

스테로이드 저항성 신증후군에서 Anti-CD20 antibody의 초기와 후기 관해 유도효과

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Early and Late Remission Induced by Anti-CD20 Antibody in Children with Steroid (STD)-Resistant Nephrotic Syndrome

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STD-resistant nephrotic syndrome including FSGS is one of the major causes of ESRD in children. Various treatments has been tried for the treatment of STD-resistant nephrotic syndrome. Recently, anti-CD20 antibody is becoming one of the most effective treatment modalities in the treatment of STD-resistant nephrotic syndrome. We have observed two different clinical courses after treatment with anti-CD20 antibody in two children with STD-resistant nephrotic syndrome. We applied anti-CD20 antibody 4 times every week. Renal biopsies showed one mesangioproliferative glomerulonephritis (MsPGN) and the other focal segmental glomerulosclerosis (FSGS). One with MsPGN whom solumedrol pulse therapy was failed to induce remission was completely remitted after 2 doses of anti-CD20 antibody. Remission has been maintaining for 2 years. The other with FSGS whom longterm cyclosporin therapy followed by solumedrol pulse therapy did not induce remission showed complete remission at 6th month after anti-CD antibody. At that time renal functional impairment also improved to almost normal range.

It can be said that anti-CD20 antibody seems to block the release of permeability factor from patient's lymphocytes immediately, however, renal pathological injury recovers late, consequently, late remission occurs in case of STD-resistant nephrotic syndrome with a certain degree of renal pathologic injury like FSGS.

Key Words: 스테로이드 저항성, 신증후군, 리툽시맵

Steroid-resistant, Nephrotic syndrome, anti-CD20 antibody