

INFLUENCE OF VASCULAR LESIONS IN RENAL BIOPSY IN ANTINEUTROPHIL CYTOPLASMIC ANTIBODY (ANCA) ASSOCIATED GLOMERULONEPHRITIS

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INTRODUCTION

- Renal biopsy represent the main tool for diagnostic, treatment and prognosis.
- A new histopathological classification of glomerulonephritis using glomerular parameters, with four categories (focal, crescentic, mixed and sclerotic) was recently proposed. However, there is no consensus regarding its pathological classification and this model will be probably more complete taking into account tubulo-interstitial and vascular lesions (arterioles and interlobular arteries).
- **In our study, we compare a group of patients with vascular affection in kidney biopsy versus a group of patients without vascular affection in renal biopsy.**

METHODS AND OBJECTIVES

- Forty one patients were diagnosed of ANCA-associated glomerulonephritis between 1999 and 2013 in our center, 8 were excluded.
- We evaluated clinical and laboratory variables, ANCA and renal/patient survival. We focused on kidney biopsy: we performed Berden's Classification and we evaluated vascular lesions as well.
- Proportions of patients were compared using Chi-Squared tests and serum creatinine by a Mann Whitney test. Time to start definitive dialysis was analysed using Kaplan-Meier survival analysis with log rank analysis for significance.

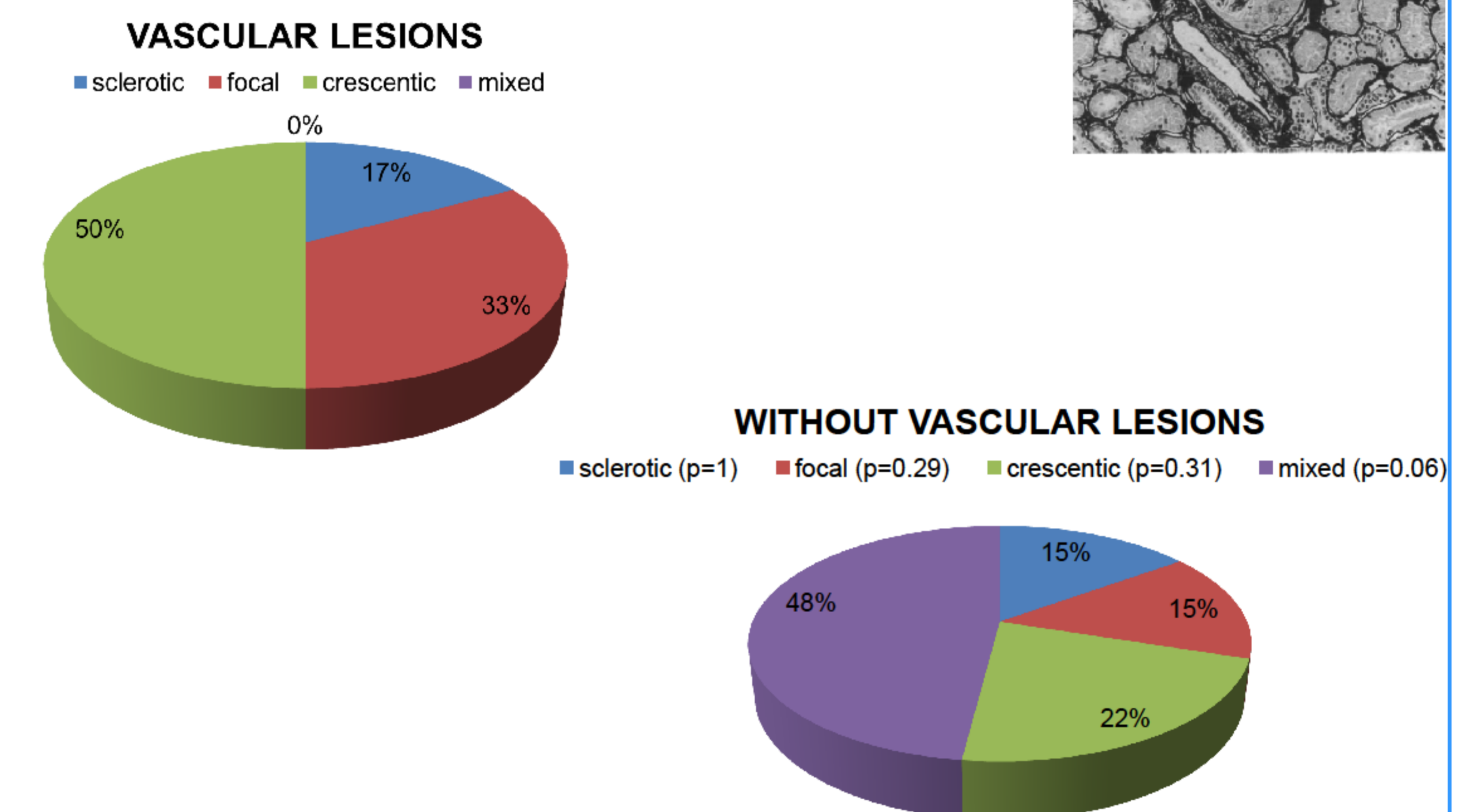
RESULTS

Demographics

	Vascular affection 6/33 (18%)	Without vascular affection 27/33 (82%)	
Age (years)	70 (61-76)	66 (38-86)	P=0.43
Diagnosis MPA GPA	5/6 (83%) 1/6 (17%)	23/27 (85%) 4/27 (15%)	p=1
Creatinine (µmol/L) at time of diagnosis	429.5 (120-777)	347 (80-795)	p=0.79
Involvement of other organs: NEUROLOGIC PULMONAR	2/6 (33%) 3/6 (50%)	3/27 (11%) 7/27 (26%)	p=0.22 p=0.33
Follow-up (months)	24 (13-144)	33 (2-122)	p=0.39

