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IgA 신증 환자에서 Pozzi 치료의 효과

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The Effectiveness of Pozzi Regimen for Patients with IgA Nephropathy

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Background: Immunoglobulin A nephropathy (IgAN) is the most common form of primary glomerulonephritis. Although initially believed to represent a benign condition, IgAN is now recognized as a major cause of end-stage renal disease. Recent many studies have shown that steroid therapy is effective for IgAN in patients with moderate proteinuria. But corticosteroid treatment is still controversial and widespread use of this approach in clinical practice is limited by toxicity.

Methods: Among 273 patients aged ≥18 years who were diagnosed with IgAN histologically at Seoul National University Bundang Hospital between April 2003 and January 2013, 20 patients were treated by Pozzi's regimen. Their clinical and histological findings before treatment and the outcome after treatment were analyzed retrospectively. Estimated GFR (eGFR) was calculated using the Chronic Kidney Disease Epidemiology Collaboration (CKD-EPI) equation and proteinuria was assessed by random urine protein to creatinine ratio (UPCR).

Results: Twenty IgAN patients treated by Pozzi's regimen were observed for up to 108.9 (median 44.2) months. The male to female ratio was 3:7 and their mean age was 49.5 years (range, 23-79 years). Mean of creatinine (Cr), eGFR, and UPCR at diagnosis were 1.2 mg/dL (0.6-2.2 mg/dL), 67.6 ml/min/1.73m^2 (30.9-117.1 ml/min/1.73m^2), and 3.4 mg/mg (1.1-13.1 mg/mg), respectively. Histologically, mean of global sclerosis (GS) and segmental sclerosis (SS) were 23.7 % (0-48 %) and 19.1 % (0-63.3%) and 9 patients had crescent formation. After treatment, mean levels of Cr, eGFR, and UPCR at post 6month later were 1.4 mg/dL (0.7-2.5 mg/dL), 54.4 ml/min/1.73m^2 (31.0-111.9 ml/min/1.73m^2), and 1.3 mg/mg (0.9-2.9 mg/mg), respectively. Paired t-test revealed a statistically significant differences in the levels of Cr, eGFR, and UPCR between diagnosis and post treatment 6 month (p=0.034, 0.030, and 0.004). During the median follow up of 44 months for 20 patients, a decrease in proteinuria >50% was observed in 60% (12/20) of patients and Cr doubling or decrease in eGFR >50% was measured in 10% (2/20) of patients.

Conclusion: In the present study, Pozzi's regimen effectively reduced the amount of proteinuria and stabilized renal functions in advanced IgAN patients whose eGFR was under 60 ml/min/1.73m^2 or UPCR was over 1 mg/mg. A prospective randomized controlled trial is required to clarify the effectiveness of long term steroid therapy for patients with advanced IgAN.

Key Words: IgA 신증, Pozzi 치료
IgA nephropathy, Pozzi