepción de la Clase V

(0.0046). No hubo diferencias significativas en cuanto a la respuesta (remisión parcial o completa) entre esquemas, ni en la mortalidad o sus causas (p: 0.4215).

Conclusiones: Ambos esquemas pueden utilizarse para la inducción en los pacientes con NL, tienen perfiles de efectividad y seguridad similares. La alta mortalidad por causas infecciosas indica la necesidad de realizar un mayor control sobre los pacientes y en la educación para la prevención de esta causa.

Palabras Clave: Nefritis Lúpica; Inducción; Biopsia Renal; Micofenolato; Ciclofosfamida; Mortalidad.

Abstract

Objective: To evaluate the response to induction treatment with two treatment regimens, one with Mycophenolate Mofetil (MMF) and the other with Cyclophosphamide (CFM) and mortality in a series of cases with LN in the Colombian Caribbean region.

Method: An analytical study was carried out with 414 patients with a diagnosis of LN classes III, IV and V confirmed by biopsy and treated between the years 2008-2020. The decrease in Serum Creatinine (CrSr) and Proteinuria in 24 hrs (Prot24hrs), response to remission induction treatment (partial or complete), as well as mortality and its causes in the two treatment schedules were evaluated.

Results: 414 patients were evaluated, of which 87% were women. The mean age was 37 ± 13 years. 324 were treated with MMF and 90 CFM. The predominant histological class was class IV (668.2%). Prot24hrs showed a decrease in both regimens, Class IV treated with MMF showed a significant decrease (p: 0.0019). The CFM significantly decreased the CrSr (p: 0.0025), especially in Classes III (p: 0.0038) and IV (p: 0.0012); the MMF did not decrease significantly for this parameter except for Class V (0.0046). There were no significant differences in response (partial or complete remission) between regimens, nor in mortality or its causes (p: 0.4215).

Conclusions: Both schemes can be used for induction in patients with LN, they have similar effectiveness and safety profiles. The high mortality from infectious causes indicates the need for greater control over patients and in education for the prevention of this cause.

Keywords: Lupus Nephritis; Induction; Renal Biopsy; Mycophenolate; Cyclophosphamide; Mortality..

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