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Disappearance of proteinuria is not a surrogate marker of improvement in IgA nephropathy

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Objectives : IgA nephropathy is one of the most common chronic glomerulonephritis and 30–45% fall into CKD over a period of 20–25 years. Lots of therapeutic regimens are tried such as ACEi, ARB, omega-3, corticosteroids, MP pulse therapy and recently many kinds of complement inhibitors, Nefecon, Atacicept, Atrasentan etc. In order to confirm the therapeutic efficacy, we performed follow renal biopsy who showed normalized proteinuria in patients with treated IgAN by MP pulse therapy.
Methods : During last 7 years our clinic performed 1,867 cases of renal biopsies at OPD level, of which 585 cases (31.3%) were IgAN. We performed follow up renal biopsies in 149 cases who showed normalized urinary findings after MP pulse therapy. Follow up renal biopsy findings were divided into 3 groups Group A: improved pathological findings. Group B: no significant pathological changes. Group C: aggravated pathological findings such as increased glomerulosclerosis, tubulointerstitial changes, tubular atrophy etc. One cycle of MP pulse therapy consists of methylprednisolone (20–30 mg/kg, max 1 gm/day) IV for 3 consecutive days. Depends on the severity, we performed 3 to 17 cycles every 2 weeks.
Results : Male to female ratio were 73:76, Mean age were 31.1 years old. Of the 149 follow up biopsies, 85 cases (50%) showed improved pathological findings (Group A) , 60 cases (40%) showed no significant pathological changes compare to initial pathological findings (Group B), 14 case (10%) showed aggravated pathological findings (Group C), even though clinically improved such as normalized urinary findings, stabilized BP and improved eGFR.
Conclusions : Among the 149 cases of IgAN who showed clinically improved, only 75 cases (50%) showed pathological improvement. Normalized urinary findings such as decreased PROTEINURIA could not be a surrogate marker of improvement in IgAN. FOLLOW UP RENAL BIOPSY might be a mandatory procedure to define the efficacy of treatment in IgAN.