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IgA 신증에서 자연 관해

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Spontaneous Remission in IgA Nephropathy

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Background: IgA nephropathy (IgAN) is the most common glomerulonephritis worldwide, and has broad spectrum of clinical course from asymptomatic microscopic hematuria to end-stage renal disease. IgAN is considered as a life-long disease, however, spontaneous remission (SR) in IgAN has been reported in previous studies. Therefore, we investigated development of clinical SR and factors affecting SR in IgAN.

Methods: A single center study based on electrical medical record was conducted from 2006 to 2014 in 549 patients with biopsy-proven IgAN in Severance hospital. Complete remission (CR) was defined as simultaneous remission of hematuria and proteinuria with normalization of other laboratory values. SR was defined as CR reached without any immunosuppressive therapy. We classified patients into two groups of SR and non-CR (NR). Demographic and bio-chemical parameters were compared between two groups.

Results: Mean age was 37.1±12.5 and male were 241 (43.9%). Mean estimated glomerular filtration rate (eGFR) was 86.1±31.0 ml/min per 1.73m^2. SR occurred in 63 patients (11.5%) during median follow up duration of 43.6 months. SR group showed lower levels of random urine protein-to-creatinine ratio (UPCR) (SR vs. NR group, median 0.7, interquartile range (IQR) 0.3-1.3 vs. median 1.0, IQR 0.4-1.9, p=0.029), higher serum albumin level (4.2±0.5 vs. 4.1±0.5, p=0.023) compared with NR group. There was no significant difference in levels of mean eGFR and presence of nephrotic syndrome between two groups. In multivariate Cox proportional hazard model, the levels of UPCR (hazard ratio (HR) 0.66, 95% confidence interval (CI) 0.47-0.93, p=0.016), and the levels of total cholesterol (HR 1.01, 95% CI 1.00-1.02, p=0.009) were independent factors for predicting SR after adjustment for age, sex, eGFR, serum albumin, and use of angiotensin receptor blocker or angiotensin converting enzyme inhibitor.

Conclusion: In this study, SR in IgAN was substantially frequent and levels of UPCR and total cholesterol were independent factors for predicting SR in IgAN.

Key Words: IgA 신증, 자연관해, 소변 단백/크레아티닌 비
IgA nephropathy, Spontaneous remission, UPCR