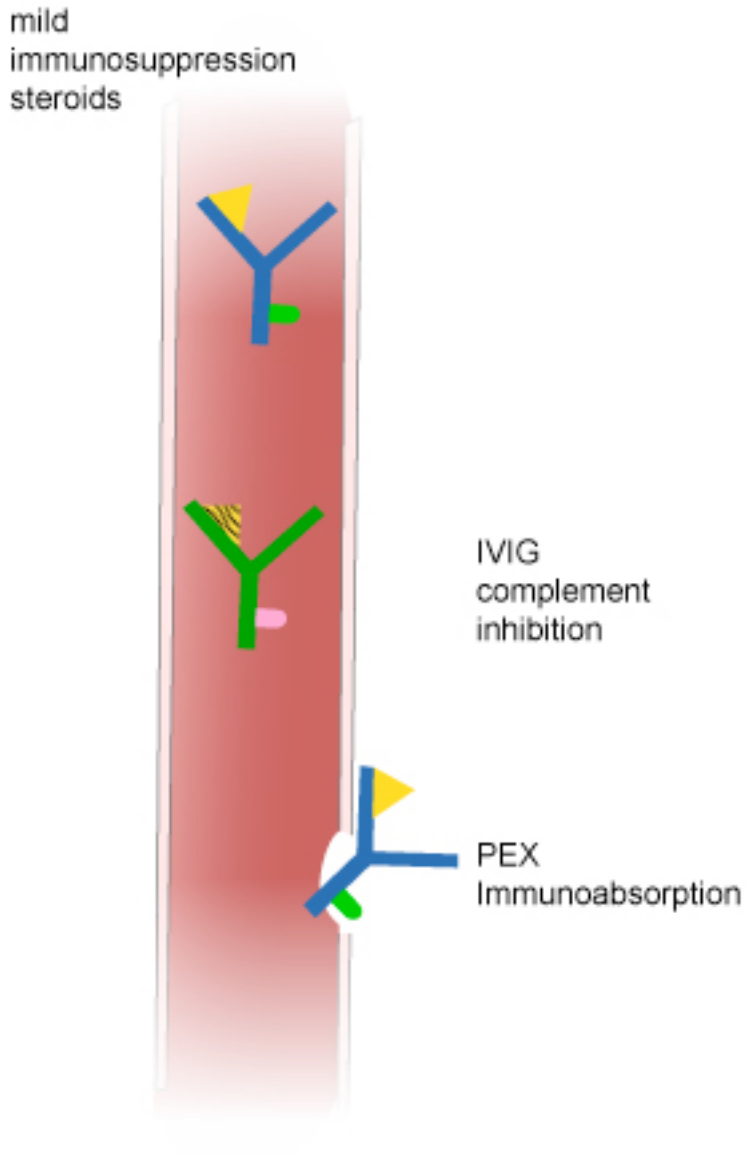
Therapeutic Approach

The first thought is: remove the complexes! Of course this will have no therapeutic effect because the endeavor must be to get rid of the underlying cause that causes formation of immune complexes. Knowing the triggering antigen means targeting therapy to the root. If the antigen is an infectious agent, then anti-infectious therapy is the center core of any approach, even if the disease is already complicated by vasculitis, arthritis, proteinuria or peripheral blood cytopenia. In patients with high levels of CIC, sometimes revealing cryoglobulins, plasma exchange therapy as a palliative measure is indicated but this mus be integrated into an overall therapeutic concept that avoids re-formation of CIC. Now knowing the involved antigen in CIC the therapeutic schemes are inspired from treatment strategies used in autoimmune diseases: corticosteroids, aspirin derivatives (azulfidine), mild immunosuppressants (chloroquine, methotrexatee), cytostatics (azathioprin) and monoclonal antibodies. Therapy with i.v. immunoglobulins (www.ivig.com) is promising but needs further clinical studies for dose finding and delineating the indications through better knwoledge of action mechanisms.



Immune Complexes shown here
flowing in a vessel from top to bottom. Three different approaches are shown: inhibit the inflammatory potential of the complexes by reducing the antibody portion, by reducing complement activation or by deliberately removing them using plasmma exchange.