

Treatment of secondary membranous nephropathy

Date written: July 2005

Final submission: September 2005

Author: Merlin Thomas

GUIDELINES

No recommendations possible based on Level I or II evidence.

SUGGESTIONS FOR CLINICAL CARE

(Suggestions are based on level III and IV evidence)

- **Removal of underlying causes of membranous glomerulonephritis (MGN) has been associated with clinical remission and slowing of progression of kidney disease in some cases (Butty et al 1999, Hu et al 2005, Lopes et al 1998). (Level IV evidence - anecdotal reports)**
- **Efforts should be made to identify and where possible eradicate underlying disease in patients with secondary MGN. (Level IV evidence, case series, variable results)**
- **While careful clinical and biological investigations may detect the underlying cause of most cases of secondary MGN, the diagnosis can be difficult in some patients. In particular, proteinuria may antedate clinical manifestations of cancer in up to 40–45% of patients with MGN secondary to malignancy. Consequently elderly patients presenting with MGN should complete an appropriate work-up for malignancy. (Level IV evidence)**

Background

Membranous nephropathy may occur secondary to conditions such as systemic lupus erythematosus (SLE), drug therapy (gold, penicillamine, NSAIDs etc), hepatitis B, malaria, schistosomiasis, syphilis and other infections, diabetes, thyroiditis and certain malignancies (Brueggaemeyer et al 1987). In one series of 82 consecutive Caucasian adults with MGN, secondary causes were identified in 17 patients (21%) including drugs, malignancy in four, thyroiditis, syphilis and hepatitis B virus infection (Cahen et al 1989). Removal of such initiating agents can induce remission of MGN in some cases. The objective of this guideline is to evaluate the available clinical evidence pertaining to the impact of specific interventions on kidney function in patients with secondary MGN. This guideline does not address the potential advantages of diagnosing under conditions that may facilitate their management and treatment.

Search strategy

Databases searched: MeSH terms and text words for secondary membranous nephropathy. This search was carried out in Medline (1966 to September Week 1 2004). The Cochrane Renal Group Trials Register was also searched for trials of membranous nephropathy not indexed in Medline.

Date of searches: 9 September 2004.

What is the evidence?

There have been no randomised controlled trials.

Summary of the evidence

No recommendations can be made on the basis of current anecdotal evidence.

What do the other guidelines say?

Kidney Disease Outcomes Quality Initiative: No recommendation.

UK Renal Association: No recommendation.

Canadian Society of Nephrology: No recommendation.

European Best Practice Guidelines: No recommendation.

International Guidelines: No recommendation.

Implementation and audit

No recommendation.

Suggestions for future research

No recommendation.

References

Brueggemeyer CD, Ramirez G Membranous nephropathy: a concern for malignancy. *Am J Kidney Dis* 1987; 9: 23–62.

Cahen R, Francois B, Trolliet P et al. Aetiology of membranous glomerulonephritis: a prospective study of 82 adult patients. *Nephrol Dial Transplant* 1989; 4: 172–80.

Butty H, Asfoura J, Cortese F et al. Chronic lymphocytic leukemia-associated membranous glomerulopathy: remission with fludarabine. *Am J Kidney Dis* 1999; 33: E8.

Hu SL, Jaber BL. Ribavirin monotherapy for hepatitis C virus-associated membranous nephropathy. *Clin Nephrol* 2005; 63: 41–5.

Lopes Neto EP, Lopes LV, Kirsztajn GM et al. alpha- Interferon therapy for HBV-related glomerulonephritis. *Rev Paul Med* 1998; 116: 1823–5.