Response to Prednisone in Membranous Nephropathy Associated with Sarcoidosis

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Sir,

We have read the article by Jones and Fowler [1] about membranous nephropathy associated with sarcoidosis and a good response to prednisolone. We have had a similar experience with a patient. We have published [2] the observation of membranous nephropathy with deposits of IgA associated with sarcoidosis, but at that time we did not have information on the late response to treatment. The patient was a 56-year-old male found to have sarcoidosis after biopsy of a pulmonary node and detection of a raised serum angiotensin-converting enzyme level.

At the same time proteinuria was discovered, but it was not until several months later when a nephrotic syndrome developed that a renal biopsy was performed. Renal histology showed changes of membranous nephropathy with IgA deposits. Renal function was normal.

In April 1984, treatment with prednisone 60 mg daily was started resulting in the resolution of pulmonary nodes, improvement of his clinical symptomatology and normalization of the serum angiotensin-converting enzyme level. One year later, while on prednisone 25 mg on alternate days, his urine protein excretion was 70 mg/day, and he remained asymptomatic. In January 1987, 6 months after prednisone had been discontinued, he had an episode of viral-like upper respiratory infection, and he was treated with doxycycline and ampicillin. Some weeks later he complained of moderate dyspnea; erythrocyte sedimentation rate was 27 mm/h, with an urine protein excretion of 1.7 g/day, which increased to 3 g/day over the next 6 months. In August 1987, the patient was started again on prednisone 60 mg daily. There was a rapid clinical response, and 3 months later proteinuria was 288 mg/day. At that time prednisone was discontinued. Thereafter urine protein excretion has remained less than 200 mg/day.

This case reinforces the observation of Jones and Fowler [1] that the treatment of membranous nephropathy associated with sarcoidosis using steroids or immunosuppressors has not as poor a prognosis

as previously reported [3–6]. In both cases, a good response of the proteinuria was obtained on two different occasions. The dose of prednisone was the same, but we started treatment using an everyday schedule and could cease the treatment after 18 and 4 months, respectively, in the two subsequent relapses of his proteinuria, obtaining an interval of remission of 20 months after the first episode, and at the time of writing this letter he has been in remission 12 months after his second episode.

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