

Predictors of spontaneous remission in Chinese idiopathic membranous nephropathy patients



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Aim : Several studies have investigated the predictive clinical factors for spontaneous remission in Idiopathic Membranous Nephropathy (IMN) patients. However pathological parameters have not been included and little has been explored in Asians.

Methods : Totally 187 patients diagnosed as idiopathic membranous nephropathy and started with conservative treatment in Shanghai Ruijin Hospital from 2009 to 2013 were recruited. All their clinical, pathological and follow-up data have been collected and studied

Results : Among 187 IMN patients, 124 patients had a spontaneous remission in a median follow-up time of 12 months (ranging from 1-37 months). Of these patients, 110(88.71%) were complete remission and 14 (11.29%) were partial remission. Only 20.91% patients have achieved remission within 6 months while most of them did during 6-18 months. In comparison with patients who haven't developed spontaneous remission (SR), SR patients showed a lower proteinuria (2.2g/24h VS 3.2g/24h, $p<0.01$), and a higher serum albumin level ($28.75 \pm 5.87\text{g/l}$ VS $25.51 \pm 5.40\text{g/l}$, $p<0.01$) at baseline. The patients without microscopic hematuria show a higher proportion of spontaneous remission rate and in a more rapid way (median time of spontaneous remission: 11 months Vs 14 months, $p=0.046$). Although not statistically significant, patients with PLA2R positive in renal tissue(35/39) were prone to not achieve a spontaneous remission comparing to patients with negative PLA2R staining (4/39). ($p>0.01$) By cox multivariate analysis, higher serum albumin level (HR:1.043,95% CI:1.001-1.087, $p=0.046$) and absence of microscopic hematuria (HR: 1.494, 95% CI: 1.005-2.222, $p=0.047$) at baseline are independent predictors of spontaneous remission. During the follow-up, none of the patients developed ESRD.

Conclusion : High serum albumin level and absence of microscopic hematuria are two independent predictors for spontaneous remission in Chinese IMN patients. Extend the observation time to longer than 6 months could be suggested to wait for a spontaneous remission.

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