Monitoring of serum hepatitis C virus RNA level during steroid therapy for hepatitis C virus-positive antineutrophil cytoplasmic antibody-related glomerulonephritis: report of two cases

Atsushi KURUSU, Satoshi HORIKOSHI, Satoko UEYAMA-SAKODA, Yukihiro TAKEDA, Kunimi MAEDA, Shigenobu SUZUKI, Kazuhiro FUNABIKI, Isao SHIRATO, Yasuhiko TOMINO
Division of Nephrology, Department of Internal Medicine, Juntendo University School of Medicine, Tokyo, Japan.

We report on two adult patients with hepatitis C virus-positive antineutrophil cytoplasmic antibody-related glomerulonephritis. These patients had a renal-limited form of crescentic glomerulonephritis with high levels of serum hepatitis C virus RNA. We investigated the efficiency and transition of the serum levels of creatinine, hepatitis C virus RNA, and hepatic enzymes during corticosteroid therapy in the two patients. Corticosteroid therapy consisted of intravenous high-dose methylprednisolone for 3 days, followed by oral prednisolone without cyclophosphamide. During this course of treatment, renal function in both patients recovered remarkably. A marked increase in the level of hepatitis C virus RNA, however, was observed with or without an increase in serum levels of hepatic enzymes. It seems that steroid therapy for patients who have antineutrophil cytoplasmic antibody-related pauci-immune crescentic glomerulonephritis and high levels of hepatitis C virus RNA is efficient and relatively safe, although serum levels of hepatitis C virus RNA and liver function need to be carefully monitored. (Hong Kong J Nephrol 2001;3(2):97-102)

Key words: Adult, Antineutrophil cytoplasmic, Case report, Glomerulonephritis/pathology, Prednisolone/therapeutic use