KSN 2019
Seoul, Korea · May 23 - 26

Abstract Type : Oral
Abstract Submission No. : OR-1610

Renal and patient outcomes of glomerular disease in Korea

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Objectives: In Korea, which has experienced rapid economic growth, the prognosis of glomerular disease (GD) is expected to be affected by social change. However, the prognosis of secondary GDs as well as primary GDs using a multicenter cohort has rarely been studied. This study aimed to investigate the long term renal and patient survivals of GDs in Korea.

Methods: A total of 8,709 patients with biopsy-proven primary and secondary GD aged ≥ 18 years from 1979 to 2018 were included from 4 tertiary hospitals. The outcomes were renal progression and all-cause mortality. Renal progression was defined either as incident end-stage renal disease (ESRD) or as halving eGFR.

Results: During follow-up for median 10.5 (4.2−19.1) years, 1,179 (14.5%) patients developed ESRD and 317 (3.6%) patients died. Ten-year ESRD progression rate was lowest in diabetic nephropathy (DN) (49.9%), followed by membranoproliferative glomerulonephritis (MPGN) (71.4%), focal segmental glomeruloclerosis (FSGS) (80.7%), crescentic GD (81.1%), and viral associated GD (84.4%). Similarly, ten-year eGFR halving rate was lowest in DN (36.9%), followed by MPGN (52.1%), FSGS (60.5%) and viral associated GD (61.6%). Ten-year patient survival was lowest in crescentic GD (74.5%), followed by DN (88.9%) and MPGN (90.3%). Other GDs showed similar patient survival with more than 95% of rate. Renal survival of IgAN and MPGN had improved since 1999, however it has recently been stationary. On the other hand, renal survival of FSGS did not improved as times go by. Renal survival of viral associated GD showed fluctuation. Patient survival of viral associated GD has increased since 2009 and patient survival of crescentic GD has increased since 2014. The lowest 10-year patient survival was crescentic GD (62.5%), followed by MPGN (84.4%), and DN (87.5%) after ESRD.

Conclusions: We identified renal and patient survivals of overall GDs and changes of prognosis.