Idiopathic Nephrotic Syndrome: The Prognosis Is Not Linked to the Total Serum IgE Level

J.		Laurent ^a
G.		Rostoker ^a
M.		Lheritier ^a
E.		Wirquin ^b
G.		Lagrue ^a

^aService de Néphrologie et ^bService des Isotopes (Prof. Galle), Hôpital Henri-Mondor, Créteil, France

G. Lagrue, INSERM U139, Service de Néphrologie, Hôpital Henri-Mondor, F-94010 Créteil (France)

Dear Sir,

In a recent article in Nephron [1], Shu et al. compared the total serum IgE level of 119 cases of primary glomerular disease to those of 33 healthy subjects. The results were in keeping with those of our group, previously published in the same journal [2]; in particular, the higher values were observed in minimal change disease, in which the median was 630 IU/ml. Moreover, the authors showed that the few relapsers group (less than two relapses within 6 months after an initial complete remission) had lower serum IgE levels than the group with worse prognosis including steroid-dependent, steroid-resistant patients and frequent relapsers. Figure 2 produced 17 values, which were used for the statistical analysis. However, a 6-month follow-up appeared too short to distinguish frequent and infrequent relapsers and, if the means were different, the authors did not indicate the statistical test which gave a $p < 0.05$. Indeed the skewed distribution of IgE level must lead to use a nonparametric test such as the Mann-Whitney one [3]. We used it with Shu's data and were not able to demonstrate any significant difference between the two groups.

Nevertheless, this new opinion in minimal change disease prompted us to compare in our series the infrequent relapsers (group A, i.e. for us no relapse within 2 years after the end of steroid therapy) and the cases with worse prognosis, i.e. steroid-resistant, steroid-dependent patients and frequent relapsers (group B). Thus, the total serum IgE levels of 71 minimal change disease patients (26 belong to group A and 45 to group B) were measured by the Phadebas IgE PRIST, the same radioimmunosorbent test (fig. 1). Although higher levels were observed in group A (rank total = 937 with a theoretical value of 1,064), the Mann-Whitney test showed that the difference was not significant. Thus the total serum IgE level is not linked to the prognosis in idiopathic nephrotic syndrome (INS).

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Fig. 1. Total serum IgE level in 71 INS patients with (■) or without (□) hypersensitivity. Group A (n = 26): infrequent relapsers; group B (n = 45): frequent relapsers, steroid-dependent and steroid-resistant patients.

In 30 among these 71 patients, the role of hypersensitivity in the pathogenesis of INS was well documented; the responsibility of food hypersensitivity has often been demonstrated by the effects of oligoantigenic diet [4]. Moreover, a complete and durable remission was obtained after specific avoidance(s) in 7 patients, including

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those with steroid dependence or multiple relapses. Such cases, who initially belonged to group B obviously now belonged to group A. Thus, the discovery of hypersensitivity can lead to modify the prognosis in INS. It must be systematically searched for in such cases of INS.

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