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신기능 저하를 동반하는 IgA 신병증환자에서 스테로이드 충격요법의 효과

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The Efficacy of Steroid Pulse Therapy in IgA Nephropathy Patients with Established Renal Impairment

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Background: In patients with IgA nephropathy (IgAN), many studies showed steroid pulse therapy reduced proteinuria and prevented to end-stage renal disease (ESRD). But, there has been considerable disagreement regarding the best way of steroid pulse treatment in patients with IgAN, especially with progressively deteriorated renal function. The objective of this study was to evaluate the efficacy and proper doses of methylprednisolone(MP) pulse therapy in IgAN patients with established renal impairment.

Methods: The efficacy of MP pulse therapy was retrospectively evaluated in patients with primary IgAN and renal insufficiency by multivariate analyses. The relationships between renal survival and clinical parameters were investigated.

Results: 107 patients were diagnosed with primary IgAN and decreased renal function (eGFR <60 ml/min/1.73m^2) by renal biopsy between 2005 and 2010. Median follow-up period was 46 months. The end point of kidney survival was estimated by doubling serum creatinine and/or ESRD requiring renal replacement therapy (RRT). 19 Patients with active IgAN and renal impairment (median eGFR, 41.99 ml/min/1.73m^2) were treated with 500 mg intravenous MP every 2 weeks for 6 months. Among 107 patients, doubling creatinine occurred in 23% of the patients, and ESRD requiring RRT occurred in 14%. Multivariate regression for association of variables with renal survival showed initial proteinuria >1.0 g/day [hazard ratio (HR)=16.8, p=0.002] independently influenced on renal survival. HR for pathologic class V (estimated by Haas classification) significantly increased compared to class I+II (HR=15.1, p=0.028) but, class III+IV did not (HR=3.1, p=0.317). Also, initial eGFR <30 ml/min/1.73m^2 and MP pulse therapy did not significantly influenced (HR=3.46, p=0.063 and HR=0.42, p=0.288, respectively) in multivariate analysis. However, with Kaplan-Meier method, MP pulse therapy significantly improved the renal survival (p=0.010). It showed tendency to prevent ESRD requiring renal replacement therapy, but not significantly associated (p=0.077). Maybe, small number of steroid treatment group might influence the result of statistics. No serious adverse events were documented during the MP pulse therapy, except for one with facial flushing and mild palpitation.

Conclusions: MP pulse therapy (500mg every 2 weeks for 6 months) can be safe and effective methods to preserve kidney survival in patients with IgAN and preexisting established renal impairment.

Key Words: IgA 신병증, 스테로이드, 신부전
IgA nephropathy, Steroids, Renal insufficiency