

**Abstract Type : Poster**

**Abstract Submission No. : PO-1395**

**Severe IgA nephropathy who showed normal urinalysis and no hypertension.**

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**Case Study:** IgA nephropathy is the most common type of glomerulonephritis in the world. Although this disorder was regarded as benign course, it is now recognized as a severe disease that progresses to ESRD up to 50 percent. Usually there are two types of presentations of IgA nephropathy: gross hematuria often recurrent after tonsillitis or URI and persistent asymptomatic microscopic hematuria. The most widely accepted clinical prognostic factors are proteinuria, hypertension, and lowered GFR. However we experienced a severe IgA nephropathy grade IV by HS Lee classification, and M(1),E(1),S(1),T(2)-C(0) by Oxford classification who showed normal urinalysis (no hematuria and no proteinuria), no hypertension, and slightly lowered GFR(65ml/min).  
Case Report

A 48-year-old male patient visited to our clinic because of eGFR 65ml/min (CKD stage 2) for 3 months. He had been to some university hospitals but he was not recommended renal biopsy but blood tests which also showed CKD stage 2. But we recommended one-day percutaneous renal biopsy because of persistent lowered GFR although stage 2 for more than 3 months. Blood pressure was 97/67. Laboratory results are as follows: Hemoglobin 14.7 gm/dl, Hematocrit 44, white blood cell 5,600, platelet 306k, serum total protein 8gm/dl, albumin 4.6gm/dl, cholesterol 270mg/dl, TG 111mg/dl, SGOT 27, SGPT 40, BUN 15.4mg/dl, creatinine 1.25mg/dl, CRP 0.14, FBS 129,HBsAg(-), Urinalysis showed protein(-), glucose(-), RBC(-), and WBC(-), Spot urine protein to creatinine ratio was 0.032, CcR was 65ml/min. Pathological diagnosis is IgA nephropathy, grade IV (H.S. Lee's glomerular grading system) associated with 25(56%) show global sclerosis among 45 glomeruli. Ultrastructural examination disclose localized tiny mesangial deposits. Tubules reveal moderate to severe atrophy and fibrosis. Severe arteriosclerosis is focally seen.  
In conclusion, degree of hematuria, proteinuria and hypertension is not always correlate with pathological grading in IgA nephropathy.