**Good Responses to Rituximab in Severe Lupus Nephritis**

Early B-cell depletion with rituximab may improve the long-term outcomes of severe lupus nephritis, suggests a French experience reported in the *Clinical Journal of the American Society of Nephrology*.

Led by Catherine Melander, MD, of Hôpital Necker, Paris, the researchers analyzed the outcomes of 20 patients with severe lupus nephritis receiving induction therapy with rituximab between 2003 and 2006. Median follow-up was 22 months. Fifteen patients had active class III or IV lupus nephritis, while five had class V disease. Rituximab was given for refractory lupus nephritis in 12 cases, relapsing disease in six, and as first-line therapy in two. Three patients received concomitant cyclophosphamide; 10 received additional maintenance doses of rituximab.

Twelve patients achieved complete or partial renal remission, for a response rate of 60 percent. One case of relapsed lupus nephritis responded to repeated treatment with rituximab. The occurrence of B-cell depletion within one month after rituximab treatment was strongly associated with renal response—only one of 12 patients with early B-cell depletion did not have a positive renal outcome.

Black patients and those with hypoalbuminuria were less likely to have early B-cell depletion. Patients with rapidly progressive glomerulonephritis did not respond to rituximab.

Treatment with corticosteroids plus cyclophosphamide has improved the prognosis of lupus nephritis, but patients remain at risk of resistance, relapse, or adverse effects. Rituximab is an “interesting therapeutic option” for relapsing or refractory lupus nephritis, Melander and colleagues concluded.


**First-Morning Versus Spot Urine to Assess Microalbuminuria**

A first-morning void provides a more reliable measurement of urinary albumin excretion (UAE) than does a spot urine sample, according to a paper from the *Journal of the American Society of Nephrology*.

Researchers compared the findings of 24-hour urine collections, first-morning voids, and spot urine samples in 241 men and women. The UAE was measured in the 24-hour collections, while urinary albumin concentration (UAC) and albumin:creatinine ratio (ACR) were measured in the morning and spot samples.

Based on UAE measurement in 24-hour urine collections, the prevalence of microalbuminuria was 10 percent. This was similar to the 7.5 percent rate in first-morning void specimens, both on UAC and ACR. In contrast, tests in spot urine samples overestimated the prevalence of microalbuminuria: 23.4 percent for UAC and 22.4 percent for ACR (Witte EC, Heerink HJL, de Zeeuw D, Bakker SJL, de Jong PE, and Gansevoort RT: First morning voids are more reliable than spot urine samples to assess microalbuminuria. *J Am Soc Nephrol* 2009; 20:436–443). [2]