KSN 2018
Seoul, Korea · May 17 - 20

Abstract Type : Poster
Presentation No. : PGN 018

Renal biopsy & pathology together at OPD level without admission

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Objectives: Renal biopsy is an essential procedure for diagnosis and prognosis of the glomerular diseases, however needs a lot of skill and experience to do and usually requires admission for a couple of days, unless sometimes needs an embolization , transfusion , nephrectomy etc. We have an experience of more than 3,000 cases of renal biopsy without major complications such as bleeding, embolization, nephrectomy etc. and recently we performed 651 cases of renal biopsies at the OPD level without complications since last 4 years.

Methods: Before renal biopsy we checked bleeding tendencies and blood thinning agents were hold for more than 1 week. Kidney biopsy were done under local lidocain anesthetic at biopsy site and IV ketamine for small children. Biopsy materials were sent to H.S.Lee's pathology lab. All patients went home in 6 hours after procedure. As far as we know our clinic is the world's first time try doing kidney biopsy at OPD plus pathology together, although some kidney pathology reading centers are available in some place.

Results: We performed 651 cases of renal biopsy at OPD level without any complications, of which 107 cases took follow up renal biopsies. Male to female ratio was 1.11. Age distribution was from 2 to 78 year-old (mean 30.88).
Biopsy results were as follows; IgA nephropathy 241 cases(37.0%), mesangial proliferative glomerulonephritis 125 cases(19.2%), FSGS 70 cases (10.8%), nonspecific glomerulonephritis 51 cases(7.8%), HSP nephritis 31 cases(4.8%), podocyte disease 23 cases (3.5%), %), membranous nephropathy 21 cases(3.2%), minor glomerular change 11 cases (1.7%), obesity related nephropathy 11 cases (1.7%), Alport's syndrome 8 cases(1.2%), MPGN 8 cases (1.2%), etc.

Conclusions: OPD level percutaneous renal biopsy is no more a dangerous procedure if performed exactly at lower pole of the kidney, with close follow up for 3 hours by ultrasound examination every one hour.