MPA: Microscopic Polyangiitis GPA: Granulomatosis with polyangiitis (Wegener)

Kidney biopsy

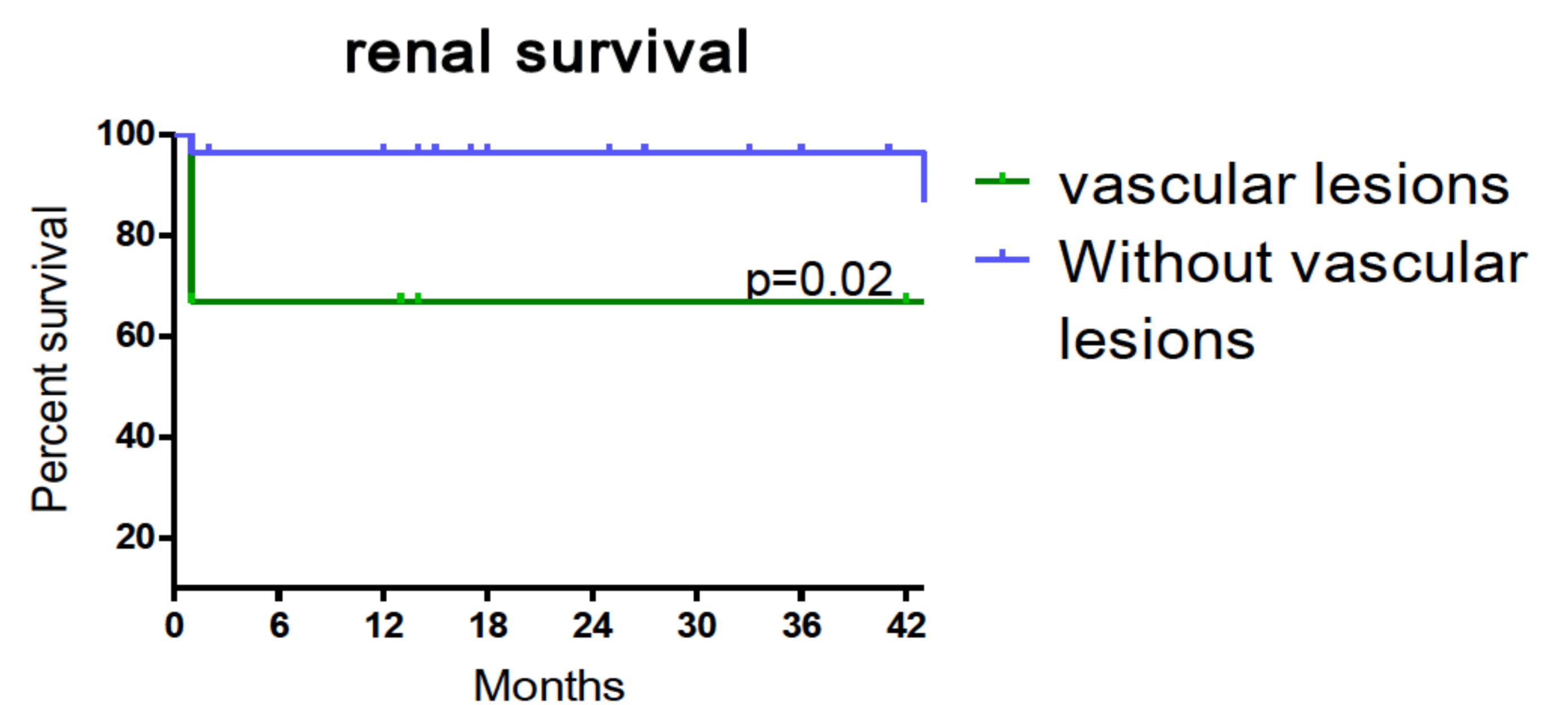


Follow-up

	Vascular Affection	Without vascular affection	
HD Diagnosis	3/6 (50%)	2/27 (7%)	p=0.03
HD Definitive	2/6 (33%)	1/27 (4%)	p=0.07
Death at 1 year	1/6 (17%)	1/27 (4%)	P=0.33

HD: Haemodialysis

Renal survival



CONCLUSIONS

In our cohort of patients with vascular involvement in renal biopsy, they required more haemodialysis at time of diagnosis and had worse renal survival at first year. All this emphasizes the importance of taking into account the added vascular involvement to the classification

