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Role of mycophenolate mofetil and deflazacort in treatment of patients under nephrotic syndrome: A study from tribal area of developing country (India)

Introduction & Purpose: The literature on the clinical effectiveness of treatments for steroids resistance nephrotic syndrome is very limited. Mycophenolate mofetil represents a promising therapeutic alternative without nephrotoxicity. deflazacort is a newer glucocorticoid which not only have similar efficacy, but also lower incidence of side effects compared to prednisolone. Those patients who are not responds to deflazacort monotherapy given mycophenolate mofetil and these patients shows the drastic improvement with minimal relapse of the disease. This study is to assess whether deflazacort and mycophenolate mofetil adjuvant therapy can replace the traditional treatment of the nephrotic syndrome.

Method: The study was conducted in the Department of Medicine, Pt. JNM Medical College and Dr. BRAM Hospital, Raipur. 55 patients of nephrotic syndrome were included for study admitted in Nephrology Unit, Pt. JNM Medical College Raipur, was studied. All patients were subjected to routine investigations, Thyroid Function Test, CBC, etc.

Result: Total no of patients included in study are 55. Mean age of the patient is 28.25 ± 13.03 years. 66.66% patients are male while 33.33% patients are female. Number of patient steroid dependent nephrotic syndrome patient are 25%, number of patient steroid resistant nephrotic syndrome patient are 75%, 95.83% patients having hypoalbuminemia; 41.66% patients were hypothyroid out of them 70% was male and 30% was female; 95.83% patients showed electrolyte imbalance; 91.66% patients showed abnormal USG findings in which increased echotexture, ascites, plural effusion and follicular cyst seen in 62.5%, 45.83%, 41.66% and 8.31%, respectively. Average weight of the nephrotic syndrome patient is 51.33 ± 16.31 kg and dose of Deflazacort used is 1 mg/kg body weight. Dose of mycophenolate mofetil used is 12 mg/kg body weight. Average weight reduction in week duration is 8.083 ± 3.88 kg. Only 12% patient developed complication of nephrotic syndrome specially DVT. Only 4 patients show complication of mycophenolate mofetil in the form of loose stool and low WBC count. 96% patients showed improvement in 6 months follow up and only 1 patient had relapse because of irregular medication.

Conclusion: Male shows greater improvement than female. Maximum weight reduction was from 96 kg to 54 kg at the time of discharge. Hypoalbuminemia and hypothyroidism was common in male than female. Loose stool and low WBC count as common complication with mycophenolate mofetil. But, 96% patients showed improvement with deflazacort and mycophenolate mofetil.

Biography

Punit Gupta, was Professor in Government medical college hospital (consider to be the tribal of India), Raipur, India. He has done bachelor's degree in 2000 i.e. MBBS, then master's degree in general medicine in 2003 i.e. MD, then Super specialty in Nephrology i.e. DM, With PHD degree. He also awarded the prestigious ISPD SCHOLARSHIP and ASN fellowship. He has awarded with APCN developmental award in Malaysia. Also awarded with many oral and poster presentations National and International. He has presented highest number of papers i.e. 31 abstracts in single conference under his name till date around 175 paper and abstract are presented by him in different conferences

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