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DISEASE OF MINIMAL CHANGES: MANIFESTATIONS OF RELAPSING NEPHROTIC SYNDROME

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Case Study : Background: Nephrotic syndrome is one of the manifestations of glomerulonephritis which is a pathognomonic sign of glomerular disorders and is characterized by massive proteinuria, hypoalbuminemia, anasarka edema, and hypercholesterolemia. Minimal Change Disease (MCD) is classified as a nonproliferative glomerulus. MCD recurrence is rare in adults but will be more resistant to subsequent prednisone therapy. In some studies, it was said that only 46% of patients with MCD experienced a relapse despite no worsening of kidney function. The onset of younger age is a risk factor for relapse. Case report: A 30-year-old woman, presenting with complaints of swelling growing all over the body, foamy tub, dullness shiffting(+), oedem both limbs. 1 year ago stated complaints and laboratory repair results, after which it never controlled. Currently, TD 120/70, pulse 75bpm, RR 20bpm, afebris. BB 44kg, TB 153cm, BMI 18.8. CBC lab results are normal, albumin 1.3g/dl, urea 28mg/dl, creatinine 1.1 mg/dl, proteinurine +2, blood +4, albumin +4, erythrocytes 12-14/lpb, total cholesterol 739mg/dl, triglycerides 149mg/dl, LDL 628mg/dl, HDL 65mg/dl. Normal TUG US, kidney biopsy Minimal Change Disease. Therapy furosemid 20 mg/12 hours IV, methylprednisolone 8mg(2-1-1),atorvastatin 20 mg/24 hours, ramipril 2.5 mg/24 hours. After 10 days treatment, clinical and laboratory examination results improved. Conclusion: MCD patients with relapsing nephrotic manifestations are given glucocorticoid therapy routine high doses should be monitored regularly both clinically and laboratory results and regular evaluation of therapeutic effects, complications and assessment of remission status of the disease

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