

## Monophasic Disease Course in Systemic Lupus Erythematosus

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Lupus is traditionally described as a relapsing-remitting disease where patients have repeated exacerbation during the course of their life.

However, there are a number of other presentations as well. Some patients remain persistently active refractory to all therapy, and of course, they have a worse prognosis. Then, there are a small number of patients, who, after initial control, have a prolonged remission — a more monophasic course — and they are a very interesting group of people. And they are a population that we wanted to explore more carefully.

In order to do this, we wanted to choose an inception cohort of patients — that is, patients that we've seen from the very beginning of their illness and that we had a long followup with them for a minimum of 10 years after their remission from the initial exacerbation. So that we had a long followup and are able to better predict their disease course.

In that respect, we were able to find 267 patients in our cohort who had been followed for a minimum of 10 years after their initial remission period, and they amounted to about 10% of the entire population. When we looked at those patients more carefully and followed those who stayed in remission forever, not necessarily for only 10 years, the percent was about 7.5% of all patients or 20 such patients.

These patients were very interesting in that in their initial presentation, they looked very much like all other lupus patients. About 25% had renal disease or central nervous system disease, much like the general population, and so they were not distinguishable in the beginning clinically. They could either have anti-DNA antibody and low complement or not, just like other patients. These patients were then followed into the time of their first remission, up to 5 years, but many occurring much earlier than 5 years, and then followed for the duration of their illness.

As stated, about 20 of these patients stayed in remission for their entire course, which now amounts to approximately 18 years with nothing after their initial exacerbation. They did not look different from ordinary patients in the beginning, and their course and response to steroid and other medication was very similar to other patients. The difference is they never relapsed again. They had an immunologic reset. Those patients become extremely important to us.

What is it about those patients that can predict that they are going to have such a beneficial course? Is it genetically pre-determined? Is it a biomarker which could help us differentiate, such as a cytokine or chemokine? These are the approaches we are taking with these patients at the present time, trying to understand why they, as opposed to other patients, can go into a prolonged remission and require either very little or no treatment at all; in other words, have a true remission of their disease for long periods. Hopefully, if there are some predictors for this state, it will help us in treating other patients in the future.