



MGN CASE DISCUSSIONS

Mrs. R.B.

- 31 year old Jamaican Lady
- Nephrotic syndrome
- No preceding symptoms
- No systemic features
- Wt gain 30lbs, marked SOA

No family history

No significant past illness

Recently married and wants children

No allergies

Px BP 120/85, 4+SOA,

Mrs. R.B. (cont)

Lab. U/A 19-20 RBC/HPF, no casts
S. Creatinine 1.1 mg/dl (100 umol/l)
CrCl (c) 80 mls/min
Ur Protein 10.0 gm/d

Rx Diuretics
CCB
ACE_i

Question 1

Most likely histologic diagnosis



Answer

Membranous nephropathy*

FSGS

Minimal change disease

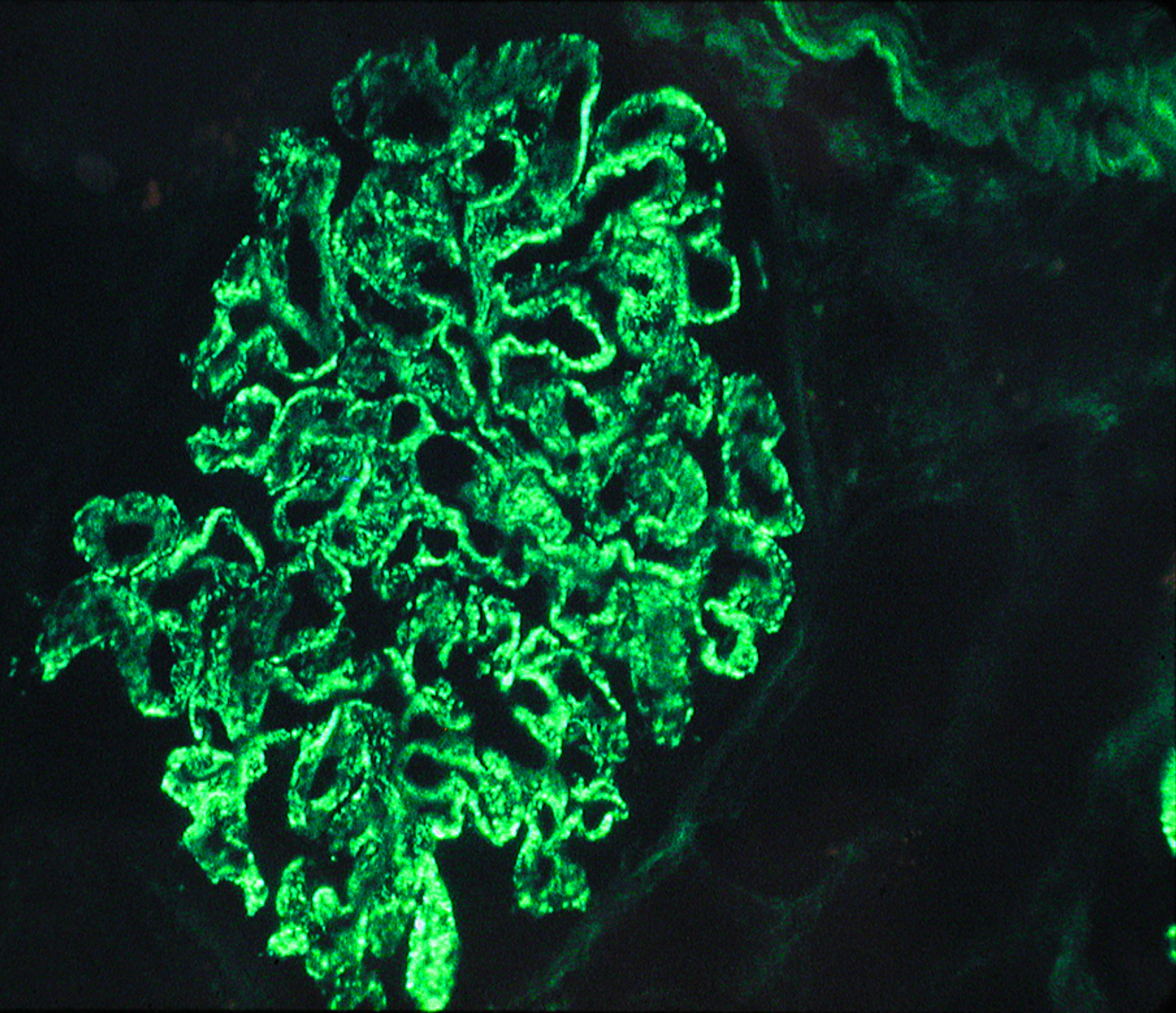
MPGN

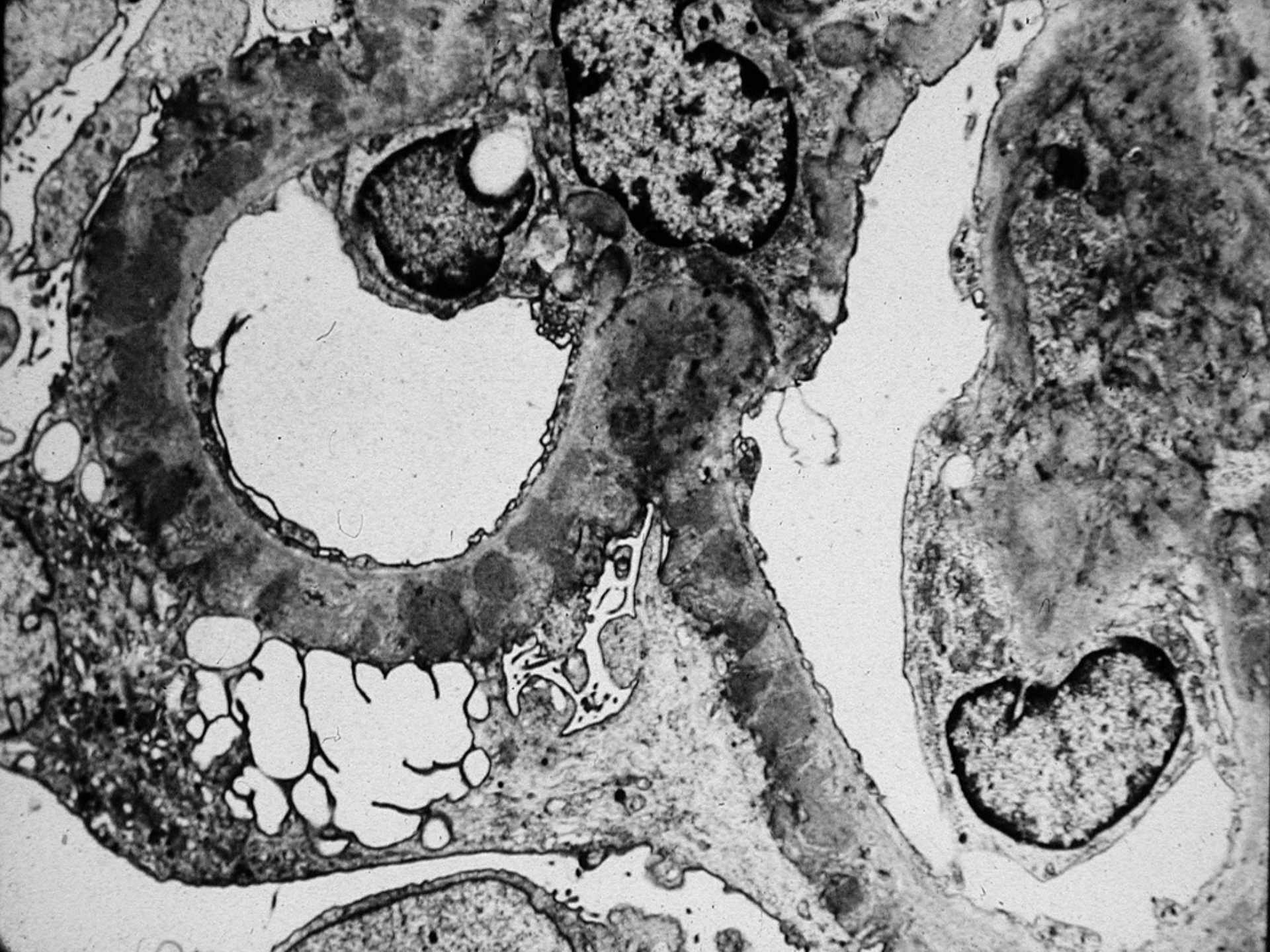


Renal Biopsy









Question


Which of the following is the best validated predictor of MGN disease progression

1. age
2. female sex
3. renal pathology findings
4. proteinuria severity over time
5. urinary IgG

Answer to question 1


Which of the following is the best validated predictor of MGN disease progression

1. age
2. female sex
3. renal pathology findings
4. proteinuria severity over time***
5. urinary IgG

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- Followed over next 6 months on maximum RAS blockade, remains very symptomatic, some minor postural symptoms
 - Urine protein to 6g/d, S Creatinine stable

What do you recommend next ?




