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Optimal level of proteinuria reduction for renoprotection in patients with IgA nephropathy

[1]Division of Nephrology, Department of Internal Medicine, College of Medicine, Yonsei University, Seoul, [2]Department of Pathology, NHIC Ilsan Hospital, Goyang-shi, Gyeonggi-do, [3]Department of Pathology, College of Medicine, Yonsei University, [4]Severance Biomedical Science Institute, Brain Korea 21, Yonsei University, Seoul, Korea

[*]Ki Heon Nam[1], Mi Jung Lee[1], Jeong Hye Kie[2], Beom Jin Lim[3], Young Eun Kwon[1], Yung Ly Kim[1], Kyoung Sook Park[1], Seong Yeong An[1], Hyung Jung Oh[1], Tae-Hyun Yoo[1], Shin-Wook Kang[1,4],Kyu Hun Choi[1], Hyeon Joo Jeong[3], Seung Hyeok Han[1]

Proteinuria is a target for renoprotection in various glomerular diseases. However, optimal level of proteinuria reduction is unknown in patients with IgA nephropathy (IgAN). To this end, we conducted a retrospective study in 500 patients with biopsy-proven IgAN from two medical centers in Korea between 2000 and 2010. The study endpoints were a doubling of the baseline serum creatinine concentration (D-sCr) and end-stage renal disease (ESRD). There were 221 (44.2%), 135 (27.0%), 96 (19.2%), and 48 (9.6%) patients with time-averaged proteinuria (TA-P) of <0.5, 0.5 to 0.99, 1.0 to 1.99, and ≥2.0 g/g, respectively. During a median follow-up duration of 65 (12-154) months, D-sCr was reached in 1 (0.5%), 3 (2.2%), 18 (18.8%), and 30 (62.5%) patients of each group (p<0.001). There was no difference in the development of D-sCr between patients with TA-P <0.5 g/g and TA-P of 0.5 to 0.99 g/g. ESRD did not occur in these two groups compared to 11 (11.5%) and 23 (47.9%) patients with TA-P of 1.0 to 1.99 and ≥2.0 g/g. In the fully adjusted multivariable Cox models, risk of reaching D-sCr did not differ between patients with TA-P of <0.5 g/g and those with 0.5 to 0.99 g/g (p=0.281), whereas it was markedly increased in patients with TA-P of 1.0 to 1.99 g/g (p=0.002) and those with TA-P >2.0 g/g (p<0.001). Our finding suggests that the optimal anti-proteinuric goal is <1.0 g/g in patients with IgAN.

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