



Primary membranous nephropathy, non-invasive diagnosis and evidence based management

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Abstract:

This presentation is about a clinical scenario of a young adult who presented with nephrotic syndrome complicated with pulmonary embolism, resistant edema and pleural effusion associated with constitutional symptoms. Keeping in view the fact that nephrotic syndrome is not a diagnosis per se in-fact a manifestation of a unique underlying condition. Efforts must be put in to hunt for the culprit cause which needs to be treated in its own right while managing complications and symptoms. Extended evaluation was conducted in this particular case to detect the root cause which revealed the presence of anti-phospholipase receptor anti bodies (aPLA2R). Furthermore age appropriate cancer screening was reassuring that aPLA2R is consistent with the diagnosis of primary membranous nephropathy in this particular scenario. Detection of this antibody has diagnostic and prognostic value. Thus periodic serum levels are considered a guiding tool to monitor treatment adequacy.

Land mark trials and research work reviewed extensively during the management of this complex case. Based on critical appraisal of relevant literature, after going through historical treatment modalities of this particular renal condition, rituximab has been opted as a standard of care. We confidently diagnosed idiopathic membranous nephropathy based on the antibody titer without the kidney biopsy and managed it with rituximab uneventfully by serial monitoring and swift decline in titer. Aim of sharing our experience through this clinical case is to highlight two important points. First, patients can be saved from the need of kidney biopsy which is an invasive procedure associated with procedure related risks and morbidity. Second opting rituximab for induction and maintenance of remission as a first choice drug which is highly evidence based strategy in terms of tolerability, ease of administration, side effect profile and significantly less relapse rates of the disease. Management strategies for refractory and resistant cases have also been highlighted by comparatively discussing role of cyclophosphamide, cyclosporine and steroid use. Rare treatment has also been summarized.

Biography:

Akbar Mahmood is a structurally trained physician in internal medicine from Heart's International Hospital, Pakistan. He had training in Nephrology Dialysis & Transplant from King Saud Medical City, a national referral centre, Saudi Arabia. Later he moved to Sultan Qaboos University Hospital, renal unit Oman, the largest research centre of the country. There he enriched his nephrology further career by joining a team of eminent nephrologists and enhanced skills by handling kidney transplant recipients, intensive care nephrology and renal vasculitis. Having natural flair



towards research and teaching Dr. Akbar authored publications and participated actively in scientific meetings through abstract and poster presentations. He enjoys teaching various aspects of nephrology to under and post graduates. As learning is a continuous process he aims to improve his knowledge base and skills with continuous professional development in order to improve his patients care and welfare he opted the opportunity to serve Letterkenny University Hospital renal unit which is a good mixture of nephrology, medicine and regional dialysis unit where Dr. Akbar enjoys my practice of renal medicine and teaching.

Publication of speakers:

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