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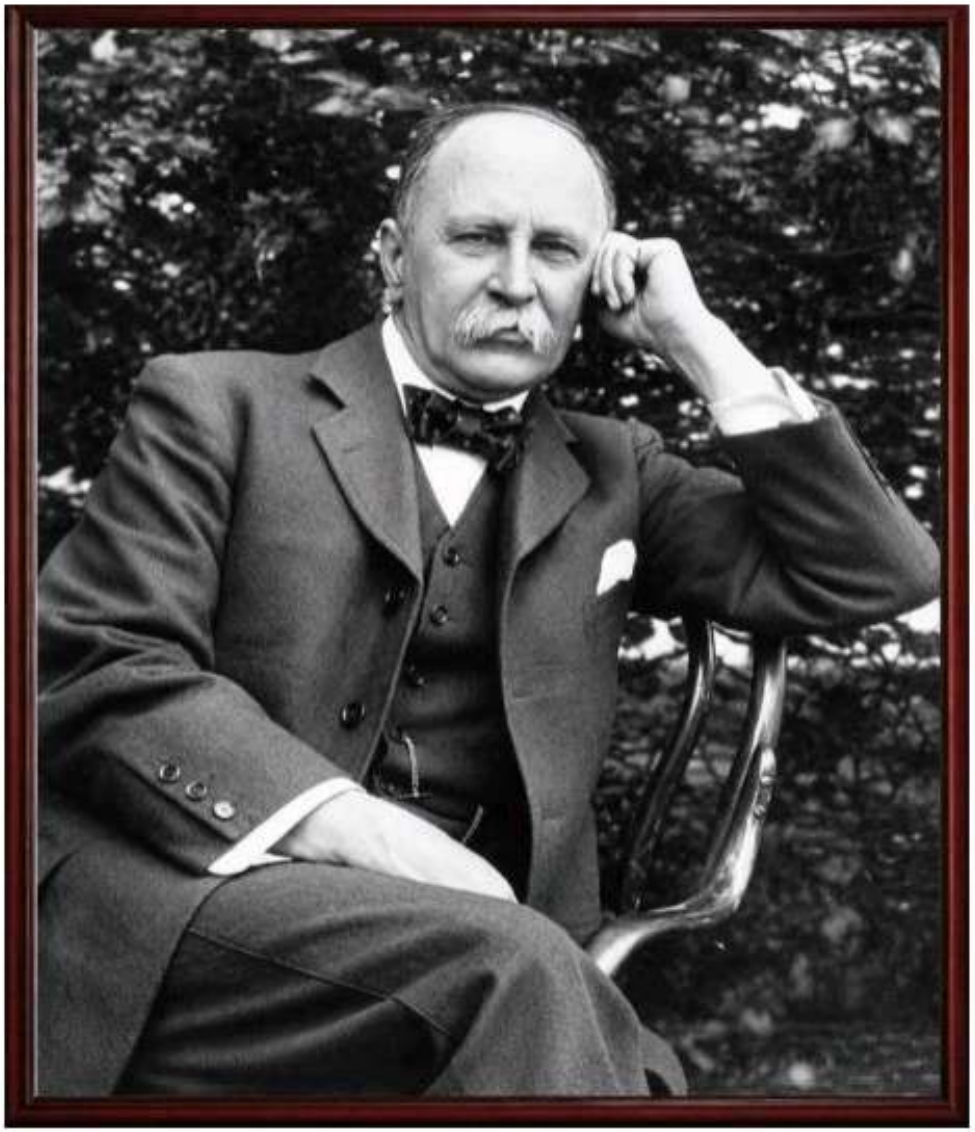
History in Nephrology

True Legends are immortal through their deeds and memories.!

