

일차성 국소분절사구체경화증의 치료

울산대학교 의과대학 내과학교실, 울산대학교병원

정 현 철

Treatment of Primary FSGS

Hyun Chul Chung, M.D.

Department of Internal Medicine, Ulsan University College of Medicine, Ulsan University Hospital

FSGS is a common primary glomerular histologic lesion associated with high-grade proteinuria and with ESRD. Primary FSGS is defined by exclusion of any other identifiable cause of secondary FSGS. Most patients with persistent nephritic range proteinuria are progress, but patients with non-nephrotic proteinuria are at low risk for progressive kidney failure and ESRD.

The first treatment approach consists of optimal blood pressure control and the use of renin-angiotensin system inhibitors, statins, a low-salt diet, and diuretic. The treatment goal of FSGS is to induce a complete remission of proteinuria that in turn will lead to better long-term preservation of renal function. Achieving partial remission, although not optimal, does slow the progression of kidney disease and substantially improve renal survival. The current KDIGO guideline on GN recommends initial treatment of primary FSGS with high-dose prednisone given for between 4 and 16 weeks or until complete remission. CNIs are recommended for patients with FSGS who are resistant or intolerant to glucocorticoids and are continued for a minimum of 1 year if the patient is responsive. There is insufficient evidence to support the use of alkylating agents, MMF, rituximab or apheresis in the treatment of FSGS, these therapy may have a role in patients who are resistant or intolerant to conventional treatment.

Recently, Circulating soluble urokinase receptor (suPAR) was found as a circulating permeability factor in primary FSGS. Further studies are needed to validate the therapeutic importance of this biomarker in patients with primary FSGS.