

**Abstract Submission No. : IL-9025**

**IgA nephropathy management in Japan**

Hirokazu Okada  
*Saitama Medical University, Japan*

Until the end of the 1990s, the leading cause of maintenance dialysis in Japan was chronic glomerulonephritis, typified by IgA nephropathy, and diabetic nephropathy was second. However, the number of patients with ESKD due to chronic glomerulonephritis has been steadily decreasing, and in 1998, the rank was switched to diabetic nephropathy, with chronic glomerulonephritis ranked second. And then in 2018, the order was changed with nephrosclerosis, and chronic glomerulonephritis became ranked third. Various factors may be responsible for the decrease in the number of ESKD patients due to chronic glomerulonephritis in Japan. First, regarding the diagnosis, all elementary schools to junior high school students, under the schoolchild medical checkup system, and a number of adults over the age of 40, under the adult medical checkup system, undergo an annual urine test, which significantly contributes to early diagnosis of chronic glomerulonephritis. Second, regarding treatment, a cocktail therapy using prednisolone, azathioprine, heparin-warfarin, and dipyridamole for pediatric IgA nephropathy, and tonsillectomy and/or corticosteroid pulse therapy for adult IgA nephropathy were successfully introduced to clinical practice, both of which was able to suppress the progression of IgA nephropathy. It is also considered to contribute to this success that the standard medical care has been broadly implemented by clinical practice guidelines for chronic glomerulonephritis and the universal insurance system in Japan enabled all citizens receive standard medical care in principle. In this symposium, I will review such factors behind Japan's success in remarkable reduction in ESKD progression of chronic glomerulonephritis.