

면역글로불린G4 양성 간질성신염과 음성 환자의 임상양상 비교

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Comparative Clinical Manifestations of IgG4-positive and IgG4-negative Primary Tubulointerstitial Nephritis

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Aims: To evaluate the prevalence of IgG4-positive tubule-interstitial nephritis (TIN) and compare the clinical manifestations of IgG4-positive and IgG4-negative primary TIN.

Methods: Of 5,174 renal biopsies obtained between January 1996 and February 2010, 46 were positive for primary TIN. Biopsy tissues were lost for two patients. The remaining 44 samples were assayed by immunoperoxidase staining with monoclonal mouse antibody to human IgG4. IgG4-positive TIN was defined as 1 IgG4 positive plasma cell/HPF.

Results: Of the 44 patients with primary TIN, 25 (57%) were identified as IgG4-positive and 19 (43%) as IgG4-negative. The two groups did not differ in age; gender distribution; incidence of hypertension, diabetes mellitus, drug history, pyuria, or proteinuria; concentrations of hemoglobin and alkaline phosphatase; estimated glomerular filtration rate (eGFR); or kidney size. The improvement rate, however, was significantly higher in IgG4-positive than in IgG4-negative patients ($p=0.045$). Of the 25 IgG4-positive and 19 IgG4-negative patients, 18 and 13, respectively, were treated, and 18 and 7, respectively, improved ($p=0.002$). The median number of IgG4-positive plasma cells/HPF in the former group was 8 (range 1-90). The number of IgG4-positive plasma cells was significantly associated with the degree of proteinuria ($r=0.471$, $p=0.018$) and age ($r=0.529$, $p=0.007$).

Conclusion: Early diagnosis and treatment are important in patients with IgG4-positive primary TIN.

Key Words: 면역글로불린G4, 간질성신염, 치료반응
IgG4, Tubulointerstitial nephritis, Outcome