

고립성 혈뇨 환자의 신조직 진단과 임상경과

가톨릭대학교 의과대학 내과학교실

김용균 · 신석준 · 송호철 · 양철우 · 김용수 · 최의진 · 방병기

Natural History and Renal Pathology of Patients with Isolated Microscopic Hematuria

Yong Kyun Kim, Seok Joon Shin, Ho Cheol Song, Chul Woo Yang
Yong-Soo Kim, Eui Jin Choi and Byung Kee Bang

Department of Internal Medicine College of Medicine Catholic University of Korea Seoul Korea

Aim : The aim of this study was to observe the natural history of subjects with isolated microscopic hematuria (IMH) and define the pathology and prognostic factors associated with IMH.

Methods : We evaluated 156 subjects with IMH who had a renal biopsy performed retrospectively. One hundred patients were followed up for at least 1 year (mean follow-up duration of 31.6 ± 14.1 months). The clinical and pathological data were reviewed.

Results : Of the 156 subjects with IMH, 33.3% were diagnosed with IgA nephropathy, 23.7% with mesangial proliferative glomerulonephritis, 15.4% with glomerular minor lesion, 12.8% with thin basement membrane nephropathy, and 6.4% had normal biopsies. In addition, 5.1% were diagnosed with focal segmental glomerulosclerosis, 1.9% with membranous glomerulonephritis, and 1.3% with membranoproliferative glomerulonephritis. During the follow-up period, chronic kidney disease was developed in 2 subjects who were pathologically diagnosed with IgA nephropathy. One of these patients presented with proteinuria and hypertension, and the other with proteinuria during the study. The incidence of proteinuria was 6% and hypertension 5% respectively.

Conclusion : The major cause of IMH was glomerulonephritis, in particular IgA nephropathy. The prognosis of subjects with IMH was not favorable, especially for subjects that developed proteinuria and/or hypertension during the study. Subjects with IMH require close follow-up.

Key Words : 고립성 혈뇨, 단백뇨, 고혈압

Microscopic hematuria, Hypertension, Proteinuria