Turkish Journal of Medical Sciences

Turkish Journal

of

Medical Sciences

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The Report of 59 Patients with Renal Amyloidosis

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Abstract: We studied a group of 59 cases with renal amyloidosis. Mean age (45 male, 14 female) was 33.05 ± 13.04 years. All of the cases had secondary amyloidosis. The causes of secondary amyloidosis were as follows: familial mediterranean fever (FMF) 18(30.5%), pulmonary tuberculosis 12(20.33%), chronic osteomyelitis 8(13.55), bronchiectasia 9(15.25%) rheumatic diseases 4(6.4%), Castleman's disease 1(1.6%), unknown etiology 7(11.86%) Hypertension was detected in 15.3% of the cases. In patients with less than 20 ml/min creatinine clearance (Ccr) hypertension was 20%. Hypotension was detected in 6 patients, all of these cases had severe hypoalbuminemia (<2.1 g/dl). Nephrotic range proteinuria (>3.5 g/day) was found in 75% of cases. Daily proteinuria was correlated with serum levels of albumin, total lipid and cholesterol, hematocrit and duration of disease. The mean Ccr was 51.03 ± 40.60 ml/min. Twentynine percent of patients had Ccr less than 20 ml/min. Renal, subcutaneous fat and rectal biopsies demonstrated amyloid in 100%, 20% and 57.6% respectively of patients tested. Patients with secondary amyloidosis were treated with colchicine in addition to the therapy of primary disease (in 6 patients). Nine patients died, and end stage renal disease developed in 12 patients during four years follow up. Proteinuria disappeared or decreased in patients with secondary amyloidosis except secondary to collagen tissue disease, without advanced renal failure. Coclhicine did not affect amyloid deposotion in 2 patients with normal renal function and negative proteinuria, which rebiopsied. We can suggest that cohchicine may have effect (s) for decrement on proteinuria other than reducing the production of these amyloid precursor proteins, can be use in secondary amyloidosis.

Key Words: Amyloidosis, proteinuria, renal function

Turk J Med Sci 1999; **29**(6): 665-672.
Full text: pdf
Other articles published in the same issue: Turk J Med Sci,vol.29,iss.6.