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Update in the Management of Membranous Nephropathy

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Membranous nephropathy (MN) is a common cause of nephrotic syndrome in the adult population. The distinction between secondary causes of MN from primary MN is not just a matter of semantics, but has therapeutic and prognostic implications. Before the discovery of Anti-PLA2R antibody, the differentiation between primary and secondary MN was not intuitive and at times, have been clinically challenging. Whilst PLA2R had provided insight to the diagnostic yield and clinical course of MN, peculiarities in the interpretation of Anti-PLA2R antibody have to be taken into consideration. All patients with MN should receive anti-proteinuric therapy with RAAS blockade and consideration for immunosuppression should be undertaken after stratification of the risk for disease progression. Cytotoxics and calcineurin inhibitors had been immunosuppressive agent traditionally included in the treatment of MN. Recent studies, including the MENTOR trial, had suggested the effectiveness of Rituximab, a B-cell depleting agent, in inducing remission with an attractive side-effects profile. On the other hand, evidence for treatment-resistant disease remains inadequate, with outcomes continuing to be poor.