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Role of Steroids in IgA Nephropathy and its correlation to histopathology.

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Case Study: Background:
Immunoglobulin A nephropathy (IgAN) is commonest glomerulonephritis. Steroid therapy has been shown to improve proteinuria and decline in renal function. We aimed effect of steroids therapy and its association to histopathology in patients with IgAN.
Materials and methods: This is a single center prospective observational study. Inclusion criteria: Biopsy proven IgAN above 18 years of age with eGFR more than 20ml/min/1.73m2. All patients received optimum supportive therapy with renin angiotensin system blockers (RASBs). Patients with persistent proteinuria >1 gm/day, despite 3 months of optimized supportive care received 6-month course of corticosteroid therapy i.e. oral prednisolone starting with 1 mg/kg/day for 2 months and then reduced by 0.2mg/kg/day (rounded off to nearest 5mg) every 2 weeks to reach a minimum dose of 5mg/day. Clinical and lab characteristics were noted at baseline and 3 monthly till completion of study period or attainment of end stage renal disease or death. Outcomes: (1) Change in eGFR and proteinuria at 6 months and 12 months from baseline. (2) Association of MEST scoring with response to steroids.
Results: 44 were eligible for inclusion. Average follow up was 14±3.8 months. 29 (65.9%) received steroids as they qualified for the criteria of steroid therapy. Eleven (37.93%) patients were hypertensive at enrollment. There was significant reduction in proteinuria from baseline at 6 months and 12 months (p=<0.0001 each). The change in eGFR from baseline was not significant at 6 and 12 months. Serious adverse effects requiring admission was observed in one patient. Patients with E in biopsy had more reduction in proteinuria than those who did not (p=0.03)
Conclusion: Steroid therapy resulted in significant reduction in proteinuria at 6 and 12 months. eGFR did not change significantly over 1 year. Presence of endocapillary proliferation (E of the MEST) was associated with significant proteinuria reduction.

Change in proteinuria and GFR