

Abstract Submission No.: A-1176**A report of Dr. Vidya N Acharya Glomerular Registry from of one of the largest tertiary care hospitals in Western India**

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Objectives : Glomerulonephritis (GN) is a leading cause of Chronic Kidney Disease. We set up a regional program- VN Acharya Glomerulonephritis Registry to understand the clinico-pathological spectrum, natural history, treatment response and outcomes of various glomerular diseases at a large tertiary care referral GN clinic in western India.

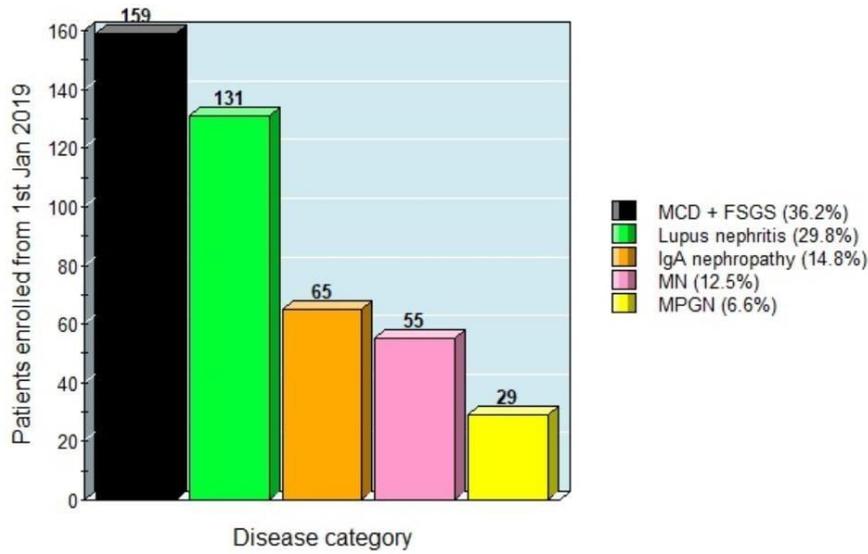
Methods : All patients >18yrs, referred to the GN clinic after 1st January 2019, with histologically confirmed diagnosis of one of the following GNs were included in the registry: Minimal Change Disease(MCD), Focal Segmental Glomerulosclerosis(FSGS), Membranous Nephropathy(MN), Membrano-proliferative GN(MPGN), IgA Nephropathy(IgAN) and Lupus Nephritis (LN)

Results : 439 patients were enrolled from 1st January 2019 to 1st January 2024. Histological diagnoses were: Primary podocytopathies(MCD and FSGS)-159(36.2%),LN-131(29.8 %),IgAN-65(14.8%),MN-55(12.5%)and MPGN-29(6.6%). In the primary podocytopathy cohort, 43.4%(69/159) had AKI at presentation. The first line immunosuppressant (IS) was Prednisolone in 89.3%(142/159) and at the end of first 6 months 27%(43/159) patients had attained complete remission. Treatment toxicities,particularly related to steroids were noted in 8%(14/159) patients. Hospitalisation for infections was required in 2.5%(4/159)patients. In MN cohort,thrombosis at presentation was seen in 7.2%(4/55) patients. 32.7%(18/55) patients had AKI at presentation and 38.1%(21/55)were classified as high risk based on KDIGO criteria and needed upfront IS. In IgA cohort, 75% (49/65)patients presented with nephritic syndrome or rapidly progressing renal failure and 32.35%(21/65) patients were treated with immunosuppressants. In MPGN cohort,27.5%(8/29) patients presented as nephrotic syndrome and 55%(16/29) patients received steroids. In LN cohort, 2.3% (3/131) patients had to be initiated on haemodialysis and 7.6% (10/131) patients died. Since the inception of this registry, 1 randomised controlled trial on the use of dual RAAS blockade in GN and 3 prospective cohort studies on adult podocytopathy, LN and MPGN are ongoing.

Conclusions : Longitudinal follow-up of GN patients in dedicated GN clinics facilitates monitoring of disease trajectories, and thereby their management. It also provides a platform for reseach on glomerulonephritis.

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Glomerular registry



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OUTCOME

