Bölüm **2**

Lupus Nefriti, Patogenez, Klinik ve Tedavideki Güncel Yaklaşımlar

Aydın Güçlü

• GİRİŞ

Sistemik lupus eritamatozus (SLE) birçok sistemi etkileyen, kronik, relapslarla seyreden otoimmün bir hastalıktır. SLE insidansı 1.8-7.6/100.000; prevalansı ise 40-200/100.000 arasında değişmektedir. Türkiye' deki prevelansı 59/100.000 olarak tespit edilmiştir.

SLE'li hastaların 2/3 ünde çeşitli evrelerde asemptomatik idrar anormalliklerinden, hızlı ilerleyen glomerulonefrit ve son dönem böbrek yetmezliğine (SDBY) ilerleyen böbrek tutulumları görülebilir. Lupus nefriti (LN) SLE'nin sistemik tutulumları içerisinde yaşam süresini en fazla kısaltan tutulumdur ve hastalığın morbidite ve mortalitesini önemli ölçüde etkiler.

SLE hastalarında LN gelişmesi Avrupa'da 10 yıllık periyotta % 28; Amerika'da 10 yıllık periyotta ise % 47 olarak gösterilmiştir; bu bölgesel değişiklikler ırksal farklılıklara bağlı olabilir.

Genç yaş, hipertansiyon, düşük sosyoekonomik durum, daha fazla SLE kriterlerinin varlığı, aile öyküsü, beyaz olmayan ırk, uzun süren hastalığın varlığında LN riski artmaktadır.

• PATOGENEZ

SLE, nükleer antijenlere karşı tolerans kaybına bağlı oto antikor gelişimi ile karakterizedir. Otoimmün mekanizmalar başlıca böbrek dışı ve böbrekle ilgili olmak üzere ikiye ayrılabilir.

misyon oranı daha yüksek tespit edilmiştir. Takrolimus'un immün ve nonimmün yolla proteinüriyi baskılama özelliği nedeniyle çalışma sonuçlarını etkilemiş olabilir (çalışmanın birincil sonlanım noktası proteinürideki azalmadır). Bunun için 23 hastaya böbrek biyopsisi yapılmış ve aktivite indeksinde belirgin azalma tespit edilmiştir. Yeni nesil, yüksek potensli kalsinörin inhibitörü olan voclosporin ile yapılan bir çalışma da halen devam etmektedir.

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