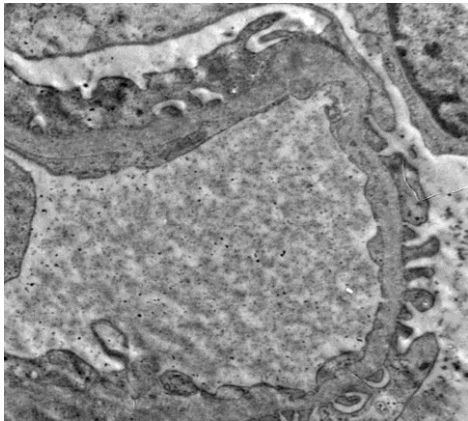


Irazusta S, Touceda L.A., Dall’ Aglio Palermo L., Mamberti. M, Maltas S., Ferrigno A., Bruzzzone M.E., Denis N., Malinar M., Mora C., Barabani C. , Aguilar Rodriguez J. , Moavro D.E., Jurado S., Peralta R.
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Introduction: Minimal change disease (MCD) represents the third cause of nephrotic syndrome in adults. Steroids continue to be the first-line treatment for this disease in both adults and children. In the former, there is a higher percentage of acute kidney injury (AKI) at the onset and a slower response to first-line treatment requiring longer use of steroids. Risks arising from prolonged nephrotic syndrome make early treatment necessary. In this cohort, data on eighteen patients with a histopathological diagnosis of MCD are described with the aim of reporting results over one year of follow-up.

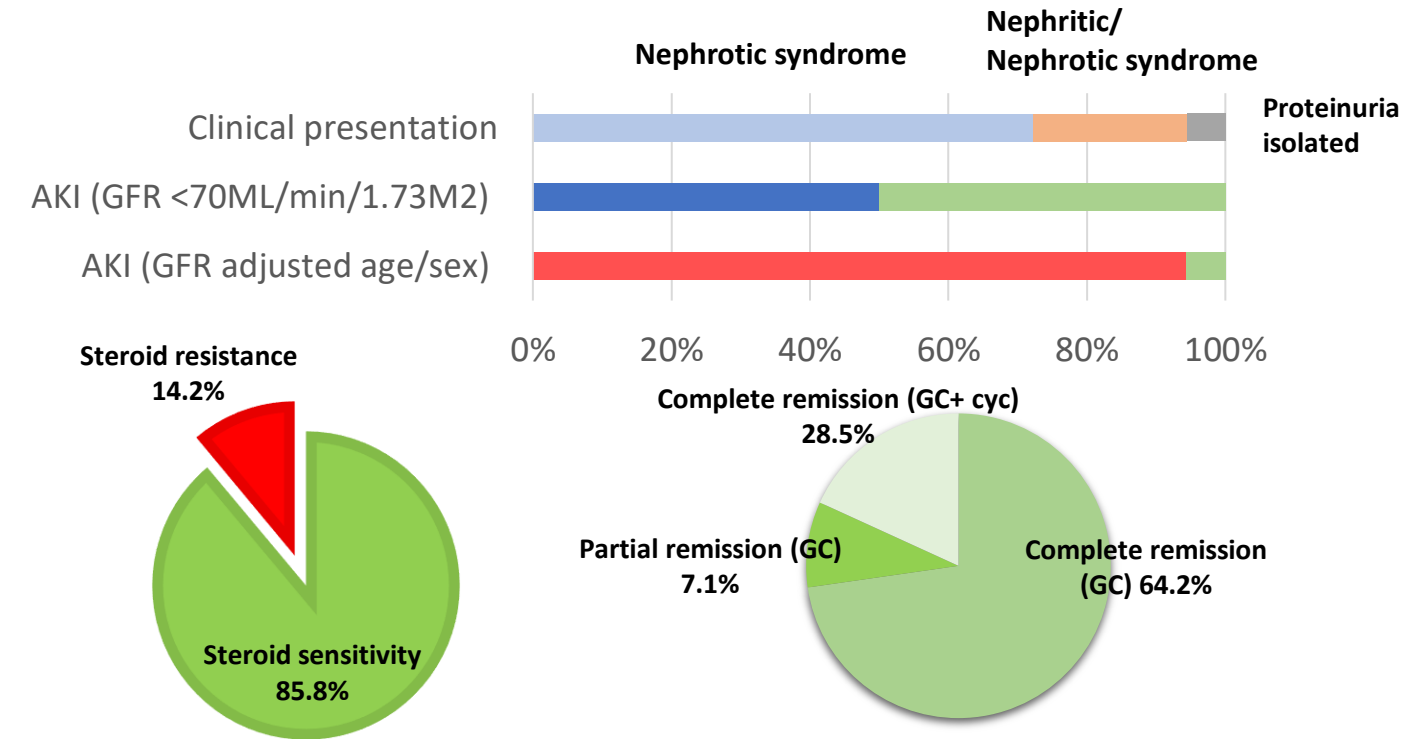
235 kidney biopsies

18 MCD patients



Cohort Characteristics	N
Age	27(16-62)
Gender M/F	9:9 (50%)
Obesity	3(20)
Hypertensive	3(16.6)
Smoking	2(13.3)
Chagas	1(0.15)
Hipothyroidism	1(0.15)
Syphilis	1(0.15)

Cr media (mg/dl)	1.45
Albumin (gr/lt)	21(15-46)
Proteinuria (gr/24hs)	7.65(2.19-14.2)
Microscopic Hematuria	7
Leukocyturia	9
Hyaline cylinders	2
Granular cylinders	3



Conclusions: Presentation patterns of MCD in adults are similar to those reported worldwide. Most patients presented nephrotic syndrome, acute renal injury and microscopic hematuria. Two patients required hemodialysis during the onset of the disease. Steroid treatment continues to be an effective first-line treatment.