Lupus Nephritis Flare

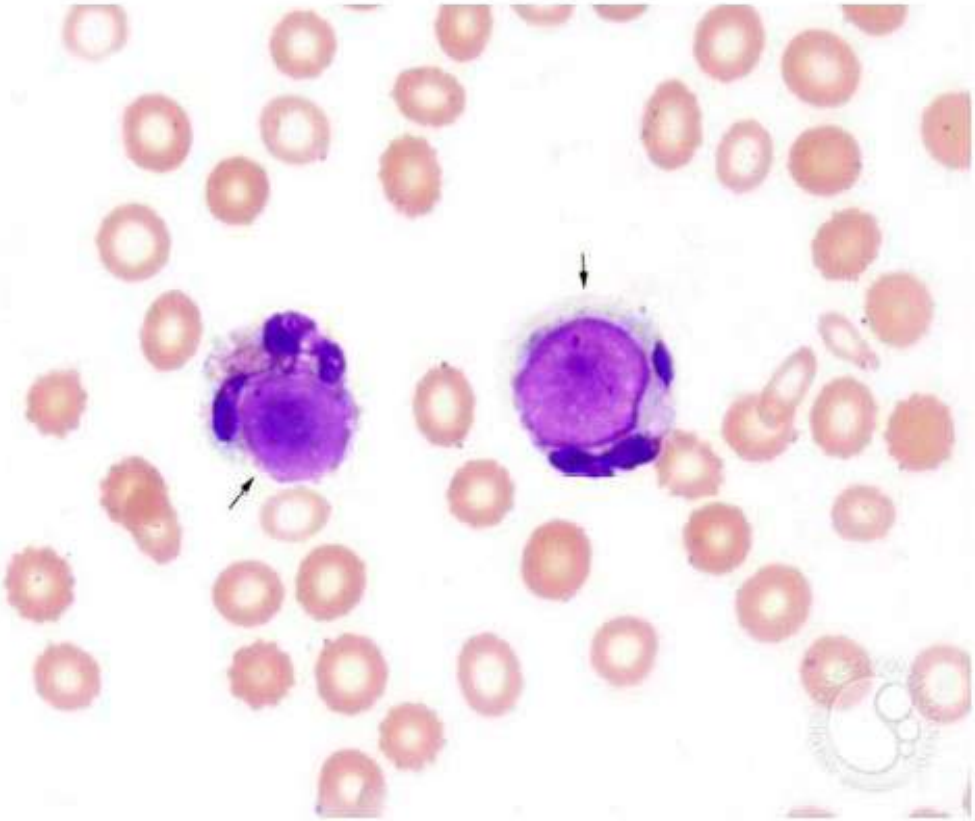
Sir William Osler

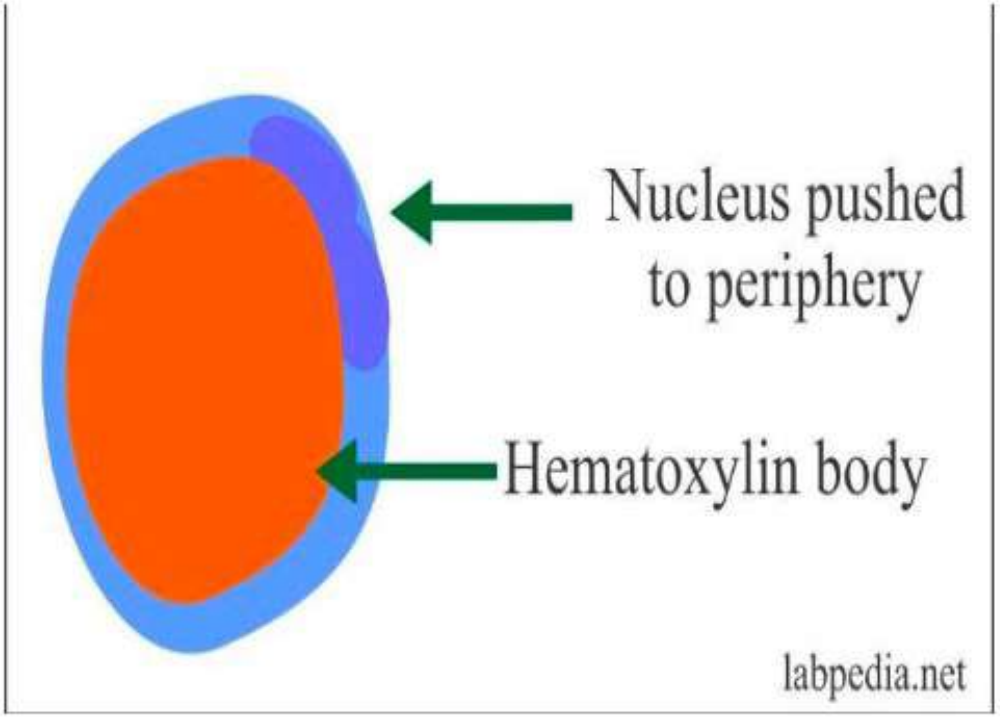


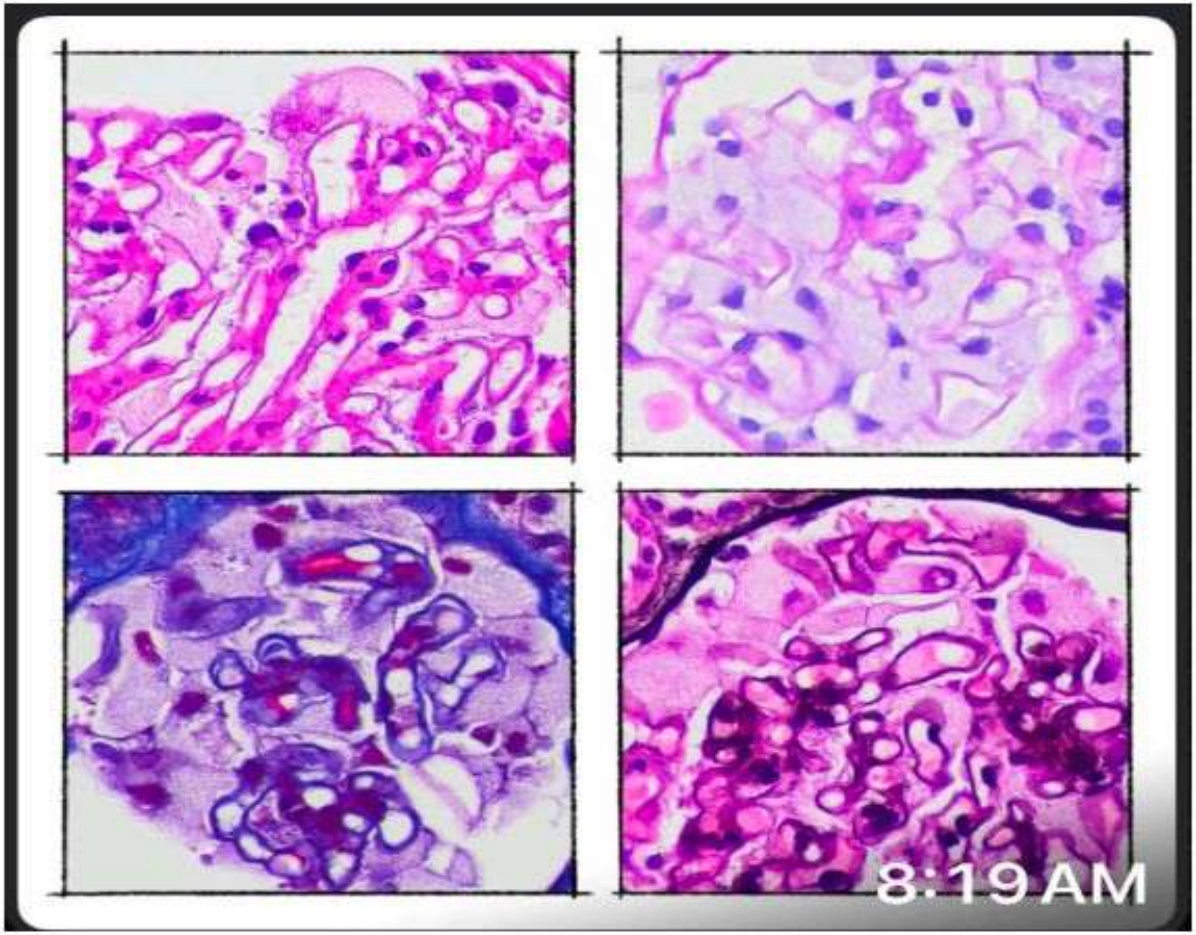
Sir William Osler

- First Physician to clearly recognize that Lupus is a systemic disease with recurrent episode of activity – what we now call lupus flares

Dr. Pierre Cazenave (1851) → First detailed clinical description of Lupus erythematosus (skin disease)