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- 1. calcinurin inhibitor therapy**
 - 2. cycles of cyclophosphamide alternating with corticosteroids**
 - 3. Rituximab infusions**
 - 4. ACTH treatment**
 - 5. Mycophenolate mofetile therapy**



MGN


- Why not cycle cytotoxic and CS?

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- After 6 months of CSA and low dose CS
 - U protein 3g/d,
 - S Alb normal, Creatinine stable
 - is complaining of hirsutism

What do you recommend?





Options

- Slowly wean off CSA
 - Switch off CSA to Tacrolimus
 - Continue CSA for at least another 6 months
 - Switch to Cyclophosphamide /CS cycle protocol
 - Switch to Rituximab
- 



Options

- Slowly wean off CSA
 - Switch off CSA to Tacrolimus*
 - Continue CSA for at least another 6 months*
 - Switch to Cyclophosphamide /CS cycle protocol
 - Switch to Rituximab
- 


- 
- After 6 more mos of CNI
 - 0.5g/d proteinuria,
 - stable creatinine
 - and patient feels well

Now what ?





Options

- Wean off CNI
 - Continue CNI for another 6 mos at lower dose
 - D/C CNI and give rituximab
 - Switch to ACTH
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- What are potential advantages of Rituximab

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- What are potential advantages of ACTH ?