Abstract
A cross-sectional and multicenter study was undertaken to analyze the clinical and immunological characteristics at diagnosis associated with nephritis in northwestern Colombian patients with systemic lupus erythematosus (SLE). Thirty nine patients with lupus nephritis were included and were compared to 100 SLE patients without nephritis. A multivariate analysis was performed. The patients who developed nephritis had a higher frequency of oral ulcers (41% vs. 21%, OR=3.1, 95%CI: 1.3-7.5 p= 0.01) and malar erythema (77% vs. 45%, OR=4.4, 95%CI: 1.8-10.8 p=0.001). Lupus nephritis was observed in 77% of cases during the first year of the disease. The frequency of anti-DNA antibodies was higher in patients with nephritis, however, differences were not statistically significant (83% vs 64%, OR=2.6, 95%CI: 1.03-6.41, p=0.06). The presence of other autoantibodies (anti-Ro, anti-La, anti-RNP, anti-Sm and anticardiolipin) at diagnosis was similar in both groups. This autoantibody profile remained unchanged throughout the evolution of the disease. Patients with lupus nephritis had a higher prevalence of arterial hypertension (60% vs 10%, OR=13.7, 95%CI: 5-37, p=0.0001) and hyperlipidemia (30% vs 7%, OR=8.1, 95%CI: 2.5-27, p=0.0006) at onset. Finally, patients with lupus nephritis required more hospitalizations (>1) over the course of disease (89% vs 60%, OR=7.8, 95%CI: 2.129, p=0.002). In conclusion, lupus nephritis appears early during the course of SLE. Malar erythema, oral ulcers, hypertension and hyperlipidemia at onset of disease are associated factors. Lupus nephritis is a major risk factor leading to repeated hospitalizations. This study may help to assist in public health policies in our population in order to improve patient outcomes while simultaneously reducing disease costs.

Keywords
systemic lupus erythematosus, lupus nephritis, risk factors, autoantibodies, hypertension, hyperlipidemia, Colombia