Effectiveness of combination Prednisone-Tacrolimus compared with Prednisone -Cyclosporine in treatment Steroid-Resistant Nephrotic Syndrome



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INTRODUCTION

Many children with idiopathic nephrotic syndrome initially respond to steroid therapy, but patients with frecuent relapses, steroid dependency or resistance to steroid therapy require alternative treatment.

INTRODUCTION

- Cyclosporine A is usually effective.
- Tacrolimus reduce side effects.

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ORIGINAL ARTICLE

Treatment of tacrolimus or cyclosporine A in children with idiopathic nephrotic syndrome

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INTRODUCTION

- Most children with idiopathic nephrotic syndrome(NS) usually show in the renal biopsy minimal change disease (MCD) and responding to treatment with steroids.
- However, 5% present steroid-resistant nephrotic syndrome(SRNS) with the presence of focal segmental glomerulosclerosis (FSGS).

OBJECTIVE

Demonstrate treatment with Prednisone (PDN) and Tacrolimus (FK) in pediatric patients with SRNS for a period of 12 months having greater frequency of complete or partial remissions in relation to the standard treatment with prednisone and Cyclosporine (CyA).

- Comparative, multicenter randomized clinical trial was conducted in children with SRNS, approved by Investigation and Ethics Committees.
- Both groups received PDN 60mg/m2/day, during 1 month continued by 30mg/m2/day each/48h. for 5 months.
- Inclusion criteria: SRNS, normal GFR, treatment previous PDN only.

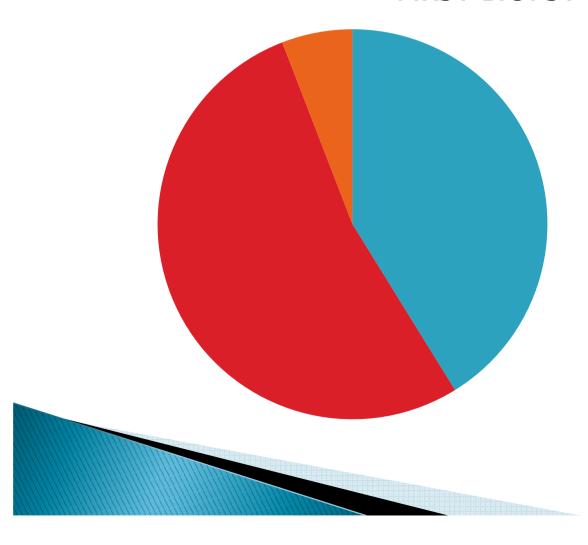
- Group I receive CyA 5mg/kg/day in two doses for 12 month. Through levels 100-200 ng/ml.
- ▶ Group II receive FK 0.10mg/Kg/day in two doses for 12 months. Through levels 5–10 ng/ml. Renal biopsy at beginning of treatment and control at 12 months.
- Cholesterol, albumin and serum creatinine, glomerular filtration rate, proteinuria were determinated in both groups

- Group II receive FK 0.10mg/Kg/day in two doses for 12 months. Through levels 5–10 ng/ml.
- Renal biopsy at beginning of treatment and control at 12 months. Cholesterol, albumin and serum creatinine, glomerular filtration rate, proteinuria were determinated in both groups

- Complete remission: disappearance of clinical symptoms and negative test for urine protein.
- Partial remission: reduce of proteinuria 4.1 40mgm₂BSA
- No response: without clinical improvement within 6 months of therapeutic levels of CyA and FK.

BIOPSY DIAGNOSIS





- focal segmental glomerulosclerosis FK 4/CyA 5
- Minimal changes FK3/CyA 4
- Diffuse mesangial proliferation FK1 / CyA 0

Results: 20 patients were included, 10 in Group I and 10 in Group II with follow-up of 8 years. 9 and 7.

