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IgA 신증에서 cyclosporine의 치료

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Cyclosporine Resurrected in Proteinuric IgA Nephropathy?

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Background: Calcineurin inhibitors were discarded as potential therapies for IgA nephropathy (IgAN) years ago because of fears of nephrotoxicity. However, small, uncontrolled reports in children with IgAN showed the therapeutic efficacy of them.

Methods: We performed the trial of cyclosporine (CyA 3-4 mg/kg BW) plus low-dose steroid (PDL 5-15 mg/day) in 25 patients (M:F=9:16) with IgAN who could not be treated with high-dose steroid or cytotoxic drugs. Our data was compared with previous data of high dose steroid (PDL 1 mg/kg) treatment group. Inclusion criteria were IgAN patients with urine PCR>0.5 g/g and serum Cr <2.0 mg/dL.

Results: Mean follow-up period was 2.4 1.3 years and mean therapeutic period was 11.4±7.3 months. The urine PCR (baseline 2.24±1.60; 2 months 0.89±0.76; 6months 0.63±0.61; final 0.62±0.57; $p<0.05$) and hematuria score (baseline 4.08±1.32; final 2.56±1.32) were significantly decreased during follow-up. After 6 months 12 patients (48 %) were in complete remission. Renal function decreased in five out of six patients who had urine PCR >1 at 6 months, while others with urine PCR <1 had normal renal function during follow-up. The mean change in estimated GFR was -0.26±0.83 and 0.15±1.04 ml/min/1.73m^2/month, respectively. And there were no severe adverse effects requiring discontinuation of CyA. Baseline clinico-demographic data in this study group were similar to those in previous high dose PDL group. The amount of reduction of urine PCR and the change of renal function in CyA+PDL group were not significantly different from those in high dose PDL group.

Conclusion: Our results suggest that CyA plus low-dose steroids may be as effective as high-dose steroid therapy in reducing proteinuria and safe in adult IgAN patients. Long-term follow-up studies are needed.

Key Words: IgA 신증, 싸이클로스포린, 스테로이드
IgA nephropathy, Cyclosporine, Steroid