

**Harvard Medical School Department of
Continuing Education and the Renal Division
of Brigham and Women's Hospital**



Nephrology Rounds
November 2006

An Update on Systemic Lupus Erythematosus-Related Kidney Disease

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Objectives

This issue of *Nephrology Rounds* aims to provide readers with an update on the various forms of systemic lupus erythematosus (SLE)-associated kidney disease and how they are treated.

Questions:

1. A combination of glucocorticoids plus a cytotoxic agent is generally considered the treatment of choice for active World Health Organization (WHO) Class IV (diffuse proliferative) lupus nephritis.

True False

2. Unlike azathioprine, mycophenolate mofetil (MMF) does not cause leukopenia or anemia.

True False

3. IgM autoantibodies in SLE patients with end-stage renal disease are usually a contraindication to renal transplantation.

True False

4. In patients with SLE, kidney biopsies sometimes show both immune complex glomerulonephritis and noninflammatory changes of antiphospholipid antibody syndrome (APS).

True False

5. In SLE patients who undergo renal transplantation, chronic rejection is a more common cause of allograft loss than recurrence of lupus nephritis.

True False

6. In trials comparing cyclophosphamide to MMF as an induction agent in lupus nephritis, adverse effects have been more common with MMF.

True False

7. Serum C3, C4 and anti-dsDNA are usually increased in the setting of active WHO IV (diffuse proliferative) lupus nephritis.

True False

8. Severe relapses of lupus nephritis are typically treated with plasmapheresis.

True False

9. In SLE, the presence of subepithelial immune deposits alone are typically associated with a nephritic syndrome.

True False

10. In a patient with SLE, the findings on biopsy of glomerular capillary thrombosis should prompt testing for anti-phospholipid antibodies.

True False

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