



# Heterogeneous response to ACE-inhibitor therapy in children with proteinuria

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## Introduction:

Patients with chronic proteinuric nephropathies are at high risk of developing progressive renal insufficiency. The renin-angiotensin-aldosterone-system blockade is a well documented strategy to reduce proteinuria in adult patients. Renal protective therapy with angiotensin-converting-enzyme inhibitors (ACEI) in children with proteinuric kidney diseases has been taken over although not yet proven by clinical studies.

## Summary:

heterogeneous response to ACE-inhibitor therapy in children with proteinuric glomerulopathies:

- One third with good response and constant decrease of proteinuria
- One third with initial improvement followed by a re-increase of proteinuria
- Response seem to be associated to underlying disease with a good response in patients with HUS and a poorer response in patients with alport syndrome or PSH

## Aim /Methods

Evaluation of the efficacy of ACEI as antiproteinuric therapy in children with proteinuric nephropathies.

63 children were treated with ACEI. Proteinuria was measured 3 and 9 months after initiation of therapy, then every year.

## Patients

N	63
Boys : girls (n)	35 : 28
Age at therapy	10.7 ± 3.4 years (range 1.7–17.8)
Follow up	2.9 ± 2.4 years (median 2.4)
<b>Applied ACE-inhibitor (n)</b>	
Ramipril	46
Enalapril	12
Captopril	4

## underlying disease

Alport syndrome	22
Purpura Schoenlein Hennoch (PSH)	13
HUS	11
IgA Nephritis	4
Membranous glomerulonephritis	4
MPGN	4
FSGS	2
Postinfectious glomerulonephritis	2
Wegener granulomatosis	1

## Proteinuria (g/BSA/d) under ACEI therapy :

