

PROTEINURIA

- Can easily be controlled in most cases with the administration of ACE-inhibitors and ARBs as well as reducing Sirolimus blood levels below 10 to 12 ng/mL. ⁽¹⁾⁽²⁾⁽⁴⁾
- Dietary sodium and protein restriction, controlling obesity and lipids with statins and smoking cessation can also contribute to managing mild proteinuria. ⁽¹⁾
- If proteinuria increases, drug withdrawal may be necessary; it is usually reversed within a few months of Sirolimus discontinuation. ⁽³⁾⁽⁴⁾
- Reintroduction of CNI therapy may reverse urinary protein loss if massive proteinuria develops upon conversion from CNI to Sirolimus. ⁽⁵⁾⁽⁶⁾

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