INTRODUCTION AND AIMS: To evaluate the long-term outcome in a cohort of Chinese patients with lupus nephritis (LN) class II and the risk factors associated with relapse.

METHODS: 102 SLE patients (94 females and 8 males with the average age of 30.4±11.2 years) with biopsy proven LN classes II during 1988-2013 were included. Patients were treated with glucocorticoid (GC) alone or GC in combination with other immunosuppressive agents including mycophenolate mofetil (MMF), triproteroglycose (TW), azathioprine (AZA) and Ldunomide (LFF). The end of follow-up was ESRD, death or the time of repeat biopsy showing renal histological transition. The rate of remission, relapse (including renal and extra-renal relapse), histological transformation, ESRD, adverse events and possible risk factors related to outcome were analyzed.

RESULTS: Among 102 patients, 11 patients showed isolated hematuria without proteinuria (hematuria group), 91 patients presented with proteinuria (proteinuria group), of whom 1 case had AKI. During the median follow-up for 71 months (IQR 49-115 months), all patients achieved remission including complete remission in 96 (94.1%) and partial remission in 6 (5.9%) patients. Relapse occurred in 67 cases (65.7%), including renal relapse in 36 cases (35.3%) at a median time of 17 months (IQR 6-34 months) after remission. Renal histological transition was observed in 13 of 15 cases (86.7%) who received repeated renal biopsy after renal relapse. At the last visit, 2 patients (1.96%) developed ESRD and no death occurred. There was no significant difference in the rate of relapse, histological transformation, adverse events and the time to relapse between the hematuria group and the proteinuria group. Multiple factor logistic regression analysis showed that age (<2 years) and the duration of SLE (>12 months) were the independent risk factors of renal relapse. The relapse rate showed significant different among different maintenance regimens (P<0.05), with the highest 2-year cumulative relapse rate of 93.8% in GC maintenance group, followed by AZA (65.6%), LEF (47.2%), MMF (33.3%) and TW (28.2%) maintenance group. Adverse events were found in 46 (45.1%) patients during the follow up, among which infection (23.5%) and femoral head necrosis (11.8%) were the two most common adverse events.

CONCLUSIONS: The patients with class II LN showed high rates of relapse and renal histological transition, which implying the need for optimal maintenance regimens.