경피적 신생검으로 진단된 사구체신염 환자의 사망과 말기신부전으로의 진행에 관한 연구: 단일 기관 30년의 경험에 대한 고찰

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Mortality and Renal Outcome of Biopsy-proven Glomerulonephritis: A Review of 30 Years of Experience

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Background: Previous epidemiologic studies have focused on the prevalence of glomerulonephritis and few studies have explored the long-term patient outcomes. This study was conducted to investigate long-term patient and renal outcome of glomerulonephritis.

Methods: Patients who were performed a renal biopsy at Seoul National University Hospital from 1979 to 2008 were included in this analysis. Patients who were aged under 15 years or underwent transplanted kidney biopsies, and surgical renal biopsies were excluded. Information about clinical and pathologic characteristics was obtained by medical record review. Data for patient and renal death were acquired from the Statistics Korea and Korean Nephrology Society, respectively.

Results: Glomerulonephritis comprised 86.7% of 4,998 naïve kidney biopsies, with 3,235 of primary glomerulonephritis and 1,100 secondary glomerulonephritis. IgA nephropathy was the most common primary glomerulonephritis (n=1404, 43%), and lupus nephritis was the most common secondary glomerulonephritis (n=526, 48%). Excluding crescentic glomerulonephritis and sclerosing glomerulonephritis, membrano-proliferative glomerulonephritis showed worst renal survival rate (30 year survival rate [YSR] 38.2%), following IgA nephropathy (30 YSR 62.0%) among the primary glomerulonephritis. Minimal change disease (MCD) showed best renal survival (30 YSR 95.9%), as expected. Interestingly, IgA nephropathy patients appeared to have similar survival rate to patients with MCD (30 YSR 81.2% vs 86.0%, log rank p=0.613). Among secondary glomerulonephritis, diabetes nephropathy showed to have worst prognosis in both renal (20 YSR 38.3%) and patient (20 YSR 45.1%) survival. In contrast to IgA nephropathy, patients with lupus nephritis have higher renal survival (30 YSR 76.2%) than their patient survival rate (30 YSR 57.4%).

Conclusion: From this long period of observation, both mortality and renal outcome of various glomerulonephritis could be analyzed and compared. On the contrary to lupus nephritis, IgA nephropathy proved fair patient survival rate compared to MCD, which is well-known benign glomerulonephritis, despite its significant renal progression to end stage renal disease.

Key Words: 사구체신염, 사망률, 말기신부전
Glomerulonephritis, Mortality, End stage renal disease