Membranous Nephropathy (MN) is a rare kidney disease characterized by thickening in the part of the kidney that filters blood: the glomerular basement membrane. The thicker membrane does not work normally and causes protein that belongs in the blood to be spilled into the urine.

Membranous Nephropathy (MN) Membranous Nephropathy (MN)

Membranous = the Kidney Membranes Nephropathy = are Damaged

MN Symptoms

Early symptoms of Membranous Nephropathy are the same as Nephrotic Syndrome.

Common Symptoms:

- Swelling in parts of the body, most noticeably around the eyes, hands, feet, and abdomen (called edema)
- Protein in the urine, which can be foamy (called proteinuria)
- Can cause high blood pressure (called hypertension) and high fat levels in the blood (high cholesterol)
- Low levels of protein in the blood

Fast Facts

The only way to differentiate Membranous Nephropathy from other primary Nephrotic Syndrome conditions is to have a kidney biopsy.

MN in Adults

- MN occurs more frequently in adults than in children and is most prevalent in adults 40 years or older.
- MN is the most common cause of primary Nephrotic Syndrome in Caucasian adults.

MN in Children

- MN is associated with less than 5% of all new cases of Nephrotic Syndrome in children each year.
- Some patients with Membranous Nephropathy are steroid-resistant.

Up to 40% of MN patients will go into a spontaneous remission without treatment.

Every MN patient follows a unique journey.

Remission means there is currently no protein spilling into the urine.

Up to 40% of Membranous patients develop End Stage Renal Disease (ESRD).

Over time, MN may go into remission, remain stable, or cause gradual loss of kidney function.

MN is caused by the buildup of immune complexes within the kidney that form when a person’s antibodies attack something foreign to the body.
Treating Your Disease

**Short-Term Goals**

The short-term goal of treatment is to **stop protein spillage completely** (remission) or lower the amount of protein lost in the urine as much as possible.

**Long-Term Goals**

The long-term goals of treatment include **preventing recurrences** of protein in the urine and **preventing the deterioration** of kidney function.

It is important to know that up to 40% of MN patients will go into a spontaneous remission without treatment. If proteinuria continues, **the first line therapy is often alternating corticosteroids and an alkalying agent such as cyclophosphamide**, monthly.

How to Live With Your Disease

1. Following a **low-fat, low-sodium diet** will help with your kidney health and your MN symptoms.

2. **Finding a nephrologist that you trust** is very important to your long-term health.

3. Learn about your disease, treatment options, and clinical trials in order to **better advocate for yourself**.

4. **NephCure Kidney International can help** you connect with other patients and find support to manage your disease.

NephCure Kidney International is working **every day** to leverage support to find better treatments and a cure for **Membranous Nephropathy**.

Please visit [NephCure.org](http://NephCure.org) to learn more about MN & Nephrotic Syndrome.