Regression of nephrotic syndrome in amyloidosis of familial Mediterranean fever following colchicine treatment

Sir,

Simsek et al. report on the reversal of nephrotic syndrome in amyloidosis of familial Mediterranean fever (FMF) [1]. This is an important reminder of a simple measure, namely treatment with colchicine, that can prevent possible fatal outcome. We would like to draw your attention to our meta-analysis on colchicine treatment of primary and reactive amyloidosis, which included a section on amyloidosis of FMF [2]. In this analysis we were able to identify from the contemporary literature (up to 1993) 11 patients with nephrotic syndrome due to amyloidosis of FMF, including a 13-year-old patient, in all of whom colchicine treatment was associated with reversal of the nephrotic syndrome and regression of proteinuria to zero or minimal levels. The observation in this analysis was that such a favourable course was obtained with a mean colchicine dose of $\geq 1.5 \text{ mg/day}$ and serum creatinine of $<1.5 \text{ mg/dl}$.

In a series of 68 patients, presenting with amyloidosis of FMF [3], we studied many factors that may determine the outcome in these patients. This study included 14 patients
with nephrotic syndrome, of whom seven improved (in most proteinuria has actually resolved) and seven deteriorated. Again, the only factors that determined patients’ fate were colchicine dose (>1.5 mg/day) and status of kidney function (<1.5 mg/dl) at presentation [3].

Another important observation in the latter study was that five patients with FMF-amyloidosis, who were in remission, after initially presenting with proteinuria, had explosive flare-up of their nephrotic syndrome 4–18 years after entering remission, suggesting that their kidneys remained loaded with amyloid, despite reversal of proteinuria.

The message of the present communication is that in patients with amyloidosis of FMF, particularly in those whose nephrotic syndrome can be cured, colchicine treatment should be continued indefinitely at the highest possible dose (ideally 2 mg/day).

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