RENAL INVOLVEMENT IN SJOGREN'S SYNDROME

Rabea Nasser

Scientific adviser: Daniela Cepoi

Rheumatology and Nephrology Discipline, Nicolae Testemițanu University

Introduction. Sjögren's syndrome (SS) is a chronic autoimmune disorder with lymphocyte infiltration of the exocrine glands, mainly salivary and lacrimal glands, leading to sicca symptoms. Patients develop extraglandular disease of multiple organs; including 5% of patients can have renal involvement. Aim. To describe the evolution of SS and probable renal involvement. Materials and methods. A case a patient with SS. Results. A 43 year old female patient presented with Raynaud's syndrome, moderate arthralgia in the small joints of the hands, sensation of heat in the hands, xerostomia, xerophthalmia, headache, moderate gastralgia, asthenia, and photosensitivity. The patient has been considered ill since 2014 when inflammation occurred in the salivary glands. The patient went to the emergency hospital where an ultrasound of the salivary glands was performed, and the presumed diagnosis was SS. The patient underwent a salivary gland biopsy which was confirmed the diagnosis.

The patient was on GCS exclusively. For the past 2 months, arthralgia has worsened, mainly in the small joints of the hands, and a rash appeared on the left palm. Methylprednisolone was increased to 12 mg and Plaquenil 400 mg tablets was initiated. The patient displayed no symptom of renal disease. However, the work-up depicted proteinuria of 0.5g/24h. Additionally the high disease activity was shown by elevated CICs-130UDO; ANA-6.7>1.2 ·S/CO; FR-51UI/ml; and the diagnosis was serologically confirmed by Anti-Ro >240u/ml, Anti-La >320u/ml. Conclusion. Renal involvement in SS may have various presentations, tubulointerstitial nephritis and glomerulonephritis being the two most frequent. The presented case is suggestive of glomerular involvement, however biopsy is required to make a final decision. Treatment depends on kidney disease, with electrolyte anomaly correction, corticosteroids and immunosuppressive agents, including B-cell depleting therapy. Keywords: Sjögren's syndrome, renal disease, treatment.