

상염색체 우성 다낭신 환자에서 신기능 저하 예측인자로서의 소변내 NAG/Cr의 기능

서울대학교 의과대학 내과학교실¹, 을지대학교 의과대학 내과학교실²
서울대학교병원 장기이식센터³, 분당서울대학교병원⁴, 한림대학교 의과대학 내과학교실⁵

박혜인조¹, 황진호¹, 양재석³, 황영환², 김동기¹, 오국환¹
주권욱¹, 김연수¹, 채동완⁴, 한진석¹, 김성권¹, 노정우⁵, 안규리¹

Urinary NAG/Cr Can be a Predictor of Renal Function Deterioration in ADPKD

Hayne Cho Park¹, Jin Ho Hwang¹, Jaeseok Yang³, Young-Hwan Hwang²
Dong Ki Kim¹, Kook-Hwan Oh¹, Kwon Wook Joo¹, Yon Su Kim¹
Dong-Wan Chae⁴, Jin Suk Han¹, Suhnggwon Kim¹, Jung Woo Noh⁵, Curie Ahn¹

Department of Internal Medicine¹ Seoul National University College of Medicine
Department of Internal Medicine² Eulji University College of Medicine
Transplantation Center³, Seoul National University Hospital
Department of Internal Medicine⁴, Seoul National University Bundang Hospital
Department of Internal Medicine⁵, Hallym University College of Medicine

Background: Autosomal dominant polycystic kidney disease (ADPKD) is the most common hereditary kidney disease characterized by progressive growth of multiple renal cysts leading to end-stage renal disease. Because serum creatinine (Cr) is considered of limited use and measuring total kidney volume is time consuming and expensive, novel biomarker is needed to predict and monitor disease progression in ADPKD. In this prospective study, we investigated urinary N-acetyl- β -glucosaminidase-to-creatinine ratio (NAG/Cr) as a novel biomarker to predict renal progression.

Methods: 121 ADPKD patients (65 male and 56 female) with their glomerular filtration rate (GFR) over 30 ml/min/1.73m² were enrolled in the study. Each subject underwent medical review and blood pressure measurement at the first visit. Initial laboratory assessment included BUN (mg/dL), Cr (mg/dL), estimated GFR (ml/min/1.73 m²), urinary albumin-to-creatinine ratio (mg/g), and urinary NAG/Cr (IU/g). Specimens were collected every 6 months and computed tomography (CT) was taken every 2 years to measure total kidney volume.

Results: The mean age of subjects was 47 years and the mean follow up duration 12 years from diagnosis. Baseline Cr and eGFR was 1.08 \pm 0.3 mg/dL and 72.5 \pm 18.3 (ml/min/1.73m²), respectively. Among 121 patients, 73 (60.3%) patients were follow up at 6 month, and 34 (28%) and 18 (14.9%) patients were followed up at 12 and 18 month, respectively. Subjects with persistently high NAG/Cr value (> 5.5 IU/g) showed lower eGFR at 6, 12, 18 month follow-up period compared to those with low NAG/Cr value (p<0.05). These differences remained significant after adjustment with random urine albumin-to-creatinine ratio.

Conclusion: Urinary NAG/Cr may be a good and reliable biomarker to predict renal progression in ADPKD patients. Further studies are warranted to reveal the underlying mechanism.

Key Words: 상염색체우성다낭신, 바이오마커, 신기능약화
ADPKD, urinary biomarker, renal progression