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The risk factors for the relapse and aggravation of the patients with primary membranous nephropathy after COVID-19 infection

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Objectives : The relapse cases of membranous nephropathy (MN) and other glomerular diseases have been reported after the infection of COVID-19. The risk factors for disease progression after COVID-19 infection need to be clarified in MN.

Methods : A retrospective study were conducted on 656 consecutive patients with biopsy-proven primary MN who had been treated and followed up regularly for > 6 months. Logistic regression analyses were performed to identify the risk factors.

Results : 555 (84.6%) patients underwent COVID-19 infection from November 11th, 2022, to February 22nd, 2023. Among them, 112 (20.2%) patients experienced proteinuria aggravation > 50% from the baseline, including 30 (5.4%) patients with relapse of nephrotic syndrome. 16 (2.9%) patients got immune aggravation with the increase of anti-PLA2R levels, and five (0.9%) patients got immune relapse with antibody reoccurrence. Ten (1.8%) patients got kidney dysfunction with eGFR reduction > 30% from the baseline, among them two (0.4%) patients progressed into ESKD. Four (0.7%) patients died of respiratory failure. Taken together, 132 (24.0%) patients experienced disease progression after COVID-19 infection. Multivariate logistic analysis showed that the longer duration of fever (OR 1.118, 95% CI 1.029-1.356, P=0.018), the withdrawal of immunosuppressants and/or steroids (OR 2.571, 95% CI 1.377-4.799, P=0.003) and the longer time of drug cessation (OR 1.113, 95% CI 1.045-1.186, P=0.001) were independent risk factors for MN progression.

Conclusions : The findings suggest a prompt anti-virus treatment and the avoidance or shorter time of immunosuppressants withdrawal for a better prognosis of kidneys on the clinical practice of MN patients with COVID-19 infection.

Figure 1.jpg

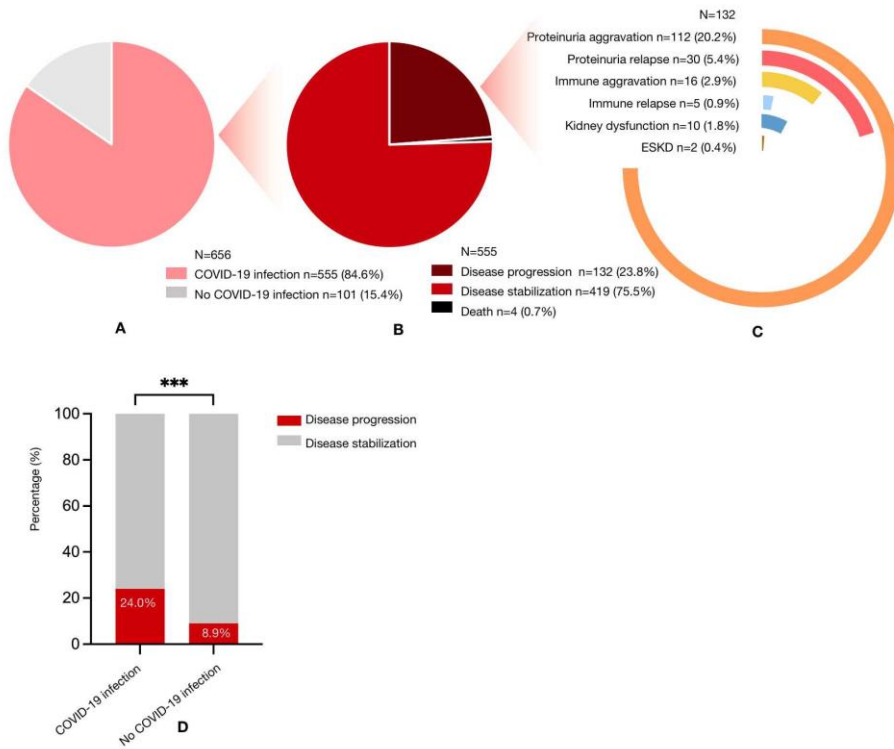


Figure 1.jpg

