THE CHARACTERISTICS OF THE NEPHROTIC SYNDROME WITH ELDERLY PATIENTS - THE EXPERIENCE OF OUR CENTER DURING THE THREE YEARS

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Abstract:

INTRODUCTION AND AIMS: The appearance of the nephrotic syndrome (NS) with elderly patients is usually caused by different types of glomerulopathies. Also, there are differences in their frequency, comparing to other population. The aim of the sudy is, to present the elderly patients with the nephrotic syndrome, as well as the characteristics of this serious disease.

METHODS: The retrospective study was done in the period of 2012-2014 years , were the group of 30 patients over 60 years old, were examined (M 19 (63,3%) / 11(36,6%) F; mean age 67,2± 7,1 years) and NS was diagnosed. Kidney biopsy was done in order to verification the renal histopathological lesions, using optimal therapy and monitoring treatment effects.

RESULTS: Among the 132 patients with renal lesion in 3- year period, where the kidney biopsy was performed, the nephrotic syndrome was noticed with 51 (38,6%) patients. 30 of them (58,8%) was over 60 years old. With 22 (73,3%) patients, this examination proved the primary glomerulonefritis (GN) and with 8 (26,6%), secondary GN.By the pathohistological analysis, the most present GN was the membranous (MN) with 14 patients (63,3%), focal-segmental GN (FSGS) which was found with 4 patients (18,1%), and mesangioproliferative GN was found with 4 (18,1%)patients too. Neither one had joined malignant disease. In the group of 8 patients (26,6%) with the secondary GN, 3 patients (37,5%), had diabetic nephropathy, lupus nefritis 1 patient (12,5%) and vaskulitis 4 (50%). The patients were treated (except for patients with DM)with immunosuppressive therapy (corticosteroids, cyclophosphamide, azathioprine). The complete remission is noticed with 68%patients , partial response with 21%, and 8% showed resistance to the therapy.

CONCLUSIONS: This study showed that the nephrotic syndrome is not rare with the elderly patients. It is a serious illness which should be pathohistologically verified and the treatment should start as soon as possible. In our group, this syndrome was mostly the consequence of the primary glomerulonephritis and most often type GN was membranous glomerulonephritis.

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