



Shaping Tomorrow's Nephrology: Insight-Driven Kidney Care

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Clinical and Histologic relevance of Microscopic Hematuria in Patients with Biopsy-Proven Diabetic Kidney Disease

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Objectives : Hematuria is traditionally considered a clinical clue for non-diabetic kidney disease in patients with diabetes; however, it is frequently observed even in biopsy-proven diabetic kidney disease (DKD). We investigated the clinical and histologic significance of hematuria in patients with histologically confirmed DKD.

Methods : We retrospectively analyzed 108 patients with biopsy-proven DKD. Patients were categorized according to the presence of hematuria at the time of kidney biopsy. Baseline clinical characteristics, laboratory findings, and histologic features based on the Renal Pathology Society classification were compared between groups. Systemic inflammatory status was assessed using the red blood cell distribution width/albumin ratio (RAR) and C-reactive protein.

Results : Hematuria was present in 57.4% of patients. Compared with those without hematuria, patients with hematuria exhibited significantly higher proteinuria and albuminuria (all $p \leq 0.002$), lower serum albumin ($p < 0.001$), and higher RAR ($p < 0.001$). Estimated glomerular filtration rate (eGFR) did not differ between groups. Histologically, hematuria was associated with a different distribution of diabetic nephropathy stages ($p = 0.031$), characterized by a lower prevalence of class IIA and a higher prevalence of class III lesions (Figure 1). No significant differences were observed in immunofluorescence staining patterns or foot process effacement.

Conclusions : In biopsy-confirmed DKD, microscopic hematuria is associated with pronounced proteinuria, elevated inflammatory markers, and advanced histological injury, independent of eGFR. These data indicate that hematuria is a key clinical indicator of a distinctively severe DKD phenotype rather than an incidental atypical finding.

Figure 1.jpg



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