PLASMAPHERESIS IN THE TREATMENT OF LUPUS NEPHRITIS

Lupus nephritis is a typical immunocomplex nephritis, which mechanism of development reflects the pathogenesis of the SKV as a whole.

<table>
<thead>
<tr>
<th>INDICATIONS</th>
<th>CONTRAINDICATIONS</th>
<th>CRITERIA OF EFFICIENCY</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Relative:</strong></td>
<td>➢ Active lupus nephritis (proteinuria of over 1 g/l, stable microerythrocyturia, arterial hypertension) accompanied by a LE-cellular phenomenon and increasing of the titre of anti-DNA-antibodies (2 norms)</td>
<td>➢ Thrombocytopenia (below 100 x 10⁹/l)</td>
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<td></td>
<td>➢ Reduction of IgG (below 400 mg/dl)</td>
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<tr>
<td><strong>Absolute:</strong></td>
<td>➢ Quick increase of renal failure, conditioned by activity of the renal process (nephrotic syndrome, erythrocyturia and arterial hypertension) with development of the DVS-syndrome</td>
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<tr>
<td></td>
<td>➢ Morphologically to this variant of nephritis most often corresponds diffuse proliferative lupus nephritis, frequently with semilunar forms</td>
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</table>
PLASMAPHERESIS IN TREATMENT OF THE GOODPASTURE SYNDROME

The diagnosis of the Goodpasture syndrome is made in case of detecting a quickly progressing nephritis in combination with pulmonary bleeding and obligatory presence of anti-BMK-antibodies in blood and in kidneys.

INDICATIONS

- The Goodpasture syndrome is an absolute indication for applying plasmapheresis (PA)

CONTRAINDICATIONS

- Theoretically, there must not be any, because without using PA procedures in the treatment of the Goodpasture syndrome the lethality rate makes 100%

CRITERIA OF EFFICIENCY

- Reduction of the level of cryocrit to below 1%, of proteinuria to 1 g/l
- Disappearance of erythrocyturia
- Restitution of diuresis with reduction of the serum level of creatinine

Absolute:

- The same contraindications that are applied when using other extracorporeal methods of treatment

Relative:

- Hypovolemic shock in patients with severe nephritic syndrome
- Thrombocytopenia (below 100 x 109/l)
- Reduction of IgG (below 400 mg/l)
# PLASMAPHERESIS IN NEPHROLOGY

## PLASMAPHERESIS IN SCHONLEIN-HENOCH PURPURA – GENERALIZED VASCULITIS OF THE KIDNEYS

### INDICATIONS

**Absolute:**
- Quickly progressing glomerulonephritis (with proliferative semilunar forms in more than a half of the glomeruli)

**Relative:**
- Formation of a nephrotic syndrome
- Combination of the nephrotic syndrome with hypertension, as well as in pronounced persistent microhematuria

Morphologically, in these cases proliferative extracapillary or mesangiocapillary nephritis with IgG deposits in the mesangia is often revealed.

### CONTRAINDICATIONS

**Absolute:**
- The same contraindications that are applied when using other extracorporeal methods of treatment

**Relative:**
- Thrombocytopenia (below $10^9/l$)
- Reduction of IgG (below $400 \text{ mg/l}$)

### CRITERIA OF EFFICIENCY

- Disappearance of autoantibodies class IgG in the blood flow
- Normalization of the level of the polymerase form of IgA
- Restitution of diuresis
- Reduction of the serous level of creatinine

For more information visit our web site: [www.plasmatech-fzc.com](http://www.plasmatech-fzc.com) or contact us by e-mail: plasmatechfzc@aol.com
# Plasmapheresis in Nephrology

## Plasmapheresis in Wegener Granulomatosis – Necrotizing Vasculitis of the Kidneys

<table>
<thead>
<tr>
<th>INDICATIONS</th>
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</tr>
</thead>
<tbody>
<tr>
<td><strong>Absolute:</strong></td>
<td><strong>Absolute:</strong></td>
<td>✓ Disappearance of antineutrophilic cytoplasmatic antibodies in the blood</td>
</tr>
<tr>
<td>➢ Quickly progressing course of nephritis with oliguric OPN and nephrotic syndrome. Morphologically, in this variant affections of the kidneys reveal extracapillary nephritis with semilunar forms</td>
<td>➢ Common for all extracorporeal methods of treatment</td>
<td>✓ Reduction of proteinuria to below 1 g/day</td>
</tr>
<tr>
<td><strong>Relative:</strong></td>
<td><strong>Relative:</strong></td>
<td>✓ Restitution of diuresis</td>
</tr>
<tr>
<td>➢ Active nephritis (proteinuria over 1 g/day, microerythrocyturia, high arterial hypertension), resistant to traditional pathogenetic therapy (corticosteroids + cytostatics)</td>
<td>➢ Early infectious complications (in the debut of the disease): pyoderma, septicemia</td>
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</tr>
<tr>
<td></td>
<td>➢ Double-sided bronchopneumonia with high fever and left-ventricular insufficiency</td>
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</tbody>
</table>

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