

## 신기능이 저하 된 IgA 신증 환자에서 면역억제제 치료의 효과

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### Long-term Impact of Immunosuppressive Therapy for IgA Nephropathy with Moderately Impaired Renal Function

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**Background:** A wide variety of treatment has been attempt to slow progression of IgA nephropathy (IgAN) such as renin-angiotensin system inhibitors and adding corticosteroid for patients with impaired renal function. We compared clinical outcomes of IgAN patients who received immunosuppressive therapy (IST) and who did not received IST, and identified risk factors associated with progression of renal dysfunction.

**Method:** Patients with IgAN followed up for at least 36 months and with initial estimated glomerular filtration rate (eGFR) of 30-60 mL/min were retrospectively reviewed. Overall, 74 patients who diagnosed IgAN between 2001 and 2010 were included this analysis.

**Result:** Median follow-up was 78.5 months. Thirty-two patients received IST (Group 1) and 42 did not (Group 2). Mean age (44.4 vs. 45.8 years,  $p=0.586$ ), mean arterial pressure (MAP, 98 vs. 93 mmHg,  $p=0.103$ ), serum creatinine (1.53 vs. 1.42 mg/dL,  $p=0.141$ ), eGFR (48.1 vs. 50.1 mL/min,  $p=0.269$ ) and median proteinuria (1871 vs. 1520 mg/day,  $p=0.111$ ) at baseline were not significantly different. One patient of Group 1 and 4 of Group 2 progressed to end-stage renal disease (ESRD). ESRD-free survival was comparable between two groups ( $p=0.265$ ). In Group 2, eGFR declined significantly for 3 years (-3.16 mL/min,  $p=0.038$ ), while that was not significant in Group 1 (-0.21 mL/min,  $p=0.937$ ). In multivariate linear regression, age at diagnosis (coefficient, 0.546 per 1 year;  $p=0.015$ ), hypertension (coefficient, -10.507;  $p=0.029$ ), MAP (coefficient, -0.364 per 1 mmHg;  $p=0.038$ ), baseline eGFR (coefficient, 1.251 per 1 mL/min;  $P<0.001$ ) and follow-up duration (coefficient, -2.843 per 1 year;  $p=0.006$ ) were independent predictors of last-visit eGFR.

**Conclusion:** IST may have a beneficial effect for slowing progression of IgAN with moderately impaired renal function.

**Key Words:** IgA 신증, 면역억제제 치료, 사구체 여과율 감소, IgA nephropathy, Immunosuppressive therapy, Decreased GFR

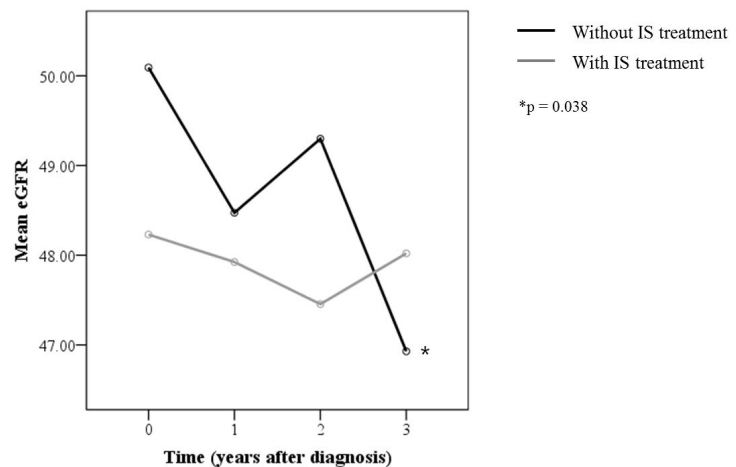


Fig. 1. Comparisons of mean eGFR during follow-up.