MYCOPHENOLATE MOFETIL (MMF) AS A FIRST LINE AGENT IN THE TREATMENT OF THE GLOMERULAR TIP LESION OF FOCAL SEGMENTAL GLOMERULOSCLEROSIS (FSGS).

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We present a 62 year old male with long standing hypertension and asthma, who was admitted with bilateral lower extremity edema, weight gain and dyspnea on exertion. A urinalysis showed +2 protein, +1 blood with 5-10 RBC and 0-2 hyaline casts per high power field, and a 24 hr urine protein showed 7.35 grams with a creatinine clearance of 62.1 ml/min. Additional lab results included an albumin of 2.2 g/dL, ESR of 25, normal C3 and C4, SPEP/UPEP showing albuminemia/albuminurea, a negative screen for hepatitis, and negative for lower extremity DVT.

The patient was diagnosed with nephrotic syndrome and a biopsy revealed FSGS with glomerular tip lesion. When the patient was told the standard of care he became apprehensive as he is an athlete who did not wish to use steroids for treatment, and when the pros and cons of other immunosuppression was addressed, he opted instead to use MMF.

MMF, originally developed as an immunomodulator for transplant recipients, has recently been used as a second or third line agent for various glomerulonephropathies, including FSGS. MMF has been used when there is steroid resistance, however first line treatment with this medication has only recently been described. The patient made complete clinical resolution on 250 mg of MM BID, along with 20 mg of olmesartan daily and 80 mg of furosemide BID in addition to his usual medications. His p/c ratio was 0.3, and his Cr remained stable. With the more benevolent side affect profile that this medication offers and optimism on its efficacy, MMF can be an attractive alternative for physicians. A large multi-center study is needed to provide the necessary evidence for use.