

## 의미있는 단백뇨를 보인 IgA신장병에서 장기 신생존에 대한 고찰

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### Prognostic Factors for Long-term Renal Survival in IgA Nephropathy with Significant Proteinuria

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**Aim** : Proteinuria is a primary factor requiring treatment in IgA nephropathy (IgAN). However, the long-term prognostic factors leading to end-stage renal disease in proteinuric IgAN have not been described.

**Methods** : From 1983 to 2003, the 104 patients with biopsy-proven primary IgAN were enrolled in this study. Patients had an estimated glomerular filtration rate (eGFR)  $>30$  mL/min/1.73m<sup>2</sup> and significant proteinuria, defined as  $>1$  g/day at the first assessment. We reviewed the clinical and laboratory data, histological classifications.

**Results** : The overall renal survival rates were 92.8%, 73.5%, and 63.9% at 5, 10, and 20 years, respectively. Of the investigated parameters, only mean proteinuria exposure during follow-up correlated with the slope of loss of renal function ( $\gamma = -0.204$ ,  $p = 0.038$ ). The renal survival rates were decreased according to the amount of mean proteinuria exposure, such that those with sustained proteinuria  $>3$  g/d showed 7.5-fold worse renal survival than 1–3 g/d (95% confidence interval, 2.64–21.45;  $p = 0.000$ ). In the univariate analysis, the more proteinuria ( $p = 0.010$ ) and lower eGFR at baseline ( $p = 0.000$ ) were significantly associated with worse renal survival. Of the follow-up parameters, proteinuria exposure ( $p < 0.001$ ), mean arterial pressure ( $p = 0.037$ ) and use of immunosuppressors ( $p = 0.047$ ) were significantly associated. In the multivariate analysis, the mean proteinuria during follow-up ( $p = 0.003$ ) and renal impairment at baseline ( $p = 0.022$ ) were independent prognostic factors for renal survival.

**Conclusion** : Our data suggests that reducing the severity of proteinuria exposure is important for preserving renal function, and baseline eGFR and proteinuria exposure were significant prognostic factors for renal survival in proteinuric IgAN patients.

**Key Words** : IgA신병증, 단백뇨, 신생존

IgA nephropathy, Proteinuria, Renal survival