Can Plasmapheresis Improve Lupus Nephritis without Its Immunological Markers?

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Dear Sir, One year prior to admission to the hospital, the diagnosis of membranous glomerulonephritis was made by Plasma exchange in lupus nephritis has been intro- kidney biopsy. As shown in figure 1, the first step wasduced in different clinical situations [1]. We describe the combination therapy with prednisone, cyclophospha-benefit of plasmapheresis in a young woman affected by mide and antihypertensive drugs. Concomitant druglupus nephritis. therapy was unable to assure an improvement of the

30
45 days
C3, mg/dl C4, mg/dl ICc1q, % ATCds DNA Protein, µg %o Creatinine, mg % Cryoglobulin
200 150
100[]
50 0

Fig. 1. Clinical and serological outcome of lupus nephritis treated by plasmapheresis.
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clinical situation. Moreover, the serious drop in white cell count ($< 800 \text{ mm}^3$) required the stopping of cyclo-phosphamide. Therefore, we tried plasmapheresis in association with corticosteroids. Plasmapheresis (2,5 liters/exchange) was carried out five times within 2 weeks; it achieved clinical improvement of renal function, as well as of hypertension, and was thereafter controlled by captopril [2, 3]. In many clinical conditions, the rebound restoration of plasma constituents following plasmapheresis has mandated the use of immunosuppressive drug therapy concomitantly with plasmapheresis [4,5]. In our experience, plasmapheresis was able to induce a significant improvement of the disease without immunosuppressive therapy. Plasmapheresis could be useful for clinical situations related to lupus nephritis, but immunological markers are not evident.

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