Nucleus pushed
to periphery
Hematoxylin body
labpedia.net

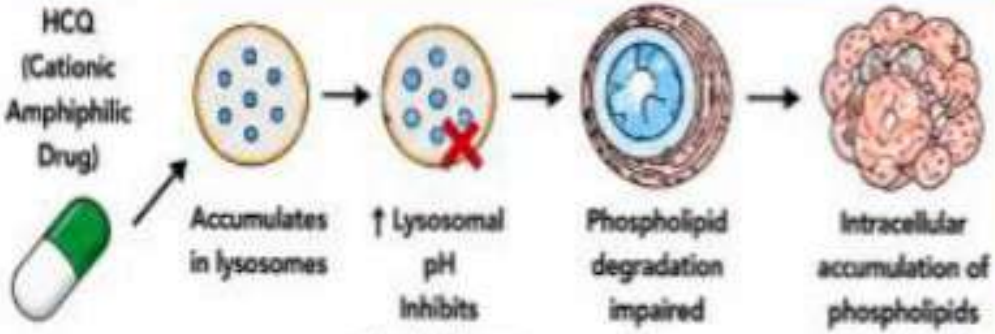


Hydroxychloroquine(HCQ) – Induced Phospholipidosis

HYDROXYCHLOROQUINE (HCQ)–INDUCED PHOSPHOLIPIDOSIS

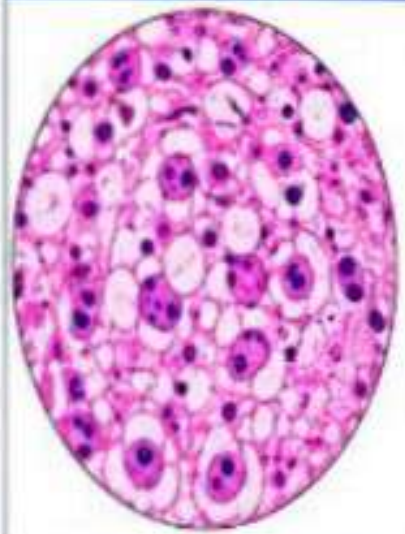
A Forgotten Complication of a Common Drug

PATHOGENESIS



Result: Drug-induced phospholipidosis

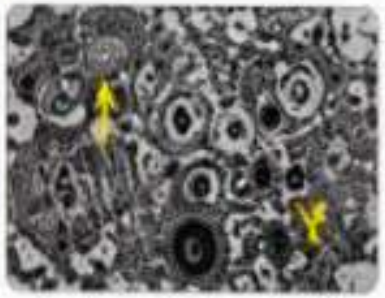
LIGHT MICROSCOPY FINDINGS



- Diffuse "bubbly" vacuolization of podocytes
- Cytoplasmic clearing
- Membrane-bound vacuoles may be seen in tubular epithelial cells
- Underlying changes of primary renal disease (e.g., membranous lupus nephritis)

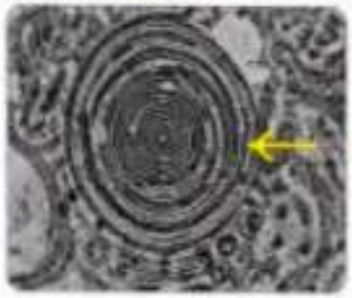
ELECTRON MICROSCOPY FINDINGS (Hallmark of Diagnosis)

