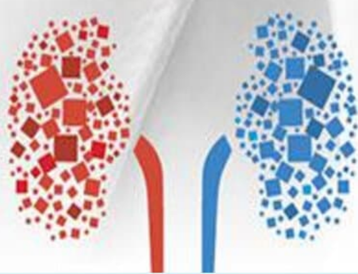
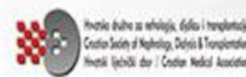




IgA NEPHROPATHY – STOP IgA NEPHROPATHY – FIGHT AGGRESSIVELY OR NOT?

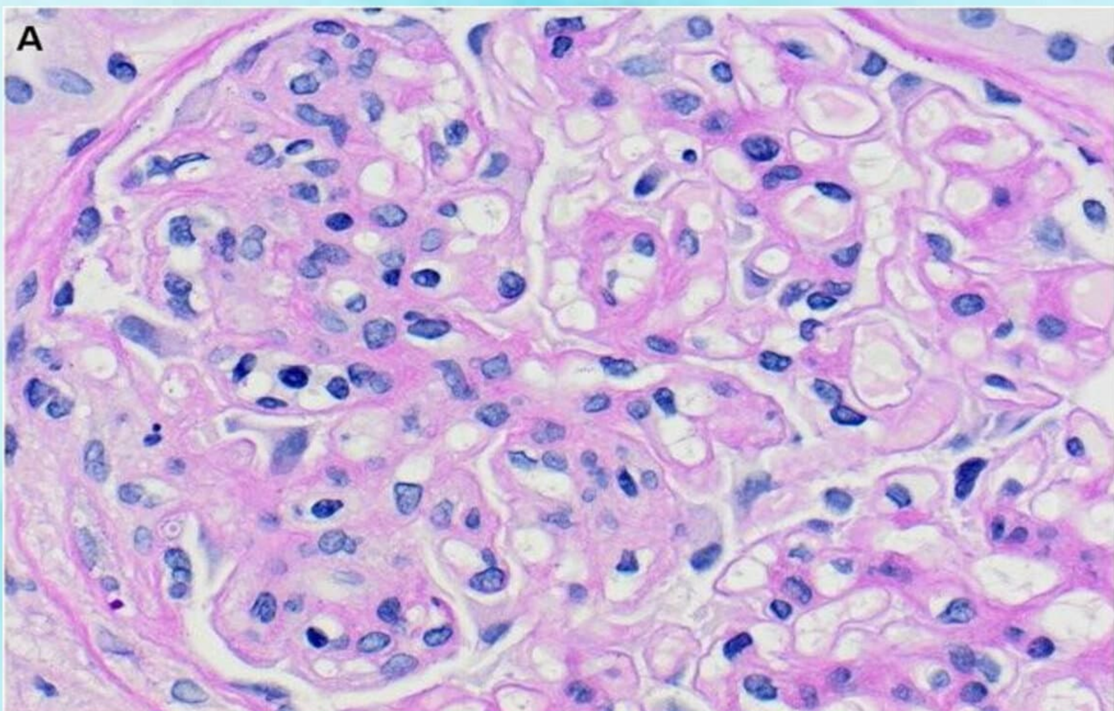
D. Klarić[1], P. Grbić Pavlović[1]
[1]Opća bolnica Zadar, Bože Peričića 5, 23000 Zadar, Hrvatska
dragon.klaric@gmail.com

INTRODUCTION

IgA nephropathy is the most common form of primary glomerular disease worldwide and remains a leading cause of chronic kidney disease and end-stage renal disease. Diagnosis of IgAN is established by the presence of immunoglobulin A1 (IgA1) as the dominant or codominant immunoglobulin in the glomerular mesangium on examination of renal biopsy. According to high prevalence and bad prognosis after nontreated longstanded disease we wanted discuss about importance of assessment in individual patient case.

