

A Comparison between Mycophenolate Mofetil and Cyclophosphamide for the Initial Induction Therapy of Lupus Nephritis

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Background : The combination of cyclophosphamide and prednisolone is effective for the treatment of severe lupus nephritis but has serious adverse effect. Mycophenolate Mofetil is a new immunosuppressive agent that selectively inhibits activated lymphocytes and renal mesangial cell. In this study, we compared the efficacy between mycophenolate mofetil and cyclophosphamide for the initial induction treatment in patients with lupus nephritis.

Methods : 45 patients with lupus nephritis received induction therapy consisting of mycophenolate mofetil and prednisolone (group 1; n=17) or cyclophosphamide and prednisolone (group 2; n=28) and followed up for 6 months. Complete remission was defined as a value for urinary protein excretion that was less than 0.3 g per 24 hours, with normal urinary sediment, a normal serum albumin concentration and values for serum creatinine and creatinine clearance that were no more than 15 percent above the base-line values. Partial remission was defined as a value for urinary protein excretion that was between 0.3 and 2.9 g per 24 hours, with a serum albumin concentration of at least 3.0 g per deciliter.

Results : 17 patients treated with mycophenolate mofetil and prednisolone (group 1) and 28 patients with cyclophosphamide and prednisolone (group 2) resulted in complete remission (41.2% vs 42.9%), partial remission (47.1% vs 42.9%) and treatment failure (11.8% vs 14.3%). There was no difference in the two groups. The improvement in the degree of proteinuria and serum albumin were similar in the two groups.

Conclusion ; For the treatment of lupus nephritis, the combination of mycophenolate mofetil and prednisolone is as effective as regimen of cyclophosphamide and prednisolone.