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Clinicopathologic Findings of IgA-dominant Postinfectious Glomerulonephritis

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Purpose : Pathologic findings in postinfectious glomerulonephritis (PIGN) are varied, and various subtypes may have different clinical significances. IgA-dominant PIGN was recently reported as a unique subtype of PIGN, but its clinicopathologic features were not clearly characterized. Here we present demographic, clinical and renal biopsy findings from 7 patients with IgA-dominant PIGN.

Methods : Patients were admitted to Hanyang University Hospital and underwent percutaneous renal biopsy over a 4-year period. From biopsy specimens, standard techniques of light microscopy, immunofluorescent (IF) microscopy and electron microscopy were performed. Clinical data were retrospectively analyzed from cases which were pathologically diagnosed as IgA-dominant PSGN.

Results : The patient age ranged from 31 to 84 years, and male were 6 out of 7. All glomeruli showed diffuse endocapillary proliferation, infiltration of neutrophils, granular IgA and C3 deposits along the peripheral capillary walls and in the mesangium, and subepithelial 'hump' with intramembranous and mesangial electron dense deposits. All patients had renal insufficiency (mean serum creatinine±SD, 3.1±1.0 mg/dL), hematuria and heavy proteinuria of nephrotic range. Two patients had recent Staphylococcus aureus infections (2 methicillin-resistant), and one recent Rickettsial infection. Only one was diabetic, and none of our patients had any underlying renal disease. Two patients developed end-stage renal disease, whereas azotemia was improved in 3.

Conclusions : IgA-dominant PIGN is often associated with overt staphylococcal infection, and the preceding infection may be subclinical or nonstaphylococcal. Rickettsia could be a possible cause of IgA-dominant PIGN in some area. Both non-diabetic and diabetic patients may be subject to this form of GN. Other worse prognostic factors than underlying diabetic nephropathy and renal insufficiency should be identified. Unusual IF microscopy findings may lead to misdiagnosis as IgA nephropathy. Thus, the prominent exudative feature and clinical history of infection are important to avoid erroneous diagnosis.

Key Words : 감염후 사구체신염, 면역글로불린 A , 조직검사
Postinfectious glomerulonephritis, Iimmunoglobulin A, Biopsy