Cyclosporin and Prednisolone: Do They Prevent Recurrence of Focal Segmental Glomerulosclerosis?

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Sir,

I have read with interest the report of Burke and Rigby [1] concerning the possible prevention with cyclosporin A (CsA) of nephrotic syndrome from focal segmental glomerulosclerosis in a child receiving a second cadaver allo-graft. CsA is increasingly being used as an immunosuppressive agent due to its selective inhibition of the T lymphocytes. However, CsA has many side-effects including hyperesthesia, tremor, gingival hyperplasia, hirsutism, hypercalcemia, susceptibility to lymphoma, hepatotoxicity and nephrotoxicity.

Meyrier et al. [2] have recently reported a remission of idiopathic nephrotic syndrome after treatment with CsA. In 3 patients with minimal change lipoid nephrosis, proteinuria resolved within 12 to 42 days. But subsequently, these patients became dependent on CsA. In 3 patients with focal segmental glomerulosclerosis, proteinuria improved partially.

It would be very interesting to know, if relapse can be avoided when CsA is stopped in the patient of Burke et al.

If not, one must evaluate the risk of continuing this treatment for several years before starting studies on a larger scale in these patients.

References

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