

ARE THERE OTHER OPTIONS TO THE TREATMENT OF IDIOPATHIC MEMBRANOUS NEPHROPATHY? AN INTRODUCTION TO OUR EXPERIENCE

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The idiopathic membranous nephropathy is one of the most common causes of immunological renal disease. The so-called Ponticelli protocol has been so far the most widespread therapy, making use of steroid and cyclophosphamide at high doses for six months. This therapy is in general successful in 50% of cases, but it can result into a high risk of secondary diseases (such as cancer, infections) for the patient, due to the use of immunosuppressive drugs.

Our study analysed a sample of 27 patients with membranous nephropathy, who were divided into two groups. A first group of 10 patients was treated with the Ponticelli protocol, the second group of 17 patients was treated with ramipril 10 mg/die, irbesartan 300 mg/die, atorvastatin 40 mg/die associated. The therapy has been applied over 6 months for both groups.

Group	Pz	Alb. before	Alb. after	Prot. before	Prot. after	Creat. before	Creat. after
1	10	2.3 (± 1.4)	2.7 (± 0.5)	11.9 (± 5.8)	6.7 (± 1.5)*	1.5 (± 0.5)	1.6 (± 0.6)
2	17	3.0 (± 1.4)	3.6 (± 0.3)	4.3 (± 2.5)	1.1 (± 1.3)*	1.6 (± 0.2)	1.5 (± 0.2)

Pz=patients; group 1= treated with Ponticelli protocol; group 2 treated with ace-i, sartan, statin, Alb.=albumin Prot.=proteinuria; Creat.=creatinine, *=p<0.05

The data included in the above table show that either the treatment with steroid and cyclophosphamide (Ponticelli protocol) or the ace-i, sartan and statin therapy achieved a relevant decrease ($p \leq 0.05$) of proteinuria and consequently an increase of albuminemia. Renal function was kept unchanged.

In conclusion, it can be stated that the ace-inhibitor, sartan and statin associated therapy allows to achieve very good results both in the reduction of proteinuria and in the increase of albuminemia in patients affected by membranous nephropathy and that this output is by all means superimposable to the results achieved through the steroid and cyclophosphamide therapy. Furthermore, the risk related to the side-effects of immunosuppressive drugs used by patients affected by membranous nephropathy is lower, also considering the old age of most patients affected by this disease.