KSN 2021
FULLY VIRTUAL MEETING
September 02 (Thu) - 05 (Sun)

Abstract Submission No. : 9151

Recent advance in management of minimal change lesion

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Minimal change disease (MCD) is a major cause of primary glomerulonephritis and one of the leading causes of nephrotic syndrome in adult population. It is characterized by minimal abnormalities on light microscopy, minimal or no deposits on immunofluorescence microscopy, and diffuse podocyte foot process effacement on electron microscopy. In Korea, the most frequent pathologic diagnosis was IgA nephropathy, followed by membranous nephropathy, MCD, focal segmental glomerulosclerosis, lupus nephritis, diabetic nephropathy, and so on, among patients with renal biopsy during recent 40 years. MCD was the most frequent pathologic diagnosis in younger patients < 20 years and showed small peak of incidence in patients aged sixties, and was the second most frequent cause of nephrotic syndrome in adult population.

Initial remission rate to treatment for patients with nephrotic MCD is more than 80%, however, high relapse rate more than two third after initial complete remission results in repeated course of steroid or other immunosuppressive agents, drug-related adverse events, and decrease in quality of life. Therefore, trials for management of nephrotic MCD are focused on avoidance of steroid and prevention of relapse after complete remission of nephrotic syndrome.

This lecture introduces recent published results of trials and on-going trials for adult patients with nephrotic MCD.