32. KIDNEY LESIONS IN SYSTEMIC LUPUS ERYTHEMATOSUS

Author: Lazari Alexandra

Scientific adviser: Larisa Rotaru, MD, Associate Professor, Discipline of Rheumatology and Nephrology, Department of Internal Medicine, *Nicolae Testemitanu* State University of Medicine and Pharmacy of the Republic of Moldova.

Introduction. Kidney lesions in SLE develop at the beginning and during the course of the disease, in the form of glomerulonephritis, tubulointerstitial nephritis or vasculitis. Characteristic clinical and laboratory changes help to make a definitive diagnosis.

Case presentation. Female patient, 53 y.o., was hospitalized on 17.01.2018 in the RCH ``Timofei Mosneaga" with complaints of: joint pain with inflammatory character, with a predominant lesion of the shoulder joints, periodic dysuria, nocturia, severe weakness, tachycardia and heart pain with minimal physical activity. She considers herself ill since April 2016, when pain in the shoulder joint appeared with a decrease in its mobility. Soon almost all joints joined, shortness of breath, pain in the heart, tachycardia appeared. The diagnosis was made: Spondylopathy, Cardiopathy, treatment was prescribed. Soon changes on the skin appeared in the form of discoid rashes, after which, on 23.01.2017, the patient was hospitalized in the RCH "Timofei Mosneaga" in the Department of Rheumatology, where a clinical diagnosis was made: SLE, chronic course, activity II, SLEDAI= 20/105 with a predominant lesion of the skin (facial erythema, discoid erythema, photosensitivity), peripheral vessels (Raynaud's syndrome, livedo reticularis), musculos

Discussion. Lupus nephritis is diagnosed in about 50% of patients with SLE. However, the overall prevalence is probably > 90% because renal biopsy in patients with suspected SLE without clinical signs of kidney disease reveals changes characteristic of glomerulonephritis, following the example of our patient, who fell into this category of patients and as a result of which the patient needs Hemodialysis.

Conclusion. Kidney lesions in SLE is a common manifestation of the disease, which largely determines the course of SLE, so timely diagnosis and treatment affect the prognosis of the disease.