

Letter to the Editor

Investigating Steroid-associated Peptic Symptoms in Patients With Primary Nephrotic Syndrome: Letter to the Editor



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Dear Editor

We recently read an article by Moghtaderi M et al., “Investigating steroid-associated peptic symptoms in patients with primary nephrotic syndrome”, published in your esteemed journal (2023; 11(3):153-157) [1].

Based on a study by colleagues, the use of proton pump inhibitors (PPI) or aluminium–magnesium alloys (Al-Mg) had no significant effect on the incidence of gastrointestinal symptoms. Accordingly, corticosteroid treatment does not increase peptic ulcers in patients with nephrotic syndrome. These results are amazing, but some points in this study can be discussed.

Treatment with corticosteroid bursts is associated with a 1.4- to 2.2-fold increased risk of gastrointestinal (GI) bleeding, sepsis, and pneumonia within the first month after the initiation of corticosteroid therapy among children. Physicians should be aware of the rare but potentially serious adverse effects associated with the use of high-dose corticosteroids in children, particularly during the first month after corticosteroid initiation. These results provide evidence for clinicians to implement programs with optimal benefit-risk ratios to prevent avoidable harm from using corticosteroid bursts in children [2].

It is essential to determine the dependence of clinical-morpho-functional changes in the gastroduodenal system on long-term corticosteroid therapy in children with nephrotic syndrome. Dyspeptic complaints (abdominal pain, diarrhea, vomiting, and signs of corticosteroid use) were observed in 81.9% of children [3].

Studies have shown that patients who used prednisone complained more about peptic ulcer-type symptoms than control patients [4].

Prophylaxis is assumed to be 100% effective in preventing peptic ulcers caused by corticosteroids [5].

However, the side effects considered for corticosteroids in this study are not complete: Heartburn, hematochezia, nausea, dyspepsia, and GI bleeding [1] because hematochezia is part of GI bleeding and heartburn and dyspepsia are not understandable for children. Children may have severe side effects, including gastrointestinal bleeding, if protective drugs are not started.

Considering the high rate of gastrointestinal side effects of high-dose prednisolone, it seems reasonable to start prophylaxis, and it is suggested that future studies compare the effect of gastrointestinal protective drugs in preventing corticosteroid side effects in the treatment of nephrotic syndrome.



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Ethical Considerations

Compliance with ethical guidelines

There were no ethical considerations to be considered in this research.

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Authors' contributions

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Conflict of interest

The authors declared no conflict of interest.

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