

# When is a renal biopsy performed on a patient with diabetes mellitus (DM) ?

**AUTHORS:** Manuel Polaina Rusillo<sup>1</sup>, Francisco José Borrego Utiel<sup>1</sup>, Sonia Ortega Anguiano<sup>1</sup>, Rafael Luque Barona<sup>2</sup>, Antonio Liebana Cañada<sup>1</sup>.  
**INSTITUTIONS:** Nephrology Service<sup>1</sup>, Patological Anatomy Service<sup>2</sup>, Jaén Hospital Complex.

## Introduction, material, methods and objectives:

### ❖ Introduction:

- ❖ 30-40% of patients with DM develop diabetic nephropathy (DN) and is the most common cause of entry into renal replacement therapy in Spain.
- ❖ The agreement between retinopathy and diabetic nephropathy in type I diabetes is 95%. In type II diabetic association is not so narrow (about 60%) so the absence of retinopathy does not exclude the probability that out DN.
- ❖ The prevalence of non-diabetic nephropathy (Non-DN) in type II diabetics is unknown.
- ❖ The presence of hematuria, acute renal failure and absence of microangiopathy (retinopathy, polyneuropathy) have traditionally been considered as signs of NonDN.
- ❖ Other criteria used are the sudden onset proteinuria or suspected systemic disease.

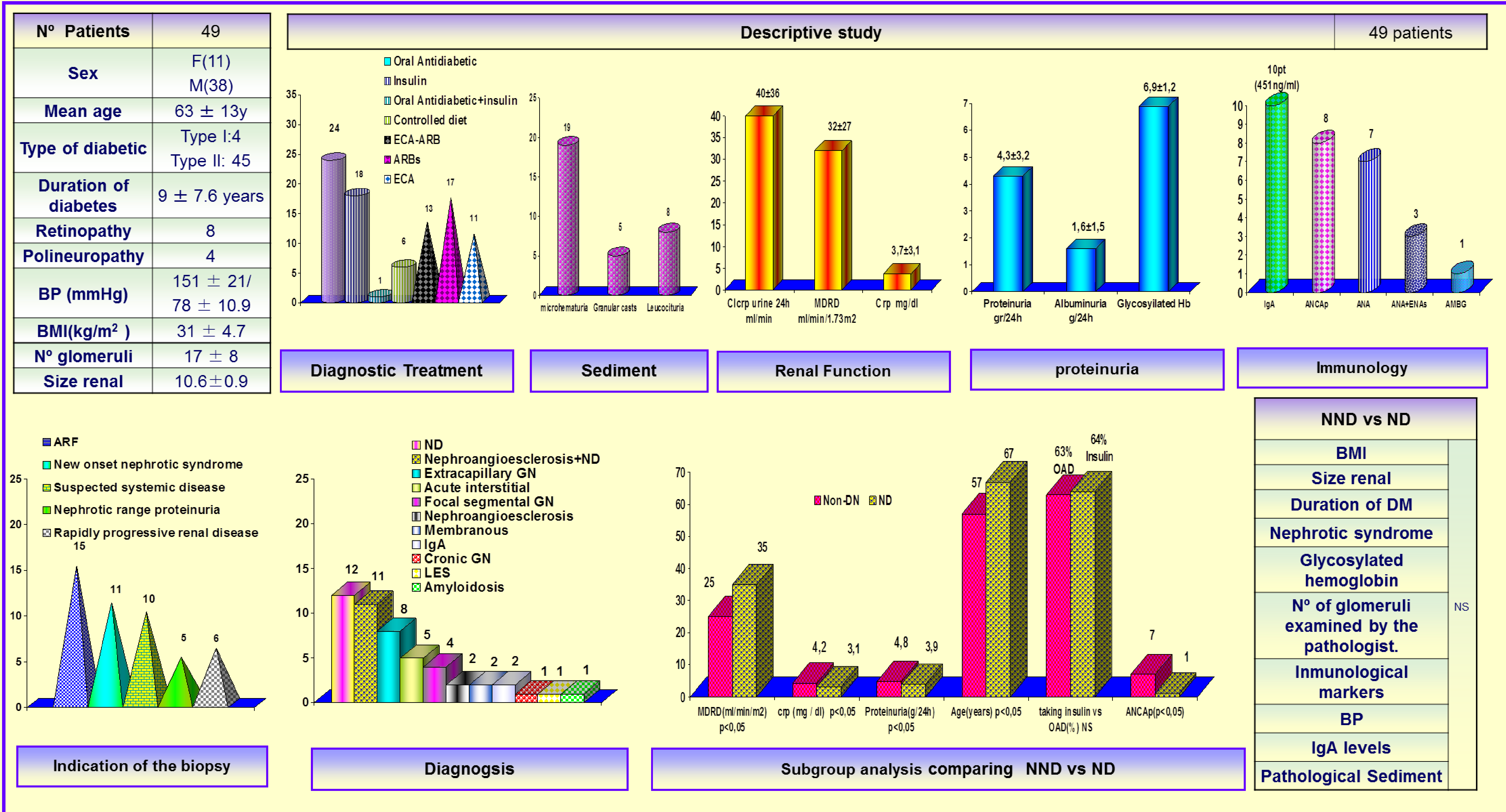
### ❖ Material and Methods:

- ❖ We retrospectively reviewed renal biopsies of diabetic patients, performed at our center in the last 10 years (2002-2012).

### ❖ Objectives:

- ❖ At present there are no clear markers NonDN.
- ❖ We analyzed our population to try to find a marker that helps us with the diagnosis of NND.
- ❖ And establish a consensus of cases that need to be biopsied.

## Results:



## Conclusions:

- ✓ IgA levels, immunological markers ANA, ENA, and alterations in the sediment were not useful to us when differentiating a ND vs NND.
- ✓ Although not significant using OAD orient to the possibility that they were a NND. And use insulin more oriented to the possibility that it is a ND.
- ✓ The presence of ARF with ANCAp+ oriented with a high probability that it is a NND.

### Bibliography:

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