CASE REPORT

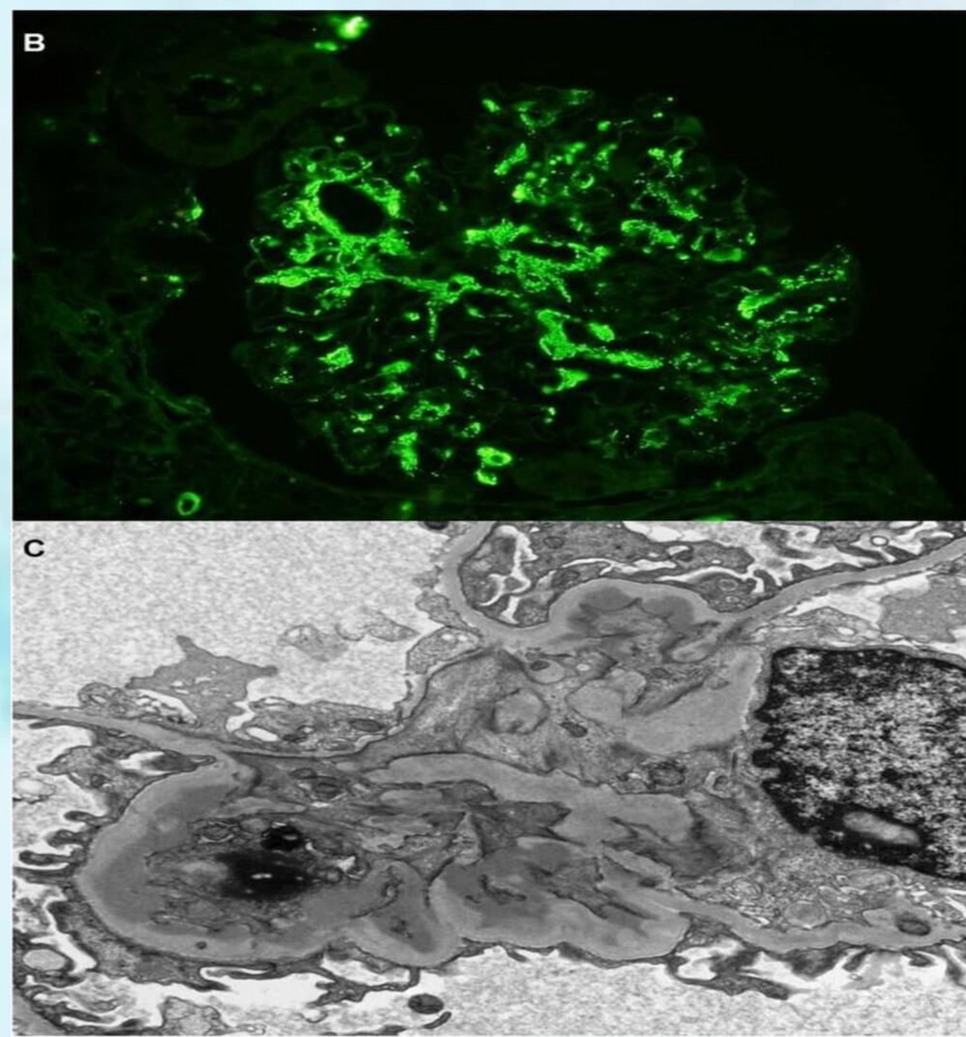
A 29-year-old man presented with elevated serum creatinine values without other complaints. According to the findings, decreased creatinine clirens (34ml/min) and proteinuria 1.88g/dU were determined. A kidney biopsy verified IgAN with a picture of partly proliferative partly sclerosing glomerulonephritis with 45% interstitial fibrosis and tubular atrophy. Score of changes in Oxford classification was: M1, E1, S1, T1 and C1. We decided to administer corticosteroid boluses according to Pozzi's scheme with symptomatic measures. Current findings 4 years after this biopsy are: creatinine clirens 66 ml/min and proteinuria 0.3g/dU.



Slika 1. Segmentalno područje endokapilarne proliferacije unutar glomerularnog pramena; Int J Nephrol Renovasc Dis. 2018;11:137-148

DISCUSSION

We showed a patient with low initial CrCl and a lot of chronicity on PHD that according to actual recommendations in that time we should treat only symptomatic. As this patient was young and ready to full-cooperation we decided to stop disease progression at this point of damage and to postpone development od ESRD. Later during the follow-up it turned out that this therapeutic approach made sense.



Slika 2. (B) Imunofluorescentno bojenje pokazuje pretežno mezangijske naslage IgA. (C) Elektronska mikroskopija pokazuje imunološke naslage u glomerularnom mezangiju; Int J Nephrol Renovasc Dis. 2018;11:137-148

CONCLUSION

Renal biopsy is a powerful tool in the diagnosis of kidney diseases and provides a precise insight into the activity of the disease as well as the presence of irreversible changes, but it cannot be the main factor in making decision about treatment.

KEYWORDS

IgA, nephropathy, biopsy, classification, treatment