

레닌 안지오텐신 차단제가 특발성 막성 신병증의 예후에 미친 영향

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Role of Renin-angiotensin System Blockades in the Prognosis Improvement of Korean Idiopathic Membranous Nephropathy

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Background: Recently, prognosis of idiopathic membranous nephropathy (iMN) has been improved by using antiproteinuric therapies including immunosuppressive agents and renin-angiotensin system (RAS) blockades. In this study, we aimed to explore the long-term prognosis and its contributing factors in Korean iMN patients.

Method: We included consecutive biopsy-proven iMN patients at Seoul National University Hospital. Patients who were younger than 18 years or with chronic hepatitis B, chronic hepatitis, malignancy, and other systemic diseases were excluded. Primary outcome was defined as composite of end-stage renal disease and a doubling of baseline serum creatinine. The secondary outcome was complete or partial remission of proteinuria.

Result: A total of 302 patients met these criteria between 1979 and 2012. Median length of follow up was 136 months (80-249). Mean age was 49±12 and 183 (60.6%) of patients were male. In these patients, 70.9% of patients were treated with immunosuppressant, 74.5% of patients received RAS blockades. Among them, 9.3% of patients reached the primary outcome. Patients who reached complete and partial remission were 52.2% and 28%, respectively. Spontaneous remission appeared in 35.9% of patients. Decreased eGFR at the time of biopsy was a significant risk factor for renal survival. Also, hypertension, BMI, anemia, and hypercholesterolemia could predict poor renal outcome. RAS blockade significantly improved renal survival, however, immunosuppressive treatment could not affect renal outcome.

Conclusion: This study suggests RAS blockades ameliorate renal outcome of Korean idiopathic membranous nephropathy.

Key Words: 특발성 막성 신병증, 레닌 안지오텐신 차단제
Idiopathic membranous nephropathy, RAS blockades