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Regional Realities in Treating IgA Nephropathy

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The incidence of ESRD in Korea has significantly increased over the past 30 years, ranking among the top 10 globally, with a prevalence of approximately 2100 per million population. IgAN's prevalence varies globally, being highest in Asia (40-50%) due to genetic factors, mass urine screening, and biopsy criteria differences. Symptoms and progression differ regionally; Western patients often present with gross hematuria post-URI, while Asians are diagnosed early through microscopic hematuria, potentially influencing outcomes. Treatment principles emphasize blood pressure and proteinuria control, with RAS inhibitors and steroids being central. Differences in ACE inhibitor and ARB use are noted due to side effects and regional data preferences. Steroid treatment benefits Asians more but also brings higher side effects. Mycophenolate mofetil (MMF) shows varying efficacy, with Asian studies supporting its use. Tonsillectomy, a standard in Japan, is less common elsewhere. SGLT2 inhibitors show promise but are not yet broadly applicable. Ongoing drug development targets various mechanisms, with future advancements anticipated. Regional treatment patterns reflect these variations, highlighting the importance of tailored approaches in managing IgAN.

Keywords: IgA nephropathy, Treatment