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Complete remission of nephrotic syndrome in a woman with renal amyloidosis due to Familial Mediterranean Fever[☆]

Remisión completa de síndrome nefrótico en mujer con amiloidosis renal por fiebre mediterránea familiar

Dear Editor,

Chronic kidney disease due to AA amyloidosis is one of the main complications of Familial Mediterranean Fever (FMF).¹ In 2009, in the journal *Nefrología*, we presented the case of a 38-year-old woman of Armenian origin with severe nephrotic syndrome due to AA amyloidosis as a form of onset of FMF (with heterozygous M680I and M694V mutations in the MEFV gene). Given the severity of her proteinuria at diagnosis, deterioration in renal function and intolerance to antiproteinuric drugs, we started treatment with colchicine, at doses of 0.5 mg/8 h/day, and infliximab, at doses of 5 mg/kg IV at baseline, at 2 weeks and subsequently every 2 months. In the clinical follow-up performed in the first year of treatment to evaluate her response to this, we reported partial remission: clinical improvement and improvement in renal function, but with persistent nephrotic proteinuria.²

In this report we describe her mid-term clinical course. In the following 6 years, the patient has remained asymptomatic with no new episodes of hydropic decompensation or hospital admissions. [Table 1](#) shows the clinical course of both her laboratory values and the treatment followed. Starting from the second year of treatment, colchicine was sustained

continuously at doses of 1 mg/day. Given that her proteinuria progressively decreased, infliximab doses were increasingly spaced out, to intervals of 4–6 months, and this treatment was permanently suspended in 2011.

As a result of combination therapy with colchicine and infliximab, in the acute phase of diagnosis of AA amyloidosis due to FMF, clinical improvement and improvement in renal function were achieved, but nephrotic proteinuria persisted. Subsequent follow-up required us to modify our initial conclusions: her clinical improvement was maintained, without any new hydropic decompensation, in the context of resolution of her proteinuria.

Treatment with colchicine is effective in preventing amyloidosis in Armenian patients with FMF.³ In cases of colchicine resistance or intolerance, anti-TNF agents may be effective to treat these patients and manage symptoms associated with FMF.^{4,5} In our case, given the initial severity of nephrotic syndrome, together with the findings of AA amyloid in the renal parenchyma and the M694V mutation associated with the most serious cases, combination therapy was decided upon, with a partial response in the first year and subsequently a complete response sustained over time. Perhaps this combination treatment, as it prevented the onset of

[☆] Please cite this article as: Heras M, Saiz A, Fernández-Reyes MJ, Molina A, Astrid Rodríguez M, Callejas R. Remisión completa de síndrome nefrótico en mujer con amiloidosis renal por fiebre mediterránea familiar. *Nefrología*. 2016;36:331–332.

Table 1 – Clinical course of laboratory values and treatments used.

COLCHICINE



INFLIXIMAB



	01/2008	02/2008	02/2009	03/2010	02/2011	04/2012	06/2013	05/2014	04/2015
PCr (mg/dl)	2	2.5	1.2	1.1	1	0.8	0.9	0.8	0.8
Chol. (mg/dl)	369	378	295	209	203	214	239	234	201
TGs (mg/dl)	455	421	224	174	194	157	126	130	82
Albumin (g/dl)	1.9	1.6	2.9	3.7	3.8	4.2	3.9	3.8	4.4
Proteinuria (g/24 h)	17.22	12.5	7.10	2	1.34	0.31	0.13	(-)	(-)
CrCl (ml/min)	19.7	16	31	59.51	56.4	81	83.1	76.1	82.4

PCr: plasma creatinine; Chol.: cholesterol; TGs: triglycerides; CrCl: creatinine clearance.

new autoinflammatory episodes associated with FMF, would prevent more amyloid from being deposited in the renal tissue and, furthermore, progressive regression of the amyloid accumulated. In this case, we cannot confirm this, lacking new histology. However, the signs and symptoms may suggest it, as resolution of her proteinuria was achieved. In this regard Kutlugün et al. also reported in the literature 2 cases of complete remission of nephrotic syndrome with colchicine 1.5 mg/day, sustained for a period of close to 30 years.⁶

In conclusion, the main kidney complication (chronic kidney disease) associated with AA amyloidosis due to FMF could be prevented through a resolution of proteinuria, which could be achieved with initial intensive combination therapy (colchicine + anti-TNF agent) and subsequent maintenance with colchicine.

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