Demographic characteristics	CyA Group I	FK Group II	p value
Age of onset	7.46 <u>+</u> 4.5	8.3 <u>+</u> 4.8	0.62
Gender male/female	6/3	3/4	0.68
24 h urinary protein excretion(g)	3.71 <u>+</u> 1.64	4.85 <u>+</u> 2.57	0.007
Serum cholesterol mg/dl	345 <u>+</u> 98	386 <u>+</u> 110	0.16
Serum triglycerides mg/dl	398 <u>+</u> 104	376 <u>+</u> 102	0.16
Serum creatinine mg/dl	0.45 <u>+</u> 0.23	0.48 <u>+</u> 0.28	0.39
eGFR Schwartz ml/min	128 <u>+</u> 46	138 <u>+</u> 34	0.52

Time of treatment Answer in weeks	Remision type	PDN y CyA Group I	PDN y FK Group II
2	Complete	14.2 (1/9)	28.5 (2/7)
12	Complete	28.5 (2/9)	42.85 (3/7)
20	Complete	14.2 (1/9)	14.28 (1/7)
36-52	Complete	14.2 (1/9)	0 (0/7)
12	Parcial	14.2 (1/9)	0 (0/7)
	No response	14.2 (1/9)	14.28 (1/7)

55.5 %

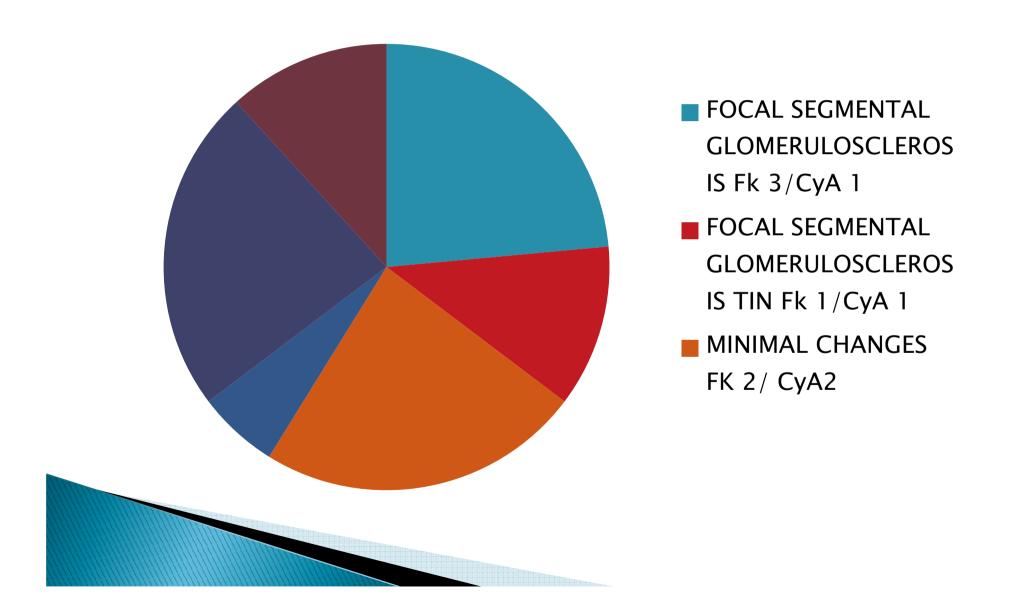
85.7 %

Secondary hypertension was present in 71.42% (6/9) for group I and 25% (2/7) for group II.

Relapses

PDN/FK (4/7)	PDN/CyA (5/9)
24 months (±8 months)	22.8 months (<u>+</u> 12)

BIOPSY AFTER ONE YEAR OF TX



10 YEARs later

Demographic characteristics	СуА	FK	p valeu
Age of onset	16.46 <u>+</u> 4.5	15.3 <u>+</u> 4.8	0.62
Gender male/female	6/3	3 / 4	0.68
24 h urinary protein excretion(g)	1.71 <u>+</u> 1.64	2.85 <u>+</u> 2.57	0.007
Serum cholesterol mg/dl	205 <u>+</u> 68	126 <u>+</u> 110	0.16
Serum triglycerides mg/dl	194 <u>+</u> 64	206 <u>+</u> 61	0.16
Serum creatinine mg/dl	0.68 <u>+</u> 0.23	0.69 <u>+</u> 0.28	0.39
eGFR Schwartz ml/min	128 <u>+</u> 46	138 <u>+</u> 34	0.52

CONCLUSION

In pediatric patients with SRNS, the treatment FK-PDN had a greater percentage of complete remission than CyA-PDN treatment and lower incidence of hypertension and nephrotoxicity.

Aknowledgments

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