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**Response and Outcomes in Calcineurin Resistant FSGS in Children on treatment with Rituximab and Mycophenolate**

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**Objectives:** Calcineurin Inhibitors (CNI) like Tacrolimus/Cyclosporine are proven therapy in children with Nephrotic Syndrome (NS) with Focal Segmental Glomerulosclerosis (FSGS) with Steroid Dependent (SD) or Steroid Resistant (SR) course. Failure to respond to CNIs due to drug toxicity or suboptimal response limit therapeutic options.

**Methods:** Retrospective analysis of clinical & therapeutic profile and treatment outcome (remission versus no response) in subjects with CNI resistant FSGS who received 2 infusions of Rituximab infusion (375mg/m<sup>2</sup>) along with continuous Mycophenolate 1200mg/m<sup>2</sup>/day as maintenance therapy.

**Results:** Among 10 recruited children with CNI resistant FSGS, 7 were males. The age of presentation ranged from 2.3 years to 10.7 years (median 7.1 years). 8 subjects had SD course and 2 had secondary SR course. Median duration of follow up was 9 months (range 3 to 36 months). All 10 children received 2 doses of rituximab followed by continuous mycophenolate. 8 out of 10 children had complete remission till the date of last follow up, 1 child relapsed after 1.5 years and 1 child had no response to therapy. There were no major / minor adverse reactions and infections and all subjects had preserved renal functions. During study period ,2 subjects were COVID positive who recovered uneventfully without hospital admissions

**Conclusions:** For selected subjects with CNI resistant FSGS, combination of Rituximab and followed by prolonged mycophenolate therapy can be an effective and safe strategy and maybe considered for maintaining sustained remission