

Oxford classification의 웨노셴레인신병증 대한 적용

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Using the Oxford Classification of IgA Nephropathy to Predict Long-term Outcomes of Henoch-Schönlein Purpura Nephritis in Adults

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Background: Henoch-Schönlein purpura nephritis (HSPN) and immunoglobulin A nephropathy (IgAN) are currently considered as a spectrum of clinical presentations of the same disease and are also considered indistinguishable immunohistopathologically. Recently, there has been emerging concern that crescents, the main histologic feature of HSPN, merely reflect active inflammation, and may not be useful in predicting long-term outcomes. We therefore conducted a single-center retrospective study to evaluate whether the new Oxford classification of IgAN can be used to predict long-term outcome in HSPN patients.

Methods: We included 61 biopsy-proven HSPN patients between January 1991 and August 2010. In addition to the International Study of Kidney Disease in Children classification, pathologic findings were also evaluated by the Oxford classification. Primary outcome was defined as either the onset of estimated glomerular filtration rate (eGFR) <60 ml/min/1.73m² with ≥30% decrease in eGFR from baseline or end-stage renal disease.

Results: During a median follow-up of 49.3 months, 13 (21.3%) patients reached the primary endpoint. A Kaplan-Meier plot showed that renal-event-free survival was significantly longer in patients with <50% crescents than in those with crescents in ≥50% of glomeruli (p=0.003). Among the components of the Oxford classification, patients with endocapillary hypercellularity (E1) (p=0.02) and tubular atrophy/interstitial fibrosis (T1/T2) (p=0.02) had lower renal survival rates than those with E0 and T0. In a multivariate Cox model adjusted for clinical and pathologic factors, E1 (HR 8.91; 95% CI 1.47 to 53.88; p=0.02) and T1/T2 (HR 8.74; 95% CI 1.40 to 54.38; p=0.02) lesions were independently associated with reaching a primary outcome, whereas the extent of crescentic lesions was not (HR 3.27; 95% CI 0.76 to 14.01; p=0.11).

Conclusion: Our findings suggest that the Oxford classification can be used in predicting long-term outcomes of HSPN. The significance of crescentic lesions remains to be further explored, as we found its prognostic value to be attenuated in multivariate analysis. A larger multicenter study with a longer follow-up period is warranted to further clarify the predictive value of the pathologic criteria of Oxford classification in HSPN.

Key Words: 웨노셴레인신병증, 옥스포드 분류, 예후

HSP nephritis, The Oxford classification, Outcome