

IgA신증에서 oxford 분류에 따른 임상양상의 차이

연세대학교 의과대학 내과학교실 신장내과

신동호 · 한승혁 · 김승준 · 오형중 · 유동은 · 박정탁 · 최규현 · 강신욱 · 유태현

Clinicopathological Correlations according to Oxford Classification in IgA Nephropathy

Dong Ho Shin, Seung Hyeok Han, Seung Jun Kim, Hyung Jung Oh
Dongeun Yoo, Jung Tak Park, Kyu Hun Choi, Shin-Wook Kang, Tae-Hyun Yoo

Yonsei University College of Medicine Department of Internal Medicine Division of Nephrology

Introduction: IgA nephropathy's variable and often long natural history makes it difficult to predict outcome. And at previously established pathological classification, not far advanced histologic stage couldn't predict the clinical outcome. So, the new oxford classification of IgA nephropathy has been developed as a pathological classification system to reliably predict the risk of disease progression.

Method: A total 558 patients who were diagnosed as IgA nephropathy from 1993 January to 2009 December were enrolled in this study. we investigated the association of the renal survival based on clinical, laboratory, and histological data from 319 patients with previously not far advanced histologic stage. Biopsy specimens with HASS classification (II-IV) were reclassified by oxford classification. Study end point was ESRD needed regular renal replacement therapy or doubling of serum creatinine compared to baseline levels.

Result: The amount of baseline proteinuria was associated with mesangial hypercellularity (1.06 ± 1.18 vs 2.15 g/day, $p=0.001$), endocapillary hypercellularity (1.38 ± 1.47 vs 2.29 ± 3.34 g/day, $p=0.001$), and tubular atrophy and interstitial fibrosis (1.33 ± 1.49 vs 2.79 ± 2.81 g/day, $p=0.025$). Baseline residual renal function was significantly correlated with mesangial hypercellularity (92.7 ± 31.49 vs 82.68 ± 30.88 ml/min/1.73 m², $p=0.007$) and tubulo-interstitial severity at the time of biopsy (91.17 ± 31.49 vs 66.73 ± 26.17 ml/min/1.73 m², $p=0.001$). Especially, endocapillary lesions (4% vs. 21.4%; $p=0.026$) and mesangial lesions (2.1% vs 9.7%; $p=0.013$) received more immunosuppressive treatment. And when the end points of ESRD or first event of doubling of serum creatinine was considered as the outcome, the Cox regression showed significant associations with tubular atrophy (HR=4.06, 95%CI: 1-7.98; $p=0.05$) and segmental glomerulosclerosis (HR=2.83, 95% CI: 0.61-3.75; $p=0.05$). But, HASS classification couldn't show significant renal survival difference accord to each subclass.

Conclusion: These oxford classification could discriminate active lesion and chronic lesion more than HASS classification. So, These oxford classification withstood rigorous statistical analysis even after taking into account all clinical indicators available at the time of biopsy. In the future, these classification can predict the prognosis of Ig A nephropathy. And the information provided by pathologist directs the clinician towards the optimal treatment for each patients.

Key Words: IgA 신증, HASS 분류, oxford 분류

Ig A nephropathy, HASS classification, Oxford classification