plasma filtration \textit{synchronized} cyclophosphamide

(Systemic lupus erythematosus: SLE)

1. SLE \text{plasma filtration} \textit{synchronized} cyclophosphamide

- 1998
- Negative feedback effect

\begin{itemize}
  \item 1998
  \item 4
  \item 28
\end{itemize}

\begin{itemize}
  \item 1998
  \item 11
  \item 24
\end{itemize}

- 129 -
Table 1. laboratory findings of hematologic and renal parameters

<table>
<thead>
<tr>
<th></th>
<th>96.9.3</th>
<th>96.11.11</th>
<th>96.12.16</th>
<th>97.3.5</th>
<th>97.6.11</th>
<th>97.11.5</th>
<th>98.3.2</th>
<th>98.6.23</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hb(g/dl)</td>
<td>8.1</td>
<td>6.3</td>
<td>10.4</td>
<td>11.0</td>
<td>11.1</td>
<td>11.6</td>
<td>12.0</td>
<td></td>
</tr>
<tr>
<td>WBC (/mm3)</td>
<td>800</td>
<td>5100</td>
<td>8400</td>
<td>8500</td>
<td>7700</td>
<td>7700</td>
<td>6300</td>
<td></td>
</tr>
<tr>
<td>Plt (/mm3)</td>
<td>3k</td>
<td>16k</td>
<td>113k</td>
<td>222k</td>
<td>195k</td>
<td>203k</td>
<td>230k</td>
<td></td>
</tr>
<tr>
<td>Uri.prot(mg/day)</td>
<td>1715</td>
<td>7250</td>
<td>1427</td>
<td>635</td>
<td>74</td>
<td>63</td>
<td></td>
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</tr>
</tbody>
</table>

*Plasma filtration and synchronized cyclophosphamide therapy was done from 21 November 1996 to 24 November 1996.

Table 2. laboratory findings of immunologic parameters

<table>
<thead>
<tr>
<th></th>
<th>96.9</th>
<th>96.11</th>
<th>96.12</th>
<th>97.3</th>
<th>97.6</th>
<th>97.11</th>
<th>98.5</th>
</tr>
</thead>
<tbody>
<tr>
<td>IgG (916-1796mg/dl)</td>
<td>1090</td>
<td>1300</td>
<td>447</td>
<td>618</td>
<td>687</td>
<td>824</td>
<td>968</td>
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<tr>
<td>IgA (93-365mg/dl)</td>
<td>188</td>
<td>262</td>
<td>98</td>
<td>84</td>
<td>89</td>
<td>119</td>
<td>148</td>
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<tr>
<td>IgM (36-200mg/dl)</td>
<td>57</td>
<td>75</td>
<td>32</td>
<td>83</td>
<td>92</td>
<td>95</td>
<td></td>
</tr>
<tr>
<td>C3 (65-125mg/dl)</td>
<td>25</td>
<td>23</td>
<td>100</td>
<td>75</td>
<td>71</td>
<td>76</td>
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<tr>
<td>C4 (12-43mg/dl)</td>
<td>&lt; 9.0</td>
<td>&lt; 9.0</td>
<td>&lt; 9.0</td>
<td>20</td>
<td>13</td>
<td>14</td>
<td></td>
</tr>
<tr>
<td>anti-DNA</td>
<td>1:160</td>
<td>1:40</td>
<td>1:10</td>
<td>1:40</td>
<td></td>
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Fig. 1. The bone marrow biopsy showed a hypocellular marrow (cellularity < 20%).
synchronized cyclophosphamide therapy

(12mg/kg × 3day) (60mg/day) 10 11 12

mesna[] cyclophosphamide 1g[]

DNA 24

(Table 2, 3) 98 3 20 98 6 23

CBC 24 hr urine protein

Coombs’ test

SLE erythroid, granulocytic, megakaryocytic cell

pancytopenia

8. virus, chemicals, radiation, ... Fancioni’s anemia]

antithymocyte globulin] cyclophosphamide

cytoxan pulse therapy

plasma filtration] cyclophosphamide pulse therapy

SLE Stricker 10

androgen (oxymethalone)

Sumimoto[]

6] SLE Brooks’

7, 9.

plasma filtration] synchronized cyclophosphamide therapy

Euler 14 8

SLE 12

... compensatory lymphocyte activation]

cyclophosphamide 12.

Plasma filtration] synchronized cyclophosphamide
Systemic lupus erythematosus (SLE) is a multisystem autoimmune disease. In rare case, aplastic anemia can develop as a complication of SLE. We report a case of SLE patient with aplastic anemia and nephrotic syndrome. A 33-year-old woman was admitted because of gum bleeding. After laboratory work up including bone marrow biopsy study, she was diagnosed as SLE with aplastic anemia and nephrotic syndrome. The patient was initially treated with high dose steroid pulse therapy. However the patient did not responded to high dose steroid treatment. We treated the patient with plasma filtration and synchronized cyclophosphamide therapy followed by monthly intravenous cyclophosphamide treatment. Complete clinical remission of hematologic and renal complications was achieved in this patient. We suggest that plasma filtration and synchronized cyclophosphamide therapy might be one of effecttive treatment modality in the management of severe SLE patient.

Key Words: aplastic anemia, systemic lupus erythematosus, plasmafiltration, cyclophosphamide, nephrotic syndrome

REFERENCES

8) Sumimoto S, Kawai M, Kasajima Y, Hamamoto T:

= Abstract =

Plasmapheresis and Synchronized cyclophosphamide therapy in SLE with aplastic anemia

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