

## Serum High-sensitivity C-reactive Protein is not Increased in Patients with IgA Nephropathy

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**Purpose** : The development of renal injury in glomerulonephritis (GN) has been related to systemic inflammatory mediators. We investigated whether high-sensitivity CRP (hs-CRP) is a marker reflecting inflammatory pathogenesis of primary GN.

**Methods** : We compared hs-CRP levels in 192 patients with IgA nephropathy (IgAN), 43 patients with membranous nephropathy (MN), and 25 patients with minimal change disease (MCD) undergoing kidney biopsy and 638 matched controls. Results: There were no differences in hs-CRP levels between controls (median 0.08 mg/dL; range 0.03–1.87 mg/dL) and patients with IgAN (median 0.08 mg/dL; range 0.03–3.13 mg/dL), MN (median 0.07 mg/dL; range 0.03–0.99 mg/dL) or MCD (median 0.08 mg/dL; range 0.03–1.75 mg/dL). In patients with IgAN, hs-CRP levels did not differ according to Haas' subclasses or subsequent renal outcomes. Multiple regression analysis in the IgAN group showed serum IgA level ( $p=0.000$ ), gender ( $p=0.018$ ) and BMI ( $p=0.027$ ) to be independent correlates with hs-CRP. Conclusion: High-sensitivity CRP was not increased in patients with IgAN, MN or MCD and did not correlate with disease activity, pathologic grade or renal outcome. It is likely that hs-CRP does not closely reflect inflammatory pathogenesis in patients with IgAN, MN or MCD.