

소아 IgA 신증에서 Oxford classification의 유용성

영남대학교 의과대학 소아청소년과학교실¹, 영남대학교 의과대학 병리학교실²
경북대학교 의학전문대학원 소아청소년과학교실³

이상수¹, 황영주³, 조민현³, 김용진², 박용훈¹

16-year Experiences of Pediatric IgA Nephropathy and Validation of the Oxford Classification as a Risk Predictor

Sang Su Lee¹, Young Ju Hwang³, Min Hyun Cho³, Yong Jin Kim², Yong Hoon Park¹

Department of Pediatrics¹ Yeungnam University College of Medicine

Department of Pathology² Yeungnam University College of Medicine

Department of Pediatrics³ Kyungpook National University School of Medicine

Objectives: The Oxford classification of IgA nephropathy was developed for more accurate prediction of disease progress, and then several studies have been conducted to validate its relevance. The purpose of this retrospective study was to validate that this classification is relevant for Korean children with IgA nephropathy.

Methods: A total 102 pediatric patients with IgA nephropathy were analyzed. Every renal biopsy specimens previously categorized according to Haas classification were reclassified according to the Oxford classification. The clinical and laboratory data at the time of first evaluation and last follow-up were compared to each other with the Oxford classification.

Results: Among the 102 pediatric IgA nephropathy patients, 91 patients were available for reclassification according to the Oxford classification. Within them, 38 patients were diagnosed through school urinary screening program. According to Haas classification, the number of patients with class I, II, III and IV was 44 (48.3%), 9 (9.9%), 25 (27.5%), 13 (14.3%) respectively. Meanwhile, in case of Oxford classification, the number of patients with mesangial proliferation (M1), segmental sclerosis (S1), endocapillary proliferation (E1), and tubulointerstitial fibrosis (T1 or T2) was 32 (35.2%), 15 (16.5%), 9 (9.9%), 6 (6.6%) respectively. There was no significant decrease of GFR within entire cohort. But five patients showed decreased renal function and of them, two cases reached stage III or IV CKD. The five patients' changes of K/DOQI CKD stage were 2 to 4, 1 to 3, 1 to 2, 1 to 2 and 1 to 2. And their pathological classifications were Haas 4/M1 S1 E0 T0, Haas 4/M1 S0 E1 T1 with global sclerosis, Haas 1/SM0 S1 E0 T0, Haas 1/M0 S0 E0 T0 and Haas1/M0 S0 E0 T0 with global sclerosis in the same order of CKD stage. In the Oxford classification, Global sclerosis was the only factor which has correlation with decreased renal function while Haas classification has no significant correlation with renal function.

Conclusions: Global sclerosis had correlation with decreased renal function. But in our cohort, there was no significant decrease of renal function during follow-up period ($p=0.216$). So we could not correlate both Haas and Oxford classification with renal outcome clearly. The value of the Oxford classification as a predictor of renal outcome is unclear yet in Korean children with IgA nephropathy.

Key Words: 면역글로불린 A 신증

IgA Nephropathy, Oxford classification, Haas classification