# MYCOPHENOLATE MOFETIL (MMF) IN COLOMBIAN PATIENTS WITH NONRENAL MANIFESTATION OF SYSTEMIC LUPUS ERYTHEMATOSUS

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**Background:**
Patients with systemic lupus erythematosus (SLE) can present non renal manifestations (cutaneous, cardiopulmonary, hematological, hepatic, etc) who have previously failed other immunosuppressive therapies, in those who the MMF considers a therapeutic alternative. We present patients with SLE with severe manifestations non renal treatment with MMF.

**Objectives:**
We described patients with SLE refractory manifestations to conventional treatment with steroids, cyclophosphamide and azathioprine, they received treatment with MMF.

**Methods:**
We described 8 patients female with diagnosis SLE according to the criteria of the American Rheumatism Association; they presented manifestations cutaneous, hematological, articular, hepatic, cardiopulmonary and immunological.

**Results:**
The mean age of SLE patients was 35.4 years; the mean duration disease was 7.8 years. All presented manifestations cutaneous (4 vasculitis, 1 panniculitis, 1 subacute cutaneous lupus, 1 urticarial vasculitis, 1 discoid lupus erythematosus), 2 thrombocytopenia, 1 hemolytic anemia, 2 serositis, 1 myopathy, 2 hepatic disease, 5 arthritis, All presented antinuclear antibody positive (range 1/640 to 1/1280), 5 anti DNA positive ( range 1/40 to 1/320) Patients had failed to respond to a median of 3 immunosuppressive drugs (cyclophosphamide, azathioprine, methotrexate, cyclosporine), hydroxichloroquine and prednisolone in dose until to 1 mgrs /k/d. They received MMF for a mean of 16 months with a mean MMF dose of 2.5 g/day.
We found a significant reduction in the steroid dosage, the mean initial prednisolone dose was 20 mg/day and the mean follow up dose was 10 mg/day After 6 months begin treatment with MMF they present improvement of symptoms, specialty manifestations cutaneous, hepatic, musculoskeletal, anti-dsDNA antibody titer, and an increase in complement C3 and C4 levels. The most frequent adverse events with MMF was gastrointestinal:nausea, vomiting, bloating, epigastric pain ( 4/8), all was mild. No presented infections in the follow up.

**Conclusions:**
Our data demonstrate that MMF may be effective in manifestations non renal in SLE, previously unresponsive to conventional immunosuppressive drugs. MMF is an alternative choice for the treatment in refractory patients. However, the impact on the long term therapy with MMF still awaits further studies.