

CLINICAL NEPHROLOGY, PRIMARY AND SECONDARY GLOMERULONEPHRITIS - 2

SP153 IMMUNOGLOBULIN DEPOSITS IN GLOMERULI OF LUPUS MEMBRANOUS NEPHROPATHIES

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Introduction and Aims: The deposition of immunoglobulins subepithelial is the mark of membranous nephropathy. In membranous lupus nephritis (LMN) these deposits may contain one single immunoglobulin such as IgG ("poor form") or may contain more as IgG, IgM and IgA ("rich form"). Haas showed that 64% of patients with LMN had rich form in kidney biopsy. However, the role of different patterns of deposits in the pathogenesis or progression of LMN is uncertain. The objective of this study was to

evaluate immunofluorescence staining in LMN and to compare data of "rich" LMN vs. "poor" forms.

Methods: Renal biopsy specimens from 61 patients with LMN between July 1999 and August 2007 were examined, and immunofluorescence staining against IgG, IgM and IgA was evaluated in glomerular capillary walls. Subjects were classified in rich form (rIF) when immunofluorescence was positive for more than two Ig classes. Patients were considered poor (pIF) when presented deposits of just a single immunoglobulin. Clinical and laboratorial data were collected at baseline, after one year and at the end of follow-up. Treatment was decided by the clinical staff based on literature protocols.

Results: We included 15 patients in pIF group (25%) and 46 in rIF (75%). At baseline, pIF and rIF groups were similar regarding age, complement level, ANA, anti-DNA antibody, proteinuria (rIF 4.6g ± 3.6 x pIF 4.4g ± 5.7 g/day). Interestingly, pIF was significantly associated with a lower eGFR (pIF 78.6 ± 40 vs rIF 96.3 ± 34 ml/min \1.73m², p=0.04). After one year of follow-up, the rIF group showed a higher eGFR (rIF 103.5 ± 32 vs pIF 76 ± 36 ml/min\1.73m², p=0.01). At the end of follow up, the rIF group showed a tendency to have a higher eGFR (rIF 80± 39 vs pIF 63 ± 33 ml/min \1.73m², p=0.1).

Conclusions: We found that 25% of patients with LMN were presented as PIF and surprisingly had a worse eGFR already at baseline. More studies are needed to elucidate the role of different patterns of deposits in the pathogenesis or progression of LMN.