

## Clinical Manifestations and Prognostic Factors of IgA Nephropathy with Long-term Follow Up

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Immunoglobulin A nephropathy (IgAN) is the most common type of primary glomerulonephritis worldwide. It has a variable clinical course and approximately 25-50% of patients progress to end-stage renal disease (ESRD). Although, there were several studies to identify prognostic factors of IgAN in Korea, the follow-up period was not sufficient for the natural history of IgAN. Between April 1985 to March 2003, 184 patients with primary IgAN who were followed up at least 10 years after percutaneous renal biopsy were enrolled. Among 184 patients, 97 were males (52.7%) and 87 were females (47.3%). Mean age was  $33.7 \pm 11.5$  years and mean follow-up period was  $181.3 \pm 46.3$  months. During the follow up, 73 patients (36.9%) had progressed to ESRD. The mean duration till ESRD was  $98.1 \pm 55.9$  months. Overall renal survival rate was 60.3%, 10-year renal survival rate was 74.3% and 20-year renal survival rate was 49.3%. Univariate analyses indicated that hypertension, serum creatinine  $>1.3$  mg/dL, estimated glomerular filtration rate  $<60$  mL/min/1.73m<sup>2</sup>, serum albumin  $<3.5$  g/dL, proteinuria  $\geq 1$  g/day, severe renal pathology by Haas' sub-classification were significantly associated with ESRD. When these factors were included into the multivariate Cox regression analyses, only severe renal pathology by Haas' sub-classification was an independent prognostic factor of IgAN. In conclusion, careful follow-up and treatment is recommended especially in IgAN patients with severe renal pathology by Haas' sub-classification.

**Key Words:** IgA Nephropathy, Prognosis, Pathology