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Patient and Renal Survival of Korean Crescentic Glomerulonephritis

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Objectives: In crescentic glomerulonephritis, severe renal dysfunction portends a poor prognosis for renal recovery and patient survival. This study evaluated the prognostic factors affecting renal survival and mortality in Korean patients with crescentic glomerulonephritis. (CRES-GN) as there was no such data before in Korea.

Methods: Among 21,466 Korean Glomerulo Nephritis Study Group (KoGNET) dataset, 433 CRES-GN were identified and used for the analysis. Patient mortality, occurrence of ESRD were treated as primary outcome. Standardized mortality ratio was pursued. Cox regression, cause-specific hazard ratio and competing risk analysis were used.

Results: At baseline, mean age of study population was 63.7 ± 13.7 years old. Male was 242 (55.8 %). Hypertension and diabetes were prevalent in 47 %, and in 21 %, respectively. Age-stratified standardized mortality ratio of CRES-GN were 2.771 (95% C.I. 0.070 – 15.000) at under 40 yrs old group, 1.112 (95% C.I. 0.408 – 2.420) at 40 – 59 yrs old group, 2.116 (95% C.I. 1.626 – 2.707) at 60 – 79 yrs old group, 3.208 (95% C.I. 1.708 – 5.486) at over 80 yrs old, respectively
Median follow-up duration was 4.3 yrs. Multivariable adjusted Cox regression revealed that age over 80 yrs old (vs. 60-79 yrs old as referent) and serum albumin were significant predictors (H.R. 2.715, 95% C.I. 1.461 – 5.044, H.R. 0.646, 95% C.I. 0.447 – 0.934, respectively) to mortality. In a competing risk analysis, estimated cumulative incidence of ESRD were 24.7%, 31.5% and 35.3 % at 1, 3, 5 years, respectively. Significant prognosticator for ESRD were as follows: hypertension (H.R. 2.017, 95% C.I. 1.331 – 3.056), serum creatinine (H.R. 1.127, 95% C.I. 0.609 – 1.185)

Conclusions: Standardized mortality ratio of CRES-GN is still elevated in geriatric patients. Underlying hypertension was poor prognosticator for renal survival. Low serum creatinine at diagnosis was a good prognosticator.