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Bogaert AM, Intern Med 2017, 7:4 (Suppl)
DOI: 10.4172/2165-8048-C1-004

2nd International Conference on

Internal Medicine & Hospital Medicine

September 13-14, 2017 Dallas, USA

Bogaert AM

AZ Glorieux, Belgium

For the eye altering, alters the all

This is a case study of a young African woman who presented with chronic dacryoadenitis. Screening showed nephrotic range proteinuria. Kidney biopsy confirmed the diagnosis of Membranous Glomerulonephritis (MGN). Clinical features (dacryoadenitis, migrating arthalgia, retinal vasculitis) in combination with positive auto-immune serology and the above mentioned histology (MGN) confirmed the diagnosis of Systemic Lupus Erythematosus (SLE). The disease activity in our patient was measured by a SELENA-SLEDAI score of 24 and a BILAG of A-mucocutaneous, A-ocular, A-renal and B-musculoskeletal. A non-immunosuppressive nephroprotective treatment was started as well as an immunosuppressive induction therapy with myclophenolate (MMF), glucocorticosteroids (GCS), calcineurine inhibitor (CNI) and an antimalarial drug (hydoxychloroquine sulphate). Because of lack of clinical and immunological response after 3 months of intensive immunosuppressive treatment and development of unwanted side effects, belimumab was associated with significant reduction in disease activity and complete remission of the proteinuria after 7 injections. A maintenance therapy was continued for 3 years. MMF, GCS, CNI were gradually reduced and stopped in the first 2 years of maintenance therapy. After 2 years, we reduced the administration of belimumab to once every 2 months. Belimumab was discontinued after 3 years of treatment with maintenance of complete clinical remission until now, 21 months later, with negligible proteinuria and normal kidney function. We keep her on lifetime maintenance therapy with an antimalarial drug, as recommended in the most recent guidelines. We can conclude that our case shows excellent results of belimumab in SLE with active bilateral ocular vasculitis and MGN with persistent nephrotic range proteinuria under conventional treatment. Belimumab might be a treatment option for patients with severe Lupus Nephritis (class III-IV-V) in combination with standard therapy in the future, although further data remain to be awaited. A phase 3 study (BLISS-LN) is ongoing, results are expected in 2019.

Biography

Bogaert AM studied Medicine at the University of Ghent and graduated in July 1982. She specialised as Internist-Nephrologist in September 1987. Since then she has been working at the Department of Nephrology/Dialysis at the private hospital AZ Glorieux Ronse and became Head of the Department in September 2011. She works in an association with 5 Nephrologists, treating more than 200 patients in chronic haemodialysis. Since May 2008, her service is recognised for the training of Internal Medicine Assistants from the University of Ghent and since March 2014 she also started training future specialists in Nephrology. She is an active member of several scientific associations and member of the board of the accreditation committee of Internal Medicine and Nephrology since September 2015. She is a founding board member of the HIV fundraising platform at the University of Ghent. She is author or co-author of more than 50 publications and collaborates in National and International clinical scientific studies, as DOPPS since 2002.

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