Case Reports of Low Dose Cyclosporine A Therapy in Adult Minimal Change Nephrotic Syndrome

K T Woo,*FAMS, M Med, FRACP, S T H Chew,**MBBS, MRCP, A Vathsala,***FAMS, MD, FRCP (Edin), G S C Chiang,+FAMS, FRCPA, FCAP

Abstract

***Introduction**: Many centres still use steroids to induce remission in patients with minimal change nephrotic syndrome (MCNS) and failing that to give a course of cyclophosphamide, though some centres are already using cyclosporine A (CsA) as an alternative. We report the benefits of CsA therapy in 3 adults with difficult to treat MCNS in whom low dose CsA therapy proved to be efficacious. **Clinical Picture and Outcome**: The first patient had her 1st relapse after 8 years and thereafter had 2 more relapses, within 3 months of each other, in spite of therapy with cyclophosphamide. With CsA therapy, at a dose of 3.5 mg/kg body weight (BW)/day, she achieved lasting remission of 22 months as of September 1999 and is still in remission. The second patient had his relapses of nephrotic syndrome over a period of 10 years when treated with prednisolone and cyclophosphamide. On the 13th relapse, he achieved a remission lasting 21 months after a 3 month course of CsA at a dose of 4 mg/kg BW/day. With the 14th relapse, he took half the dose of CsA prescribed [only the morning dose of neoral CsA (2 mg/kg BW/day)] and still achieved a remission and has been in remission since. The third patient was a young woman, married for 2 years without children. She could not tolerate prednisolone because of erosive gastritis and she responded to a pulse dose of intravenous cyclophosphamide for her 1st episode of nephrotic syndrome with complete remission. However, when she relapsed 5 months later she did not respond to a similar dose of i.v. cyclophosphamide and was therefore treated with CsA (4 mg/kg BW/day) which induced a prompt remission 1 month after commencement of therapy and she is still in remission. The trough CsA levels for the 3 patients (range 41 to 107 ng/mL) and the calculated average CsA levels were lower than that used for post renal transplant immunosuppression. The trough CsA levels were, however, similar to that used in patients with MCNS from other series, though achieved at lower CsA doses. **Conclusion**: Our study shows that low dose CsA is a useful agent for induction of remission of MCNS and maintenance of lasting remission. A low dose CsA regimen will make CsA more affordable.*

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* *Senior Consultant Physician and Head*
** *Consultant*
*** *Senior Consultant Physician*
Department of Renal Medicine
\+ *Senior Consultant Histopathologist and Head*
Department of Pathology
Singapore General Hospital
Address for Reprints: Dr K T Woo, Department of Renal Medicine, Singapore General Hospital, 1 Hospital Drive, Singapore 169608.