

## IgA 신증의 예후 및 진행 인자

인하대학교병원 병리과

한지영 · 김루시아 · 최석진 · 박인서 · 김준미 · 주영채

### Progress and Prognosis Factors of IgA Nephropathy

Jee-Young Han, Lucia Kim, Suk-Jin Choi, In-Suh Park, Joon-Mee Kim, Young-Chae Chu

Inha University Hospital Department of Pathology

**Aim :** IgA nephropathy is most common primary glomerulonephritis in the world and prognosis of IgA nephropathy is very variable. In this study, we investigated the prognosis and progress factors of IgA nephropathy in three fields; 1) clinical factors; age, blood pressure, proteinuria, serum BUN and creatinin, 2) pathological factors; Haas subclassification, degree of glomerular sclerosis and mesangial proliferation, tubular atrophies and interstitial fibrosis 3) classification and number of inflammatory infiltrates and degree of podocyte damage.

**Method :** In IgA nephropathy, the sclerosis index, mesangial proliferation, tubular atrophies, and interstitial fibrosis were accessed. Immunohistochemistry (IHC) was performed for CD3, CD8, CD20, CD68, TIA, and WT1 and presented by positive inflammatory cell number/high power field (HPF) or /glomerulus. The clinical factors were investigated. Estimated GFR (eGFR) were calculated using MDRD equation. The correlation between eGFR after follow-up and clinical and pathologic parameters was investigated. Result and conclusion; The number of IgA nephropathy was 88 and mean follow-up period was 5.1years. The number of patient of eGFR less than 60 ml/min was 17 at the time of diagnosis but it was increased to 32 after follow-up. The decreased renal function (eGFR<60 ml/min) after follow-up was correlated with hypertension, age at diagnosis, initial eGFR, initial serum BUN, Cr, Haas subclassification, sclerosis index, tubular atrophies, interstitial fibrosis, number of CD3, CD68, CD20, and CD8 positive cells and degree of podocyte damage ( $p<0.05$ ). The mesangial proliferation and TIA positive cell numbers were not correlated. However, progressive IgA nephropathy (initially normal GFR and follow-up eGFR< 60ml/min) differed significantly from non-progressors (normal initial and follow-up eGFR) in the age at biopsy, initial diastolic blood pressure, initial eGFR, CD8 positive cell numbers. Our study may have identified a marker of disease progression in early stages of IgA nephropathy and prognostic factors of IgA nephropathy.

**Key Words :** IgA 신증, 예후, CD8  
IgA N, prognosis, CD8