

자연관해를 보인 IgA 신병증과 동반된 신증후군 1례

국민건강 보험공단 일산병원 내과

박정경 · 강이화 · 신석균 · 한승혁

A Case of Spontaneous Remission of Nephrotic Syndrome Combined with IgA Nephropathy

Jeong Kyung Park, Ea Wha Kang, Suk Kyun Shin, Seung Hyeok Han

NHIC Ilsan Hospital Department of Internal Medicine

Introduction : IgA nephropathy (IgAN) is the most frequent form of primary glomerulonephritis worldwide. Although proteinuria is a poor prognosis factor in IgAN, heavy proteinuria associated with minimal glomerular change combined with mesangial IgA deposits on renal biopsy remits promptly after steroid treatment. Herein, we report a case of spontaneous remission of nephrotic syndrome in IgAN.

Case : A 34-year-old female visited our hospital for edema. The patient complained of 3 kg of weight gain over a month. Blood pressure was 150/90 mmHg and 4+ pitting edema of the both lower extremities was observed on physical examination. The initial laboratory test showed that a hemoglobin of 13.3 g/dL, a serum albumin of 2.3 g/dL, a total cholesterol of 221 mg/dL, a LDL cholesterol of 122 mg/dL, a serum IgA of 435 mg/dL, and a serum creatinine of 0.8 mg/dL. Urinalysis revealed 4+ proteinuria combined with microscopic hematuria (dysmorphism 33%). Anti-HBs antibody was positive. The 24-hour urinary protein excretion was 10.6 g per day with non-selective glomerular pattern on urine electrophoresis. On the next visit, renal biopsy was recommended and the patient started to be treated with angiotensin receptor blocker (telmisartan 40 mg per day). One month after the outpatient visit, the patient was admitted for renal biopsy. The laboratory findings on the following day revealed a serum albumin level of 3.5 g/dl, serum creatinine of 0.7 mg/dL, and negative dipstick urine protein with only microscopic hematuria. The second 24-hour urinary protein excretion was 255 mg per day. A percutaneous renal biopsy showed segmental expansion of the mesangial matrix and mild mesangial hypercellularity with immunofluorescent activity for 2+ IgA and multifocal electron-dense deposits within the mesangium without foot process effacement. There was no tubulo-interstitial inflammation or fibrosis. The patient was maintained on telmisartan without steroid treatment. Four months later, the patient had a serum creatinine of 0.7 mg/dL and urine protein-to-creatinine of 0.65.

Conclusion : This report clearly showed a case of spontaneous remission of nephrotic syndrome with IgAN. Although it is extremely rare, meticulous decision should be made with caution when treating such patient with steroid.

Key Words : IgA 신병증, 신증후군, 자연관해

IgA nephropathy, nephrotic syndrome, spontaneous remission