Project Summary for IIgANN website

Project Title
Histologic and clinical factors associated with kidney outcomes in IgA vasculitis nephritis

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Brief Description
Nephritis is a common manifestation of IgA vasculitis and is morphologically indistinguishable from IgA nephropathy. While MEST-C scores are predictive of kidney outcomes in IgA nephropathy, their value in IgA vasculitis nephritis has not been investigated in large multiethnic cohorts. We used a cohort of 262 children and 99 adults with IgA vasculitis nephritis (N=361), with biopsies scored by 3 pathologists, to determine clinical and histologic parameters associated with different groups of eGFR trajectory over time. Two groups of eGFR trajectory were identified, one with initial improvement in eGFR followed by a late decline (Class 1, N=91) and another with stable eGFR (Class 2, N=218). Class 1 was associated with a higher risk of time to >30% decline in eGFR or kidney failure (HR 5.84, 95%CI 2.37, 14.4). Among MEST-C scores, only E1 was associated with Class 1 by multivariable analysis. Other factors associated with Class 1 were age <18 years, male sex, lower eGFR at biopsy, and extrarenal non-cutaneous disease. Fibrous crescents without active changes were associated with Class 2. Thus, kidney outcome in patients with biopsied IgA vasculitis nephritis treated with immunosuppression was determined by clinical risk factors, and endocapillary hypercellularity (E1) and fibrous crescents, which are features that are not part of the ISKDC classification.

Project status
Published: Clinical Journal of the American Society of Nephrology, on-line e-pub, DOI: 10.2215/CJN.0000000000000398