

were similar in the 2 groups. Focal segmental glomerulosclerosis was the commonest histopathologic subtype in both INR (55/94) as well as SNR (25/42). However all the children with Membranous NS (n=6) as well as those with Mesangiocapillary glomerulonephritis (n=2) were INR. After a mean follow-up of 45.5 + 26.6 months, a significantly greater number of SNR children were in remission as compared to INR (29/42 vs 38/94, P=0.4). The mean serum albumin on followup was also significantly greater in SNR as compared to INR (3.2 + 1.0 vs 2.8 + 0.9 g/dL, P=0.04).

Hence, we reiterate that children with SNR have a better outcome as compared to children with INR. Further studies are required to analyze the confounding effect of histo-

pathology *i.e.*, whether children with MCD and INR have a better outcome than children with FSGS and SNR.

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### **Steroid Resistance in Idiopathic Nephrotic Syndrome (Reply)**

The concern in the Editorial was promoted by the authors' inference, based on their observation, that primary and secondary resistance was unlikely to influence the outcome in terms of remission(1). Additional findings from the study, given above, affirm that despite almost similar renal histology, patients with late steroid resistance are likely to do significantly better than are those with initial resistance. These finding highlight the importance of distinguishing initial from late resistance while predicting long-term outcome in patients with nephritic syndrome.

Renal histology is also an important predictor of long-term outcome, as shown by Gulati, *et al.*(1). Biopsies should be evaluated carefully, by an experienced pathologist, for the type of focal segmental glomerulosclerosis (FSGS)(2) and presence or absence

of tubulointerstitial changes(3). Different histologic variants of FSGS have substantial differences in clinical features and in renal outcomes. Furthermore, patients with minimal change histology on renal biopsy may, after a few years, show histological transition to FSGS(4).

Finally, since both the pattern of resistance and renal histology seem to significantly impact the course of nephritic syndrome, it is important to determine whether these features are interrelated or represent independent predictors of outcome. In this context, reanalysis of the original data, by stepwise logistic regression, shall perhaps be more useful than the need for embarking on 'further studies' as proposed by the authors.

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