

DIFFERENT CORTICOSTEROID THERAPY REGIMENS FOR NEPHROTIC SYNDROME IN CHILDREN

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Objective: To develop better therapy mode and reduce the rate of relapse of nephrotic syndrome in children with steroid sensitive nephrotic syndrome (SSNS).

Methods: Compared the effect of 2-month steroid treatment (standard course) according to International Study of Kidney Disease of Children (ISKDC) versus 6-month treatment (long course) on the clinical course of SSNS in a 2-year follow up in our centre. Long course of consisted from following: Prednisolone 60 mg/m²/day for 4 weeks, then 40 mg/m²/ alternate day for 4 weeks and slowly tapering off by 10 mg/m²/ alternate day in four months, total course of 6 months.

Medical records of patients seen from 2008-2010 were reviewed. A total of 56 patients were included in the study (standard course group=29, long course group=27). All patients were treated with steroid alone. We have excluded patients who were previously treated, those who suffered from steroid resistant nephritic syndrome.

Results: After following up for 2 years, the relapse rates of both groups were

observed. Patients treated with long course steroid had significantly lower relapse rate (33% versus 75%, $p=0.026$) and higher percentage of sustained remission ($p=0.0046$) than that of standard course. None of our patients had significant growth retardation or hypertension.

Conclusion: In conclusion, with the limitations and constraints in mind, the 6-month corticosteroid therapy is more likely to provide better rate of sustained remission when compared to the standard ISKDC regimen as the initial management of first episode SSNS.