Myeloid Body



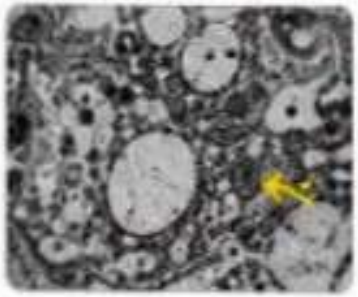
Curvilinear, lamellar, whorled inclusions (myeloid bodies)

Highly Parallel Arrays (Lamellar)



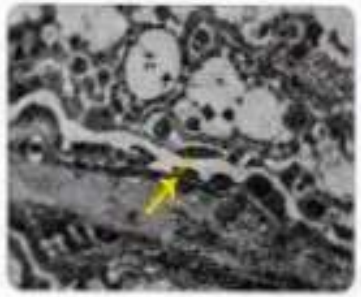
Concentric lamellar ("zebra body") arrays (rare)

Membrane-Bound Phospholipid Vacuoles



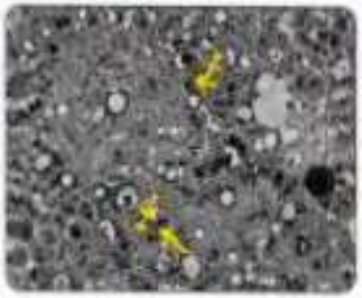
Contain osmiophilic debris

Mixed Small Dense Bodies



Diffuse small dense lysosomal bodies

Tubular Epithelial Cell



Lamellar bodies seen in tubular epithelial cell

LUPUS FLARE

A flare is a period of increased disease activity or worsening of signs and symptoms in lupus.

COMMON TRIGGERS

- Sunlight / UV exposure
- Infections
- Stress, emotional or physical
- Missing medications / non-adherence
- Smoking
- Hormonal factors (estrogen, pregnancy)

COMMON SIGNS & SYMPTOMS

- Fatigue, weakness
- Fever
- Joint pain, stiffness, swelling
- Rash (especially butterfly rash)
- Mouth ulcers
- Hair loss
- Chest pain, breathlessness
- Headache, confusion, poor concentration

WHY FLARES OCCUR

Lupus is an autoimmune disease. When the immune system becomes overactive, it attacks normal tissues, causing inflammation and damage in various organs.

SYSTEMIC NATURE – MAY AFFECT ANY ORGAN

- **Kidneys** (Lupus nephritis)
- **Heart** (Pericarditis, Myocarditis)
- **Lungs** (Pleuritis, Pneumonitis)
- **Brain** (Neuropsychiatric lupus)
- **Blood** (Anemia, low WBC/platelets)

POSSIBLE ORGAN INVOLVEMENT DURING A FLARE

- **Kidneys** – protein in urine, swelling, high blood pressure, rising creatinine
- **Brain / Nervous system** – seizures, psychosis, memory problems, stroke-like symptoms
- **Lungs** – pleurisy (chest pain on breathing), shortness of breath
- **Heart** – chest pain, palpitations, pericarditis
- **Blood** – anemia, low white cells, low platelets, clotting problems
- **Skin** – rash, photosensitivity, hair loss, oral ulcers
- **Joints** – pain, swelling, morning stiffness

MANAGEMENT OF A FLARE

- Consult your doctor early
- Do not stop medications
- Rest, stay hydrated
- Protect from sun (SPF, clothing)
- Manage stress, healthy lifestyle
- Regular monitoring (labs, urine, BP)

KEY POINTS

- A flare can be mild or severe.
- Early recognition and treatment prevent organ damage.
- Medication adherence and follow-up are essential.
- Every patient's flare pattern is unique.

Awareness, early action & regular care improve outcomes.

LISTEN TO YOUR BODY. ACT EARLY. PROTECT YOUR ORGANS. LIVE WELL WITH LUPUS.