Regarding the Effect of Immune Stimulation in Idiopathic Membranous Glomerulonephritis

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Dear Sir,

In the Letters to the Editor of the December 1987 issue of Nephron Rotellar and Rakowski disputed the rationale of the immunosuppressive treatment of idiopathic membranous glomerulonephritis on the basis of the assumption that at least some cases of the disease are due to a low production of antibodies and/or low activity of the reti-culoendothelial system [1]. They feel that some efforts should be directed to investigating what part the immune stimulation could play in the treatment of idiopathic membranous glomerulonephritis.

As this approach is risky, collecting sparse clinical observations could help to enlighten this point. We have observed a patient, P.A., born in 1924, with nephrotic syndrome from idiopathic membranous glomerulonephritis stage II (1977) who had a spontaneous remission of nephrotic syndrome (1978) and complete disappearance of proteinuria (1981). From January 1982 to March 1985, she was regularly treated with thymopentin 50 mg s.c. fortnightly, prescribed by her family doctor, to increase immune defense (!). In April 1984 she presented again with proteinuria (2.5 g/l), and afterwards there was a

relapse of nephrotic syndrome and progressive impairment of renal function. The peak was reached in January 1986, with plasma creatinine of 4.4 mg/dl. Afterwards there was a regression of nephrotic syndrome and an improvement of renal function. Today the patient has minimal proteinuria (0.5 g/day) and apparently stable, impaired renal function (plasma creatinine 2.3 mg/dl).

This shows that a patient with spontaneously remitting course (possibly denoting in the proposed hypothesis an ability to clear the antigen from the body) had a recurrence of the disease after stimulating the immune system.

Reference

1 Rotellar C, Rakowski TA: Treatment of idiopathic membranous glomerulonephritis. Nephron 1987;47:305.