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조기 IgA 신증의 장기적 예후에 관한 연구

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Long-term Prognosis of Clinically Early IgA Nephropathy is not Always Favorable

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Background: Long-term prognosis of clinically early IgA nephropathy patients with normal renal function and minimal proteinuria remains to be clarified. In this study, we investigated long-term outcome of IgA nephropathy patients with apparently benign presentation and evaluated the prognostic factor for renal survival.

Methods: We included biopsy proven IgA nephropathy patients with estimated glomerular filtration rate (eGFR) more than 60 ml/min/1.73m^2 and proteinuria less than 0.5 g/day at the time of biopsy. Patients who were younger than 15 years old or with Henoch-Schonlein purpura, liver disease, and other systemic disease were excluded. Primary outcome was defined as composite of end-stage renal disease (ESRD) and a doubling of baseline serum creatinine.

Results: A total of 150 patients met these criteria in the period 1979-2008 and analyzed. Median follow up duration was 126.5 months (81.8-270.8). In these patients, 20 (13.8%) patients were hypertensive and 73 (48.7%) were presented as gross hematuria. Mean systolic blood pressure was 119.7±18.0 mmHg, initial eGFR was 87.3±19.8 ml/min/1.73m^2 and proteinuria was 0.24±0.14 g/day at diagnosis. Among them 6 patients were died, 7 reached to ESRD, 2 were doubled their serum creatinine levels, and 8 showed increased proteinuria more than 1 g/day. No patients were treated by immunosuppressive agents and 48 (32.4%) of patients were taken renin-angiotensin-aldosterone. In the histologic analysis, 87.7% of patients were demonstrated minor change with mesangial widening (67 patients, WHO grade II) or focal and segmental glomerulonephritis (33 patients, WHO grade III). Patients reached ESRD or a doubling of serum creatinine during median 113 months of follow up. eGFR less than 75 ml/min/1.73m^2 and advanced pathologic state (WHO grade more than III) were tend to predict poor renal outcome.

Conclusions: This study demonstrated that the prognosis of early IgA nephropathy was not always favorable. Besides mildly depressed initial renal function, histologic characteristics also should be considered as an important prognostic factor for clinically early IgA nephropathy patients.

Key Words: 조기 IgA 신염, 신생존, 병리학적 변화
Early IgA nephropathy, Renal survival, Pathologic change