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P383 -Treatment of idiopathic membranous nephropathy using mycophenolate mofetil: a case series

Dr Hannah Ariff[1], Dr Noshaba Naz, Dr Khaled Abdulnabi, Dr Michael Edwards, Dr Patrick Linden, Dr Angelos Angelakas, Dr Lamis Taha, Dr Mustakim Khandaker
[1]*Arrowe Park Hospital, Birkenhead, United Kingdom*

Background
Evidence for treatment of idiopathic membranous nephritis is limited. Current first line treatment is with cyclophosphamide and steroids1. Calcineurin inhibitors (CNIs) have also been used with limited evidence1 and currently a UK wide recruitment is taking place looking at rituximab2. Randomised control trials using mycophenolate mofetil (MMF) have previously had underwhelming results.3
Setting and participants
Case series over 2 sites in the UK with 17 patients, 4 female, 13 male. All diagnosed as membranous nephropathy on renal biopsy.

Intervention
Initial treatment with renin-angiotensin system (RAS) blockade and lifestyle measures. MMF was chosen when usual second or first line treatment had failed or was contraindicated. We used steroids in combination with MMF with most achieving a total daily dose of MMF 1g.
Outcomes and measurements
End point is remission at 6 and 12 months defined as proteinuria <1g/day.

Results
13 were initially treated with ACE inhibitors or angiotensin-receptor blockers (ARBs) including 4 who were treated with dual blockade. 4 could not tolerate. All but 1 patient achieved a total daily dose of MMF of 1g without significant adverse events. All were treated with oral or IV steroids alongside MMF. Mean initial 24 hour protein was 8.1g/24 hours. At initiation of MMF it was 9.5g/24 hours. At 12 months mean urinary protein excretion was 0.81g/24 hours (figure 1). Mean serum creatinine was 165umol/L when MMF was initiated and 110umol/L at 12 months (figure 2). Of 12 who were tested for anti-phospholipase 2 receptor antibodies, 9 were positive. 6 patients suffered complications, the most common of which was diarrhoea (3 patients). 1 patient suffered viral upper respiratory tract infection which did not require hospitalisation. Other complications included nausea, leg swelling and a vertebral fracture secondary to osteoporosis.

Limitations
Small study size, case series no controls.

Conclusions
MMF has been used to some success in a select population. In those who cyclophosphamide is not recommended or CNIs not tolerated, MMF remains an option.