CLINICAL NEPHROLOGY, PRIMARY AND SECONDARY GLOMERULONEPHRITIS - 1

FP125  REMISSION OF ONLY PROTEINURIA BUT NOT REMISSION OF HEMATURIA IS IMPORTANT FOR LONG-TERM RENAL PROGNOSIS IN IGA NEPHROPATHY

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Introduction and Aims: It has been reported that the grade of proteinuria is important for the renal prognosis in IgA nephropathy, and the renal prognosis is favorable when urinary protein is controlled at below 0.3 g/day. On the other hand, hematuria is always noted in IgA nephropathy, but its association with the renal prognosis is controversial. In Japan, to clarify the therapeutic effect on IgA nephropathy, remission criteria were proposed in 2013, and proteinuria below 0.3 g/day (g/g.cr) with a red blood cell count in urinary sediment below 5/HPF detected 3 times or more for 6 months or longer was defined as complete remission. When only proteinuria meets the remission criteria, the condition was defined as partial remission (clinical and experimental nephrology 2014). Based on the remission criteria proposed in Japan, we compared factors involved in the remission of proteinuria and remission of both proteinuria and hematuria, and investigated differences in the renal prognosis between these 2 types.

Methods: The subjects were 632 patients diagnosed with IgA nephropathy by kidney biopsy between 1980 and September 2012 and followed for one year or longer at our hospital. A retrospective cohort study was performed. Clinical and histopathological findings and treatment methods associated with the remission of proteinuria and remission of both proteinuria and hematuria were investigated using Cox proportional hazards models. In addition, the renal prognosis was investigated in groups with the remission of only proteinuria (Group A) and remission of both proteinuria and hematuria (Group B) based on 50% reduction of eGFR as an outcome using the Kaplan-Meier method.

Results: The mean duration of follow-up was 11 years. Proteinuria remitted in 365 patients, and both proteinuria and hematuria remitted in 265 of them. Regarding factors associated with the remission of proteinuria, HR of urinary protein below 0.5 g/day was 2.39 (95% CI: 1.85-3.09) and that of steroid treatment was 1.52 (95% CI: 1.13-2.04), showing that these were significant factors. Regarding factors associated with the remission of both proteinuria and hematuria, in addition to urinary protein below 0.5 g/day and steroid treatment, tublar atrophy/interstitial fibrosis (T) score=0 in the Oxford classification (HR: 1.65, 95% CI:1.07-2.61) and tonsillectomy (HR: 2.31, 95% CI: 1.04-4.54) were significant factors. The renal outcome was more favorable in Group B (265 patients) than A (100 patients), but the difference was not significant (p=0.08). In addition, only one patient each reached 50% reduction of eGFR out of the 72 and 187 patients who could maintain remission in Groups A and B, respectively, showing that the renal prognosis was favorable (log rank p=0.45).

Conclusions: The renal prognosis is favorable even when the remission of only proteinuria can be maintained, and the remission of hematuria may be unnecessary.