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## **Urinary findings does not reflect kidney status in IgAnephropathy after steroid therapy**

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**Objectives:** Routine urinalysis especially hematuria and proteinuria has long been used as the most important laboratory markers in the diagnosis of the glomerulonephritis. And also widely adopted as a screening test for detecting kidney problems at school or national health screening program. In order to confirm whether IgA nephropathy is really improved pathologically among the patients who showed normal urinalysis, we performed follow up renal biopsy who showed normal urinalysis findings after steroid therapy

**Methods:** From Sep.2013 to Mar 2021, our kidney center performed 1,300 cases of renal biopsy, of which we selected the 272 cases who showed normal urinalysis at the time of renal biopsy. Of the 272 cases IgA nephropathy patients were 98 cases, of which 57 cases were follow up biopsy cases after steroid therapy.

**Results:** We reviewed 1,300 biopsy cases, of which 272 cases showed normal urinalysis. Of the 272 cases, IgA nephropathy was 98 cases(36%), FSGS 39 cases(14.3%), Diffuse mesangial proliferative glomerulonephritis 39 cases(14.3%), interstitial nephritis 11 cases(10%), podocyta disease 8 cases(2.9%), etc Of the 98 cases with IgA nephropathy, Initial urinary findings showed hematuria and or proteinuria at the time of renal biopsy however showed normal urinalysis findings at the time of follow up renal biopsy. Of the 57 cases with normal urinalysis after steroid therapy only 10 cases(17.5%) showed pathologically improved and 47 cases(82.5%) showed no pathologic improvement although urinary findings were normalized.

**Conclusions:** Urinary findings could not be a marker for improvement in IgA nephropathy after steroid therapy. Follow up renal biopsy may be mandatory before finishing therapy to confirm the treated IgA nephrothy even though patients showed normal urinalysis and laboratory findings.