The Role of Urinary Monocyte Chemoattractant Protein-\ in Monitoring Children with Lupus Nephritis

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Ву

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7.10

سِّمِ اللهِ الرَّحَنِ الرَّحيمِ
(. . . رَبِّ أَوزِعنِي أَن أَشْكُر نِعمَتَكَ الَّتِهِ
الْغَمَّتُ عَلَيَّ و عَلَى والِدَيَّ
وَأَنْ أَعْمَلَ صَالِحاً تَرْضَاهُ وأَدْخِلْنِي
بِرَحْمَتِكَ فِي عِبَادِكَ الصَّالِحِينَ)

صدق الله العظيم

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List of Abbreviations

ACE : Angiotensin converting enzyme

ACR : Albumin-creatinine ratio

ACR : American College of Rheumatology

Ang : Angiotensin

anti-dsDNA: Anti-double stranded DNA

Anti-RNP: Antiribonucleoproteins

APRIL : A proliferation-inducing ligand

APS : Antiphospholipid syndrome

ARBs : Angiotensin receptor blockers

BILAG : British Isles lupus assessment group

BILD : Brief Index of Lupus Damage

BlyS/BAFF: B-lymphocyte stimulator B-cell activating factor

CAMs : chemokine adhesion molecules

CBC : Complete blood countCCL : C-C chemokine ligandCCR : C-C chemokine receptor

CFH : Complement factor H
CKD : Chronic kidney disease

DPLN : Diffuse proliferative LN

dsDNA : Double-stranded DNA (dsDNA)

ECLAM : European Consensus Lupus Activity Measurement

ELISA : Enzyme-linked immuno-sorbent assayENAS : Extractable nuclear antigen antibodies

ESR : Erythrocyte sedimentation rate

GFR : Glomerular filtration rateHDL : High density lipoprotein

ICs : Immune complexes

List of Abbreviations (Cont.)

IFNc-IP-\ : Interferon-Inducible Protein \ \ .

IL : Interleukins

ISN : International Society of Nephrology

IVIG: Intravenous immunoglobulin

LAI :Lupus Activity Index

LDL : Low density lipoprotein

LDIQ :Lupus Damage Index Questionnaire

LN : Lupus Nephritis (LN)

MBL : Mannose binding lectin

MCP-\(^\) : Monocyte chemoattractant protine-\(^\)MIP-\(^\)a : Macrophage inflammatory protein-\(^\)a

NGAL : Neutrophil Gelatinase-Associated Lipocalin

ET-\: Endothelin-\

NSAIDs : Nonsteroidal anti-inflammatory drugs PAPS : Primary antiphospholipid syndrome

PCR : Protein–creatinine ratio

RANTES: Regulated on Activation Normal T Cell Expressed

RAS : Renin angiotensin system

ROC : Receiver Operating Characteristic

RPS : Renal Pathology Society

SD : Standard deviation

SDI : Systemic lupus Damage Index (SDI).

sIL-[∨]R : Serum interleukin [∨] receptor

SLAM :Systemic Lupus Activity Measure

SLAQ : Systemic Lupus Erythematosus Activity Questionnaire

SLESystemic lupus erythematosusSLEDAISLE disease Activity Index

SLICC: Systemic Lupus International Collaborating Clincs

List of Abbreviations (Cont.)

SPSS : Statistical Package for Social Sciences

S β M/SCysC : Serum β microglobulin/cystatin C

TCR : T-Cell Receptor

TGF-β\' : Transforming growth factor beta-\'

Th : Helper

TNF : Tumor necrosis factor

TWEAK : TNF-like weak inducer of apoptosisVEGF : Vascular endothelial growth factor

WHO: World Health Organization

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Introduction

ystemic lupus erythematosus (SLE) is a chronic autoimmune disease with multiorgan involvement. Children with SLE often have severe disease presentations including renal involvement, which ranges from asymptomatic urinary findings to acute renal failure (*Brunner et al.*, $r \cdot \cdot \wedge$).

Lupus Nephritis (LN) remains one of the most important factors influencing therapeutic management and long-term prognosis (*Bogdanovic et al.*, **·**; *Hobbs et al.*, ****). Renal involvement in patients with SLE in the form of severe LN is associated with a significant burden of morbidity and mortality. Conventional laboratory biomarkers in current use have not been very successful in anticipating disease flares, predicting renal histology, or decreasing unwanted outcomes. Since early treatment is associated with improved clinical results, it is thus essential to identify new biomarkers with substantial predictive power to reduce the serious sequel of this difficult to control lupus manifestation (*Reyes-Thomas et al.*, ****)1).

Since urine can be readily obtained, it lends itself as an obvious biological sample. Much of the focus has been on the measurement of urinary chemokines and cytokines in patients with LN. It has been reported that monocyte chemoattractant

protein-\(\text{ (MCP-\(\))}\), a key chemokine involved in monocyte chemotaxis can be consistently found at high levels in the urine of patients with active LN. Moreover urinary MCP-\(\) levels decline with treatment of nephritis ($Li\ et\ al.,\ ^{r} \cdots ^{r}$). In LN, MCP-\(\) may play a role in modulating interstitial inflammatory process and in tubulointerstitial renal damage via transforming growth factor beta-\(\) (TGF-\(\beta\-\)) pathway ($Wagrowska-Danilewicz\ et\ al.,\ ^{r} \cdots$).

Aim of the Work

The aim of this study was to evaluate the validity of the urinary monocyte chemoattractant protein-\ as a urinary biomarker in diagnosis and follow up of juvenile onset LN. Its relation to renal flare, remission and response to treatment was fully studied.

Lupus Nephritis

upus Nephritis (LN) is one of the most severe manifestations of systemic lupus erythematosus (SLE), which is associated with significant morbidity and mortality of SLE patients (*Li et al.*, *\(\text{1'})\).

Epidemiology:

LN is present in approximately $\circ \cdot \%$ - $\wedge \cdot \%$ of patients with pediatric SLE. In approximately $\wedge \circ \%$ of pediatric patients who have renal lupus, the nephritis is manifested within the first year after diagnosis of SLE (*Benseler and Silverman*, $r \cdot \cdot v$).

Children with SLE are at a higher risk of renal disease than adults and tend to sustain more disease damage secondary to more aggressive disease and treatment-associated toxicity (*Brunner et al.*, Y. . . 4).

AlSaleh et al. (r...) reported a high prevalence of LN (or.rx) among their Arab patients, which they felt probably reflected a common characteristic in SLE patients of Middle East origin.