

Project Summary for IgANN website

Project Title

Proteinuria remission in children with IgAN

Primary Investigators

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Brief Description

The IgANN previously investigated the value of proteinuria reduction in adults with IgAN when estimating the risk of kidney function decline (1). The value of proteinuria remission in children has not been assessed in large international multiethnic cohorts. Recent reports from single center or monoethnic limited cohorts from Korea, Japan and Italy (2-4) have indicated the interest of considering proteinuria remission in children with IgAN. The aim of the present study is to investigate, in the large multiethnic cohort of 1060 children collected for updating the prediction tool in children with IgAN (5), the value of complete persistent proteinuria remission in pediatric IgAN. Complete proteinuria remission was defined by UPCr <0.2 g/day per 1.73m² or <0.2 UPCr g/g (according KDIGO 2021). Children with UPCr at renal biopsy ≥ 0.2 g/day per 1.73m² were selected and those reaching complete proteinuria remission lasting for >90 days were investigated. The aim of the study was to establish in children with IgAN a prediction model for complete and persistent proteinuria remission. The cohort includes 709 children with baseline proteinuria ≥0.2 g/g and suitable data at renal biopsy and over the follow-up. Complete and sustained remission of proteinuria defined as UP/CR <0.2 g/g for >90 days was detected in 55% of the cases. Cox proportional hazards models were used to examine the associations between clinical and histologic characteristics and the risk of complete remission. The final assessment of the prediction tool to predict individual-level risk of complete proteinuria remission is under discussion and the draft manuscript is in preparation.

References

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- 4) Antonucci L et al . Pediatr Nephrol. 2024; 39:1837-1846
- 5) Barbour SJ et al . Kidney Int. 2021;99:1439-1450.