

Focal segmental glomerulosclerosis: correction of secondary causes

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GUIDELINES

No recommendations possible based on Level I or II evidence

SUGGESTIONS FOR CLINICAL CARE

(Suggestions are based on Level III and IV evidence)

There are several case series documenting improvements in proteinuria and delay in progression to end-stage kidney disease (ESKD) following disease-specific interventions in patients with secondary focal segmental glomerulosclerosis (FSGS). (Level IV evidence, variable response, anecdotal reports)

- Anecdotal case reports suggest the potential for dramatic improvement in both renal function and structure in patients with HIV-FSGS with the use of HAART (Winston et al 2001, Wali et al 1998, Levin et al 2001). There are currently no well-controlled studies demonstrating the effect of long-term HAART on renal outcomes.
- Effective therapy of the malignancy may lead to remission of proteinuria in the rare patient with tumour-induced FSGS.
- FSGS may not regress after thymectomy in patients with thymoma (Ishida et al 1996).
- FSGS does not remit on successful elimination of the living parasites in schistosomiasis-associated FSGS (Martinelli et al 1995).
- There are case reports where elimination of HCV infection has been associated with remission of proteinuria in patients with HCV-associated FSGS (Altraif et al 1995).
- Obesity-associated FSGS may be improved by weight loss (Praga et al 1995) and improvement of insulin sensitivity (Matsumoto et al 2005).

To be most effective, therapy needs to be given to patients with early histological lesions and mild proteinuria/renal impairment, hence the need for prompt identification of any underlying illness if patients are to be managed successfully. (Level IV evidence, anecdotal reports)

Background

FSGS may be observed in patients with other conditions. These include a variety of immunological conditions (e.g. lymphoproliferative disorders, thymoma), chronic infections (e.g. HCV, HIV) and disorders associated with nephron depletion (e.g. vesicoureteric reflux). The objective of this guideline is to evaluate the available clinical evidence pertaining to the impact of disease-specific interventions on renal functional decline in patients with secondary FSGS. This guideline does not address the innate utility in treating these underlying disorders.

Search strategy

Databases searched: MeSH terms and text words for focal segmental glomerulosclerosis were combined with MeSH terms relating to secondary causes. This search was carried out in Medline (1996 to September Week 2, 2004).

Date of search: 17 September 2004.

What is the evidence?

There have been no randomized controlled trials (RCTs).

Summary of the evidence

No recommendations can be made.

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

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