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THE EFFECT OF RAAS BLOKERS THROUGH BIOMARKERS IN IGA NEPHROPATHY

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Objectives:

IgA nephropathy is a common primary glomerulonephritis worldwide and it is known that about 15-40% of patients progress to end-stage renal disease after 20-25 years. The aim of this study was to investigate the effects of RAAS blockers with renal biomarkers in Renin angiotensin-aldosterone system (RAAS) blockers in the treatment of IgA nephropathy

Methods:

Twenty Patients with IgA nephropathy confirmed by renal biopsy and taking RAAS blockers for at least 1 year were included. The histologic MEST chronicity score was calculated at baseline renal biopsy. Urine angiotensinogen (AGT), copeptin, plasma proadrenomedullin (proADM) and urine protein creatinine ratio (UPCR) were measured at baseline and after treatment, respectively.

Results:

Chronicity score and UPCR (528.53 ± 375.2 vs. 969.62 ± 710.3 vs. 1937.07 ± 1579.78 mg/g), urine copeptin (243.23 ± 54.3 vs. 514.51 ± 995.49 vs. 712.85 ± 1148.4 pg/ml) were positively correlated. There is no correlation between chronicity score and AGT (113.36 ± 14.3 vs. 108.48 ± 4.8 vs. 111.89 ± 11.14 pg/ml), and between chronicity score and proADM (8.71 ± 6.95 vs. 5.53 ± 3.5 vs. 16.15 ± 7.21 pmol/ml). UPCR (1052.84 ± 964 vs. 565.29 ± 579.7, p = 0.04), copeptin (486.36 ± 870.2 vs. 165.71 ± 99.8 pg/ml, p=0.1) and proADM (8.45 ± 6.5 vs. 8.13 ± 6.9 pmol/ml, p=0.72) decreased after RASS blockers treatment but there was no statistical significance.

Conclusions:

The decrease of urine proADM and urine Copeptin after RAAS blockers treatment, it is possible to indirectly support the effect of RAAS blockers in IgA nephropathy patients.