EMERGING THERAPIES IN MEMBRANOUS NEPHROPATHY- A CASE SERIES

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Idiopathic membranous nephropathy (IMN) is one of the most common causes of nephrotic syndrome in adult patients. The aim of this study was to 1) To evaluate reduction in proteinuria. 2) To evaluate progression in renal dysfunction, in patients with IMN and different treatment options.

Data was collected from the Clement J. Zablocki VAMC database (CPRS). We identified all adult patients treated for biopsy proven IMN between August 1st 2002 and February 28th 2007. A total of 5 patients identified with IMN. All patients received a trial of prednisone for the first 3-6 six months. All patients were started on ACE-I or angiotensin receptor blocker (ARB) at the time of diagnosis. In case of trial failure (increase or failure to decline in proteinuria below 1 gm/gm of Cr), Rituximab or MMF was instituted.Primary endpoint**:** Reduction of proteinuria on a spot urine protein/Cr ratio to less than 1 gm/gm of creatinine, elevation of serum albumin **.**Secondary end point**:** Deterioration in renal function, or a drop in Glomerular filtration rate (GFR).

Average age was 57 years (24-76), all Caucasian males. Patient 1,2 and 4 received Rituximab after prednisone and patients 3 and 5 received MMF. Patient 5, failed MMF therapy (6months) and received rituximab with resultant decline in proteinurea. Proteinuria continued to drop consistently in all patients who received rituximab .Patient 3 responded to prednisone and was placed on MMF as maintenance therapy. Serum albumin improved with a drop in proteinuria in all patients. Estimated GFR remained stable or improved from the time of presentation till last follow-up.

Our study is in favor of anti-CD20 antibody (rituximab) as a viable treatment option. The use of MMF for maintenance therapy needs to be further investigated. A prospective multicenter trial is needed for more definite answers.