

with atopic features. This low incidence compared with SRNS may indicate that the two main histopathological forms of the idiopathic nephrotic syndrome—that is minimal glomerular changes and focal-segmental glomerulosclerosis—are two different disease entities. This hypothesis is supported by recent data on the frequency of HLA antigens in these groups of patients.

We found that HLA B8 was significantly more common in patients with SRNS and minimal glomerular changes when associated with atopy (38%) but not in those without atopy (28%), compared with controls (18%).⁷ In contrast to an earlier report⁴ the frequency of HLA B12 in SRNS was the same as that in a control group but was significantly increased in patients with steroid-resistant focal-segmental glomerulosclerosis.

We found that HLA B8 was significantly more common therapy (preseasonal hyposensitisation by subcutaneous injections of specific allergen extracts) in 2 children with frequently relapsing SRNS (Figure). In both patients there was a rapid clearance of allergic airway symptoms, and in one child there was complete disappearance of proteinuria during a period of 3 years without further immunosuppressive therapy, followed by a relapse 8 months after immunotherapy was stopped. The other patient continued to have a similar SRNS relapse rate during immunotherapy as before it. Although the mechanisms of immunotherapy in SRNS remain unknown we believe that further trials are indicated in highly selected patients with SRNS and frequent relapses who have obvious clinical and laboratory symptoms of allergy.

References

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Professor Meadow comments:

This further study of nephrotic syndrome and allergy provides additional useful information. It seems that the excess of clinical and immunological features of allergy is associated particularly with the group of nephrotic children who relapse frequently. It is sad that this association does not lead to specific causes of relapse being identified for individual children; hence antiallergic management and therapy (other than corticosteroids) do not seem to be of benefit.

The German experience with immunotherapy (cure in one child, and no benefit in the other) emphasises the need for carefully controlled studies of therapy for a condition as variable and unpredictable as relapsing nephrotic syndrome.