Abstract

Among patients with systemic lupus erythematosus (SLE) involvement of kidneys is found to be a common entity identified as lupus nephritis [1]. It is suspected among patients with abnormal urine full report with or without altered renal function. The most common abnormality detected in patients is proteinuria [2] and up to 10% of patients with lupus nephritis will eventually end up in end-stage renal disease irrespective of treatment with anti-inflammatory and immunosuppressive therapy [3]. Patients with lupus nephritis have a higher mortality than SLE patients without renal involvement [4].

In here, we report a case of 18-year-old diagnosed patient with SLE for three years with erratic drug compliance presented bilateral ankle oedema for three weeks' duration with erythematous rash in bilateral lower limbs. Further evaluation showed proteinuria which is in nephrotic range with progressive worsening of renal function. Ultrasound revealed bilateral normal size kidneys. Biopsy was performed and found to have class IV lupus nephritis. High dose steroids and cyclophosphamide was started for induction after liaised with nephrology and gynecology team and maintained with mycophenolate mofetil. On follow up complete response was noted with improvement of renal function and proteinuria.