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renal biopsy & pathology together at OPD level without admission

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Objectives: Renal biopsy is an essential procedure for diagnosis and prognosis of the glomerular diseases, however needs a lot of skill and experience to do and usually requires admission for a couple of days, unless sometimes needs an embolization , transfusion , nephrectomy etc. We have an experience of more than 3,000 cases of renal biopsy without major complications such as bleeding, embolization, nephrectomy etc..

Methods: Before renal biopsy we checked bleeding tendencies and blood thinning agents were hold for more than 1 week. Kidney biopsy was done under local lidocain anesthetic at biopsy site and IV ketamine for small children. Biopsy needle(ACECUT) was inserted under the ultrasound guide(GE LogiQ E9) at the lower pole of the kidney. We checked renal hematoma, AV-fistula formation etc. by ultrasound 3 times every one hour until go home. Biopsy materials were sent to H.S.Lee's pathology lab. All patients went home in 6 hours after procedure.

Results: We performed 1075 cases of renal biopsy at OPD level without any major complications during 6 years, of which 178 cases were follow up renal biopsies. Male to female ratio was 1.21. Age distribution was from 2 to 81 year-old. Biopsy results were as follows: IgAN 391 cases(36.4%), mesangial proliferative glomerulonephritis 183 cases(17.0%), HSP nephritis 40 cases(3.7%), podocyte disease 32 cases (3.0%), MN 24 cases(2.2%), minor glomerular change 31 cases (2.9%), Alport's syndrome 16 cases(1.5%), obesity related nephropathy 14 cases (1.3%), MPGN 13 cases (1.2%), Lupus nephritis 10 cases(0.9%), advanced diabetic nephropathy, C1q nephropathy, C3 nephropathy were 40 cases(3.7%) respectively and others.

Conclusions: OPD level percutaneous renal biopsy is no more a dangerous procedure if performed exactly at lower pole of the kidney, with close follow up for 3 hours by ultrasound examination every one hour.