Low Prevalence of Antibodies to Hepatitis C Virus among Adult Patients with Idiopathic Membranoproliferative Type I Glomerulonephritis in France

G. Guy Rostoker
L. Lionel Deforges
A. Abbes Ben Maadia
P. Philippe Remy Lang
J.-R. Jean-Roger Duval
B. Bertrand Wei

Departments of aNephrology, Inserm U 139, and bVirology, Hôpital Henri-Mondor, Créteil, France

Dr. Guy Rostoker, Service de Néphrologie, Hôpital Henri-Mondor, 51, avenue du Maréchal-de-Lattre-de-Tassigny, F-94010 Créteil (France)

Dear Sir,

The hepatitis C virus (HCV) has been reported in association with chronic hepatitis, cirrhosis, hepatoma, but also mixed cryoglobulinemia [1]. Moreover, case reports of patients with membranoproliferative type I glomerulonephritis and HCV infection most often associated with cryoglobulinemia have been recently published [2-4], suggesting that chronic HCV replication may induce this immune complex nephropathy.

HCV has been shown not to be associated with three other types of primary glomerulonephritis in France: membranous nephropathy, IgA nephropathy, and idiopathic nephrotic syndrome (minimal-change disease plus segmental glomerulosclerosis plus IgM nephropathy) [5].

We, therefore, studied the sera of 35 adult patients with idiopathic membranoproliferative glomerulonephritis type I followed at the Department of Nephrology. None exhibited extrarenal symptoms or had cryoglobulinemia. There were 21 men and 14 women. Their median age was 37 (range 17-65), years. Eleven of them have terminal renal failure requiring hemodialysis. Three of these 11 patients are now living with a renal graft. HCV antibodies were detected by means of two second-generation enzyme-linked immuno-sorbent assays (Ortho Diagnostic System, USA; Sanofi Diagnostics Pasteur, France). Twenty of these 35 patients were tested again at least 6 months after the first test with one new third-generation enzyme-linked immuno-sorbent assay to avoid a silent preserologic period or antibodies directed only against the NS 5 protein of HCV (Ortho Diagnostic System, USA). All patients were negative for HCV antibodies. We conclude that HCV is rarely associated with idiopathic membranoproliferative glomerulonephritis type I in France. Therefore, a role for HCV in this nephropathy appears unlikely.

References